

University of Pittsburgh · Carnegie Mellon University
 Medical Scientist Training Program
 MSTP 5990: MSTP Longitudinal Clinical Clerkship—Evaluation of Mentor

Upon conclusion of your LCC, we ask that you provide feedback on your mentor. This will help us as we match students with mentors in future LCCs. Please email this form to Kathy Hansell-Prigg (kathyprigg@pitt.edu) and Marcus Miller (millerm25@upmc.edu).

Student's Name			
Mentor's Name			
Mentor's Clinic			
Start Date		End Date	

➤ *This form will not be shared with the mentor. We appreciate your taking the time to provide us with information on your clinical experience.*

	All the time 5	Most of the time 4	Some of the time 3	Not very often 2	Never 1
Did this rotation broaden your clinical skills and provide you with ample clinical learning opportunities and training from your mentor or his/her associates?					
Did your mentor serve as a role model in clinical practice and interactions with patients, and were you given ample opportunity to develop your own bedside manner?					
During your time in the clinic, were you able to interact with your mentor on an individual basis?					
Did this LCC meet your expectations?					
Comments on the strengths or weaknesses of this LCC:					