

Advisor Job Description

1. Liaison for resident to faculty body
 - a. communicating summative evaluations
 - b. communicating concerns or specific needs
2. Educational coordination
 - a. Elective rotations
 - b. Remedation plans if necessary
 - i. Documentation of necessity, goals, and timelines involved
 - ii. Involving other faculty or staff as is appropriate
 - c. Tutorial plans – based on individual need
3. Point person for resident – resident may choose to seek out mentor, but should always have advisor available to them

Responsibilities:

1. Programatic Review. Regular meetings with the resident – review the evaluations as well as the resident’s self evaluation and goals. **Assure alignment between program’s summative evaluation and resident’s self assessment.** Assess for any particular needs or deficits within their training.
 - a. Monthly for Interns during first quarter, then quarterly (or trimesterly)
 - b. Quarterly (trimesterly) for R2 and R3
2. Curricular review –
 - a. Panel mix
 - b. Tracking in New innovations
 - i. Continuity OB
 - ii. Sports PE
 - iii. Nursing Home
 - iv. Home visit
 - v. Procedural documentation
 - c. Elective Rotation – review appropriateness/timing/etc
 - d. Inservice Exams
 - e. Boards or licensure issues
 - f. Review metrics for the ACGME core values
 - i. Patient care
 - ii. Professionalism
 - iii. System Practice
 - iv. Interpersonal Skills and Communication
 - v. Medical Knowledge
 - vi. Practice Based Learning

- g. Offer guidance for scholarly achievements

- 3. Personal review – unlike above, Advisor is to make themselves available should resident have concerns or issues. Encouraging personal well-being in addition to academic
 - a. May involve further discussion with Chief Resident or program director
 - b. May assist in finding medical care, however not provide that care
 - c. Advise the resident of “Due Process Policy” for issue resolution

Providence St. Peter Family Medicine Olympia, WA

Advising

Each resident has a faculty advisor assigned for each year in the program. The role of the advisor is to assist the resident in his/her progress through the residency curriculum, and to help tailor the experience to meet the resident's unique needs. The advisor is the liaison between the faculty and the resident for program feedback and summative evaluation. The resident's progress toward promotion and graduation requirements is monitored by the advisor to ensure that required experiences are documented. The advisor may provide resources for educational experiences and personal wellness needs, but is not a therapist for the resident or his/her family.

Duties and Responsibilities of the advisor:

1. Meet with the resident during Orientation to get acquainted and discuss goals for the year.
2. Meet with the R1 advisees monthly and with R2 and R3 advisees at least quarterly. Residents write a quarterly self-assessment to evaluate progress and commit to goals for the next quarter. The faculty meets for a Quarterly Review to discuss each resident's academic progress, activity and QI reports, summative feedback and professional development. The advisor and resident review the feedback and self-assessment, and plan educational goals and strategies.
3. Complete a Summary form for the Quarterly Review session with the resident which is signed by the resident and advisor and placed in the resident file. Resident concerns, trends, and an individual education plan are included in the report.
4. Be available to meet with the advisee when issues arise or the resident requests advice and guidance.
5. Keep the program director apprised of potential program or curricular problems identified by the resident and assist the program director in resolving program or system issues related to the advisee.
6. Serve as resident advocate in case concerns or issues arise with the advisee. The advisor will convey these issues to the resident and work to resolve them with the resident. Advise the resident of the Due Process Policy as needed to resolve issues successfully.

RESIDENT DEVELOPMENTAL ISSUES

“The Journey from Student to Colleague”

Goals:

1. Recognize psychosocial issues, professional issues, and knowledge/skill development which vary from one resident level to the next in a family practice residency.
2. Discuss teaching strategies which facilitate resident growth.

