Wake Forest School of Medicine
Junior Faculty Mentoring Program (JUMP)

Content-Specific Mentoring Agreement

(To be filled out at first meeting - provide a copy for Mentor, Mentee, Department Mentoring Facilitator, and the JUMP Manager)

Mentor: _____

Mentee: _____

To ensure that the mentoring relationship that we are entering into is mutually beneficial, we agree to the following considerations:

1. Expectations/Conduct: *(Will be unique to each relationship – modify as appropriate)*

Mentee: I expect my Content-Specific mentor to guide me in continuing to develop in my area of medical/science specialty. This may include suggestions for training, education, coaching, and assisting me in ways that will contribute to the progression of my academic career. I will be mindful of my mentor's time and commitment to my progress. I hope to gain insight from my mentor's expertise and knowledge in the academic medicine & science profession.
Additional comments:

Mentor: I expect my mentee to be committed to actively participating in their continuing development in their content-specific area. I will commit to act in my mentee's best interest with diplomacy and patience for the professional development process. I will not make decisions for my mentee, but will strive to assist in the decision making process by providing knowledge I've gained in the academic medicine & science profession. I will strive to include my mentee in networking opportunities and knowledge-building events, as appropriate.
Additional comments:

2. Goals:
We have discussed and set these objectives and goals for our mentoring relationship, *understanding that they may be modified at any time, as deemed appropriate*:

_____

_____

_____

_____

3. Confidentiality:
We will treat all communications as confidential, unless we agree otherwise.

4. Length of Mentoring Relationship:
The initial length of your mentoring relationship commitment is for a minimum of one year. However, we hope that your mentoring relationship will be productive and satisfying and that it will continue through the promotion of the mentee to the Associate Professor level. Having made these statements, we realize that every relationship will have different time frames. Use the objectives and expectations discussed in your initial meeting to frame what you expect a reasonable time frame may be for your mentoring relationship.

Adapted with permission from the University of Michigan Health System Nursing at Michigan, Center for Professional Development & Mentoring, and Lois J. Zachary, The Mentor's Guide: Facilitating Effective Learning Relationships, San Francisco: Jossey-Bass, 2000.

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Indicate the expected agreed upon length of your mentoring relationship (beyond the first year):

_____

At the end of any agreed upon term, it is acceptable to agree to a continuation or a renewal period.

Indicate under what terms the mentoring opportunity may conclude (.e.g., promotion achieved, specific goals achieved, etc.).

_____

5. Communication and Meetings:

It is recommended that during the first year of mentoring, the mentee should meet with their mentor *at least* quarterly.

Please indicate a planned meeting or communication frequency schedule:

_____

Include in what format the communication will occur:

☐face-to-face ☐ phone calls ☐e-mail ☐ other (please specify) _____

Responsibility for scheduling meetings falls to: _____

6. Feedback:

We will provide regular feedback to each other to evaluate the effectiveness of our partnership and to measure successful steps toward, or accomplishment of, our outlined goals. This feedback will be conducted in the following manner:

Formal vs. Informal Assessment (check one)

- ☐ Informal approach based on discussion
- ☐ Formal approach based on written evaluation form

Nature of Assessments (check one)

- ☐ Self-assessments
- ☐ Mutual assessments

Frequency of Assessments (check one)

- ☐ At the conclusion of our meetings
- ☐ On a (monthly, quarterly) basis
- ☐ Other, specify _____

7. Termination of Relationship:

Either the mentee or mentor may terminate the relationship at any time. The mentoring pair agrees to discuss the decision to terminate in advance with the JUMP Manager, Departmental Mentoring Facilitator and/or the Associate Dean of Faculty Development.

Mentor signature _____ **Date** _____

Mentee signature _____ **Date** _____

***Please email or fax a copy to the JUMP Manager at dcorneli@wakehealth.edu or 713-4228.**

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