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PROGRESS REPORT – PROFESSIONAL ASSOCIATION
To be completed by the Special Licensed Physician

The following progress report will assist the Yukon Medical Council in monitoring the progress of Special Licensed Physician's integration into the practice of medicine in the Yukon.

<p>Your Name: _____</p> <p>Professional Advisor's Name _____</p> <p>Report Date: _____</p>

PROFESSIONAL SUPPORT ACTIVITIES

1. Do you practice in the same clinic as your advisor? Y N

2. How often do you interact with your advisor? Daily Weekly Monthly
Approximately how many hours do you spend in direct contact with your advisor? _____

3. In what ways do you interact? (*please check all that apply*)
 Direct Supervision Case Discussion Chart Review Problem Solving
 Other (*please describe*) _____

4. Do you feel that meetings with your Professional Advisor are productive? Y N
In what ways could your Professional Advisor improve/change your meetings? _____

EDUCATIONAL ACTIVITIES

5. Do you have a written Continuing Professional Development Plan? Y N
**if you have not previously submitted your plan, or it has changed since your last report, please attach a copy.*

6. In what ways have you integrated your Continuing Professional Development (CPD) into your practice?

7. Please describe your level of comfort in each of the *C2LEO* aspects of the practice of medicine?

- | | | | | | |
|-----------------------|-------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|
| <i>Cultural</i> | <input type="checkbox"/> fair | <input type="checkbox"/> satisfactory | <input type="checkbox"/> good | <input type="checkbox"/> very good | <input type="checkbox"/> excellent |
| <i>Communication</i> | <input type="checkbox"/> fair | <input type="checkbox"/> satisfactory | <input type="checkbox"/> good | <input type="checkbox"/> very good | <input type="checkbox"/> excellent |
| <i>Legal</i> | <input type="checkbox"/> fair | <input type="checkbox"/> satisfactory | <input type="checkbox"/> good | <input type="checkbox"/> very good | <input type="checkbox"/> excellent |
| <i>Ethical</i> | <input type="checkbox"/> fair | <input type="checkbox"/> satisfactory | <input type="checkbox"/> good | <input type="checkbox"/> very good | <input type="checkbox"/> excellent |
| <i>Organizational</i> | <input type="checkbox"/> fair | <input type="checkbox"/> satisfactory | <input type="checkbox"/> good | <input type="checkbox"/> very good | <input type="checkbox"/> excellent |

COMMUNITY INTEGRATION & ORGANIZTIONAL ACTIVITIES

8. Do you attend Whitehorse General Hospital Rounds? Y N

if yes, how often have you attended in the last 2 months _____

9. What professional conferences or community activities have you attended with your Professional Advisor?

10. Are you satisfied with your knowledge and use of local community resources in your practice of medicine? Y N

11. Do you feel connected to your peers in the local medical community? Y N

12. Are you satisfied with your knowledge of medical and health care organization at the local and national level? Y N

MEDICAL SKILLS

13. In what ways have your medical skills improved since supervision was completed?

14. What are your greatest professional strengths? _____

15. What areas would you like to work on to improve your medical skills? _____

16. Please indicate where your CPD plan addresses these areas of improvement _____

17. Additional Comments: _____

Signature: _____ Date: _____

The Yukon Medical Council thanks you for your valued input.