



Children's Hospital Research Institute of Manitoba Mentorship Program for New Investigators Annual Report 2016

Mentee/Mentor Information

Mentee Name		Department
Mentor Name (1)		Department
Mentor Name (2)		Department

Evaluation of Mentoring Relationship

In the last year, how many times have you met with your mentor(s)?	<input type="checkbox"/> Never	<input type="checkbox"/> Once or Twice	<input type="checkbox"/> 3-6 Times	<input type="checkbox"/> 6 or more times
Would you consider your meetings "regular", i.e., on a predetermined schedule?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
What topics have you discussed?				
Have you reviewed the milestones checklist with your mentor(s) and are you on pace? If not, what milestones need to be completed to rectify any shortcomings?				

Assessment of Improvement in Knowledge and Skills

Using the following five-point scale, please rate (self-assessment with Mentor input) the knowledge and skills enhanced over the past year:

	(check if Not Applicable)	1 = Improvement Definitely Less than Expected	2 = Improvement Somewhat Less than Expected	3 = Improvement Met Expectations	4 = Improvement Somewhat Exceeded Expectations	5 = Improvement Definitely Exceeded Expectations
Grant Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>						
Scientific Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>						
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>						
Interdisciplinary Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>						
Formulation of Research Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>						
Knowledge Translation Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>						
Overall Rating (average the rating numbers above)						

Evaluation

GOALS *(as agreed upon by mentee and mentor(s))*

When and where will your next meeting be?	
How often would you like to meet? Can you set a day and time, a place?	
What standard items will be on your agenda?	
List at least three (3) research goals you have for the coming year and how your mentor(s) can help you reach them?	
PROGRAM FEEDBACK: <i>Please list any ideas or suggestions you have to improve the program, including any topics you would like presented at monthly workshops or at CHRIM Research Rounds.</i>	

Verification of Review

By signing this form, you confirm that you have discussed this review in detail with your mentor(s). These forms will be scanned and emailed to you and your mentor(s) for your reference.

Mentee Signature		Date	
Mentor Signature (1)		Date	
Mentor Signature (2)		Date	