

**Department of Medicine
Division of Respiratory Medicine**

ITER

ROTATION – PULMONARY ARTERIAL HYPERTENSION

Please return this form to: Karen Rimmer, Peter Lougheed Hospital

Resident: _____ PGY: _____

Rotation: Pulm. Arterial Hypertension Site/Location: _____

Block ____ From: _____ To: _____, 20____

Name(s) of person(s) consulted in preparing the evaluation:

Requirement	FAIL		PASS			Not Applicable
	Rarely Meets	Inconsistently	Almost Always Meets	Sometimes Exceeds	Consistently Exceeds *	
	0	1	2	3	4	

* Performs at the level of a staff respirologist.

MEDICAL EXPERT						
Pathology and physiology of PAH	0	1	2	3	4	N/A
Workup of PAH	0	1	2	3	4	N/A
Differential diagnosis of PAH	0	1	2	3	4	N/A
Interpretation of testing	0	1	2	3	4	N/A
Treatment of PAH: includes understanding of pharamacotherapies and their mechanisms of action and complication.	0	1	2	3	4	N/A

Requirement	FAIL		PASS			Not Applicable
	Rarely Meets	Inconsistently	Almost Always Meets	Sometimes Exceeds	Consistently Exceeds *	
	0	1	2	3	4	N/A

* Performs at the level of a staff respirologist.

COMMUNICATOR						
Verbal and written communication	0	1	2	3	4	N/A

COLLABORATOR						
Works collectively with other PAH team members	0	1	2	3	4	N/A

MANAGER						
Effective and appropriate utilization of resources	0	1	2	3	4	N/A

HEALTH CARE ADVOCATE						
Show appreciation of advocacy role of respiratory physicians for PAH patients to government and other agencies	0	1	2	3	4	N/A

PROFESSIONAL						
Attitudes, values and ethics	0	1	2	3	4	N/A

OVERALL	FAIL		PASS			Not applicable
	Rarely Meets	Inconsistently	Almost Always Meets	Sometimes Exceeds	Consistently Exceeds*	
	0	1	2	3	4	N/A

* Performs at the level of a staff respirologist.

General Comments:

Identify any special strengths or weaknesses that have been brought to the attention of the resident:

Date:

Evaluator's Signature

Resident's Signature