

Resident Log and Progress Summary

To be complete by the resident
(Please type)

Name: _____ Program Period (circle appropriate period below)

Institution/practice:

Address:

Residency Advisor:

Fill in **All** 6-Month Periods You Have Completed

<u>Resident Activity</u>	Period	1st	2nd	3rd	4th	5th	6th	Cumulative
# Weeks supervised clinics		_____	_____	_____	_____	_____	_____	_____
# Weeks special rotations		_____	_____	_____	_____	_____	_____	_____
# Weeks diagnostic imaging		_____	_____	_____	_____	_____	_____	_____
# Weeks internal medicine		_____	_____	_____	_____	_____	_____	_____
# Weeks surgery		_____	_____	_____	_____	_____	_____	_____
# Weeks ambulatory		_____	_____	_____	_____	_____	_____	_____
# Weeks anesthesia		_____	_____	_____	_____	_____	_____	_____
# Weeks pathology		_____	_____	_____	_____	_____	_____	_____
# Weeks advisor's choice		_____	_____	_____	_____	_____	_____	_____
Total weeks in program		_____	_____	_____	_____	_____	_____	_____

Resident Presentation Summary

Seminars Presented _____

of Cases

Respiratory (RS) _____

Cardiovascular (CV) _____

Gastrointestinal (GI) _____

Renal/urinary (RU) _____

Reproductive (RP) _____

Hematopoietic (HE) _____

Integumentary (IT) _____

Neurologic (NE) _____

Musculoskeletal (MS) _____

Endocrine (EN) _____

Ophthalmic (OP) _____

Otic (OT) _____

Toxicologic (TX) _____

Other (OR) _____

Total # of cases _____

Elective/Emergency _____

Primary/Assistant _____

With advisor _____

Hours of CE _____

Manuscript Preparation (Please circle appropriate stage)

Case Report 1 - in progress, draft, completed, advisor reviewed, revision completed, submitted

Case Report 2 - in progress, draft, completed, advisor reviewed, revision completed, submitted

Manuscript - in progress, draft, completed, advisor reviewed, revision completed, submitted, accepted