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| **Residents’ Research Month Elective Summary Report 2014-2015**  Form 2 is due 30 days after completion of your research month. Form is signed by your faculty supervisor and submitted to Wendy Cannon (Rm 2D13 or wcannon@cw.bc.ca) for approval by Dr. Collet & Dr. Sauve.  **\* Form 1 & Form 2 are required to receive credit for completing your research rotation.** | |
| **Name of Resident:** | **Year:**  1  2  3  4  |
| **Date of Submission:** | **Research Month:** |
| **Research Title:** | |
| **Faculty Supervisor:** | **Division:** |

**Goals and Objectives Achieved: Results / Outcomes** (Provide descriptive details)

1)

2)

3)

**Value of Research Month: Challenges / Suggestions**

**Future Goals or Directions:**

**Resident’s Signature:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Comments:**

**Reviewed by Faculty Research Supervisor:**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

**Comments/ Suggestions:**

**Reviewed by Pediatrics Research Director: Dr. Jean-Paul Collet**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

**Comments/ Suggestions:**

**Reviewed by Residency Program Director: Dr. Laura Sauve**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments/ Suggestions:**