

The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Severe malaria clinical mentoring: Mentee evaluation form

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.



MalariaCare
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U.S. President's Malaria Initiative

Severe malaria clinical mentoring—mentee evaluation form

Introduction

Onsite clinical mentoring is a mechanism through which a highly experienced health care provider guides health care workers to improve the quality of care delivered in their own work environment. The hallmark of intensive mentoring is hands-on support to mentees during site visits with the general purpose of improving case management of severe malaria or other identified focus areas. Site visits may encompass a variety of components, including: 1) observations, 2) interviews, 3) record review, 4) training (one-on-one and/or group), and 5) discussions and meetings. The activities will vary based on the objectives of the mentoring visit and the specific challenges faced by the facility being visited. Regardless of the intervention type, your mentor should strive to provide you with the skills and knowledge necessary to provide high-quality care and treatment within the context of your work environment.

This evaluation form is designed to allow you, the mentee, to provide feedback on your mentorship experience. Your feedback will be used to improve the mentorship process and, if necessary, allow participating mentors to modify their approaches and behaviors regarding their interactions with you and your colleagues. Your responses and comments will be kept private.

Note: These forms should be reviewed by the coordinator of the mentoring project, who should then provide feedback to the mentors anonymously unless the mentee specifically grants permission for their name to be attached to their feedback.

To be completed after mentorship visit

YOUR MENTOR'S NAME:					
YOUR FACILITY'S NAME:					
EVALUATION FORM	RATING				
	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
MENTORSHIP VISIT EVALUATION—PRIMARY OBJECTIVES					
The issues my mentor focused on were very relevant to improving the performance of my facility.					
My mentor strived to identify the root causes of each challenge or issue.					
My mentor shared experiences and solutions to help me and my colleagues overcome challenges.					
My mentor identified new possible solutions to address issues that my colleagues and I face.					
My mentor prioritized solutions based on the feasibility and affordability of their implementation within my work environment.					
My mentor worked with me and my colleagues to <i>develop</i> a plan of action to resolve issues and challenges.					
My mentor supported me and my colleagues to <i>implement</i> a plan of action to resolve issues.					
My mentor provided feedback.					
MENTOR EVALUATION					
My mentor exhibited the following attributes:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
➤ Knowledgeable.					
➤ Skilled in conducting clinical procedures/practices.					
➤ Respectful to clients and me/my colleagues.					
➤ Nonjudgmental.					

MENTORSHIP PROCESS					
My mentor discussed expectations of the mentor/mentee relationship at the beginning of the visit.					
My mentor discussed the goals of the mentorship visit.					
My mentor established mutually agreed upon objectives with me.					
My mentor conducted effective daily pre-mentorship meetings with me and my colleagues.					
My mentor conducted effective daily post-mentorship meetings with me and my colleagues.					
My mentor provided my facility with a comprehensive mentorship visit report.					
MENTEE SATISFACTION AND FEEDBACK					
How satisfied were you with the following:	Very Satisfied	Satisfied	No Opinion	Not Satisfied	Very Un-satisfied
➤ The quality of the mentorship experience.					
➤ The helpfulness of the mentorship experience.					
Which aspects of the mentoring experience were most useful to you, if any?					
Would you like the mentor(s) to return to your facility? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, what would you prefer the mentors to focus on during the next visit?					
Please provide any other comments about your mentorship experience, including positive or negative feedback.					



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