**Appendix 1: Summary of Study Skills Review**

**Trainee name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Tutor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of interview \_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
|  | **Area** | **Trainee responses** | **Actions Agreed** |
| **1.** | **General** |  |  |
| **2.** | **Time spent on SDL** |  |  |
| **3.** | **Quality of time** |  |  |
| **4.** | **Planning study time** |  |  |
| **5.** | **Evaluating learning** |  |  |
|  | **Area** | **Trainee responses** | **Actions Agreed** |
| **6.** | **Question answering strategy** |  |  |
| **7.** | **Personal issues** |  |  |
| **8.** | **Health** |  |  |
| **9.** | **Specific questions as needed e.g. around PBL, clinical skills, group work or other problem areas** |  |  |
| **10.** | **Follow up dates to review action** |  |  |

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