Dalhousie University Family Medicine PGY2 Resident

Project Progress Report (Form III)

Resident: ______________________________________________________________

Project Supervisor: ______________________________________________________

Title of Resident Project: ________________________________________________

________________________________________________________________________

Type of Project: __________________________________________________________
(please specify: research, educational tool, literature appraisal/EBM review, position paper/essay, practice quality improvement/audit)

As the Project Supervisor I have reviewed the progress of the resident project.

Signature of Project Supervisor: ____________________________________________

Signature of Resident: _____________________________________________________

Date: __________________________

Comments:

Please send a copy of this completed form to the Project Coordinator no later than the 2nd Monday in September

Please send an electronic version of the signed copy to the Education Committee Secretary (fmcommittees@dal.ca)