Progress Report - Director Sign-off

1. **Resident Name:** *(read only)*

2. **Resident Start Date:** *(read only)*

3. **Report Start Date:** *(read only)*

4. **Report End Date:** *(read only)*

5. **Advisor:** *(read only)*

6. **Site:** *(read only)*

7. **Report Number:** *(read only)*

FieldNotes Count per Clinical Domain and Sentinel Habit:

8. **Clinical Domain:**

   A) Option 1

9. **Sentinel Habit**

   A) Option 1

10. **FieldNote Submissions**

    A) Option 1

Review of rotations completed since last report:

Rotations and ITERs

11. *Please list rotations attended/completed during this reporting period (read only)*

ITERs Requiring Attention

12. *List any ITERs received with concerns raised by rotation preceptors during this reporting period. (read only)*

Program Requirements Completed:

BEAR 1	No	Yes
BEAR 2	No	Yes
BEAR 3	No	Yes
BEAR 4	No	Yes
PQI	No	Yes
IHI Modules	No	Yes
ALARM	No	Yes
ATLS	No	Yes
CASTED	No	Yes
NRP-Peds	No	Yes
PALS	No	Yes
CMPA	No	Yes

CPoCUS (Rural Only)	No	Yes	Not Applicable
Geriatric Workbook (GP/YK only)	No	Yes	Not Applicable

Integrated Learning Rotations

15. Please indicate if the resident is completing an integration. *(read only)*

A) No
B) Yes

16. **If yes**, please indicate which rotation is the resident integrating and their current status (requirements completed, in progress, not yet started, cancelled). *(read only)*

Absences and Continuity Clinics - Number of Days

17. Personal Days *(read only)*

18. Sick Days *(read only)*

19. Education Days *(read only)*

20. Exam Leave Days *(read only)*

21. Study Leave Days *(read only)*

22. Vacation Days
(excluding weekends) (read only)

23. Other Absences *(read only)*

24. **Total Absent Days** *(read only)*

25. Absence Dates/Reasons *(read only)*

26. Continuity Clinics Attended
(excluding FM block time; clinics counted as half days) (read only)

27. Continuity Clinics Scheduled:
(excluding FM block time; clinics counted as half days) (read only)

28. **% Attendance:** *(read only)*

29. **Site Administrator Comments** *(read only)*

Guided Self-Assessment

Please review the information entered by your Site Administrator. If there are any discrepancies, please contact them to adjust, then complete your guided self-assessment below. This will be the basis for your meeting with your Faculty Advisor and inform the creation of your individual learning goals.

30. **Did you have opportunities to experience providing continuity of care to your patients?**
For example, see a patient in follow-up, building relationships with patients, reviewing results, etc. (read only)

A) No
B) Yes

31. **Have you experienced or perceived harassment, abuse, discrimination or racism? If yes, was it discussed with the appropriate faculty?** *(read only)*

A) No
B) Yes - Not Discussed
C) Yes - Discussed

32. **In what ways have you been managing your wellness over the past 4 months? Was there anything that was particularly difficult or especially helpful?** *(read only)*

Please select one FieldNote from the last 4 months and write a 3-5 sentence reflection on how you have integrated the feedback.
Link to FieldNote Dashboard

33. Scenario and date of FieldNote: *(read only)*

34. Reflection - point form is acceptable: *(read only)*

35. **What are your future career plans?** *(read only)*

36. **What other activities have you been involved with?** *(read only)*

37. **Resident reflection on learning and plans for future learning goals**
Please reflect on your progress this period. Review previous learning goals and how you achieved them. Identify learning goals for the next 4 months. This will help guide your discussion with your faculty advisor at your progress review meeting. *(read only)*

38. **Based on your reflection, how would you describe your current progress in your residency training?** *(read only)*

A) I am satisfied with my progress

B) I am uncertain about my progress

C) I am dissatisfied with my progress

Advisor Report

In preparation for your Periodic Progress review meeting with your resident and subsequent report completion, please ensure you review your resident's eCBAS Dashboard including FieldNotes and previous progress reports, and any completed ITERs on ONE45.

Does this resident demonstrate the following at a level appropriate to a family medicine resident at this point in training?

Clinical knowledge	Demonstrating	Developing	Not yet demonstrated
An organized approach to history taking, physical exam, diagnosis and management	Demonstrating	Developing	Not yet demonstrated
Communication skills with patients (uses appropriate speed, volume and diction; compassionate and caring manner)	Demonstrating	Developing	Not yet demonstrated
Communication skills with colleagues and staff (clear and consise, respectful and appropriate)	Demonstrating	Developing	Not yet demonstrated
Professionalism skills - Reliable & respectful (shows up on time, completes tasks appropriately, notifies others about being absent/late, etc.)	Demonstrating	Developing	Not yet demonstrated
Professionalism skills - Committed & engaged (asks for feedback and help when needed, genuinely cares about learning and patient care, etc.)	Demonstrating	Developing	Not yet demonstrated

40. **Learning goal review and plan**

Based on your discussion with the resident and the information in this report, describe how learning goals from previous progress report(s) have been addressed and outline new learning goals for the next reporting period. *(read only)*

41. **Summative statement on progress**

Based on the discussion between you and the resident, as well as review of ITERs, FieldNotes, and any other assessment data, summarize how the resident is progressing to date. *(read only)*

42. **How is the resident progressing?**
Focused attention *= learning plan between Faculty Advisor and Resident*
Program attention *= referral to Resident Support*
(read only)

A) Progressing as expected
B) Focused attention
C) Program attention

43. **Milestone 1: Resident is entrusted to see patients independently, and to ask for help when required** *(read only)*

A) Not Yet
B) Yes

45. **FINAL MILESTONE: Resident is entrusted to start the independent practice of Family Medicine. Program completion recommended.**
FINAL MILESTONE should remain selected as "Not Yet" until the resident has demonstrated competence in all Sentinel Habits and Clinical Domains. Ordinarily, successful program completion requires six 4-month reporting periods. *

A) Not Yet
B) Yes

46. **Date of Discussion with Resident** *(read only)*

47. **Resident e-Signature** *(read only)*

A) Signed

48. **Reviewed by Administrator** *(read only)*

A) Reviewed

49. **Signed by Program Director***

A) Signed