

Resident - Faculty Mentor Meeting Form

This form must be maintained by the faculty mentor for each meeting with resident advisees.

Date: _____

Please, check:

- One-on-one meeting Advisee group meeting

Present:

Name of Faculty Mentor: _____

Name of Resident: _____ PL-____

Name of Resident: _____ PL-____

Name of Resident: _____ PL-____

Name of Resident: _____ PL-____

Reason for the meeting (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Scheduled meeting | <input type="checkbox"/> Policy questions |
| <input type="checkbox"/> Follow-up meeting | <input type="checkbox"/> Individual Learning Plan |
| <input type="checkbox"/> Urgent meeting | <input type="checkbox"/> Job search |
| <input type="checkbox"/> Academic progress | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> ITE/Certifying exam | <input type="checkbox"/> Teamwork |
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Research/study |
| <input type="checkbox"/> Evaluations | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Portfolio | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Patient care questions | <input type="checkbox"/> Personal questions |
| <input type="checkbox"/> Promotion questions | <input type="checkbox"/> Other |

Confidential note by faculty (optional): _____