YEAR 1

PSYCHOSOCIAL ISSUES:

Personal

1. Increased complexity in setting priorities and managing time
2. Establishing or maintaining social support esp. during away rotations
3. Maintaining personal health (adequate rest, exercise)
4. Building confidence level and comfort with responsibility
5. Adjusting to new job and location
6. Dealing with missed expectations and unmet needs
7. Feeling overwhelmed, intense emotions
8. Fearing burnout and fantasizing about careers other than medicine
9. Taking on new roles in own family as provider of medical information and/or care
10. Fearing making an error in an emergency that might “kill” a patient
11. Losing idealism
12. Dealing with the “loneliness” of internship, i.e. not having enough time or energy to build new bonds or process the big events and losses

Medical Community

1. Establishing new relationships with faculty and staff
2. Establishing new relationships with other residents, esp. own year group
3. Identifying possible mentors

Community

1. Taking care of basic needs: housing, utilities, driver’s license, finances
2. Establishing a new provider for personal and family health care
3. Exploring local cultural, leisure and social activities

LEARNING NEEDS:

Personal

1. Transition from medical student to physician
2. Learning to be more self-motivated and self-directed
3. Knowing limitations and asking for help

Patient Care

1. Learning inpatient clinical skills: emergency care, cross-cover management, large volume of data, charting, d/c summaries
2. Doing more procedures
3. Prescribing many new drugs
4. Learning practical outpatient family medicine knowledge and skills
5. Learning to adapt charting skills to the outpatient setting

Precepting

1. Not wanting too much information; just what's needed to survive or help the patient right then
2. Refining skills in formulating questions for preceptors

Medical Community

1. Gaining knowledge of clinic and hospital systems
2. Getting to know consultants
3. Gaining knowledge of social services, allied health systems, community resources

PROFESSIONAL ISSUES:**Personal**

1. Dealing with the discrepancy between perceived expectations of supervisors and perceived ability to fulfill those expectations
2. Coping with frequent changes of service with concomitant changes in expectations of supervisors
3. Feeling pulled between conflicting expectations of Family Practice and other services
4. Being punctual and reliable
5. Refining judgement
6. Fitting in, i.e. "walking the walk and talking the talk"
7. Caring for patients you don't like

Patient Care

1. Being less efficient than more senior colleagues
2. Managing a broad spectrum of patients
3. Having increased responsibility for patients
4. Being inexperienced with continuous, family-oriented, comprehensive care

Medical Community

1. Working as a team member
2. Communicating with consultants and other team members
3. Learning to charge appropriately, i.e. how valuable is your time
4. Participating in program or institution activities

YEAR 2

PSYCHOSOCIAL ISSUES:**Personal**

1. Comfort with increased responsibility
2. Dealing with anger, lack of control
3. Dealing with emotional fallout and effects of internship on personal relationships
4. Spending increased time with family and friends
5. Questioning choice of specialty; having time to think about this
6. Coping with the increased financial burden of student loan payments
7. Questioning whether you have learned half of what you should at the mid-way point of residency

Medical Community

1. Establishing mentor relationships
2. Acknowledging the effects of training on caring and compassion
3. Discovering that faculty are not "perfect," i.e. not always available and not brilliant

Community

1. Relocation or house purchase

LEARNING NEEDS:**Personal**

1. Transition from learner to teacher, supervisory skills
2. Adjusting to different teaching styles of preceptors which are designed to foster independence; may appear that faculty don't care as much
3. Increased discomfort for some due to the reduced structure in residency curriculum

Patient Care

1. Learning advanced inpatient skills
2. Increasing knowledge and use of behavioral skills
3. Doing more preventive care
4. Caring for continuity obstetrical patients
5. Doing FP night call and telephone medicine
6. Practicing in moonlighting settings
7. Refining follow-up plans

Precepting

1. Coping with ambiguity, multiple options
2. Striking a balance between greater independence/autonomy and seeking help and guidance when needed

Medical Community

1. More effective utilization of social services and other health care team members

PROFESSIONAL ISSUES:

Personal

1. Refining problem solving skills
2. Establishing professional style and persona
3. Being open-minded and flexible
4. Beginning to consider career options

Patient Care

1. Expectation of an increased volume of outpatient visits
2. Increased frustration with residency clinic operation after away rotation or community practice experiences

Medical Community

1. Feeling more integrated into family practice center
2. Participating more in residency or medical organizations
3. Establishing preferred style of interaction with nursing and support staff

YEAR 3

PSYCHOSOCIAL ISSUES:

Personal

1. Anxiety about independence and evolving autonomy
2. Personal and family concerns/uncertainty over career choice
3. Personal transitions: pregnancy, partnerships
4. Renewed relationships with family and friends
5. Anxiety over leaving the familiar comfort of the program and geographic area; "starting over again"
6. Feeling on the "outside" or isolated because of impending departure

