



Kidney Connection:
A Patient to Patient Peer Mentoring Program
Mentor Log

Your Name (Mentor): _____

Patient Mentee's Name: _____

Patient mentors are to complete this form for each patient mentee they are connected with. Once complete, provide it your facility staff and/or directly to Yessi Cubillo at the Network. The information you share will help us measure activities of mentoring and assess mentoring outcomes.

PLEASE FAX COMPLETED FORM TO YESSI CUBILLO AT (609) 490-0835

1. Did you meet with the patient you were paired with?
 - Yes Could not reach the mentee Other: _____
 - No →** Scheduling conflict

2. How did you meet with the patient mentee?
 - Zoom / other virtual platform: _____
 - Phone call
 - At the dialysis center
 - At the transplant center
 - Met in a public space outside of the healthcare facility
 - Other: _____

3. How many times did you meet with the assigned patient mentee?
 - 1 time
 - 2 times
 - More than 2 times

4. What topic(s) did you discuss with the patient mentee? *Select all that apply.*
 - Home hemodialysis Transplant
 - Peritoneal dialysis options ESRD overview information
 - In-center dialysis New to dialysis
 - Other: _____

5. Did you share any educational resources, such as those included here https://kidneylearninghub.com/wp-content/uploads/2020/06/ESRDNCCLMSPeerM_Resource508.pdf
 - Yes No
 - If Yes, what resources did you share:*

6. Did you refer the patient mentee back to the facility staff for additional support with a specific topic?

- Yes No

If Yes, what was the topic(s):

7. Do you plan to meet with this patient mentee again in the future?

- Yes No

If No, please select from the following:

- We both agreed to reach out again if needed
- Patient mentee has requested a different mentor
- Mentor has requested a different mentee
- Other:

8. How comfortable did you feel helping the patient mentee:

- I felt knowledgeable about the topic(s) discussed
- I felt I had the resources to provide support
- My personal experience with the topic helped facilitate the conversation
- I didn't feel well equipped to address the patient's concerns
- I wish I had more information/training regarding the topic(s)
- Other:

9. Additional comments / notes to share:

I have completed this log for the "Patient to Patient Peer Mentoring Program" to the best of my ability and I understand that this information will be used to support the program.

Signature: _____ Date: _____



Thank you for completing this mentor log!

IMPORTANT: Please ask your facility staff to fax this completed form to Yessi Cubillo at 609-490-0835

Form Updated: 9/2022