Top of Form



**The Royal College of Physicians and Surgeons of Canada**

**Department of Family & Community Medicine \* University of Toronto**

**Communicable Disease Specific ITER Community Medicine - Public Health and Preventive Medicine**

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| **Rotation Service** | : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Period** | : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Trainee** | : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Teacher/Supervisor** | : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Hospital/Site** | : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

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| |  | | --- | | **This form must be completed in conjunction with the objectives form. A copy of the completed objectives form must be submitted with this evaluation.** | |  |  |  | | --- | | **What are the goals of the ITER?**  This ITER has been designed to serve the following purposes:  1. To provide a framework for assessment of the resident’s skills and performance in relation to the rotation objectives.  2. To facilitate feedback to the resident by the supervisor, using other sources of feedback wherever possible.  3. To serve as a record of the resident’s demonstration of competencies and areas for future focus across Royal College, program and personal objectives, and CanMEDS roles. This record may be used by the resident, the Program Director, and the Residency Program Committee (if required following the rotation and for input into the FITER). | |  |  |  | | --- | | **Guidelines for Ranking Performance**  The evaluation should be completed by the supervisor with the expectations for the resident's level of training in mind. For instance, one would not expect a PGY3 to have the same knowledge or skill level as a PGY5. A judgment should be made as to whether the resident is at an acceptable stage on their developmental trajectory.  **Outstanding**- A resident’s achievement in this category would be described as outstanding or clearly exceptional. The quality of the resident’s performance consistently exceeds the level normally expected for trainees in this postgraduate year. The expectation is that relatively few residents should fall in this category, eg < 5%.  **Exceeds expectations**- A resident’s achievement in this category would be described as superior. Quality of performance can be generally described as above average relative to the level normally expected for trainees in this postgraduate year. The expectation is that about 10- 20% of residents should fall in this category.  **Meets expectations**- Quality of performance in this category is consistent with the level normally expected for trainees in this postgraduate year. A resident in this category is competent and is on track for the successful completion of residency. The expectation is that most residents should fall in this category. | |  |  |  | | --- | | **Needs improvement**- This aspect of the resident’s performance is lower than the level expected for trainees in this postgraduate year and levels of proficiency relating to relevant educational objectives have not been fully achieved. Deficiencies are not extreme and it is anticipated that acceptable levels of performance can be achieved within the regular program. Deficiencies should be brought to the resident's attention and a process for facilitating improvement initiated. A resident’s performance in this category would be described as somewhat less than adequate. The expectation is that few residents should fall in this category. \*Specific written feedback is required for this category.  **Unsatisfactory**– This aspect of performance is significantly lower than the level normally expected for trainees in this postgraduate year. Most or all objectives related to this category have not been achieved. Deficiencies identified would likely not be remediable within the regular program. The expectation is that only in exceptional cases (<5%) will residents be classified as unsatisfactory. \*Specific written feedback is required for this category.  **N/A ratings**- Should be recorded where the resident has not had the opportunity to acquire and/or demonstrate skills and knowledge in this category. | |  |  |  | | --- | | **When and why should the supervisor and resident add comments?**  Space is provided at the end of the ITER for comments to be added by the supervisor to provide an overall sense of the performance of the resident and to provide specific examples of achievements, deliverables, and competencies demonstrated. The comments are valuable as a means to provide the resident and the Program Director with additional insight into strengths (including notable achievements) and areas that require further attention. In addition, space is provided for the resident to add his/her comments.  The resident and supervisor should aim to collate feedback from multiple sources for the evaluation including resident self assessment, supervisor assessment, team members’ feedback, evaluations from presentations, publications, practice exams, etc. | |  |  |  | | --- | |  | | **MEDICAL EXPERT** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Understand the principles of infectious disease epidemiology and apply them in the investigation and management of infectious disease.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice the community health methods applicable to communicable disease control, including epidemiology, statistics, social sciences, research methods, and communication.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice the community health intervention programs/strategies applicable to the control and prevention of communicable diseases.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | |  | |  |  |  | | --- | | **Discuss and apply in practice the principles of communicable disease control.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice the characteristics of and policy governing vaccines and chemoprophylactic agents**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice the communicable disease case definitions.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **For each of the major communicable diseases in Canada (high impact or high preventability or implications for international travel): natural history, descriptive epidemiology, risk factors, impact prevention and treatment.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **The principles of nosocomial infection control.