

STUDENT PROFILE

Full Name: _____

Preferred Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____

Email Address: _____

Birth date (mm/dd): _____

Hobbies/Non-Professional Interests:

Education Background:

Undergraduate Institution: _____

Previous Graduate: _____

Are you currently an M3 or M4? _____

If you are currently an M3, when will you be considered an M4 (date)? _____

1. Where did you complete the first two years of medical school?

2. List the major clerkships you have completed.

3. What other types of clinical/ambulatory care experiences have you had?

Medical Interests:

1. What aspects of medicine do you find most interesting or appealing? Why?

2. What aspects of medicine do you find least interesting or appealing? Why?

3. What are your major career interests? (Primary Care? Subspecialty? Undecided?)

Learning Style: Based on your experience and knowledge of appropriate teaching and learning styles in clinical medicine, please answer the following:

1. Describe the qualities of an effective teacher.

2. How do you learn best?

3. What stifles or hinders your learning?

4. What are your responsibilities as a student?

LEARNING OBJECTIVES

Student Objectives:

List the 3 most important goals you have for the elective:

1.

2.

3.

List specific strategies for accomplishing these goals:

1.

2.

3.
