

## RESPIROLOGY – ELECTIVE ROTATION OUTLINE

**Resident Name:**

**PGY Level:**

**Block (1-13):**

**Date (start, end):**

**Rotation Title:**

**Supervisor:**

**Host Program Director (Required only for electives being done at other RC accredited  
Institutions – eg UofA, UofT etc)**

**Address of Elective Site (eg Kelowna General Hospital):**

**Email Contact for Supervisor and Program Director (if applicable):**

**Goals/Objectives: briefly state in 1-3 sentences:**

**Rotation Plan: briefly state activities planned: (eg clinics, inpatients etc)**