

Academic Supervisor – Resident Doctor Interaction Form

Name of Resident Doctor: _____

Name of Academic Supervisor: _____

Date of Interaction: ____/____/20____

Purpose of Interaction:

Interaction to assess eligibility to proceed on new posting.

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Mid-posting interaction.

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End of posting interaction (review of logbook).

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Interaction on multisource/360⁰ feedback.

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Interaction on DOPS, Mini-CEX, SEA, CQA, PCCM Interviewing skills, etc.

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Research ideas.

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Professional Development Plan.

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Psychological issues influencing development.

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	Main Issues Discussed	Resolution	Timeline
1			
2			
3			

Dated Signature of Resident Doctor: _____

As true representation of the proceedings

Dated Signature of Academic Supervisor: _____

As true representation of the proceedings