

Spring 2014 Semester Follow up Consultation

The purpose of this follow up consultation is to monitor your progress academically and in your extracurricular activities (e.g., shadowing, community service, etc.). If there are any sections that you wish to leave blank or prefer remain private, please let me know. The sole purpose of this information is to ensure that you successfully complete this program and if any problems or situations arise to jeopardize that, it will be noted and assistance can be provided.

Name: _____

Today's Date: _____

On a scale of 1-10 (10 being the highest) please score the following questions:

How strong is your desire and determination to become a physician? 1 2 3 4 5 6 7 8 9 10

Pick the most appropriate response:

At this point in the program, how prepared do you feel you are for medical school?

- I am confident about my preparation for medical school
 I am somewhat confident about my preparation for medical school
 I do not feel prepared for medical school and have some concerns
 I'm no longer interested in pursuing medical school

Please share any concerns you may have about medical school and/or becoming a physician: No concerns at this time

Academics

Please indicate your intended completion date from the program: May 2014 August 2014 December 2014 May 2015

***Please note: Recognition ceremony held in May and December only.**

Do you plan to take classes this summer? Yes No Unsure

Which course(s) have been the most challenging/difficult for you this semester? **Not having any difficulty**

What has made it difficult for you?

Please check all that apply:

- Hard to follow the instructor Don't understand the material Not enough time to study and prepare for class
 Other reason (please specify below)

How have you handled the challenge in that course(s)? **Please check all that apply:**

- Withdrew Met with the professor or Teaching Assistant Received help from a study group or class mate
 Utilized REACH for Supplemental Instruction or Tutoring Other (Please specify below)

Grade Performance

List which courses you are currently taking and your current grade status. Thanks.

CLASS/LABS	As of today, I have an A or B in the course based on tests, quizzes and homework assignments	As of today, I have a C or below in this class based on tests, quizzes and homework assignments
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>

Time Management

Are you currently employed? Yes No If so, Part-time or Full-time
 Are you a Scribe? Yes No
 If yes, which location(s)? Norton-Audubon Norton-Brownsboro Norton-Downtown University Hospital
 Other (please specify): _____

Does your job provide you flexibility to attend classes? Yes No Sometimes
 Does your school or work schedule interfere with your participation in community service and/or extracurricular involvement?
 Yes No Sometimes

Does your job or extracurricular involvement interfere with your class or study time? Yes No Sometimes
 How well are you managing your time this semester?

- Maintaining a manageable schedule
 Doing ok overall, just occasional schedule conflicts
 Procrastinate/consist schedule conflicts and have to catch up
 Other description _____

How do you manage your time or maintain a schedule (e.g., planner, to do list, phone, etc.)

Is that/those technique(s) effective? Yes No Sometimes

Do you attend the majority of your classes regularly? Yes No If not, why?

Do you devote enough study time for each class/lab? Yes, most of the time No, need more time

If not, what is your plan of action?

Financing Your Education

How are you funding your post-bac education this semester? (Check all that apply) **Prefer not to answer**

- FAFSA/Financial Aid Private/Alternative Loan Military Benefits
 UPS Metro College U of L Employee Tuition Remission Out of pocket
 Other (Please specify): _____

Maintaining Balance in the Program

How has your time in the program gone so far in the following areas?

- **Academically** (e.g., Courses, Instructors, Grades, etc.) No concerns Some concerns
- **Socially with the cohort** (e.g., Building a rapport, peer mentor, etc.) No concerns Some concerns
- **Extracurricular** (e.g., Volunteering/Shadowing/Enrichment Sessions, etc.) No concerns Some concerns
- **Personal Issues** (e.g., balancing job/family, health issue, etc.) No concerns Some concerns

Optional - Please share any concerns or issues you may have at this time: (e.g., feeling alienated, stressed out, frustrated, etc.)

Community Service and Extracurricular Involvement

Supplies Overseas

Indicate date(s) of service this semester as of today: **Haven't volunteered there yet.**

Please indicate any additional community service you're involved in outside of the program: **Not currently involved in additional service.**

Research

Please indicate the department and the research you're conducting: **Not currently involved in research**

Clinical Observations

Please indicate shadowing you've done while in the program (not just this semester). None yet

- University Hospital Department of Radiology Dr. Raymond Orthober – ER Dr. Tim Brown – Dermatology
 Cardinal Clinic – Iroquois Family Health Center Dr. Jennifer Gentner – Allergy Care
 Dr. Kay Roberts – Harambee Health Center Dr. Jeff Springer or the Medical Coroner's Office
 Dr. Ahmet Akaydin – Anesthesiology Dr. Jignesh Shah – VA Hospital
 Dr. Stephen Church – Pediatrics Dr. Michael Foster – Pediatric Endocrinology
 Dr. Phillip Bressoud – Internal Medicine (Campus Health Center)

Please indicate other physicians, practices or departments you have shadowed in if not listed above.

