



Final Meeting Report

To be completed by the mentor and shared with the mentee as a final record.

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| Mentor: | | Mentee: | | Date: | |
|----------------|--|----------------|--|--------------|--|

Observed achievements and successes

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| Mentee goals set | Outcomes |
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Memorable moments

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| Topics discussed | | | | | |
|-----------------------------|--|--------------------------------|--|--------------------|--|
| Career development | | Exam preparation | | Research | |
| Career satisfaction | | Fellowship training (not exam) | | Rotations | |
| Clinical issues | | Financial decisions | | Staff interactions | |
| Communication issues | | Personal/family issues | | Supervisor issues | |
| Critical incidents | | Professionalism | | Work/life balance | |
| Other: | | | | | |
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| Any challenges or barriers? | | | | | |
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| What I have learnt |
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| Clarify post-mentoring relationship | |
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| <i>Neither of you should feel a commitment to do this if time nor circumstances do not allow</i> | |
| • Professional friendship only, no further formal contact | |
| • Re-negotiate an ongoing collegial relationship | |
| • Mentor available as a resource for selected areas of expertise | |
| • Mentor remains available for occasional confirmatory role as needed | |
| • Other | |

Suggestions for future actions

Further mentoring? Become a mentor?

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Thankyou for the privilege of being a trusted guide on your journey.

Mentor signature and date:

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Mentee signature and date:

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