Medical Community

1. Terminating relationships with teachers, mentors, staff
2. Transitioning to collegial relationships with faculty

Community

1. Increased time for community activities/cultural and social events

LEARNING NEEDS:

Personal

1. Developing a CME approach to ongoing knowledge and skill building

Precepting

1. Utilizing preceptors more effectively
2. Being more selective in which patients to discuss with preceptor

Patient Care

1. Advanced outpatient management skills
2. Acquisition and improvement of outpatient procedural skills
3. Loss or re-definition of inpatient skills
4. Handling a much larger volume of patients

Medical Community

1. Improving skills in managed care setting
2. Being more invested in clinic operation and problem solving, balanced against pulling away because of planned departure

PROFESSIONAL:**Personal**

1. Dealing with uncertainty
2. Being overconfident or under confident
3. Fearing missed educational opportunities
4. Increased reliance on peer group for on-call communication/cooperation
5. Increased awareness of the future of Family Practice as a specialty
6. Anxiety crescendo of finding a job (interviewing/evaluating practice sites and contracts)

Patient Care

1. Recognizing strengths and capabilities
2. Terminating relationships with patients
3. Being more comfortable in outpatient setting, enjoying time in FP center
4. Dealing with increased percentage of visits with patients who don't get better
5. Perception that clinic runs worse than last year, due to increased time spent in clinic (sampling error)

Medical Community

1. Taking on leadership roles in residency program
2. Serving as a role model for medical students and junior residents

How do you assess resident maturity?

Job maturity:

1. What rotations have you already taken?
2. What has been your prior experience in this area?
3. What are your clinical limitations you want to work on?
4. What do you need from this rotation?
5. e.g. How many deliveries have you done?
6. e.g. How many new diabetics have you evaluated in the outpatient setting?

Psychological maturity:

1. Is the resident willing to assume responsibility?
2. Does the resident have the desire to achieve?
3. Does the resident persist rather than give up with complex tasks?
4. Is the resident willing to work independently?
5. Does the resident have a positive work attitude?
6. Does the resident over function or under function?

How does knowledge of resident developmental stages help teachers?

1. Gives them increased awareness of the learner's perspective
2. Helps them separate a troubling behavior from a resident with a predictable reaction to residency stress
3. Helps them prepare learners for these stages
4. Assists them in providing more effective advising and career counseling
5. Assists them in making programmatic changes which address these issues

Examples of changes based on knowledge of these

For First Year Residents

- ☞ preceptors spend more time assessing level of prior experience
- ☞ preceptors /ward attendings are explicit about expectations of the intern
- ☞ residency program provides a mechanism for interns to get as much information about their next service before they start
- ☞ faculty provide basic instruction in the management of common outpatient problems
- ☞ faculty and program assist residents and their families in acclimating to the community

For Second Year Residents

- ☞ faculty use a more "hands off" style of precepting to allow for more independent decision making
- ☞ residency program provides training in supervisory and teaching skills
- ☞ faculty and clinic personnel encourage residents to be more involved and integrated into clinical practice activities

For Third Year Residents

- ☞ faculty use a more collegial or "senior to junior partner" style of precepting; faculty consult residents at times
- ☞ residency programs provides more education in managed care skills
- ☞ program provides more leadership roles in residency program and clinic operation
- ☞ faculty allow greater resident autonomy in decision-making esp. when resident is on-call

R1 Competencies - By the end of the year, the resident will:

