

Promotion of Junior Colleagues in Radiation Oncology

Mentoring Program

SRO

Coordination Mentoring Program:

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(*according to the questionnaire of the Medical Faculty of the University of Zurich and the University Hospital of Zurich after consultation with Prof. B. Beck Schimmer)

Interest in the Mentoring Program for the Promotion of Junior Colleagues in Radiation Oncology

1. Are you interested in the Mentoring Program?

yes..... ☐ 1
no..... ☐ 0 ➔ if no, go to question 6

2. From which subject or research area would you like to have a mentor?

Subject-/research area:

3. Could you work with a non-specialist mentor?

yes..... ☐ 1
no..... ☐ 0

4. Do you know a specialist whom you can imagine as a mentor?

yes..... ☐ 1
no..... ☐ 0

If yes, which?

1. Name, first name:.....
Position:.....
Clinic/Institut:.....
2. Name, first name:.....
Position:.....
Clinic/Institut:.....
3. Name, first name:.....
Position:.....
Clinic/Institut:.....

Supporting your professional development

4. To what extent have you been supported in your professional career so far?

Not at all ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 to a large extent

5. Do you already have a mentor?

yes..... ☐1

no..... ☐0

6. If you already have a mentor, you would like to change your mentor?

yes..... ☐1

no..... ☐0

7. Please assess to what extent the following statements on the promotion of your professional career apply to you.

There are people in my professional environment, ...	does not apply at all				is very true
1. who give me tasks that promote personal contact with important superiors.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. who promote contact with people who have a positive influence on my career.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. who entrust me with tasks that prepare me for higher positions.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. who use their power and influence to advance my career.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. to help me plan my career.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. who give me tips for my professional future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. who encourage me to pursue my career in a targeted manner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

On your person and current professional situation

8. **What's your name?**

Name first name

9. **Your gender?**

Female..... ☐ 1

Male..... ☐ 0

10. **Your age?**

years

11. **Which clinic / institute are you currently working at?**

12. **Your E-Mail Address?**

13. **In which year did you take the final examination in human medicine?**

14. **Have you already obtained the title of specialist in radiation oncology?**

15. **In which year?**

16. **Have you completed another study course than medical studies?**

yes..... ☐ 1

no..... ☐ 0

If yes, which study course did you complete?

17. **What is your current professional position?**

☐ 1 Assistant physician (m/f)

☐ 2 Senior physician (m/f)

☐ 3 Chief physician (male/female)

☐ 4 Research Assistant (m/f)

☐ 5 Other:

Please send the questionnaire to sonja.koch@ksw.ch
Thank you very much for your interest, we will contact you as soon as possible!