

Memorial University
Test Area

Evaluated By : **evaluator's name**
Evaluating : **person (role) or moment's name (if applicable)**
Dates : **start date to end date**

* indicates a mandatory response

ACADEMIC ADVISOR MEETING RECORD

Instructions: This form is to be completed by the Academic Advisor during or shortly after meeting with the resident.

*1. Follow-up from previous Action Plan

*2. EPA Observations (on track with attempted? What is the general gestalt of progress?)

*3. Review of other assignments/assessment if applicable (e.g. orals, OSCEs, written exams, ITARs, etc.)

*4. Resident's perceptions and understanding of progress

5. Learning Strategies (suggestions to improve study strategies or to improve clinical learning)

6. Extracurricular/Contributions during residency to highlight

7. Scholarship/Research

8. Resilience Strategies Discussed?

Yes

No

9. Career planning/interest in further training discussed?

Yes

No

10. Resilience issues that may impact training?

*11. Academic Advisor's Summary of Performance

*12. Action Plan/Formative Goals

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

*Are you in agreement with this assessment?

Yes

No

Please enter any comments you have(if any) on this evaluation.