

FACULTY MENTORING INTEREST INVENTORY

PAUL L. FOSTER SCHOOL OF MEDICINE
TTUHSC at EL PASO

Faculty Name and Degree (M.D./Ph.D.): _____

Department: _____

Division: _____

Years as faculty: _____ Years at the PLFSOM: _____

Track (Tenure/Non-Tenure) _____

Rank: _____ Years in Rank: _____

E-mail address: _____ Office telephone #: _____

Gender/Race/Ethnicity/Special Needs:

A. Areas of responsibility (*Teaching +Clin Serv +Scholarship +Acad Rel Pub Serv = 100%*)

1. Teaching (%) ____ : Students ____ Residents ____ Post-Doct ____ Other ____

2. Clinical service (%) ____ : In-patient ____ Out-patient ____ Other ____

3. Scholarship/Research (%) ____ Basic Sci ____ Educ Res ____ Clin Res ____ Other ____

4. Academically-related public service (%) ____ PLFSOM ____ UMC ____ Other ____

B. Career interests (short-term and long-term):

C. Areas that you want to accomplish in the next 12-24 months (*as you described in your annual evaluation goals/objectives*)

Teaching:

Clinical practice:

Research/Scholarship:

Other:

Please indicate your response to the following:

Mentoring Areas	Need a Mentor in this area	Can serve as a Mentor in this area	Need training to serve as a Mentor in this area
1. Guidance for career development			
2. Guidance for tenure/promotion			
3. Guidance for personal growth			
4. Guidance on negotiation & conflict resolution			
5. Time management and organization skills			
6. Sharing same gender/ethnic background			
7. Guidance for developing teaching portfolio			
8. Guidance on student/resident teaching-evaluation and/or Program Evaluation			
9. Guidance on teaching style, methods, oral presentation and/or technology in education			
10. Guidance on teaching/practicing EBM			
11. Guidance on research opportunities/translational research			
12. Guidance technical writing/publishing in peer-review journals			
13. Guidance on Grant writing/preparation			
14. Guidance on study design/biomedical statistics			
15. Other			