



**Department of Medicine
Division of Respiratory Medicine**

ITER

ROTATION – TRANSPLANT

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

Resident: _____ PGY: _____

Rotation: Transplant 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						
	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.			
Understands indications and contraindications for transplantation.						
Knowledge of survival and morbidity associated with transplantation.						

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 continued						
Knowledge of immuno-supressive agents.	0	1	2	3	4	N/A
Knowledge of the complications of transplantation; both short term and long term.	0	1	2	3	4	N/A

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

COLLABORATOR						
Works as a member of a multi-disciplinary transplant team.	0	1	2	3	4	N/A

MANAGER						
Knowledge of prioritization strategies employed by the transplant centre.	0	1	2	3	4	N/A

PROFESSIONAL						
Attitude, values, 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