<p>Patient Care - Is capable of gathering essential and accurate data to formulate a basic assessment & plan using a caring approach to patients.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> ≥5 Adult intubations on Surgery-1 <input type="checkbox"/> 2 Mauve teams (1 OB & 1 Peds) <input type="checkbox"/> 2 Sim labs- ACLS <input type="checkbox"/> 10 NBR's at delivery <input type="checkbox"/> ≥ 10 SVD's per OB block <input type="checkbox"/> Complete BSQ's in AROM, FSE and IUPC placement after 1 st block rotation <input type="checkbox"/> 10 Blue teams by end of 2 nd year <input type="checkbox"/> See ≥ 150 patients in SPFM
<p>Comments:</p>	
<p>Medical Knowledge - Demonstrates a breadth of knowledge with which to appropriately treat common medical conditions, and is able to prioritize more urgent problems</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> NRP <input type="checkbox"/> BLS/ACLS <input type="checkbox"/> ALSO <input type="checkbox"/> PALS <input type="checkbox"/> FHT certification (Health Stream) <input type="checkbox"/> Attend Acid-Base Lecture & do test <input type="checkbox"/> Attend >50% of didactics, etc <input type="checkbox"/> Complete 2OB Monographs on NOB <input type="checkbox"/> Pass ITE by program margin or complete IEP
<p>Comments:</p>	
<p>Practice-based Learning - Creates a goal-oriented plan for self-directed learning. Is able to access the medical literature, present topics in an evidence-based (EB) manner, and care for a panel of pts in an outcomes-driven manner.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Complete 4 qtrly Self-assessments <input type="checkbox"/> Present an EB Med case conference <input type="checkbox"/> Present an EB OB-GYN topic <input type="checkbox"/> Present an EB Surgery topic <input type="checkbox"/> Review Care Manager list of pts with DM & chronic pain with team MA
<p>Comments:</p>	

R1 Competencies - By the end of the year, the resident will:

Interpersonal and Communication Skills - Establishes therapeutic and empathetic relationships in a culturally sensitive manner. Communicates effectively with all members of the health care team in person and by electronic means. Completes medical records in a timely fashion.	
<input type="checkbox"/> Demonstrates the ability to supervise & teach new R1's	<input type="checkbox"/> Demonstrate competency in Pt -Centered Communication per checklists
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency	
<input type="checkbox"/> Passes all rotation evaluations	
Comments:	
Professionalism - Demonstrates compassion, honesty, integrity, respect for others, and compliance with laws and regulations pertaining to medical practice and SPFM policies.	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency	<input type="checkbox"/> Annual Resident Retreat
<input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Attend Interns' Pause
	<input type="checkbox"/> Complete Health Stream on time
	<input type="checkbox"/> Complete SPFM office notes within 48 hrs
	<input type="checkbox"/> No pattern of delinquency on PSPH records
Comments:	
Systems-based Practice - Identifies issues related to errors, cost and the need for interdisciplinary collaboration in the delivery of health care.	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency	<input type="checkbox"/> Complete Health Systems Curriculum on RFP
<input type="checkbox"/> Passes all rotation evaluations	
Comments:	

Q1 Faculty signature _____ Date _____

Q1 Resident signature _____ Date _____

R1 Competencies - By the end of the year, the resident will:

Q2 Resident signature _____ Date _____

Q3 Resident signature _____ Date _____

Q4 Resident signature _____ Date _____

R2 Competencies - By the end of the year, the resident will:

<p>Patient Care - Uses a team approach to supervise & deliver care that is patient-focused and includes advanced assessment and care planning across a variety of health care settings.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Manage ≥ 10 Code Blues <input type="checkbox"/> 2 Mauve teams (1 OB & 1 Peds) <input type="checkbox"/> 2 Sim labs- ACLS <input type="checkbox"/> ≥ 10 SVD's per OB block <input type="checkbox"/> Manage ≥ 15 ICU pts by graduation <input type="checkbox"/> 3 Sports Med events by graduation <input type="checkbox"/> See ≥ 1650 patients in SPFM over 3 years
<p>Comments:</p>	
<p>Medical Knowledge - Uses evidence-based methods to critique medical knowledge important to specific cases, and demonstrates critical judgment to care for patients who are complex & seriously ill.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Attend Acid-Base lecture & score >70% on test <input type="checkbox"/> Attend >60% of didactics, etc <input type="checkbox"/> Pass ECG BSQ test <input type="checkbox"/> Complete 4 Monographs on NIR <input type="checkbox"/> FHT certification (Health Stream) <input type="checkbox"/> Pass ITE by program margin or complete IEP <input type="checkbox"/> Pass Part III of USMLE/Comlex Board Exam
<p>Comments:</p>	
<p>Practice-based Learning - Receives and gives feedback well, to improve self and others. Adapts knowledge and clinical practice based on evidence, peer review, system demands, and patient outcomes.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Complete 4 qtrly Self-assessments <input type="checkbox"/> Present an EB Med case conference <input type="checkbox"/> Present an EB OB-GYN topic <input type="checkbox"/> Present an EB Peds topic <input type="checkbox"/> Manage Care Manager list of DM & chronic pain patients with RN Specialist
<p>Comments:</p>	

