| ***iris Form*** |
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| Rotation Name: |
| Program: |
| Supervising Faculty: |
| Address: |

**Time Allocation:** Please identify the percentage of time spent in each of the following activities on this rotation as well as the location for each activity. Total must equal 100%.

**Note:** If different for each PGY, please complete additional forms accordingly for the PGY’s to which the allocation is applicable.

**Location:** Identify the Ochsner facility, including building or room number. For non-Ochsner location, indicate “not at Ochsner”.

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| **Activity** | **Percentage** | **Location** |
| **Patient Care** |  |  |
| Outpatient Clinic |  |  |
| Inpatient Floors (non-ICU) |  |  |
| Inpatient ICU |  |  |
| OR |  |  |
| ED |  |  |
| Didactic/Conference/Study Time |  |  |
| Research |  |  |
| Total | **100%** |  |

What percentage of research, if any, is associated with the treatment or diagnosis of a particular patient, the treatment/diagnosis of which must focus on developing new medical treatment for future patients, not just for the one patient?