BSWIR-TWU Residency in Women’s Health
Mentor Tracking/Feedback Form

Resident’s Name:_____________________________________

Dates:________________________________________________

Total Hours Spent Mentoring:_____.
   Hours with patient present with Resident leading treatment: ______
   Hours with patient present with mentor leading treatment: ______
   Hours mentoring without patient present: ______

Mentors:______________________________________________

Mentoring occurred in which of the following setting(s) (circle):

Outpatient    Inpatient
Direct Patient Care    Chart/POC Review    Skill Training

Type(s) of patient(s) seen:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Reflective Questioning for You and Patient Encounters: (reflect on your last 2 weeks, be specific with examples.)

1. Did you identify any gaps in your knowledge these last 2 weeks? What did you or will you do about this?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Did you identify any skills you found difficult to master these last 2 weeks? What steps will you take to improve these skills?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Did you identify any skills you have improved on these last 2 weeks? What steps did you take?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
4. Are there any learning outcomes or goals of the residency you are particularly concerned about at this time? If so, why and what needs to be done to meet these goals?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
___________________________________________________________________________________

5. Have you received any feedback which contradicts what you have been told before? What is the value in it (is it valuable feedback?)? Is there a reason for it?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
___________________________________________________________________________________

Specific areas in which the resident performs well:
Resident:_____________________________________________________
________________________________________
_____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Mentor:__________________
____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Specific areas in which the resident needs to improve:
Resident:_____________________________________________________
________________________________________
_____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Mentor:__________________
____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Reviewed:

Resident: ____________________________________________________
Mentor: _____________________________________________________
Mentor: ________
_____________________________________________
Date: ________________