R2 Competencies - By the end of the year, the resident will:

<p>Interpersonal and Communication Skills - Facilitates patient's & family's ability to engage with difficult information & circumstances in a collaborative manner. Teaches & role models effective communication on a health care team and manages conflict well.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> 1 Peds Home Visit with MSW <input type="checkbox"/> Perform at least one Beh. Sci Dx interview with MSW
<p>Comments:</p>	
<p>Professionalism - Manages patient care with compassion, respect for diversity & patient autonomy. Role models altruism, humanism, & accountability to self & others.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Annual Resident Retreat <input type="checkbox"/> Spirituality Retreat (1 of 3) <input type="checkbox"/> ≥ 2 Graduation CME's by graduation <input type="checkbox"/> Complete Health Stream on time <input type="checkbox"/> Complete SPFM office notes within 48 hrs <input type="checkbox"/> No pattern of delinquency on PSPH records
<p>Comments:</p>	
<p>Systems-based Practice - Role models and teaches cost awareness, risk-benefit analysis, and a systems approach in the provision of team-based care.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Complete Health Systems Curriculum on RFP
<p>Comments:</p>	

Q1 Faculty signature _____ Date _____

Q1 Resident signature _____ Date _____

Q2 Resident signature _____ Date _____

Q3 Resident signature _____ Date _____

Q4 Resident signature _____ Date _____

R3 Competencies - By the end of the year, the resident will:

<p>Patient Care - Effectively provides family-centered patient care in all settings, including health promotion, chronic disease management, acute care, and end-of-life care.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations and completes: <ol style="list-style-type: none"> 1. 8 Chief weeks 2. 8 Green/Elective weeks including: <ol style="list-style-type: none"> 1 Ortho, 1 Sports Med 1 ENT/Opth week 	<input type="checkbox"/> 12 ED shifts <input type="checkbox"/> 5 Urology sessions <input type="checkbox"/> Care for ≥ 2 continuity Nursing Home pts over 2 years <input type="checkbox"/> ≥ 50 SVD's <input type="checkbox"/> ≥ 15 continuity OB's <input type="checkbox"/> Manage ≥ 15 ICU pts. <input type="checkbox"/> Successfully perform all required BSQ's and procedure #'s (see list) <input type="checkbox"/> 3 Sports Med events <input type="checkbox"/> See ≥ 1650 patients in SPFM over 3 years
<p>Comments:</p>	
<p>Medical Knowledge - Role-models how to adapt evidence-based knowledge to patient needs within our health care system, and teaches residents, medical students and other health care professionals these skills.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Attend >80% of didactics, etc <input type="checkbox"/> Pass ITE by program margin or complete IEP <input type="checkbox"/> Recert - NRP <input type="checkbox"/> Recert - BLS/ACLS <input type="checkbox"/> Take & pass the ABFM certification exam
<p>Comments:</p>	
<p>Practice-based Learning - Systematically analyzes practice using quality-improvement methods, and implements changes in practice to improve patient outcomes and promote life-long learning. Educates the health care team.</p>	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency <input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Complete 4 qtrly Self-assessments <input type="checkbox"/> Present an EB Peds topic <input type="checkbox"/> Present 2 didactic lectures <input type="checkbox"/> Complete a QI project <input type="checkbox"/> Lead 2 Journal Clubs <input type="checkbox"/> Proactively manages DM and chronic pain panels with clinical team
<p>Comments:</p>	

R3 Competencies - By the end of the year, the resident will:

