



**Department of Medicine
Division of Respiratory Medicine**

ITER

ROTATION – INPATIENT

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

Resident: _____ PGY: _____

Rotation: Inpatient 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						
	0	1	2	3	4	N/A
Medical Histories			Histories are well organized, comprehensive, accurate, and concise.			
Physical Exam			Physical exams are complete, accurate & directed by the clinical context.			
Clinical Diagnosis			Consistently able to analyze, synthesize and integrate all relevant data.			
Problem Formulation			Able to formulate a comprehensive problem list, establish priorities, and formulate an effective diagnostic and therapeutic plan.			
Knowledge Base			Demonstrates understanding of therapeutic options and formulates a management plan.			
Familiar with O ₂ , CPAP and BiPAP therapies and their physiologic affects.						

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 respiratory therapist.

MEDICAL EXPERT continued						
Investigation and treatment of HIV related pulmonary disease.	0	1	2	3	4	N/A
Procedure _____ #	0	1	2	3	4	N/A
Procedure _____ #	0	1	2	3	4	N/A
Procedure _____ #	0	1	2	3	4	N/A
Procedure _____ #	0	1	2	3	4	N/A
Procedure _____ #	0	1	2	3	4	N/A
Procedure _____ #	0	1	2	3	4	N/A

COMMUNICATOR						
Communication with patients.	0	1	2	3	4	N/A
			Able to communicate clearly to patients and families. Answers all questions appropriately. Avoids the use of confusing medical jargon.			
Consultation notes/ verbal communications with referring MD	0	1	2	3	4	N/A
			Accurate description of patient's medical problem. Assessment plan outlines diagnosis, treatment plan and goals. Outline who will do what and when.			
Documentation & presentation	0	1	2	3	4	N/A
			Documents the history, physical exam and progress clearly and concisely in the medical record. Verbal presentations are coherent and precise.			

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

COLLABORATOR						
Working relationships with colleagues and allied health care professionals.	0	1	2	3	4	N/A
			Works well with colleagues, nurses, RT and other allied health care professionals. Collaborates with laboratory staff and physicians in order to optimize patient care.			

MANAGER						
Time management.	0	1	2	3	4	N/A
			Manages time effectively. Able to prioritize when faced with multiple tasks. Able to complete ward work efficiently in order to attend outpatient clinics or scheduled teaching sessions and rounds.			
Management of Service.	0	1	2	3	4	N/A
			Organizes/directs clerks and residents on service. Delegates appropriate tasks and follows up later.			

HEALTH CARE ADVOCATE						
Preventative issues.	0	1	2	3	4	N/A
			Aware of important areas for prevention and early detection of diseases.			

SCHOLAR						
Teaching	0	1	2	3	4	N/A
			Dedicated teacher. Teaches clinical clerks, colleagues, and allied health care providers.			
Evidence-based medicine	0	1	2	3	4	N/A
			Applies the principles of EBM to review the literature. Is able to apply information from the literature to a specific patient and his/her problem.			

PROFESSIONAL						
Attitudes, ethics and values	0	1	2	3	4	N/A
			Reliable, conscientious and committed to personal excellence. Respectful of colleagues. Reflects the highest professional ethical standards. Appropriate and accurate self-assessment capacity. Responsive to constructive criticism. Very sensitive to cultural and gender issues.			

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