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: _____

Fall 2013

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: ☐December 2013 ☐May 2014 ☐August 2014 ☐December 2014 ☐May 2015 ***Please note: Recognition ceremony held in May and December only.**

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.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐
5.	☐	☐
6.	☐	☐

Time Management

Do you currently have a time management schedule or planner? ☐Yes ☐No
If so, do you use it regularly? ☐Yes ☐ Sometimes ☐ Not Really
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-Brownboro ☐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
Do you believe that 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? (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): _____

Adjusting to the Program

How has your adjustment to 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, etc.)

Community Service and Extracurricular Involvement

Please check the appropriate box:

Ronald McDonald House			Volunteers of America Friday Fun Night		
Sun. Sept. 29	☐ Signed up	☐ Volunteered	Oct. 25	☐ Signed up	☐ Volunteered
Sat. Oct. 12	☐ Signed up	☐ Volunteered	Nov. 15	☐ Signed up	☐ Volunteered
Sun. Oct. 20	☐ Signed up	☐ Volunteered	Dec. 6	☐ Signed up	☐ Volunteered
Sun. Nov. 3	☐ Signed up	☐ Volunteered	American Heart Association Heart Walk – September 21, 2013		
Sat. Nov. 16	☐ Signed up	☐ Volunteered		☐ Walked	☐ Donated
Fri. Dec. 6	☐ Signed up	☐ Volunteered	Making Strides Against Breast Cancer Walk – Oct. 27, 2013		
			☐ Registered to walk	☐ Walked	☐ Donated

Making Strides Against Breast Cancer Bake Sale	
October 22	☐ *Event hasn't happened yet* ☐ Plan to/donated baked goods ☐ Plan to/assisted with set up or clean up ☐ Worked at the table ☐ Team Leader or co-leader ☐ Other: (Specify)

Supplies Overseas
Indicate date(s) of service:

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

Please indicate other physicians, practices or departments you have shadowed in.

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

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 ☐ 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? (Writing Score is not listed due to its elimination on the 2013 MCAT) ☐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.):

Applying or reapplying to medical school

Are you currently applying to medical school for 2014? ☐Yes ☐No If yes, is this your first attempt? ☐Yes ☐No
***If 2nd attempt, please skip this section and go to the re-applicant section.**

If you're **not** currently applying for 2014, please indicate the year you intend to enter medical school: ☐2014 ☐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?

2014 Applicants 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

Re-applicants only for 2014

Did you get placed in the general applicant pool? ☐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 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.)
☐ 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 Spring 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