

Mentor - Mentee Interaction Form

Name of Resident Doctor: _____

Name of Mentor: _____

Date of Interaction: ____/____/20____

Purpose of Interaction:

Interaction on multisource/360^o feedback.

☐

Progress with Research or Research ideas.

☐

Professional Development Plan -discussing goals.

☐

Professional Development Plan – scoring objectives achieved.

☐

Psychological issues influencing development.

☐

	Main Issues Discussed	Resolution	Timeline
1			
2			
3			

Dated Signature of Resident Doctor: _____

As true representation of the proceedings

Dated Signature of Mentor: _____

As true representation of the proceedings