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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>

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. Please indicate in what areas you interact (*check all that apply*)
 Direct Supervision Case Discussion Chart Review Problem Solving
 Other (*please describe*) _____

4. Are the meetings with your Professional Advisor productive? Y N

5. Do you have a current 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. Please indicate your Continuing Professional Development Activities since your last report.

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 |

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 since your last report?

Additional Comments: _____

Signature: _____ Date: _____

The Yukon Medical Council thanks you for your participation in this program.