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Evaluation of the Mentor

By selecting the "Proceed" option from the space below, you attest:

- 1) That the information entered into this evaluation form will be as objective and honest as possible.
- 2) You have familiarized yourself with the current NCOPE Standards for Accreditation of Residency Programs
- 3) You are familiar with the required resident responsibilities.
- 4) You wish to begin the evaluation of a residency mentor.*

Proceed

Mentor/Director, Organization Location Information

Provide the following information about the resident completing this evaluation form:*

First Name:

Last Name:

Email Address:

Provide the following information about the mentor/director being evaluated using this form:*

First Name:

Last Name:

Email Address:

Provide the following information about the organization and location hosting the resident: *

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Organization Name:

City:

State:

Program Type*

Program Track*

Identify the quarter that the residency program faculty member being evaluated served as your personal mentor.

*If the faculty member worked with you multiple quarters, kindly complete this form once for each quarter**

- 1st Quarter Evaluation
- 2nd Quarter Evaluation
- 3rd Quarter Evaluation
- 4th Quarter Evaluation
- 5th Quarter Evaluation
- 6th Quarter Evaluation
- 7th Quarter Evaluation
- 8th Quarter Evaluation

Teaching Skills Evaluation

Rate the performance of the mentor for each communication behavior below using the scale provided below.

- 1 - Never Meets Expectations
- 2 - Occasionally Meets Expectations
- 3 - Meets Expectations
- 4 - Exceeds Expectations

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The mentor communicates in a manner that is clear and understandable
The mentor provides feedback that is useful and timely
The mentor listens attentively during communication and encourages dialogue
The mentor is open to discussing concerns with the resident or residency program

Comments:

Rate the performance of the mentor for each interpersonal behavior below using the provided scale . If the behavior was never observed, please select "Not Observed" *

- 1 - Never Meets Expectations
- 2 - Occasionally Meets Expectations
- 3 - Meets Expectations
- 4 - Exceeds Expectations

The mentor establishes an environment in which the resident feels comfortable
The mentor provides support for resident concerns and demonstrates empathy
The mentor demonstrates a genuine concern for their patients
The mentor maintains a collegial relationship with the resident

Comments:

Rate the performance of the mentor for each teaching behavior below using the provided scale. If the behavior was never observed, please select "Not Observed" *

- 1 - Never Meets Expectations
- 2 - Occasionally Meets Expectations
- 3 - Meets Expectations
- 4 - Exceeds Expectations

The mentor gradually increases the residents independently using a progressive approach
The mentor uses evaluation tools in a constructive manner to help the resident learn
The mentor provides the resident exposure to a variety of different patient presentations based upon the populations served by the facility

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The mentor asks questions and coaches the resident to facilitate learning

Comments:

Rate the performance of the mentor for each professional behavior below using the provided scale. If the behavior was never observed, please select "Not Observed" *

- 1 - Never Meets Expectations
- 2 - Occasionally Meets Expectations
- 3 - Meets Expectations
- 4 - Exceeds Expectations

The mentor demonstrates a high level of competence when providing patient care

The mentor recognizes their role within the healthcare team while serving in a professional manner

The mentor approaches patient care in a systematic manner

The mentor serves as a role model for residents and their colleagues

Comments:

Using the scale provided, rate the mentor's overall abilities serving in the capacity of an orthotic/prosthetic mentor:*

- 1 - Poor / Rarely Meets Expectations
- 2 - Fair / Meets Minimum Expectations
- 3 - Good / Often Exceeds Expectations
- 4 - Excellent / Always Exceeds Expectation

Strengths, Weaknesses, and Goal Setting

Describe a learning experience/activity that you feel was well executed by the mentor and explain why it was effective:*

Explain how the mentor can potentially refine their approach to provide you with a more effective residency experience:

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Would you like to provide a copy of this evaluation form to the mentor?

- Yes
- No

Will you meet with the mentor to discuss the information in this evaluation form? *

- Yes
- No

Choose the date that you plan to sit down and discuss this completed form:*

Is there any additional information you would like to share with the mentor?

Acknowledgement of Completed Form Access

By selecting "Acknowledge" below, you identify that you are aware of how to obtain copies of completed forms and that NCOPE Tracker does not store copies of the completed form.

- Acknowledge