

**In-training Assessment Report (ITAR) for Department of **Medicine**  
Physical Medicine and Rehabilitation ITAR for **MSK or Neuro TTD**, PGY1 CBD TTD**

The appropriate assessments were completed during this rotation (e.g. <<EPAs, procedure logs, chart documentation assessment, MSF, rounds>> assessment)	<b>Yes</b>	<b>No</b>	<b>In Progress</b>	<b>Not Applicable</b>
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**Please review the HINTS file for tips on completing the ITAR. The file can be found by clicking the link:**

[Link to Hints for completing the ITAR](#)

**Please review the Rotation Plan before completing the form. The Rotation Plan can be found by clicking link:**

[Link to rotation plan](#)

**Please Note: 3 or higher is a pass.**

1	2	3	4	5	N/A
<b>Below Expectations</b> for Training Level		<b>Meets Expectations</b> for Training Level		<b>Exceeds Expectations</b> for Training Level	
Overall unacceptable performance for level of training. Did not meet the accepted benchmark for competent performance at level of training in the required competencies. Significant and/or multiple performance deficits. Unacceptable knowledge or skills in understanding of the issues, to interpret or manage common problems.		Meets accepted benchmark for competent performance for level of training. Meets the essential requirements for a trainee at training level. Performance meets expectations in handling common or straightforward situations and presentations in day-to-day practice.		Knowledge or skills superb in most/many areas. Performs very well with minimal guidance or instruction. Performs well beyond level of typical resident. Skillful performance. Few or no areas of weakness demonstrated.	

<b>IN THIS PHYSICAL MEDICINE AND REHABILITATION–MSK or NEURO TTD ROTATION</b>	1	2	3	4	5	N/A
1. Performs a complete and organized consultation of MSK or neuro disorders including specific history and physical examination.	○	○	○	○	○	○
2. Formulates an appropriate differential diagnosis, investigation strategy and basic management plan	○	○	○	○	○	○
3. Manages time effectively	○	○	○	○	○	○
4. Helps facilitate timely and safe patient discharges	○	○	○	○	○	○
5. Exhibits proper professional behavior. Is punctual, prepared, reliable, honest, and completes responsibilities in a timely fashion	○	○	○	○	○	○

<b>PROGRESS IN TRAINING – Learner handover</b>	<b>Acceptable</b>	
MEDICAL EXPERT COMPETENCIES including: Demonstrates the basic scientific and clinical knowledge relevant to Physical Medicine and Rehabilitation and is generally able to relate it appropriately to patient care	<b>Yes</b>	<b>No</b>
COMMUNICATOR COMPETENCIES including: Communicates effectively with patients and families.	<b>Yes</b>	<b>No</b>
COLLABORATOR COMPETENCIES including: Establishes and maintains effective working relationships with colleagues and other health care professionals. Consults effectively and provides appropriate transition of care	<b>Yes</b>	<b>No</b>
LEADER COMPETENCIES including: Takes initiative and helps to manage the caseload.	<b>Yes</b>	<b>No</b>
HEALTH ADVOCATE COMPETENCIES including: Demonstrates attentiveness to preventative measures. Understands when and how to advocate appropriately on behalf of patients and communities	<b>Yes</b>	<b>No</b>
SCHOLAR COMPETENCIES including: Effectively uses evidence in day-to-day clinical work. Reads around cases and is knowledgeable about own patients.	<b>Yes</b>	<b>No</b>
PROFESSIONAL COMPETENCIES including: Demonstrates insight into his/her limitations. Responsive to constructive feedback.	<b>Yes</b>	<b>No</b>

Is the resident on an appropriate trajectory for this point in training?	<b>Yes</b>	<b>No</b>
Needs: Are there any areas that need focused work in the next rotation? If yes, describe below in “Actions or Areas for Improvement”	<b>Yes</b>	<b>No</b>

**Overall Performance related to this Rotation**

**Please Note: 3 or higher is a pass**

	<b>Below Expectations for Training Level</b>		<b>Meets Expectations for Training Level</b>		<b>Exceeds Expectations for Training Level</b>
<b>OVERALL</b> performance related to this educational experience	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<b>Feedback &amp; Comments</b>
Describe Strengths
Actions or Areas for Improvement
Other Comments

**After the faculty member submits the ITAR, when the resident opens the ITAR, there are 2 standard questions that Residents must complete:**

1. I received detailed verbal feedback on my performance at or near the end of the rotation.
  - Yes
  - No
  
2. In general this evaluation accurately reflects my performance.
  - Yes
  - No