

MENTORING MANUAL

A Guide for Mentors and Mentees



Substance Abuse and Mental
Health Services Administration

Minority Fellowship Program

American Nurses Association





ACKNOWLEDGEMENTS

The Mentoring Workgroup would like to acknowledge the staff at American Nurses Association (ANA) and the Substance Abuse Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP) for the vision articulated in both their strategic plans regarding the importance a strong mentoring program plays in developing leaders in research, education, policy development, and clinical practice.

The Workgroup would also like to thank the MFP Fellows who consistently noted on their program assessment surveys that increased mentorship and networking opportunities, especially with alumni of the program and other leaders in the field of psychiatric mental health nursing, would be of great benefit.

Additionally, the Workgroup would like to recognize that sections of this manual were drawn from the previous works of Jillian Inouye, PhD, APRN, FAAN, and Freida Hopkins Outlaw, PhD, APRN, FAAN.

Finally, the Mentoring Workgroup of the MFP National Advisory Committee worked diligently on developing this manual to be a comprehensive and structured mentoring resource for the Fellows of the MFP at ANA.

ABOUT THE MINORITY FELLOWSHIP PROGRAM

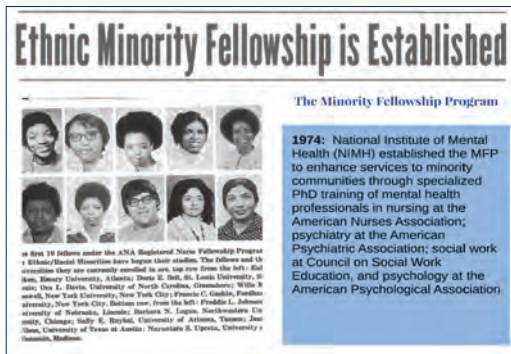
Around 1994, NIMH transferred the Minority Fellowship Program (MFP) to the Substance Abuse and Mental Health Services Administration (SAMHSA), which is a division of the U.S. Department of Health and Human Services (HHS). To date, the American Association of Marriage and Family Therapy, the National Board of Certified Counselors, and the National Association of Addiction Counselors have been added, expanding the MFP to seven programs. The MFP traditional (MFP-T) was the initial 1974 training initiative. In 2014, under President Obama's "Now Is the Time" initiative, SAMHSA expanded the Minority Fellowship Program to include the Minority Fellowship Program-Youth (MFP-Y). The MFP-Y initiative aims to increase the number of culturally competent master's-level behavioral health professionals available to serve children, adolescents, and youth ages 16-25 as they transition into adulthood.

The SAMHSA Minority Fellowship Program at the American Nurses Association (MFP at ANA) has for more than forty years engaged in the challenge of diversifying and reshaping the profile of psychiatric nurse leaders in academics, practice, policy and research.

The MFP at ANA's broad mission is to increase the number of rigorously educated nurses from underrepresented ethnic minority groups in order to:

- Conduct research or provide scholarly practice related to psychiatric/mental health and/or substance abuse issues experienced by ethnic/racial minority populations across the life span;
- Assume leadership roles in the initiation of scientific investigations about phenomena that occur among ethnic/racial minority populations;
- Expand psychiatric/mental health literature about ethnic/racial minority populations across the life span;
- Function as members of interdisciplinary research and treatment teams with the intent of improving the mental health status of ethnic/racial minority populations; and
- Provide leadership in policy arenas; in intensive research and practice environments; and as members of local, regional, national, and global boards.
- The MFP at ANA has an active National Advisory Committee (NAC).

The NAC's primary function is to advise the MFP at ANA staff on strategies and activities that help achieve the goals of the MFP-Traditional and MFP-Youth grants. The MFP NAC is comprised of 14 ANA members who are PhD and/or DNP- prepared nurses who possess subject matter expertise in mental/behavioral health and/or substance abuse disorders associated with prevention, treatment, and recovery among ethnic/racial minority populations. If at all possible, at least two members representing each of the following minority groups will be on the NAC: African American, American Indian/Alaska Native, Asian American, Hispanic, and Native Hawaiian and Pacific Islander. The NAC is required to have up to two public members who are or have been consumers of mental health and/or substance abuse services. The consumers are critical members who provide a "lived experience" depth perspective to the committee's dialogue. Each NAC member is required to participate in either the Training, Recruitment, or Mentoring Workgroup.