Grand Rounds

Have you attended grand rounds this semester offered on the HSC campus in various medical departments? Yes No
 If yes, approximately how many do you recall attending this semester? 1-3 3-5 5 or more

Self-Evaluation

Overall, how would you rate yourself as a participant in this program. (Descriptions below)

ACADEMICALLY

Excellent Good Average Need improvement

COMMUNITY SERVICE INVOLVEMENT

Excellent Good Average Need improvement

EXTRACURRICULAR INVOLVEMENT

(e.g., CPR Training, Teambuilding, U of L Medical School Visit, Lunch & Learn)

Excellent Good Average Need improvement

MANDATORY PARTICIPATION

(e.g., attendance for enrichment sessions, Teambuilding)

Excellent Good Average Need improvement

SHADOWING

Excellent Good Average Need improvement

The MCAT

Section I – First Time Test Taker * If you're already taken the MCAT move to Section II.

When do you plan to take the MCAT? 2014 2015 2016

Please put a tentative/specific date if you're planning to register for MCAT 2014: _____

How will you prepare for the MCAT? (Choose as many as apply)

MCAT/DAT Prep. Course Individual study Join a MCAT/DAT Study Group Other (please specify :) _____

If program funds are available, would you like to receive a complimentary MCAT Prep via Kaplan Classroom Anywhere?

Yes No thanks, I have made other arrangements Already registered/taking Kaplan Classroom Anywhere

Section II – Current or Repeat Test Taker

Have you taken the MCAT? Yes No If so, how many times? 1 2+

List the date or dates the MCAT was taken: _____ (Day/Month/Year)

List your MCAT scores from first attempt:

Verbal Reasoning _____ Biology _____ Physical Science _____ Composite Score _____

Do you plan to retake the MCAT? Yes No If yes, please indicate when: _____

If you are retaking the MCAT, which section(s) do you need to improve? Physical Sciences Verbal Biological

List your MCAT scores from second attempt: Not taken yet

Verbal Reasoning _____ Biology _____ Physical Science _____ Composite Score _____

How will you prepare to retake the next exam? (i.e., retake Kaplan Course, get a tutor, etc.):

First Time Medical School Applicant

Please indicate the year you intend to enter medical school: 2015 2016

Please indicate the type(s) of medical schools you're applying to:

- Allopathic (Traditional medical schools – U of L, UK, Vanderbilt, etc.)
 Osteopathic (Holistic Medicine – Pikeville, Lincoln Memorial University, etc.)
 Caribbean (Outside of the U.S. – Ross, St. George's, etc.)

Which medical schools are you applying to or plan to apply?

Current 2014 Applicant Only

Which schools have you received secondary applications? None yet

Which schools have you been scheduled or have received an interview? None yet

Which schools have offered acceptances? None yet

Which offers have you accepted? None yet

If you are not admitted, do you plan to reapply for 2015? Yes No Unsure

Re-applicants only for 2014

Did you get placed in the U of L general applicant pool for previous attempt? Yes No

Were you waitlisted? Yes No

Please indicate if you've been denied or withdrew your 2013 AMCAS. Withdrew Denied

If you were denied or withdrew your 2013 application please indicate why (i.e., MCAT score, GPA, interview, etc.)?

Do you plan to reapply? Yes No Not Sure

Please indicate the type of medical schools you're applying to:

- Allopathic (Traditional medical schools – U of L, UK, Vanderbilt, etc.)
 Osteopathic (Holistic Medicine – Pikeville, Lincoln Memorial, etc.)
 Naturopathic (Holistic and natural medicine – National College of Natural Medicine, Southwest College of Naturopathic Medicine & Health Sciences, etc.)
 Caribbean (Outside of the U.S. – Ross, St. George's, etc.)

Which medical schools have you applied to? U of L only

Plan of Action for the Summer/Fall 2014 Semester

Areas I need to improve (Please list)

Plans for course work

Plans for shadowing

Plans for research/employment

Plans for community service/extracurricular involvement

Additional Notes