Office of Women in Medicine and Science

Needs Assessment for Mentees

Date: **Phone:**
Name/degree: **Department:**
Email: **Location:**

Please use this key to describe your level of need for mentoring in the following areas:

1. I have a definite need for mentoring in this area (In the "Comments" column, use an asterisk (*) to indicate the skills that are most important *at this time*).
2. I feel somewhat knowledgeable but would like additional mentoring.
3. I do not need mentoring in this area at this time.

		1	2	3	Comments
Career Development **********		*******	*******	*******	**********
Developing a Promotion/Tenure Package					
Developing an Education Dossier					
Understanding Diverse Institutional Needs and Agendas					
Service (Institutional, Community, National)					
Career Planning					
Establishing a National Reputation					
Presenting Yourself (Interviews, Meetings, Presentations)					
Medical Student/Resident/Graduate Student Education (Curriculum development & evaluation, teaching strategies, facilitating small groups)					
Communication Skills **********		******	******	*******	**********
Negotiating					
Managing Conflict (Staff, Personal, Peers)					
Having Difficult Conversations (Collaborations, peer/staff evaluations, giving/receiving constructive feedback)					
Facilitating Small Groups (teams)					
Delegation					
Management Skills **********		*******	*******	*******	**********
Techniques for Conducting Interviews					
Supervising Others					
Administration (Course or Clerkship Director, Program Director)					
Research **********		*******	*******	******	**********
Research Design (grant preparation)					
Locating institutional research resources					
Time Management********		*******	*******	******	**********
When and How to Say "No"					
Balancing Personal & Professional Life					
Integration of Clinical and Research Duties					
Other Skills Needed					

Please fill in:

1. Percent effort distribution now: Research Clinical Teaching Administration
2. Level of desired percent effort distribution: Research Clinical Teaching Administration

Please indicate your preference:

1. I prefer that my Mentor be: Female Male Either
2. I prefer that my Mentor be: Ph.D. M.D. Either

Please state your areas of research/clinical interest or expertise:

Please return completed form to Diana Cornelison at dcorneli@wakehealth.edu .