1974: National Institute of Mental Health (NIMH) established the MFP to enhance services to minority communities through specialized PhD training of mental health professionals in nursing at the American Nurses Association; psychiatry at the American Psychiatric Association; social work at Council on Social Work Education, and psychology at the American Psychological Association.

mentor:

An ancient word from
Greek mythology

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Asterisk identifies MFP Alums

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- **Jillian Inouye**, PhD, RN, APRN, FAAN (1-1-2016-12-31-2017)
- ***Freida Hopkins Outlaw**, PhD, RN, APRN, FAAN (staff)



TABLE OF CONTENTS

- 2 Acknowledgements
- 3 About the Minority Fellowship Program
- 4 MFP at ANA Staff
- 6 What is Mentoring
- 7 The Organizing Framework for the MFP Mentoring Process
- 8 Structure of Mentoring for the MFP
- 9 Process of MFP Mentoring
- 10 Tips for the Mentee
- 11 Form A
- 12 Form B
- 13 Mentors & Mentees
- 14 Managing Relationships with your Mentor(s)
- 15 Form C
- 16 MFP Mentoring Manual Follow Up Plans
- 17 References
- 18 Selected Additional Biography



WHAT IS MENTORING

The term “mentor” is ancient and came from Greek mythology. In Homer’s poem the Odyssey, Odysseus (known as Ulysses) was preparing to fight the Trojan War when he realized he would be leaving behind his only son and heir, Telemachus. Because the child was young and was typically dragged on for years, Ulysses entrusted the care and education of Telemachus to his wise and trusted friend, Mentor.

Today, “mentoring” describes a process in which an experienced individual (mentor) helps another person (mentee) develop his or her goals and skills through a series of time-limited, confidential, one-on-one conversations and other learning activities. The mentor also gives emotional support and guidance to the mentee. Mentoring is associated with individual career development.

Adapted from Mentoring Guide: A Guide for Mentors, 2003.

MFP Operational Definitions

Mentoring: The development of a trusting relationship that encompasses formal supporting, guiding, coaching, teaching, role modeling, advocating, and networking between a senior person (mentor) and a junior person (mentee). It involves the senior person (mentor) providing personal and career guidance to the junior person (mentee) while also promoting co-discovery and co-growth between the two individuals.

Mentor: An experienced senior guide who identifies the academic and professional needs of a junior individual while helping him or her pursue the opportunities and experiences to meet them.

Mentee: The individual in the role of “learner” in the mentoring relationship.

Effective mentorship: In health careers like medicine, nursing, social work, pharmacy, and psychology, it is considered one of the most important determinants of success

Adapted from: Zerzan et al., 2009

mentoring:
Successful people never
reach their goals alone.

THE MENTORING WORKGROUP conceptualized the mentoring program as a developmental, progressive, complex, reciprocal, interactive process...

THE ORGANIZING FRAMEWORK FOR THE MFP MENTORING PROCESS: BRONFENBRENNER'S ECOLOGICAL MODEL

The Mentoring Workgroup of the National Advisory Committee thought an organizing framework was needed to establish a strong foundation for the mentoring program. Bronfenbrenner's Ecological Model was chosen because it posits that human development is inseparable from the environments in which people find themselves throughout their lives (Bronfenbrenner, 1994). This includes individual development in complex social systems in a broader context of life-span development, such as educational systems (Hess & Schultz, 2008). According to the strategic plan, innovative approaches for strengthening the mentoring model for both MFPs must be dynamic, evidence-driven, and holistic. Adopting Bronfenbrenner's model and adapting it for the MFP mentoring programs supports the belief of the MFP and the ANA that many different levels of environmental influences—such as people, institutions, and cultural factors—impact human development, and this naturally extends to the development of MFP Fellows. Therefore, the approach to mentoring in this Manual reflects these beliefs.