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Scientific concepts wrt communicable disease control | O | O | O | O | O | O | | Use of Information | O | O | O | O | O | O | | Technical skills – CD outbreak investigation Manage CD outbreak | O | O | O | O | O | O | | Decision making | O | O | O | O | O | O | | On call | O | O | O | O | O | O |  |  | | --- | |  | | **COMMUNICATOR** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Discuss and apply in practice the community health intervention programs/strategies applicable to the control and prevention of communicable diseases, including presentation at or other involvement with community educational events.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Participate in the development, implementation, and/or evaluation of a communicable disease surveillance and control program.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | |  | |  |  |  | | --- | | **Discuss and apply in practice the characteristics of and policy governing vaccines and chemoprophylactic agents, including where possible, discussion with patients and community members their risks and benefit.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice the uses of isolation, quarantine, surveillance, contact tracing, and legal dispositions, including discussing reportable cases with colleagues, health care professionals, and patients.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice recommendations for international travel, including discussion of this with patients or health care providers.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Written/verbal | O | O | O | O | O | O | | Media | O | O | O | O | O | O | | Public | O | O | O | O | O | O | | Listening | O | O | O | O | O | O |  |  | | --- | |  | | **COLLABORATOR** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Use communicable disease prophylaxis and treatment modalities as appropriate within a Community Medicine practice context, including discussion with patients and health care workers estimated risk and indications for treatment.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice the role(s) of various individuals and agencies in the management of communicable diseases (e.g., laboratory network, PHAC, CDC, etc.)**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Team relationship | O | O | O | O | O | O | | Engagement of community agencies/ stakeholders | O | O | O | O | O | O | | Consulting skills | O | O | O | O | O | O | | Knowledge of health care system wrt communicable disease control | O | O | O | O | O | O |  |  | | --- | |  | | **MANAGER** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Discuss and apply in practice the health services organization aspects applicable to the control and prevention of communicable diseases.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Investigate and manage a communicable disease outbreak, including communication with colleagues and the media where applicable.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice program management as applicable to communicable diseases including the use of communicable disease prophylaxis and treatment modalities as appropriate within a Community Medicine practice context.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Program design and implementation | O | O | O | O | O | O | | Quality Improvement | O | O | O | O | O | O | | Organizational effectiveness/ Leadership | O | O | O | O | O | O |  |  | | --- | |  | | **HEALTH ADVOCATE** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Discuss and apply in practice the health determinants applicable to communicable diseases.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Knowledge of Determinants of Health | O | O | O | O | O | O | | Policy analysis | O | O | O | O | O | O | | Takes and defends a position | O | O | O | O | O | O | | Advocacy | O | O | O | O | O | O |  |  | | --- | |  | | **SCHOLAR** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Discuss and apply in practice the community health methods applicable to communicable disease control, including epidemiology, statistics social sciences, research methods and communication.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Develop, implement, and evaluate a communicable disease surveillance and control program.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Education of peers/HCP | O | O | O | O | O | O | | Critical Appraisal | O | O | O | O | O | O | | Self directed learning | O | O | O | O | O | O | | Research participation | O | O | O | O | O | O |  |  | | --- | |  | | **PROFESSIONAL** | |  |  |  | | --- | | **Activity** | |  |  |  | | --- | | **Assess ethical issues in surveillance and control.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  | | --- | | **Discuss and apply in practice communicable disease reporting requirements and the uses of isolation, quarantine, surveillance, contact tracing, and legal dispositions.**  Was achieved? |  |  |  |  | | --- | --- | --- | |  | O | Yes | |  | O | No |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Ethics | O | O | O | O | O | O | | Diversity competency | O | O | O | O | O | O | | Self assessment | O | O | O | O | O | O | | Responsibility | O | O | O | O | O | O | | Professional Behavior | O | O | O | O | O | O |  |  | | --- | |  | | **PERSONAL OBJECTIVE** | |  |  |  | | --- | | **Personal Objective:** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | Personal Objective | O | O | O | O | O | O |  |  | | --- | |  | | **OVERALL EVALUATION** | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | **Unsatisfactory** | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** | **Outstanding** | **N/A** | | **1** | **2** | **3** | **4** | **5** | **N/A** | | **Overall Evaluation** What is your overall rating for this resident’s performance for the communicable disease rotation? | O | O | O | O | O | O |  |  | | --- | | **For a rating of N/A above please select one of the reasons below:** |  |  |  |  | | --- | --- | --- | |  | O | Not in objectives | |  | O | No learning/assessment opportunity | |  | O | Other |  |  | | --- | |  | | **GENERAL COMMENTS** | |  |  |  | | --- | | **General Comments:** Include development during the rotation, strengths and areas requiring improvement. | |  |  |  | | --- | | **Sources of Information:** | |  |  |  | | --- | | **Committee Feedback:** | |  |  |  | | --- | | **Direct Observation by Supervisor:** | |  |  |  | | --- | | **Other:** | |  |  |  | | --- | | **Portfolio Achievements (reports, media releases, videotapes etc):** | |  |  |  | | --- | | Please select other Teachers/Supervisors who contributed to this evaluation: |  |  |  |  | | --- | --- | --- | |  | **X** | None | |



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