



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: _____