The Mentoring Workgroup conceptualized the mentoring program as a developmental, progressive, complex, reciprocal, interactive process between an active and evolving mentee (developing human organism) and the mentor(s), and includes all the resources (objects and symbols) available to them as members of the MFP. To meet these needs, the mentoring program has put in place three levels of mentorship that allows all Fellows (MFP-Traditional and MFP-Youth) to have a rich, dynamic, interactive experience that meets Bronfenbrenner's requirements of proximal process. That is, the MFP mentoring program will be effective by ensuring that interactions between the mentee as the developing clinician, clinical scholar, and/or researcher and the mentor occur on a regular basis and extend over a period of time (Bronfenbrenner, 1994; Hess & Schultz, 2008).

The MFP has a vision that is broad and comprehensive, and the mentors are expected to provide mentoring beyond academic support—this includes assisting students with guidance and support as they transition to their roles as graduate students in diverse environments. Robust evaluation is embedded in the mentoring program. It is interactive and includes both the mentor's and mentee's active participation. The evaluation process measures the changes in the mentee's skills and knowledge as well as other factors that may evolve over time. There is also a measure for how these changes impact the mentee's overall environment.

In sum, the Mentoring Workgroup of the NAC chose Bronfenbrenner's Ecological Model of development because of its focus on the environmental factors associated with effective human development.

Adapted from: Bronfenbrenner, 1994; Hess & Schultz, 2008



STRUCTURE OF MENTORING FOR THE MFP

Most people agree that there are two types of mentoring relationships: formal and informal. A **formal mentoring** relationship is designed by an organization/program that has identified appropriate individuals who are willing to be mentors to people who need mentoring. Formal mentoring involves some structure and guidance developed by the organization/program, while still recognizing that it is critical to include options to ensure that the mentor and the mentee have some voice in choosing with whom they would like to work. Formal mentoring also includes faculty and clinical advisors for those in academic programs and other formal mentoring systems in place in different organizations. **Informal mentoring** usually occurs more organically and does not necessarily have to adhere to formal structures. This may also include peer support. The MFP has developed a mentoring process that recognizes the importance of both the formal and informal mentoring processes.

Adapted from Mentoring Guide: *A Guide for Mentors*, 2003.

MFP THREE LEVELS OF THE MENTORING PROCESS

- 1 Expert and Volunteer Alumni Mentor Triad**

A NAC member and volunteer alumni mentor will be assigned to each Fellow in the MFP/ANA Traditional Program. This relationship will provide expert mentoring experiences for MFP-Traditional Fellows. The volunteer alumni mentor will take the lead, with the NAC member acting in support. Each Fellow's application will be vetted by the NAC to ensure that each mentee's research or practice interest guides the selection process when the mentee/mentor matches are made. All volunteer alumni mentors will be asked to submit their resumes and areas of research or practice to facilitate mentor/mentee assignments that reflect the interest and needs of the mentee and the strengths of the mentors.
- 2 Advanced Traditional PhD/DNP Mentors for the MFP-Y Fellows**

MFP/ANA Traditional PhD or DNP Fellows will serve as mentors for the MFP-Y master's program Fellows. The NAC, with the assistance of the MFP-Y program director will guide the assignment of mentors to the MFP-Y Fellows based on clinical interest or other factors.
- 3 Informal Peer-to-Peer Mentorship**

The informal peer-to-peer mentorship process will be an addition to the formal mentorship programs at the PhD, DNP, and master's levels. Unlike the formal program, the informal peer-to-peer mentoring relationships are to be organic, determined by the pairs, and will not be guided by the formal requirements of the other two levels of mentorship.

testimonial

“The SAMHSA Minority Fellowship Program at ANA is such a great experience. The program’s support, mentoring and Networking has had an impact on everything I do.”



TIPS FOR THE MENTOR

STEP 1

Become familiar with available opportunities.

- By virtue of your experience, you should already have knowledge of the mentee’s career opportunities; however, it would be wise to familiarize yourself with other career opportunities and trends in your mentee’s area of interest.
- Be informed of potential collaborations and grant opportunities.
- Familiarize yourself with potential training or internship opportunities (e.g., Summer Genetics Institute).

STEP 2

Discuss opportunities with your mentee.

- This needs to be a private, scheduled meeting, distinct from regular research-specific or clinical supervision meetings. There should be adequate time set aside for an open and honest discussion.

