

Interim Resident Research Report

Name: _____

Date: _____

What is your current year of residency?

 PGY 1 PGY 3 PGY 2 PGY 4

Title of project: _____

Identify the type of scholarly activity chosen (Select all that apply):

 Basic research Public health policy Clinical research Health informatics Translational research Health advocacy Health services Other, please specify: Quality improvement activities

 Bioethics To be determined Medical education

Identify the form of scholarly project to be developed:

 Retrospective chart review Advocacy project Cohort study Development of evidence-based
guidelines Case-control study Curriculum development Meta-analysis or systematic review Other, please specify: Randomized controlled trial

 Survey/questionnaire study To be determined Quality assurance project

Have you accessed services at the Research Institute since the last review?

 Yes No

Have you submitted your proposal for ethics?

 Yes No

If yes, please specify where: _____

Have you obtained ethical approval for your current study?

- Yes - date of approval: ___/___/____
- No

Stage of project development (Refer to Table 3 of proposed expectations document for list of milestones):

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Milestone 1 | <input type="checkbox"/> Milestone 6 |
| <input type="checkbox"/> Milestone 2 | <input type="checkbox"/> Milestone 7 |
| <input type="checkbox"/> Milestone 3 | <input type="checkbox"/> Milestone 8 |
| <input type="checkbox"/> Milestone 4 | <input type="checkbox"/> Milestone 9 |
| <input type="checkbox"/> Milestone 5 | |

Expected stage of project development based on level of training:

- End of PGY 1: Milestones 1-3
- End of PGY 2: Milestones 4-7
- End of PGY 3: Milestones 8-9

Is the project on track? (Project development corresponds to level of training)

- Yes
- No

If not, please explain roadblocks / challenges.

What have you accomplished since the last review?

What is the next step?

How can the SAGE committee help?

Pediatric Resident

Resident Supervisor

Date

To be completed by the SAGE committee

Assessment:

- Progress is satisfactory – no intervention.
- Progress is satisfactory – areas identified for follow-up interventions:

- Concerns with progress. Please provide a brief description of the issues that require attention and itemization of possible actions or interventions to address them:

Description:

Actions/interventions:

Follow-up:

- Required in _____ weeks / months: ____/____/____

- Required in 6 months

Pediatric Resident

Resident Scholarly Project Coordinator

Date