DOCUMENT GUIDE



DOCUMENT NAME: INTEGRATIVE MEDICINE IN RESIDENCY IN-TRAINING PROGRESS REPORT

DESCRIPTION:

This document shall be completed **twice per year** by the Faculty Lead of the Integrative Medicine Residency Program.

ACCESS TO DOCUMENT:

- Go to Family Medicine website http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/index.html
- Click on "Documents and Forms"
- Form is available under "Assessments"

AUTHORITY/RESPONSIBILITY:

☐ Site Medical Lead
⊠ Site Education Director
☐ Primary Preceptor
\square Alternate/Secondary Preceptor
□ Faculty Lead
⊠ Resident
☐ Postgraduate Director
☐ Associate Director, Enhanced Skills Program
☐ Assistant Director, Enhanced Skills
☐ Postgraduate Program Office

SCHEDULE:

UPDATE/COMPLETE	SUBMIT/PRESENT	ENTER IN VENTIS (yes/no)	COMMENTS
Completed twice per year (mid-year and year-end) of each year resident is enrolled in the IMR Program.	Submitted to the Resident's site Program Assistant to be placed in the resident's binder.	No	

V. 2018/05.1 Page 1 of 1

Integrative Medicine in Residency In-Training Progress Report



DEPARTMENT OF FAMILY MEDICINE

Instructions:

- 1. Supervisor to complete the evaluations as below and to review the form with the trainee.
- Both supervisor and trainee to sign the completed form. Comments are also welcome. Supervisor to fax the completed report to the Family Medicine Postgraduate Office at 204-272-3090.

PGY1	valuation (check one):	Final Medical Know Requirement Medicine Re	Mid-Term wledge Ints for successful completicesidency (IMR) Program in pletion and minimum score	reach specific targets oleting IMR Program GY2 Final ion of the Integrative include minimum 80%
PGY1	PGY1 -Term	Final Medical Know Requirement Medicine Resoverall complexam. Completion:	Percentage	reach specific targets oleting IMR Program GY2 Final ion of the Integrative include minimum 80%
Section 2 Overall Completion Mid Percent Completed	PGY1 -Term	Final Medical Know Requirement Medicine Resoverall complexam. Completion:	On time, no concerns Off time, resident may not ro Off time, at risk of not comp Po Mid-Term wledge Its for successful completicesidency (IMR) Program in pletion and minimum score Percentage	GY2 Final ion of the Integrative include minimum 80%
Overall Completion Mid	-Term	Medical Know Requirement Medicine Resoverall complexam. Completion:	Mid-Term wledge Ints for successful completicesidency (IMR) Program in pletion and minimum score	Final ion of the Integrative nclude minimum 80%
Mid Percent Completed Unit Completion Module Perce Prevention and Wellness Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed	-Term	Medical Know Requirement Medicine Resoverall complexam. Completion:	Mid-Term wledge Ints for successful completicesidency (IMR) Program in pletion and minimum score	Final ion of the Integrative nclude minimum 80%
Percent Completed Unit Completion Module Percent Prevention and Wellness Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed in the complete of the compl	-Term	Medical Know Requirement Medicine Resoverall complexam. Completion:	Mid-Term wledge Ints for successful completicesidency (IMR) Program in pletion and minimum score	Final ion of the Integrative nclude minimum 80%
Percent Completed Unit Completion Module Percent Prevention and Wellness Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed in the complete of the compl		Medical Know Requirement Medicine Resoverall complexam. Completion:	wledge Ints for successful completicesidency (IMR) Program in pletion and minimum score	ion of the Integrative
Module Perce Prevention and Wellness Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments:	ent Completed	Requiremen Medicine Re overall comp exam. Completion:	nts for successful completi esidency (IMR) Program ir pletion and minimum score Percentage	nclude minimum 80%
Module Perce Prevention and Wellness Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed	ent Completed	Requiremen Medicine Re overall comp exam. Completion:	nts for successful completi esidency (IMR) Program ir pletion and minimum score Percentage	nclude minimum 80%
Prevention and Wellness Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed in the supervisor in the		Medicine Re overall comp exam. Completion:	esidency (IMR) Program ir pletion and minimum scor Percentage	nclude minimum 80%
Tools in Integrative Medicine Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed in the supervisor in the superv		overall comp exam. Completion:	pletion and minimum score Percentage	
Pediatrics Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discu		exam. Completion:	Percentage	e oi 70% on the ima
Woman's Health Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discussed in the supervisor of the supervisor		Completion:	-	
Acute Care Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discu		1	-	
Chronic Illness Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discu		1	·	
Physician Well-being Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discu		Score:		
Section 3 – Supervisor to complete Supervisor's comments: My signature below indicates that I have discu				
	ssed this evaluation with	h my trainee.		
Nama (printed)				
Name (printed)	Signature		Date	
Section 4 – Trainee to complete				
Trainee's comments:				
Indicate one:				
☐ I agree with this evaluation				
☐ I do not agree with this evaluation				
Name (printed)	Signature		 Date	

V.2018/05.1 Page 1 of 1