

**Department of Medicine
Division of Respiratory Medicine**

ITER

ROTATION – ENT

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

Resident: _____ PGY: _____

Rotation: ENT 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	N/A

* Performs at the level of a staff respirologist.

MEDICAL EXPERT						
Medical Histories	0	1	2	3	4	N/A
			Histories are well organized, comprehensive, accurate, and concise.			
Physical Exam	0	1	2	3	4	N/A
			Physical exams are complete, accurate & directed by the clinical context.			
Assessment and treatment of sinusitis and rhinitis and nasal polyps.	0	1	2	3	4	N/A
Understanding of management of laryngeal and head and neck cancers.	0	1	2	3	4	N/A
Assessment and management of vocal cord dysfunction.	0	1	2	3	4	N/A
Understands the management of chronically tracheostomized patient.	0	1	2	3	4	N/A
Performs flexible laryngoscopy. # of procedures _____	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						
	0	1	2	3	4	N/A
Communication skills, both written and verbal.			Able to communicate clearly to patients, families and other health-care professionals. Answers all questions appropriately. Avoids the use of confusing medical jargon.			

COLLABORATOR						
	0	1	2	3	4	N/A
Appreciates importance of collaboration with ENT surgeon in the care of patients with UAW pathology.						

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

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