Office of Women in Medicine and Science (OWIMS) Women Junior Faculty Mentoring Program
MENTOR AREAS OF INTEREST FORM

Name & Degree: **Rank:** ☐ Professor ☐ Associate Professor

Department: **Email:**

Phone: **Date:**

Gender: ☐ Female ☐ Male **Do you have children?** ☐ Yes ☐ No

Please use this key to describe your level of interest in the following areas:

1. *I feel competent in this area and am willing to be a mentor.*
2. *I feel somewhat confident in this area, but not willing to be a mentor.*
3. *Use * to indicate topics in which you would like additional training or information*

Career Development	**1**	**2**	**3**
Developing a Promotion/Tenure Package: Education portfolio, clinical portfolio, CV			
Understanding Diverse Institutional Needs and Agendas			
Service (Institutional, Community, National)			
General Career Planning Guidance (selecting the right track, etc.)			
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	**1**	**2**	**3**
Negotiating			
Having Difficult Conversations (Collaborations, peer/staff evaluations, giving/receiving constructive feedback)			
Facilitating Small Groups (teams)			
Delegation			
Management Skills	**1**	**2**	**3**
Techniques for Conducting Interviews			
Supervising Others			
Administration (Course or Clerkship Director, Program Director)			
Research	**1**	**2**	**3**
Research Design (grant preparation), manuscripts, etc			
Locating institutional research resources			
Time Management	**1**	**2**	**3**
When and How to Say "No"			
Balancing Personal & Professional Life			
Integration of Clinical and Research Duties			
Setting priorities & organizational skills			

Other Areas of Interest not listed in which you would be willing to mentor: _____

Areas of clinical interest/expertise:_____

Areas of research interest/expertise:_____

Areas of teaching/education interest/expertise:_____

I would prefer my Mentee be: (mark all that apply)

☐ MD ☐ PhD ☐ MD/PhD ☐ DVM ☐ DDS ☐ MBBCh ☐ No Preference

☐ Clinician ☐ Basic Scientist ☐ No Preference

☐ Tenure Track ☐ Non-Tenure Track ☐ No Preference

Thank you for your interest in serving as a mentor in the OWIMS Mentoring Program!
Please return this form to Natalie Barrett at nbarrett@wakehealth.edu.