

Office of Women in Medicine and Science

## Women Junior Faculty Mentoring Program STATEMENT OF UNDERSTANDING

(To be filled out at first meeting and a copy filed in Mentor/Mentee's professional development file by the OWIMS Mentoring Program Manager)

Mento	r:
Mente	e:
the foll	e entering into a mentoring relationship which we expect to be mutually beneficial. We agree to owing considerations regarding, confidentiality, time commitments, communication efforts and ations.
1. Ехр	ectations/Conduct: (Will be unique to each relationship – modify as appropriate)
	<b>Mentee:</b> I expect my Mentor to guide me in my professional development. This may include suggestions for training, education, resume preparation, coaching and assisting me in ways that will contribute to the progression of my 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 within the Medical profession (Research and/or Clinical). <b>Additional comments:</b>
	Mentor: I expect my Mentee to be committed to actively participate in their professional development. 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 within the Medical profession (Research and/or Clinical). I will strive to include my Mentee in networking opportunities and to knowledge-building events as appropriate.  Additional comments:

## 2. Confidentiality:

Date:

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

## 3. Length of Mentoring Relationship:

Indicate how many months (1 year minimum) or under what terms the mentoring opportunity may conclude (i.e. project completion).

## Guidelines:

Every relationship will have different time requirements. Use the objectives and the expectations discussed in your initial meeting to frame what you expect a reasonable time frame may be.

We agree to this time period:		
4. Communication and Meetings: It is recommended that during the first year of mentoring, t least quarterly. Indicate a planned meeting or communicat checkpoints and in what format the communication will oct following is a suggested format in which you may fill in the parameters as appropriate.	tion schedule. Include monthly or quarterly cur: face-to-face, phone calls or e-mail. The	
We will strive to meet:		
Additionally, we will connect by phone and/or E-m	ail, based on the following schedule:	
Either of us may terminate the relationship at any time. We will agree to discuss our decision to terminate with the Mentoring Program Manager or, if necessary, the Leadership Program Director.  6. Goals: Indicate goals that were discussed during the initial meeting.  We discussed the following objectives and goals for our mentoring relationship:		
Mentor signature		

The time availability of the Mentor is a consideration as is the nature of work. At the end of any agreed upon term, it is acceptable to agree to a continuation or a renewal period.

\*Please email or fax a copy to Natalie Barrett at <a href="mailto:nbarrett@wakehealth.edu">nbarrett@wakehealth.edu</a> or 713-4228.