

# UMass Worcester Mentoring Survey

**The goal of this survey is to understand mentoring needs and the influence of our environment on mentoring.**

The results will be used to enhance our mentoring across the campus.

This survey will take approximately 10 minutes or less to complete.

## **CONFIDENTIALITY:**

To ensure confidentiality, your participation is anonymous. Responses to items will only be reported in aggregate form, not provided to any unauthorized parties and does not contain any information that would permit identification of an individual.

## **INFORMED CONSENT:**

Completion and submission of this survey will convey your informed consent with IRB approval.

## **INSTRUCTIONS:**

- Do not use the browser's BACK button. Use the button at the bottom of the screen. Your answers are always saved as you navigate between pages.
- When you have completed the survey, please select "**SUBMIT**". You will receive a verification that your responses have been received.

**This survey has the endorsement of the Minority Academic Achievement Committee (MAAC).**

# STATUS

**\* 1. To begin the survey, please indicate your current status by checking below:**

- Student** (i.e., Medicine, Nursing or Graduate Student - Any individual currently in an educational program that leads to a terminal degree is classified as a **Student**)
- Trainee** (i.e., Nursing, Resident, or Fellowship Training Program, Postdoctoral Fellow - Any individual currently in post-graduate training after completing a terminal degree is classified as a **Trainee**)
- Faculty** (Note: Faculty enrolled in training programs would complete this survey classified as **Faculty**)

# STUDENT

**\* 1. If you are currently a STUDENT**

Medicine

Graduate School of  
Nursing

Biomedical Science

Please select your  
school:

**\* 2. Please select one your Degree Program:**

- DNP
- MD
- MD/PhD
- MPH
- MS
- PhD

**\* 3. Please select Year in Program**

- 1
- 2
- 3
- 4
- 5+

# TRAINEE

## 1. If you are currently a **TRAINEE**,

TRAINEE PROGRAM

DEPARTMENT

YEAR IN PROGRAM

Please indicate:

# FACULTY

## 1. If you are currently a **FACULTY** member

DEPARTMENT

ACADEMIC RANK

TENURE STATUS

Please indicate:

## 2. Total Years in Current Academic Rank

- 0 - 5 years
- 6 - 10 years
- 11 - 20 years
- 20+ years

## 3. Employment Status

- \*Full Time = > 0.75 FTE (\*AAMC Definition)
- \*Part Time = < 0.75 FTE (\*AAMC Definition)

## 4. As a Faculty member, I consider myself primarily a(n):

## 5. As a Faculty member, I am currently supported by: (Check all that apply)

- Early Career Development Award
- K-Award
- Masters of Science in Clinical Investigation
- Other (please specify) Do not provide specific identifying information about an individual

## MENTEE QUESTIONS

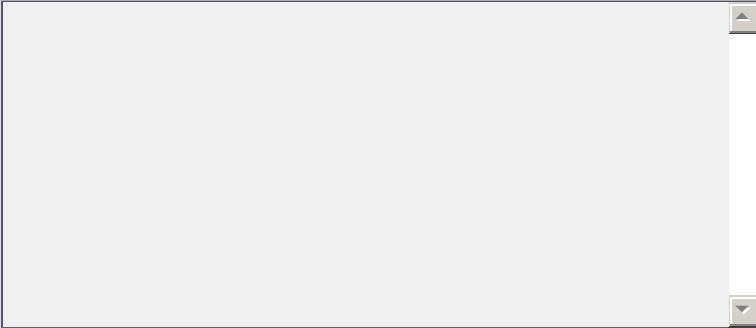
**\* 1. Are you currently receiving guidance from an individual or individuals on a continuing basis?**

Yes

No

# MENTEE QUESTIONS

**1. If No, Please Comment - Do not provide specific identifying information about an individual**



# MENTEE BASELINE ASSESSMENT - 12 Questions

**\* 1. Are you currently receiving guidance from:**

- One Individual
- Multiple Individuals

**\* 2. How did you find this individual or individuals? Check all that apply**

- Required
- Assigned
- Chosen By You
- Formal Mentoring Program
- Informal Mentoring
- Other (please specify) Do not provide specific identifying information about an individual

**\* 3. In which area(s) do you receive guidance? Please check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Matters   | <input type="checkbox"/> Interpersonal Communication Skills |
| <input type="checkbox"/> Career Matters   | <input type="checkbox"/> Leadership Development             |
| <input type="checkbox"/> Clinical Skills  | <input type="checkbox"/> Research Skills                    |
| <input type="checkbox"/> Communication Skills Oral/Written Presentations  | <input type="checkbox"/> Teaching Skills                    |
| <input type="checkbox"/> Grant Writing  | <input type="checkbox"/> Work / Life Integration            |
| <input type="checkbox"/> Other (please specify) Do not provide specific identifying information about an individual |   |

