Evaluated By: evaluator's name

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

:start date to end date Dates

## Form-II: Project Supervisor Agreement.

Please submit this one45 form no later than the first Tuesday in December of the PGY1 year.

## **Project Supervisor:**

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 resident to adhere to the deadlines. In some cases the Project Coordinator may also be the Project Supervisor. |
|--|
| *I have agreed to be the Project Supervisor for this resident's project:  • No   |
| © 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?  |
| ○ No   |
| C Yes  |
| *Type of project:  |
|  |
| C Educational Tool   |
| C Literature Appraisal/EBM Review  |
| C Position Paper/Essay   |
| C Practice Quality Improvement/Audit   |
| 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   |

If "No," please explain why:

<sup>\*</sup> indicates a mandatory response