

**USC INTERPROFESSIONAL GERIATRICS CLINICAL EXPERIENCE
RESIDENT FOLLOW-UP FORM (GROUP SUMMARY)**

Date: _____ Today's Faculty Advisor: _____

Group #: _____

(Resident's Name: _____ participated today in an interprofessional education and training with students and faculty from USC health professional schools. During the session the following issues/concerns were noted which may require further attention or follow-up:

1.
2.
3.
4.
5.
Additional comments/plans for the future:

Faculty Signature