

Stanford Neurology Residency Mentorship Discussion Form

Thank you for mentoring and nurturing our residents, to meet our mission to train tomorrow's leaders in neurology. Mentors should meet residents at a minimum of twice per year with annual completion of this form by April 1. Please email completed form to the program coordinator mitzine@stanford.edu and appropriate PD.

Resident Name:

Mentor Name:

This year's meeting dates:

(Y / N) Does the resident have tools to build clinical knowledge, and are there any knowledge gaps they wish to fill? (e.g. reading supplementary materials, boards/RITE study, electives). Please explain.

(Y / N) Scholarship is a graduation requirement. Has the resident established a scholarly interest? (e.g. QI/MedEd/clinical or basic science, details on project, research mentor identification, seniors on track to publication). Please explain.

(Y / N) Does the resident know career arcs in neurology and process to get a fellowship? (e.g. subspecialty application deadlines, CE/MCL/UTL type track distinction, academic vs. community). Please explain.

What are the resident's goals for the coming year?

1. Goal:

Expected outcome:

2. Goal:

Expected outcome:

3. Goal:

Expected outcome:

List 1-2 factors impeding or potentially impeding achievement of goals.

How can the mentor support/sponsor the resident's success?

(Y / N) The mentoring relationship is a 1 year position. Do you plan to renew your relationship? If not, what is the expected change for the next academic year?

Mentor Name:

Mentor Signature:

Date:

Resident Name:

Resident Signature:

Date: