



**Department of Medicine
Division of Respiratory Medicine**

ITER

ROTATION – THORACIC ONCOLOGY

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

Resident: _____ PGY: _____

Rotation: Thoracic Oncology 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 Staging of lung cancers. | | | | | | |
| Knowledge of prognosis of cancers with and without Rx. | | | | | | |
| Knowledge of stage-matched treatment. | | | | | | |
| Knowledge of the roles of each of the modalities of treatment. | | | | | | |
| Management of malignant pleural disease. | | | | | | |

| 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 of a diagnosis of malignant disease. | 0 | 1 | 2 | 3 | 4 | N/A |
| | | | | | | |
| Communication of treatment options to patients. | 0 | 1 | 2 | 3 | 4 | N/A |
| | | | | | | |

| COLLABORATOR | | | | | | |
|--|---|---|---|---|---|-----|
| Knowledge of the role of each member of the TBCC lung clinic team. | 0 | 1 | 2 | 3 | 4 | N/A |
| | | | | | | |

| 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. | | | |

| 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