

Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

Form-2: Project Supervisor Agreement.

Please submit this one 45 form no later than the first Tuesday in December of the PGY1 year.

Project Supervisor:

If "No," please explain why:

All residents should have a Project Supervisor and a Project Coordinator.

The Project Supervisor will counsel the resident on the content of the project. The Project Supervisor may be a clinical supervisor in the home base Family Medicine Unit, another family physician, a consultant or another appropriate individual. If someone other than a family physician is selected, it is important to obtain advice on the relevance of the project to Family Medicine from the Project Coordinator

The Project Coordinator will discuss the project format and requirements with the resident on a regular basis and encourage the resident to adhere to the deadlines. In some cases the Project Coordinator may also be the Project Supervisor.

Cooldinator may also be the Project Supervisor.			
*I have agreed to be the Project Supervisor for this resident's project:			
C No			
ℂ Yes			
*Project Supervisor's full name:			
Proposed co-supervisor(s) full name, if applicable:			
*Are you, or one of the committee members for this resident project, a faculty member of Dalhousie's Department of Family Medicine?			
C No			
○ Yes			
*Type of project:			
C Clinical Education Tool			
C Literature Appraisal / EBM Review			
C Medical / Health Humanities			
C Medical Education Tool			
C Position Paper / Essay			
C Quality Improvement / Patient Safety			
C Research			
f C other (if "other" please elaborate in the comment box below.)			
Comment section, if "other" was selected:			
Research Ethics Board (REB) Application Status:			
	n/a	No	Yes
*Will this project require REB approval?	0	0	0

^{*} indicates a mandatory response