**\* 4. Do you consider that individual or at least one of these individuals to be mentors?**

- Yes
- No

If No, please comment - Do not provide specific identifying information about an individual



**\* 5. Do you have a reporting relationship to the person who you consider your primary mentor? (e.g. supervisor)**

- Yes
- No

**\* 6. Where is your primary mentor located?**

- At UMMS/UMMMHC
- Outside of UMMS/UMMMHC

**7. Is your current primary mentor of the same gender?**

- Yes
- No

**8. Is your current primary mentor of the same race/ethnicity?**

- Yes
- No
- Do Not Know

**\* 9. How frequently do you have contact with your primary mentor?**

- Weekly
- Monthly
- Quarterly
- Annually
- Other (please specify) Do not provide specific identifying information about an individual

**\* 10. Form of Contact with Mentor - Please check all that apply**

- E-Mail
- Texting
- Phone
- Other (please specify) Do not provide specific identifying information about an individual
- One on One Meeting
- Group Meeting

**\* 11. Have you discussed expectations and goals of the mentoring relationship with your primary mentor?**

- Yes
- No

**\* 12. How would you describe your primary mentoring relationship?:**

Not effective      Somewhat effective      Effective      Very effective

Please select one

**13. OPTIONAL: Please comment on Successful Mentoring Experiences you may have had Do not provide specific identifying information about an individual**

**14. OPTIONAL: Please comment on Unsuccessful Mentoring Experiences you may have had Do not provide specific identifying information about an individual**

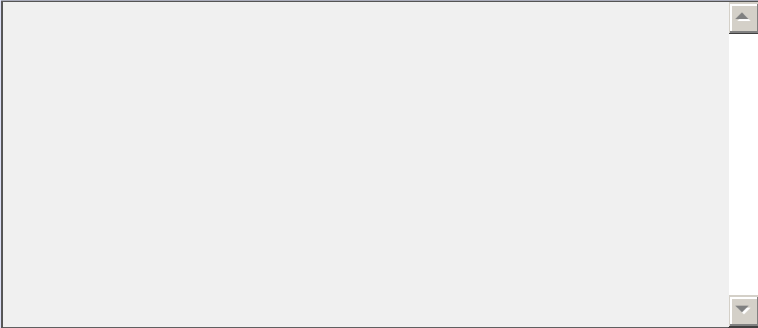
## MENTEE NEEDS ASSESSMENT - 5 Questions

**\* 1. Do you believe that you need a mentor or mentors?**

- Yes
- No
- Maybe

# MENTEE NEEDS ASSESSMENT

**1. If you answered no, what are your reasons for not needing a mentor? Please comment. Do not provide specific identifying information about an individual**



# MENTEE NEEDS ASSESSMENT

**\* 1. Do you know how to find a mentor(s)?**

- Yes
- No

**2. Which characteristics are important to you in initiating a mentoring relationship? Please check all that apply.**

	Same	Different	No Preference
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic Interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 3. Would you utilize a web-based program to identify a mentor?**

- Yes
- No

If No, please comment Do not provide specific identifying information about an individual

**\* 4. Please rate these item(s) in terms of your mentoring needs. Please check all that apply.**

	Essential	Important	Somewhat Important	Not Important
Academic Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building Professional Networks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career Guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication Skills Oral/Written Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing/Enhancing Professional Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work / Life Integration Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 5. Please rate these item(s) in terms of your mentoring needs. Please check all that apply.**

	Very Interested	Somewhat Interested	Not Interested
One on One Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
One Mentor with a Group of Mentees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team of Mentors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group of Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# MENTOR BASELINE ASSESSMENT

**\* 1. Are you currently a mentor?**

- Yes
- No

# MENTOR BASELINE ASSESSMENT - 12 Questions

**\* 1. I am currently in a mentoring relationship with**

- One Individual
- Multiple Individuals

**\* 2. How did you identify your mentees? Please check all that apply**

- Assigned
- Chosen By You
- Chosen By Your Mentee
- Other (please specify) Do not provide specific identifying information about an individual
- Formal Mentoring Program
- Informal

