

Resident Survey on Mentoring

This survey was developed to collect information on mentoring programs for residents. It should take approximately 10 minutes of your time to complete. The survey is designed to route you through the questionnaire based on your responses, therefore individual times will vary.

Although we require you to confirm your email address and last name to access the survey, all responses are confidential and reported in aggregate.
Thank you for your time and participation.

Please confirm your email address:

Please enter your last name:

Does your residency program have a mentoring program?

- ☐ *Yes, formal*
☐ *Yes, informal*
☐ *No*
☐ *Unsure*

What specific requirements does your formal mentoring program have? (e.g., monthly meetings, labs, case discussions, etc.)

How is your informal mentoring program structured? (e.g., monthly meetings, labs, case discussions, etc.)

How important is it for you to have a mentor?

*Not at all
important*

☐

2

☐

3

☐

4

☐

*Extremely
important*

☐

Do you currently have a mentor?

☐

Yes

☐

Not currently, had a mentor in the past

☐

No, not yet assigned

☐

No, did not seek a mentor

How did you obtain your mentor?

☐

Assigned

☐

Obtained on my own

During which year of training are mentors assigned?

☐

PGY1

☐

PGY2

☐

PGY3

☐

PGY4

☐

PGY5

☐

Other (Indicate year mentors are assigned. Enter number only. Ex: If PGY6, type in "6".)

What was your reason for obtaining your mentor on your own? (Mark all that apply)

☐

Mentor was studying area of interest in research

☐

Mentor fulfilled my need for a research advisor

☐

Mentor was easy to work with/approachable

☐

Person had a good reputation as a mentor

☐

Mentor was in sub-specialty I was planning to go into

☐

Mentor had a practice environment that I saw as ideal

☐

Other

Which year did you obtain a mentor of your own?

- ☐ PGY1
☐ PGY2
☐ PGY3
☐ PGY4
☐ PGY5
☐ Other (Enter number only. Ex: If PGY6, type in "6".)

How often do you meet with your mentor?

- ☐ Weekly
☐ Monthly
☐ Each rotation
☐ Every 6 months
☐ Yearly

Do you feel that you currently have a mentor who can give you advice regarding career, employment, or difficult cases in the future?

- ☐ Yes
☐ No

On a scale of 1 (not at all) to 5 (extensively), please rate the following items:

To what extent...

	1 (not at all)	2	3	4	5 (extensively)
a) does your mentor contribute to your professional development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) do you feel mentoring supports your educational experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) has your mentor provided you with networking opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) do you feel your mentor aids in making career decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have indicated you do not currently have a mentor. Please rate the importance of having a mentor to help with the following educational aspects:

	1 at all important	not 2	3	4	5 extremely important
a) contribute to your professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) support your educational experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) provide networking opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) help with career decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate your overall satisfaction with your mentoring program/environment:

<i>Very dissatisfied</i>	<i>Somewhat dissatisfied</i>	<i>Neither satisfied nor dissatisfied</i>	<i>Somewhat satisfied</i>	<i>Very satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ideas/comments/suggestions for improving your mentoring program/mentoring environment in your residency:

What is your perspective on mentoring programs in general?

- ☐ *Should be required and monitored by residency program*
- ☐ *Should be required, guidelines & resources offered, but not monitored*
- ☐ *Should be offered with some resources available, but not required*
- ☐ *Should be the resident's decision to seek out a mentor*

What is your perspective on mentors in regards to your training as an orthopaedic resident?

- ☐ *Critical to my training*
- ☐ *Beneficial, but not critical to my training*
- ☐ *Not important to my training*
- ☐ *Obstructive to my training*

Your program year level:

- ☐ *PGY1*
 - ☐ *PGY2*
 - ☐ *PGY3*
 - ☐ *PGY4*
 - ☐ *PGY5*
 - ☐ *Other (Enter number only. Ex: If PGY6, type in "6".)*
-

Approximately how many residents are in your program?

- ☐ *Don't know*

Approximately how many faculty are in your program?

- ☐ *Don't know*

Program Setting

☐ *Community*

☐ *Military*

☐ *University*

☐ *Other*

Thank you for your participation.
Please click the submit button below.