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 -
- Click on “Documents and Forms”
- Form is available under “Assessments”

AUTHORITY/RESPONSIBILITY:

- ☒ Program Assistant
- ☐ Site Medical Lead
- ☒ Site Education Director
- ☐ Primary Preceptor
- ☐ Alternate/Secondary Preceptor
- ☒ Faculty Lead
- ☒ Resident
- ☐ Postgraduate Director
- ☐ Associate Director, Enhanced Skills Program
- ☐ Assistant Director, Enhanced Skills
- ☐ Postgraduate Program Office

SCHEDULE:

<table>
<thead>
<tr>
<th>UPDATE/COMPLETE</th>
<th>SUBMIT/PRESENT</th>
<th>ENTER IN VENTIS (yes/no)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed twice per year (mid-year and year-end) of each year resident is enrolled in the IMR Program.</td>
<td>Submitted to the Resident’s site Program Assistant to be placed in the resident’s binder.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
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.
2. Both supervisor and trainee to sign the completed form. Comments are also welcome.
3. Supervisor to fax the completed report to the Family Medicine Postgraduate Office at 204-272-3090.

Section 1

Name of Resident: _____________________________ Date: ________________
Residency Year (check one): PGY1 PGY2
Type of Evaluation (check one): Mid-Term Final
Progress (check one):
IMR complete
On time, no concerns
Off time, resident may not reach specific targets
Off time, at risk of not completing IMR Program

Section 2

Overall Completion

<table>
<thead>
<tr>
<th></th>
<th>PGY1 Mid-Term</th>
<th>PGY1 Final</th>
<th>PGY2 Mid-Term</th>
<th>PGY2 Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unit Completion

<table>
<thead>
<tr>
<th>Module</th>
<th>Percent Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Wellness</td>
<td></td>
</tr>
<tr>
<td>Tools in Integrative Medicine</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td></td>
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<tr>
<td>Woman's Health</td>
<td></td>
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<tr>
<td>Acute Care</td>
<td></td>
</tr>
<tr>
<td>Chronic Illness</td>
<td></td>
</tr>
<tr>
<td>Physician Well-being</td>
<td></td>
</tr>
</tbody>
</table>

Medical Knowledge

Requirements for successful completion of the Integrative Medicine Residency (IMR) Program include minimum 80% overall completion and minimum score of 70% on the final exam.

Percentage

Completion: __________
Score: __________

Section 3 – Supervisor to complete

Supervisor's comments:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
My signature below indicates that I have discussed this evaluation with my trainee.
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 ________________

Section 5 – Faculty Lead or Site Education Director to complete

_________ Initials

V.2018/05.1