Interpersonal and Communication Skills - Engages in patient-centered communication to facilitate a health-care team approach that promotes cost-effective optimal patient outcomes.	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency	<input type="checkbox"/> 4 Home Visits with FP faculty as R3 (1 geriatric)
<input type="checkbox"/> Passes all rotation evaluations	
Comments:	
Professionalism - Mentors other learners in the use of multidisciplinary collaboration for the benefit of the individual and the community. Advocates for patient needs and assists colleagues in their duties.	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency	<input type="checkbox"/> Annual Resident Retreat
<input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> Spirituality Retreat (1 of 3)
	<input type="checkbox"/> ≥ 2 Graduation CME's
	<input type="checkbox"/> Complete Health Stream on time
	<input type="checkbox"/> Complete SPFM office notes within 48 hrs
	<input type="checkbox"/> No pattern of delinquency on PSPH records
Comments:	
Systems-based Practice - Facilitates collaborative resource-based care of patients, advocating for optimal health care systems and improved patient safety.	
<input type="checkbox"/> Average score on Quarterly Faculty Evaluations = Competency	<input type="checkbox"/> 15 OOC meetings
<input type="checkbox"/> Passes all rotation evaluations	<input type="checkbox"/> 10 Practice Management seminars
	<input type="checkbox"/> Complete a Community Medicine project
	<input type="checkbox"/> Complete Health Systems Curriculum on RFP
Comments:	

Q1 Faculty signature _____ Date _____

Q1 Resident signature _____ Date _____

Q2 Resident signature _____ Date _____

R3 Competencies - By the end of the year, the resident will:

Q3 Resident signature _____ Date _____

Q4 Resident signature _____ Date _____

Procedure Log Report

Resident: _____

Year: _____

PROCEDURAL SKILLS	Minimum required for Graduation	Cumulative Total				BSQ Completed
		Q1	Q2	Q3	Q4	
Amnioinfusion	(3)					
Anoscopy	(2)					
AROM	(3)					
Aseptic Technique	Surgery Checklist					
C- Section Assist	(5)					
Casting/Splinting	(2)					
Cervical Cancer Screening	BSQ ONLY					
Circumcision with nerve block	(5)					
Colposcopy (w ECC)	(10)					
Cryotherapy- skin	(2)					
ECG	BSQ ONLY					
Endometrial Biopsy	(3)					
Episiotomy/OB Lac Repair (1 & 2 Degree)	(5)					
Fetal Scalp Electrode	(3)					
ICU Patients - Medical Management	(15)					
Incision & drainage	(3)					
Intubation - adult	(10)					
Injection/aspiration large joint	(3 each: shoulder & knee)					
IUD Mirena/Paraguard	(3)					
IUPC placement	(3)					
Labor augmentation/induction	(5)					
Laceration repair - skin	(5)					
LP (total Adult & Peds)	(3)					
Pelvic Exam/Pregnancy Dating	BSQ ONLY					
Resuscitation - Adult (Code Mgmt)	(10) Sim Lab Check List					
Resuscitation - Newborn	(10) Sim Lab Check List					
Skin procedures- excisions, punch, shave	(10)					
Slit Lamp Exam	BSQ ONLY					
SVD	(50)					
SVD/C-section - Continuity	(15 continuity)					
Toenail removal with digital block	(3)					
Trigger point injection	(3)					
Ultrasound OB Basic	(5)					
Vacuum assist delivery	(5)					
Vasectomy	(2) BSQ Req for Privileges					

Quarterly Advisor / Advisee Meeting Summary Page

Resident's Name: **Resident name**

Data:

- Review PGY **year** schedule as of **date**
- Review evaluations (resident & faculty) of completed rotations
- Review SnapShot evaluations
- List any new presentations given
- Review procedure list and noon conference attendance
- Review productivity reports (when available)
- Review In-training exams (2rd quarter)

Planning/Resident Development:

- Identify strengths, limits, and deficiencies from evaluations, exam results and residents own observations
- Plan learning goals based on strengths, limits, and deficiencies
- Determine learning activities to achieve goals for the year
- Identify new (or review) personal goals for overall well-being
- Discuss scholarly project or quality improvement project (as appropriate)
- Miscellaneous information addressed in this meeting

Comments

Novice <input type="checkbox"/> 1 <input type="checkbox"/> 2		Advanced Beginner <input type="checkbox"/> 3 <input type="checkbox"/> 4		Competent <input type="checkbox"/> 5 <input type="checkbox"/> 6		Proficient <input type="checkbox"/> 7 <input type="checkbox"/> 8		Expert <input type="checkbox"/> 9
Sometimes	Consistently	Sometimes	Consistently	Sometimes	Consistently	Sometimes	Consistently	Sometimes

(Resident Signature)

(Faculty Advisor Signature)

(Date)

(Date)