



**Department of Medicine
Division of Respiratory Medicine**

ITER

ROTATION – RADIOLOGY

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

Resident: _____ PGY: _____

Rotation: Radiology 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						
Understanding of principles	0	1	2	3	4	N/A
Knowledge of anatomy	0	1	2	3	4	N/A
Interpretation of plain radiographs	0	1	2	3	4	N/A
Interpretation of CT chest	0	1	2	3	4	N/A
Interpretation of V:Q scans	0	1	2	3	4	N/A
Knowledge of role of interventional radiology of lung disorders	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 respiratory therapist.

COMMUNICATOR						
Communication skills (both written and verbal)	0	1	2	3	4	N/A

COLLABORATOR						
Understands the importance of collaboration between respiratory therapist and radiologist for optimal test selection and interpretation.	0	1	2	3	4	N/A

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

HEALTH ADVOCATE						
Knowledge of radiation dose and risk to patient	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 respiratory therapist.

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