Mentoring Performance Evaluation Form  
(Program Director’s Evaluation of Mentor)

Mentor__________________________________  Score ____/ _____ points = _____%  
Evaluator_________________________________ Date____________________

Rating scale Key
5  excellent: mastery demonstrated  
4  very good: exceeds minimal expectations  
3  good: meets minimal expectations  
2  fair: needs improvement in more consistently meeting minimal expectations  
1  poor: does not meet minimal expectations  
n/o criteria not a focus of observed mentoring session

Mentors must attain an 80% score or a remediation plan will be put in place. In addition, any criteria with a score of “3” may also require remediation. Continuation as a mentor will be contingent upon successful completion of an agreed-upon remediation plan. For those items marked as “Not Observed” please indicate at the bottom of the form what other methods were utilized by the program director to evaluate this information. If a score of 3 or 2, then a comment is required.

ESTABLISHMENT OF MENTORING RELATIONSHIP

1. An effective mentoring relationship is established. □ n/o never  seldom  sometimes  often  always
   
   □ 5  “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Mentor always achieves establishment of a supportive, honest, attentive, "safe", collaborative relationship that facilitates learning for both mentor and mentee. Mentor is always learner centered, accurately and effectively tailoring mentoring to meet the needs of the learner. Independent thought and creativity are encouraged.
   
   □ 4  “Often”: Mentor consistently demonstrates behaviors that contribute to establishing a supportive, honest, attentive, “safe”, collaborative relationship that facilitates learning for both mentor and mentee. Mentor is consistently learner centered, accurately and effectively tailoring mentoring to meet the needs of the learner. Independent thought and creativity are encouraged.
   
   □ 3  “Sometimes”: Mentor inconsistently demonstrates behaviors that contribute to establishing a supportive, honest, attentive, “safe”, collaborative relationship that facilitates learning for both mentor and mentee. At times may be overly directive, not learner-centered. Independent thought or creativity may not be encouraged.
   
   □ 2  “Seldom” Mentor rarely or does not demonstrate behaviors that contribute to establishing an effective mentoring relationship. Mentor is primarily teacher-centered, and may demonstrate an imbalance in time spent teaching/directing resident/fellow vs. mentoring focused on encouraging independent thought and creativity.
   
   □ 1  “Never”: Mentor does not demonstrate behaviors that contribute to establishing an effective mentoring relationship. Mentor is primarily teacher-centered, and may demonstrate an imbalance in time spent teaching/directing resident/fellow vs. mentoring focused on encouraging independent thought and creativity.

Comments:

ESTABLISHMENT OF STRUCTURED, PRE-PLANNED, GOAL-ORIENTED MENTORING

2. Mentoring sessions are pre-planned and goal-oriented, and designed to meet pre-specified learning goals/objectives that are appropriate to the mentee’s level of development. □ n/o never  seldom  sometimes  often  always
   
   □ 5  “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Pre-planning is always effective in establishing an appropriate focus with associated goals for the session. Goals are based on previous mentor’s and mentee’s assessments of performance and learning needs. Goals are set collaboratively, ahead of time. Criteria are agreed upon to determine how well goals are achieved.
   
   □ 4  “Often”: Pre-planning is effective in establishing an appropriate focus with associated goals for the session. Goals are based on previous mentor’s and mentee’s assessments of performance and learning needs. Goals are set collaboratively, ahead of time. Criteria are agreed upon to determine how well goals are achieved.
3. Mentoring sessions include a debriefing discussion that encourages resident/fellow to critically reflect (accurately identify strengths and deficits, question assumptions, identify blind spots or knowledge gaps) on level of goal achievement as well as identification and evaluation of other relevant performance and/or clinical reasoning oriented issues that were recognized. Achieves appropriate balance between teaching and mentoring based on student's level of performance.

☐ 5  "Always": Mentor demonstrates excellence and is a role model of behaviors described. Discussion is always focused and organized. Accurate feedback is given on depth, breadth, and accuracy of mentee's self-assessment. Other issues (beyond set goals) that arise during the session are appropriately acknowledged and feedback is given. Mentee is always facilitated in critical self-reflection, and discussion includes explicit links to ongoing development and adjustment of goals. Feedback is timely, constructive, detailed/explicit, formative and/or summative (as appropriate), and delivered in an honest, supportive manner.

☐ 4  "Often": Discussion is consistently focused and organized. Accurate feedback is given on depth, breadth, and accuracy of mentee's self-assessment. Other issues (beyond set goals) that arise during the session are appropriately acknowledged and feedback is given. Mentee is facilitated in critical self-reflection, and discussion includes explicit links to ongoing development and adjustment of goals. Feedback is timely, constructive, detailed/explicit, formative and/or summative (as appropriate), and delivered in an honest, supportive manner.