STEP 3

Review your mentee’s Individual Career Plan (ICP) and help refine it.

- Provide honest feedback—both positive and negative—to help your mentee set realistic goals.
- Establish boundaries of activities that you can and cannot participate in or contribute toward.
- Agree on a development plan that will allow your mentee to be productive in his or her research or practice area of interest and adequately prepare him or her for the next step in career advancement.

STEP 4

Establish regular progress reviews.

- Meetings should be scheduled at regular intervals to assess progress, expectations, and changing goals.
- Every six months, you should conduct a performance review to assess accomplishments and what needs to be done next. A written review is most helpful in objectively documenting accomplishments.

KEY MENTORING SKILLS



Listening actively



Building trust



Determining goals and building capacity



Encouraging and inspiring

Adapted from: *Mentoring Guide: A Guide for Mentors, 2003*



KEY STRATEGIES FOR RACIAL/ETHNIC MINORITIES IN THE MENTORING EXPERIENCE

Mentees

- ▶ Realize that not every slight or misunderstanding is necessarily racist, sexist, or discriminatory.
- ▶ Never assume that the environment is completely hostile.
Recognize that your group identity gives you something distinctive and important to offer
- ▶ Join a network with which you identify
- ▶ Don't allow yourself to always be the representative of your minority group
- ▶ Emphasize some factors that you have in common with your mentor and the other mentees.
- ▶ Recognize clearly sexist, racist, and other discriminatory actions or microaggressions, and have a plan to mediate these experiences.
- ▶ Be aware of your own stereotypes and how they influence your behavior.
- ▶ Engage in activities to develop your racial emotional maturity.
- ▶ Try to listen, understand, and learn from the perspectives of others who are different from you.
- ▶ Be aware of different perspectives of different mentors, and inform them of your activities and rationale.
- ▶ Have a vision for yourself.

Mentors

- ▶ Approach every mentee as an individual.
- ▶ Recognize and confront any issues of discomfort—your own and others—when working with a mentee who is a minority.
- ▶ Appreciate and use the different perspectives and styles that a minority mentee may have.
- ▶ Convey clearly your expectations for a minority mentee while at the same time recognizing and contextualizing their individual needs.
- ▶ Provide feedback often and equally to a minority mentee.
- ▶ Openly support the competencies and contributions of a minority mentee in the group.
- ▶ Be aware of subtle and systemic institutional discrimination—intentional or unintentional—that limits opportunities for minority mentees.
- ▶ Confront any invidious discriminatory behavior, be it individual or institutional, impacting the career development of a minority mentee.
- ▶ Don't assume that all minority mentees will have the same skills, beliefs, experiences, or behaviors.
- ▶ Understand that it is the mentor who ultimately holds the key for developing the full potential of a minority mentee
- ▶ Be aware the mentee may be receiving mentorship from other sources, which may conflict with your advice or suggestions.
- ▶ These strategies will strengthen, and thus ultimately enhance, the relationship between the mentor and the mentee. The literature continues to consistently describe that a positive, open, and honest interpersonal relationship between the mentee and the mentor assures the mentee's productivity.

Adapted from: *Outlaw and Inouye*



TIPS FOR THE MENTEE

- Recognize that you have something distinctive and important to offer
- Let the mentor know what you need and ask for what you want
- Express your needs in a direct manner
- Organize information in the form the mentor prefers
- Take responsibility for setting and sticking to a goal and schedule

- Schedule standing meetings and keep them
- Give your mentor(s) plenty of time to review drafts of grant proposals and manuscripts
- Don't be a "black hole of need"; limit the amount of requests you ask of any given mentor
- Develop authorship protocols so that expectations are clear
- Emphasize what you have in common with your mentor

Adapted from: *Inouye (UCLA Mentoring), Outlaw, & Zerzan*



FORM A

MFP MENTORING MANUAL INITIAL MEETING

Mentee: _____

Mentor: _____

Date: _____

Purpose: _____

The purpose of this initial meeting is to get acquainted with each other and define a mentoring plan using the mentorship agreement form. A carefully planned mentorship agreement will set the stage for a successful mentoring relationship.

