Foundations M1 Meeting Form Student Name: PCR Mentor (Advisor): **Meeting Goals:** Establish rapport o Evaluate how the student is adjusting to medical school o Begin exploring specialty choice by introducing the concept of self-assessment o Introduce Careers in Medicine o Discuss summer plans **Undergraduate and Pre-Medical Education Information:** Undergraduate Institution: Major: Graduate School: Major: Academics at the Larner College of Medicine: Check the box that most accurately describes your overall academic performance at the Larner College of Medicine so far, and please note specific courses that received MP or Fail if applicable. Marginal Pass **Pass** Please comment on any issues or concerns. How are you handling the workload? **Initial Adjustment:** Do you have any problems or concerns with your initial adjustment to medical school? Yes (please note below)

No

Do you have any questions about the curriculum?
Family and Other Support Systems:
Do you feel you have adequate support systems?
Yes
□ No
Notes:
Are you receiving the grangest you need accelerately and necessarily 2
Are you receiving the support you need academically and personally?
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Are you aware of the <u>available resources</u> ?
Living Situation:
Are you comfortable with your current living situation?
Yes
No
Notes:
Personal Wellness Plan (e.g., nutrition, exercise, sleep):
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Extracurricular Activities:

Careers in Medicine: Are you familiar with the AAMC <u>Careers in Medicine website</u> ?
Yes
No (please visit the above link if answering 'No')
The AAMC <u>Careers in Medicine website</u> offers the following helpful resources: O Medical Specialty Preference Inventory—Revised Edition (MSPI-R) O Physician Values in Practice Scale (PVIPS) O Specialty Indecision Scale (SIS) O Skills Exercise
Career Aspirations: What is important to you in your future practice of medicine? What skills do you have that you would like to incorporate into your career? What are your interests?
Specialty Choices: What specialties are you currently drawn to? What interests you about those specialties? What do you know about your specialty options?
Summer Plans: Research Academic Remediation Travel
Other:
Do the specialties you are considering require research?
Yes
No
Additional notes on summer plans:
What can your advisor do to best help you?
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The following is for Internal Use Only
Additional Notes/Comments/Recommendations:
Advisor Electronic Signature and Date:

PCR Mentor Instructions:

After meeting with the student, please supplement the form with additional notes or information gleaned from the meeting and please feel free to use the "Additional Notes/Comments/Recommendations section" to provide any final thoughts.

Upon completion, electronically sign the PDF and save this form to your computer as a pdf document. Upload this saved document to OASIS by following our handy guide! http://www.uvm.edu/medicine/mededucation/pdf/advisors_oasis_411.pdf

Please feel free to contact the <u>Office of Medical Student Education</u> with any questions or concerns. Again, we sincerely thank you for your continued support and dedication to our students.