

ASCCP COLPOSCOPY MENTORSHIP PROGRAM Summary Evaluation Form

Mentor's Name: _____
Clinical Site: _____

Mentee's Name: _____
Mentorship Start Date: _____
Mentorship End Date: _____

*Check applicable performance level (select one)	ADEQUATE	NOT APPLICABLE	NEEDS REMEDIATION
PATIENT HISTORY			
1. Elicits appropriate health history			
2. Identifies reason for colposcopy exam			
COLPOSCOPIC SKILLS: Mentee is able to:			
1. Use clean technique			
2. Use colposcope for cervical examination			
3. Use colposcope for vaginal examination			
4. Use colposcope for vulvar examination			
5. Identify entire transformation zone, the SCJ, etc.			
6. Identify most severe cervical lesions			
7. Identify most severe vaginal lesions			
8. Identify most severe vulvar lesions			
9. Perform and collect biopsy(s)			
10. Perform and collect an endocervical sample			
11. Achieve hemostasis			
12. Assess endocervical canal			
CLINICAL IMPRESSION/PATIENT MANAGEMENT			
1. Determine proper patient management through correlation of cytology, colposcopic exam, and histology			
2. Appropriately communicate management plan to patient			
3. Determine when referral is necessary			
DOCUMENTATION			
1. Document examination thoroughly			
2. Accurately use appropriate terminology			
INTERACTIONS WITH PATIENT: EDUCATION			
1. Explain purpose and procedure of exam			
2. Provide for patient comfort and privacy			
3. Communicate with sensitivity and at a level appropriate to patient			
4. Present accurate information in patient teaching			
5. Maintain professional attitude			

(*) If an area of remediation is checked, please explain under "Areas to improve."

I as mentor did directly observe each exam to include identification of the transformation zone and worst lesion(s), selection of biopsy site(s), and collection of biopsy sample(s).

Mentor Signature: _____

(continued)

I believe this mentee has demonstrated the requisite skills to independently perform colposcopy pending satisfactory completion of the Colposcopy Mentorship Program examination.

Agree Disagree (Provide Reason: _____)

If you disagree, should the Mentee return for additional mentorship training?

Agree Disagree

I recommend the Mentee take the Colposcopy Mentorship Program Examination.

Agree Disagree

Areas of significant strength:

Areas to improve:

Additional comments:

Mentor Signature: _____

Mentee Signature: _____

(Print Name)

(Print Name)

Date: _____

Date: _____

Return to: ASCCP National Office
 20 West Washington St Ste 1
 Hagerstown, MD 21740