

## Mentor Mentee Interaction Form



Name of Resident Doctor: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

Date of Interaction: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Purpose of Interaction:

Interaction to assess eligibility to proceed on posting

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Mid posting interaction (optional)

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End of posting interaction (review of logbook)

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Interaction on multisource/360° feedback

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Interaction on DOPS and Mini CEX

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Research ideas

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Professional Development

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Psychological issues influencing development

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Main issues discussed

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\_\_\_\_\_

\_\_\_\_\_

Resolutions

Timeline

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature of Mentee: \_\_\_\_\_

**As true representation of the proceedings**

Signature of Mentor: \_\_\_\_\_

**As true representation of the proceedings**