TIP



Regularly scheduled meetings are strongly recommended, at least for the first few months, in order to establish a solid mentoring relationship. After the first few months, feel free to individualize. Scheduling time that is convenient can be difficult. Make an effort to commit to protected mentoring time. It can be as valuable as any other academic activity in which either mentor/mentee participates. If at all possible, avoid being interrupted during your meetings, and avoid scheduling meetings at times when you know you will be preoccupied or rushed.



Goals for this meeting:

1 Get acquainted

- Review CV
- Research Background
- Clinical Background

2 Mentorship Agreement

- Discuss mentor/mentee expectations
- Begin to define a mentorship plan (including mentor/mentee responsibilities and expectations)
- Define goals for the next year and next five years



Next Steps:

3 Set agenda and goals for next meeting

- Definitive mentorship plan
- Begin review of research proposal /manuscript/practice plan

4 Set next telephone, teleconference, Skype, FaceTime and/or face-to-face meeting time, date and location

- If you are unable to schedule at this moment, determine who will take the initiative to schedule the next meeting.



FORM B

Minority Fellowship Program Mentor-Mentee Agreement

A mentor/mentee agreement is developed and signed once a mentor and mentee have been matched. This agreement forms the basis of the mentor/mentee relationship.

Mentor-Mentee Agreement

The following agreement is made between [**Mentee's Name:** _____] and [**Mentor's Name:** _____]. We are voluntarily entering into this mentoring relationship which we both want to be a productive and rewarding experience. To minimize the possibility of confusion, we have agreed to the following:

Confidentiality. All information between the Mentee and the Mentor shall be confidential and only shared with other parties, if both agree.

Expectations. It is expected that the Mentor will provide professional and educational development advice and guidance, and both parties will work together to identify the Mentee's professional goals and develop a plan for achieving those goals.

Meetings. The Mentee and Mentor will talk monthly at a time mutually agreed upon and will meet at least once each year in person at a time and place mutually agreed upon.

Length of Relationship. The Mentee and Mentor agree that the professional relationship will be evaluated on the anniversary of this agreement as to the benefit of continuing the agreement. Either party has the option of discontinuing the relationship for any reason provided the terminating party notifies the other.

Additional Agreements.

This document reflects the agreements that we entered into at this point in time. We understand that the terms of this agreement may be changed at any time and that we agree to document each change in writing.

Mentee signature _____ Date

Mentor signature _____ Date

Adapted from: *University of California, Davis MCRTTP Handbook; Duke University Clinical and Translational Science Award*

INDIVIDUAL DEVELOPMENT PLANS (IDPS) FOR MENTORS AND MENTEES¹

An IDP provides a process to identify career goals and objectives. It serves as a communication tool between mentee and mentor.

Goals of an IDP: Help individuals identify:

- Long-term career options for a mentee to pursue and how to best achieve these options, AND
- Short-term need for improving current performance.

Benefits: Clear expectations and milestones to achieve and advance in the program.

The IDP Process: These 4 steps are meant to be interactive; both mentee and mentor must participate fully in the process:

THE MENTEE

STEP 1	<p>Conduct a Self-Assessment.</p> <ul style="list-style-type: none">• Assess your skills, strengths and areas which need development.• Take a realistic look at your current abilities. This is a critical part of career planning. Ask your peers, mentors, family and friends what they see as your strengths and your development needs.• Outline your long-term career objectives. Ask yourself:<ol style="list-style-type: none">① What type of work would I like to be doing?② Where would I like to be in this organization?③ What is important to me in a career?
STEP 2	<p>Survey Opportunities with Mentor.</p> <ul style="list-style-type: none">• Identify career opportunities and select from those that interest you.• Identify developmental needs by comparing current skills and strengths with those needed for your career choice.• Prioritize your developmental areas and discuss how these should be addressed you're your mentor(s).
STEP 3	<p>Write an IDP.</p> <ul style="list-style-type: none">• An IDP maps out your general path and helps match skills/strengths to your career choices. It is a changing document; needs and goals will almost certainly evolve over time. The aim is to build from your current strengths and skills by identifying areas for development and providing a way to address these.• Discuss your draft IDP with your mentor(s).• Revise the IDP as appropriate.
STEP 4	<p>Implement Your IDP.</p> <ul style="list-style-type: none">• Put your plan into action.• Revise and modify plan as necessary; it is not cast in stone and needs to be modified as circumstances and goals change. The challenge is to be flexible and open to change.• Review the plan(s) with your mentor regularly. Revise the plan on the basis of these discussions.



