



RESIDENCY PROGRAM
Focused Learning Plan (FLP)

RESIDENT: _____

PRIMARY PRECEPTOR: _____

FLP START DATE: _____

SITE: _____

FLP END DATE(DURATION 16 WEEKS): _____

STRENGTHS:

	ISSUE IDENTIFIED (INCLUDE SKILL DIMENSION(S) + CANMEDS-FM ROLE WHERE APPLICABLE)	LEARNING OBJECTIVE AND HOW ASSESSED	LEARNING STRATEGIES (SEE GRID) (STRATEGY, FREQUENCY, INDIVIDUAL RESPONSIBLE)
1.			
2.			
3.			
4.			

SUPPORT TEAM: Primary Preceptor: _____

Division Director: _____

Faculty Advisor: _____

Others: _____

LEARNER COMMENTS:

I understand that this learning plan is to help me address some performance issues that have been identified and that I will be reviewed in relation to the objectives listed.

At the end of the time that the FLP is active, I understand that my lead preceptor will make an assessment of whether or not I have met the listed objectives and that he/she will choose one of 3 possible outcomes; 1) met objectives-“back on track” 2) not met objectives with ongoing minor concerns around performance-needs further FLP or 3) not met objectives with major concerns around performance-refer to resident progress sub-committee (RPS) for review.

Learner's signature

Preceptor's signature

Date

Date

Thanks to the Department of Family Medicine, University of Ottawa