☐ 3  "Sometimes": Discussion is sometimes unfocused and/or unorganized. Feedback is usually given accurately and focused on mentee's self-assessment. Mentoring effectively facilitates critical self-reflection; mentor may not always recognize or effectively address assumptions or blind spots. Occasionally, links to mentee's overall development and further goals may be lacking. Some feedback may be offered too early or too late for optimal learning. Feedback may occasionally lack in specificity or clarify.

☐ 2  "Seldom": Debriefing discussion is seldom focused and/or organized. Evaluation of performance may be unnecessarily mentor-driven, lacking a focus on resident's/fellow's critical self-assessment. Explicit links to level of achievement of pre-set goals and/or development of future goals are lacking. Feedback is non-specific, lacks in clarity, and may be delivered in ways that are not constructive or non-supportive.

☐ 1  "Never": Debriefing discussion is consistently unfocused and/or disorganized. Evaluation of performance is inadequate or unclear, and overly focused on the mentor's evaluation without appropriate incorporation of resident's/fellow’s critical self-assessment. Explicit links to level of achievement of pre-set goals and/or development of future goals are lacking. Feedback is non-specific, lacks in clarity, and may be delivered in ways that are not constructive or non-supportive.

Comments:

FOCUS OF MENTORING SESSIONS
Facilitation of metacognition/reflection-in-action

4. Mentoring during patient encounters is appropriately learner-centered, and focused on facilitating development of mentee’s metacognition and reflection-in-action (“asking” more than “telling”). Teaching (guiding, demonstrating) is employed appropriately. Mentor is focused on and effective in assessing extent to which mentee is able to “think on his/her feet”. Mentees are allowed to struggle with uncertainty and encouraged to engage in trial and error.

☐ 5  "Always": Mentor demonstrates excellence and is a role model of behaviors described. Mentor is skilled in making an accurate “educational diagnosis” of learner's needs in the moment, and always appropriately focuses on facilitating
mentee’s progress toward goals through questioning that reveals metacognition (thinking about thinking) and reflection-in-action to stimulate learning through trial and error, as the situation evolves.

4  “Often”: Mentor is skilled in making an accurate “educational diagnosis” of learner’s needs in the moment, and appropriately focuses on facilitating mentee’s progress toward goals through questioning that reveals metacognition (thinking about thinking) and reflection-in-action to stimulate learning through trial and error, as the situation evolves.

3  “Sometimes”: Mentor attempts to make an “educational diagnosis” and is usually but is not always accurate in assessing the learner’s needs as the session evolves. Mentor usually but not always succeeds in facilitating mentee’s clinical reasoning and critical reflection through questioning. Mentor occasionally jumps in/takes over unnecessarily and/or is directive, rather than letting mentee engage in trial and error.

2  “Seldom”: Mentor is seldom successful in accurately determining the mentee’s learning deficits and needs as the session evolves. Mentor rarely focuses session on revealing/developing mentee’s metacognitive abilities. Mentor seldom encourages trial and error and may take control of the session unnecessarily.

1  “Never”: Mentor does not attempt or is unsuccessful in accurately determining the mentee’s learning deficits and needs as the session evolves. Mentor does not focus session on revealing/developing mentee’s metacognitive abilities. Mentor does not encourage trial and error and often takes control of the session unnecessarily.

Comments:

Facilitation of skills development

5. Focus/scope of mentoring is appropriately comprehensive and addresses learning goals related to skills development, as specified by program’s mission, goals, and objectives.

5  “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Focus of mentoring always relates to advanced skill development; always incorporates mentoring for all appropriate aspects of skills performance.

4  “Often”: Focus of mentoring consistently relates to advanced skill development; incorporates mentoring for all appropriate aspects of skills performance.

3  “Sometimes”: Focus of mentoring does not always appropriately relate to advanced skill development; may occasionally omit mentoring for some aspects of skills performance; may occasionally stray from focus on learning goals without adequate rationale.

2  “Seldom”: Focus of mentoring routinely omits mentoring related to advanced skill development; seldom focuses mentoring adequately on all aspects of skills performance; seldom maintains a focus on learning goals.

1  “Never”: Focus of mentoring omits mentoring related to advanced skill development; does not focus mentoring on all aspects of skills performance; routinely fails to maintain a focus on learning goals.

Comments:

Facilitation of communication skills

6. Focus/scope of mentoring includes learner-centered, pre-specified goals related to developing proficiency in communication (with patients/clients, peers, other health care team members).

5  “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Focus of mentoring always when appropriate includes attention to developing proficiency in communication in all relevant contexts.

4  “Often”: Focus of mentoring consistently includes appropriate attention to developing proficiency in communication in all relevant contexts.

3  “Sometimes”: Focus of mentoring does not consistently include appropriate attention to developing proficiency in communication in all relevant contexts.

2  “Seldom”: Focus of mentoring seldom provides attention to developing proficiency in communication in all relevant contexts.

1  “Never”: Focus of mentoring routinely omits attention to developing proficiency in communication in all relevant contexts.
Facilitation of clinical reasoning development

7. Focus/scope of mentoring is appropriately comprehensive and addresses learning goals related to advanced clinical reasoning development.