MANAGING RELATIONSHIPS WITH YOUR MENTOR(S)

Relationships should be nurtured and respected. If you and your proposed mentor develop a working relationship, have some guidelines for how you will work together. Here are some tips:

- Schedule standing meetings ahead of time and keep them
- Give your mentor(s) plenty of time to review drafts of grant and manuscripts
- Don't be a "black hole of need" – limit the amount of request you ask of any given mentor
- Develop authorship protocols so that expectations are clear
- Saying "thank you" is priceless

Adapted from: *University of California, Los Angeles Mentoring Contract*

THE MENTOR

STEP 1	Become familiar with available opportunities. <ul style="list-style-type: none">• By virtue of your experience you should already have knowledge of the mentee's career opportunities, but you may want to familiarize yourself with other career opportunities and trends in job opportunities• Be informed of potential collaborations and grant or practice opportunities• Familiarize self with potential training opportunities (i.e. Summer Genetics Institute, etc.)
STEP 2	Discuss opportunities with mentee. <ul style="list-style-type: none">• This needs to be a private, scheduled meeting, distinct from regular research-specific or practice meetings. There should be adequate time set aside for an open and honest discussion.
STEP 3	Review IDP and help revise. <ul style="list-style-type: none">• Provide honest feedback - both positive and negative - to help mentee set realistic goals.• Establish boundaries of activities that you can or cannot contribute• Agree on a development plan that will allow your mentee to be productive in the research or practice area and adequately prepared for the next step in their career advancement.
STEP 4	Establish regular review of progress. <ul style="list-style-type: none">• A mentor should meet at regular intervals with mentee to assess progress, expectations and changing goals.• Every 6 months, you should conduct a performance review to assess accomplishments and what needs to be done next. A written review is most helpful in objectively documenting accomplishments.

1 Adapted from: *Office of Public Affairs, Federation of American Societies for Experimental Biology (FASEB), Science Policy Committee.*

FORM C

INDIVIDUAL DEVELOPMENT PLAN WORKSHEET

Mentee: _____ **Job Title:** _____

Primary Mentor: _____ **Date of Meeting:** _____

Other mentors (Department Mentor Facilitator):

(Personal Mentor if any) :

Review CV: What is required for promotion in your series and in your department? Are you on track for promotion? Have you met with your Supervisor or Chair?

You are about to apply for a merit or promotion. What are the accomplishments and activities that you want your Director/Mentor to be able to write about in a letter of recommendation?

5-year Goal #1 (Personal Career)

- Educational Activity
- Research Project
- Clinical Projects
- Date

6-month objectives:

- 1 _____
- 2 _____
- 3 _____

5-year Goal #2 (Research Activity)

6-month objectives:

- 1 _____
- 2 _____
- 3 _____

5-year Goal #2 (Clinical Practice Activity)

6-month objectives:

- 4 _____
- 5 _____
- 6 _____

5-year Goal #3 (Other Activity)

6-month objectives:

- 1 _____
- 2 _____
- 3 _____

Date: _____



MFP MENTORING MANUAL FOLLOW UP PLANS

Meeting # _____

Date: _____

Review/Update:

(Briefly review goals and desired outcomes from the last meeting. Follow up on goals from previous meeting and any outstanding discussion items.)



Goal #1 _____

- ▶ Completed
- ▶ On-going (State progress. What are the obstacles? What resources can be applied?)



Goal #2 _____

- ▶ Completed
- ▶ On-going (State progress. What are the obstacles? What resources can be applied?)



Goal #3 _____

- ▶ Completed
- ▶ On-going (State progress. What are the obstacles? What resources can be applied?)



Other Goals _____

Status Report/Update:

Mentor/Mentee discussion of any new issues or concerns that have arisen since the last meeting. Mentee may offer a brief research or clinical status update. Progress to date and new goals for continued progress. Mentor/Mentee review of pertinent literature, mentee research or practice proposal and/or grant application.

