

Resident Log and Progress Summary

To be complete by the resident
(Please type)

Name: _____ Program year (circle appropriate year below)

Institution/practice:

Address:

Residency Advisor:

Fill in **All** Years You Have Completed

| <u>Resident Activity</u> | Yr. 1 | Yr. 2 | Yr. 3 | Yr. 4 | 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 | _____ | _____ | _____ | _____ | _____ |
| <u>Resident Presentation Summary</u> | | | | | |
| # Seminars Presented | _____ | _____ | _____ | _____ | _____ |
| <u># of Cases</u> | | | | | |
| 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 | _____ | _____ | _____ | _____ | _____ |

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