☐ 5 “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Focus of mentoring always relates to advanced clinical reasoning development if appropriate, incorporates mentoring for all relevant clinical reasoning strategies, as dictated by the nature of the patient/client encounter.

☐ 4 “Often”: Focus of mentoring consistently relates to advanced clinical reasoning development, incorporates mentoring for all appropriate clinical reasoning strategies, as dictated by the nature of the patient/client encounter.

☐ 3 “Sometimes”: Focus of mentoring does not always include mentoring related to advanced clinical reasoning; may occasionally stray from focus on pre-determined learning goals without adequate rationale; may be inconsistent in addressing all the clinical reasoning strategies relevant to the patient/client encounter.

☐ 2 Focus of mentoring seldom includes mentoring related to advanced clinical reasoning; mostly does not focus mentoring on learning goals; routinely omits mentoring for some of the relevant clinical reasoning strategies.

☐ 1 Focus of mentoring routinely omits mentoring related to advanced clinical reasoning; does not focus mentoring on learning goals; does not incorporate mentoring for most relevant clinical reasoning strategies.

The ratings for the following 3 criteria are achieved indirectly through interview with resident(s).

Facilitation of consultation skills

8. Focus/scope of mentoring includes learner-centered, pre-specified goals related to development of consultation skills (with patients/clients, peers, other health care team members).

☐ 5 “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Focus of mentoring always includes appropriate attention to development of consultation skills in all relevant contexts.

☐ 4 “Often”: Focus of mentoring consistently includes appropriate attention to development of consultation skills in all relevant contexts.

☐ 3 “Sometimes”: Focus of mentoring does not consistently include appropriate attention to development of consultation skills in all relevant contexts.

☐ 2 “Seldom”: Focus of mentoring seldom provides attention to development of consultation skills in all relevant contexts.

☐ 1 “Never”: Focus of mentoring routinely omits attention to development of consultation skills in all relevant contexts.

Comments:

Clinical Reasoning Strategies Model:

- Diagnostic reasoning
- Narrative reasoning
- Collaborative reasoning
- Procedural reasoning
- Interactive reasoning
- Teaching as reasoning
- Predictive reasoning
- Ethical reasoning


Comments:
Facilitation of appropriate integration of research evidence into practice

9. Focus/scope of mentoring is appropriately comprehensive and relates to appropriate evaluation and integration of current research evidence into practice.

☐ 5 "Always": Mentor demonstrates excellence and is a role model of behaviors described. Focus of mentoring always incorporates appropriate evaluation and determination of appropriateness of application of current research evidence to patient/client examination, management, prognosis, and outcomes assessment.

☐ 4 "Often": Focus of mentoring consistently incorporates appropriate evaluation and determination of appropriateness of application of current research evidence to patient/client examination, management, prognosis, and outcomes assessment.

☐ 3 "Sometimes": Focus of mentoring does not always incorporate appropriate evaluation and/or determination of appropriateness of application of current research evidence to patient/client examination, management, prognosis, and outcomes assessment when appropriate to do so.

☐ 2 "Seldom": Focus of mentoring seldom related to appropriate evaluation and/or determination of appropriateness of application of current research evidence to patient/client examination, management, prognosis, and outcomes assessment.

☐ 1 "Never": Focus of mentoring routinely omits mentoring related appropriate evaluation and/or determination of appropriateness of application of current research evidence to patient/client examination, management, prognosis, and outcomes assessment.

Comments:

Facilitation of professionalism, leadership, collaboration, and self-directed learning skills

10. Focus/scope of mentoring includes learner-centered, pre-specified goals related to development of professionalism, leadership, collaboration, and self-directed learning skills consistent with program’s mission, goals and objectives.

☐ 5 “Always”: Mentor demonstrates excellence and is a role model of behaviors described. Focus of mentoring always includes appropriate attention to development of professionalism, leadership, collaboration, and/or self-directed learning skills.

☐ 4 “Often”: Focus of mentoring consistently includes appropriate attention to development of professionalism, leadership, collaboration, and/or self-directed learning skills.

☐ 3 “Sometimes”: Focus of mentoring does not consistently include appropriate attention to development of professionalism, leadership, collaboration, and/or self-directed learning skills.

☐ 2 “Seldom”: Focus of mentoring seldom includes attention to development of professionalism, leadership, collaboration, and/or self-directed learning skills.

☐ 1 “Never”: Focus of mentoring routinely omits attention to development of professionalism, leadership, collaboration, and/or self-directed learning skills.

Comments:
For those items marked as “Not Observed” please indicate what other methods were utilized by the program director to evaluate this information, and provide documentation as appropriate.

<table>
<thead>
<tr>
<th>“n/o” Criteria #</th>
<th>Methods utilized to evaluate (other than direct observation)</th>
<th>Plan and timeline for future evaluation (if evaluation not completed)</th>
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