

## RESEARCH ROTATION – RESIDENT EVALUATION REPORT

Please return this form to:

Karen Rimmer, Peter Lougheed Hospital

Block#: \_\_\_\_\_

RESIDENT: \_\_\_\_\_

Level of Training: \_\_\_\_\_

ROTATION: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**\*\*\*NOTE THAT NOT ALL OF THESE POINTS WILL BE COMPTED IN A SINGLE BLOCK\*\*\***

Name(s) of per son(s) consulted in preparing the evaluation: \_\_\_\_\_

	Fails to meet expectations (Fail) 0	Meets expectation for level of training 1=partly (Pass) 2=fully (Pass)		Functions at the level of an independent researcher 3	Not Applicable
<b>MEDICAL EXPERT</b>					
Critical appraisal of the literature.	0	1	2	3	

<b>COMMUNICATOR</b>					
Presentation of research.	0	1	2	3	
Preparation of manuscript.	0			3	

<b>COLLABORATOR</b>					
Identifies a research mentor and collaborator.	0	1	2	3	

<b>SCHOLAR</b>					
Identifies a research area of interest.	0	1	2	3	
Identifies a research questions that will add to the current body of literature.					
Develops a research protocol.			1		
Data management and analysis.					
Preparation on manuscript.					

<b>PROFESSIONAL</b>					
Behaves in a professional manner during planning and execution of a research project.	0		1		
Understanding principals of ethics as they relate to the research proposal.			2		
Preparation of application for ethics approval.			3		

<b>OVERALL</b>				
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**General Comments:**

**(This is very important part of this evaluation. Please comment on the stage of the research and whether adequate progress was made during the research block):**

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**Identify any special strengths or weaknesses that have been brought to the attention of the Resident.**

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Date

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Evaluator's Signature

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Resident's Signature