**\* 3. Which areas do you provide mentoring in? Please check all that apply**

- Academic Guidance
- Access to Resources
- Building Professional Networks
- Career Guidance
- Clinical Skills
- Communication Skills Oral/Written Presentations
- Developing/Enhancing Professional Identity
- Other (please specify) Do not provide specific identifying information about an individual
- Grant Writing
- Interpersonal Communication Skills
- Leadership Development
- Research Skills
- Teaching Skills
- Work / Life Integration

**\* 4. Are the majority of your mentees:**

- At UMMS/UMMMHC
- Outside of UMMS/UMMMHC

**\* 5. Are the majority of your mentees under your direct supervision?**

- Yes
- No



**\* 6. How frequently do you typically meet with your mentee(s)?**

- Weekly
- Monthly
- Quarterly
- Annually
- Other (please specify) Do not provide specific identifying information about an individual

**\* 7. Over the past 12 months, what is the number of individual(s) you have mentored?**

- 1
- 2 - 4
- 5 - 7
- 8 - 10
- 11 - 20
- Greater than 20

**\* 8. Have you discussed the goals and expectations of the mentoring relationship with your mentee(s)?**

- Yes
- No

**\* 9. How would you describe your mentoring relationship(s)?:**

Not Effective      Somewhat Effective      Effective      Very Effective

Please select one                       

**\* 10. How many years experience do you have mentoring others?**

- 1 - 3 Years
- 4 - 10 Years
- 11 - 20 Years
- 20 + Years

**\* 11. Have you received any training about mentoring?**

- Yes
- No

**12. Is mentoring valued by your program or department?**

- Yes
- No
- Maybe

Please Comment Do not provide specific identifying information about an individual

**13. OPTIONAL: Please comment on Successful Mentoring Experiences you may have had. Do not provide specific identifying information about an individual.**

**14. OPTIONAL: Please comment on Unsuccessful Mentoring Experiences you may have had. Do not provide specific identifying information about an individual.**

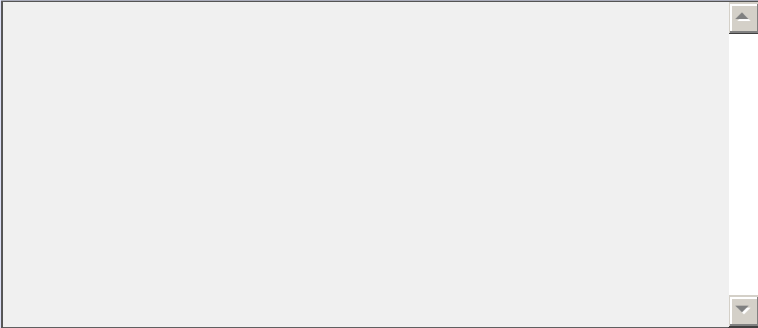
# MENTOR NEEDS ASSESSMENT

**\* 1. Are you willing to be a mentor?**

- Yes
- No
- Maybe

# MENTOR QUESTIONS

**1. If No, Please Comment - Do not provide specific identifying information about an individual.**

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# MENTOR NEEDS ASSESSMENT - 3 Questions

**\* 1. Would you utilize a web-based program to match the needs of a potential mentee?**

- Yes
- No
- Maybe

If No, please comment - Do not provide specific identifying information about an individual.

**\* 2. Please rate these item(s) below based on your OWN SKILL DEVELOPMENT NEEDS TO BE AN EFFECTIVE MENTOR. Please check all that apply.**

	Essential	Important	Somewhat Important	Not Important
Communication Skills Oral/Written Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross Cultural Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing and Maintaining the Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Giving Effective Feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grant Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting Goals & Expectations for Mentee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work / Life Integration Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 3. Please rate these item(s) below as an INCENTIVE TO SUPPORT MENTORING IN THE ACADEMIC ENVIRONMENT. Please check all that apply.**

	Essential	Important	Somewhat Important	Not Important
Academic Advancement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awards for Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Incentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional Recognition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Gratification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time and Effort Tracking and Offset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# DEMOGRAPHICS

It would be informative to the survey if you could answer the following optional demographic questions. All responses are confidential. (Optional questions below).

## 1. Gender

- Male
- Female
- Transgender

## 2. Race/Ethnicity - If multi-racial, please select all that apply

- Hispanic/Latino(a)
- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Other (please specify) - Do not provide specific identifying information about an individual.

## 3. Birthyear

Please select

# THANK YOU FOR TAKING THE SURVEY

**THANK YOU** for taking the time to complete the survey.

YOUR FEEDBACK IS IMPORTANT TO INFORM AND TO ENHANCE OUR MENTORING PROGRAMS.