



NOSM University
Postgraduate Medical Education (PGME)
ENHANCED LEARNING PLAN

Resident Name:

PGY Level:

Preceptor/Mentor Name:

Please provide details on the areas of weaknesses that will be focused on during the enhanced learning plan:

MEDICAL EXPERT:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

COMMUNICATOR:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

COLLABORATOR:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

LEADER:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

HEALTH ADVOCATE:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

SCHOLAR:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

PROFESSIONAL:

Detailed Plan to Address Weaknesses: (must include competencies to be achieved, learning strategies and assessment strategies including timing)

Please provide meeting details to ensure follow-up is occurring:

DATE	TIME	PRECEPTOR/MENTOR	LOCATION

Once each meeting has occurred, please complete the Meeting Log (provided).

Resident Signature: Date:

Preceptor/Mentor Signature: Date:



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Date	Time	Preceptor/Mentor	Location	Comments	Preceptor Initials

TO BE COMPLETED ONCE THE LEARNING PLAN HAS ENDED

The residents has successfully completed the Enhanced Learning plan: YES NO

*If no, please provide additional details and plan of action:

Comments :

Resident Signature:

Date:

Preceptor/Mentor Signature:

Date: