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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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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