Discussed Item #1 _____

Discussed Item #2 _____

Discussed Item #3 _____

Next Steps:

Items to complete prior to next meeting

Next meeting date, time, and location

Adapted from: *University of California, San Francisco, Clinical and Translational Science Award Plan*

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- Mentee-Mentor Agreement
(Adapted from UC Davis MCRTCP Handbook; Duke University CTSA)
UC Davis Mentoring Clinical Research Training Program:
http://www.ucdmc.ucdavis.edu/ctsc/area/education/mcrtcp/mcrtcp_curriculum.htm
- Duke's Mentor Training Program: <https://medschool.duke.edu/about-us/faculty-resources/research-mentoring/mentor-resources/mentor-training-program>
- Office of Public Affairs, Federation of American Societies for Experimental Biology (FASEB), Science Policy Committee. Federation for American Societies of Experimental Biology website: <http://faseb.org/Professional-Development-and-Diversity-Resources/Diversity-in-Science.aspx>
- Outlaw, F. H. Mentorship and research productivity after the postdoctoral fellowship: An African American perspective. (1995). In J. Fawcett & R. McCorkle (Eds.), *Research Training for African American Nurses*, pp. 23-30. Washington, D.C.: American Academy of Nursing.
- Outlaw, F. H. (February 20, 2016). The Importance of mentorship in biomedical career selection. Presented at the Dr. M. Alfred Haynes research training Institute on social equity. Nashville, TN: Meharry Medical College
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- Zerzan, J. T., Hess, R., Schur, E., Phillips, R. S. & Rigotti, N. (2009). Making the most of mentors: A guide for mentees. *Academic Medicine*, 84 (1), 140-4.

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Difficult issues in mentoring: Recommendations on making the “undiscussable” discussable. *Academic Medicine* 86(10), 1229-34. doi: 10.1097/ACM.0b013e31822c0df

Many mentoring relationships do not reach fruition because the individuals fail to bridge a critical difference. When a difference prevents a learning partnership from achieving its potential, the loss is multidimensional for the individuals and the institution--wasting opportunities for the fostering of current and future talent. Insights into when such impasses are likely to arise may help both mentors and mentees address what feels “undiscussable.” The authors offer numerous examples of how differences related to ethnicity, language, gender, and generation may interfere with the development of mentoring relationships. Next, the authors offer recommendations on preparing for and handling difficult conversations, including creating safety, noticing assumptions and emotions, and raising sensitive issues. Virtually all faculty can become more effective at communicating across differences and addressing difficulties that prevent mentoring relationships from achieving their potential. The pay-offs for these efforts are indisputable: increased effect in the limited time available for mentoring, an expanded legacy of positive influence, and enhanced communication and leadership skills. The honing of these relational skills enhances the collegiality and teamwork on which virtually all research, clinical, and educational enterprises depend. Academic health centers that systematically support mentoring enhance institutional stability, talent development, and leadership capacity.

Palsa, M. & Rosser, M.H. (2007, Feb 28-Mar 4).

Mentoring and Diversity: A Review of the Literature.

Online Submission, Paper presented at the International Research Conference in the Americas of the Academy of Human Resource Development, IN: Indianapolis

Mentoring is a successful development tool used in HRD; however, research on mentoring between genders, ethnicities, and cultures is limited. As HRD continues to move forward in this global society, understanding people’s differences will provide for more successful human development, particularly in the area of mentoring. This paper focuses on the current literature on mentoring in this area, to inform HRD practice and to recommend further research in the area of diversity and mentoring.

Mentoring for the New Millennium: <http://www.med-ed-online.org/f0000038.htm>

The challenges and benefits of a formal mentoring program are considered within the context of learning organizations: specifically, graduate medical education and professional development. While no single definition addresses every aspect of mentoring, this process is a distinct one with established traditions and expectations. The core requirements of attraction, action and affect remain and are essential for this adult developmental process to be successful. This paper’s review of the literature supports the belief that mentoring has value, even into the next millennium, with some conceptual evolution. We are encouraging a paradigm shift from the traditional dyad model of mentoring to a triad model: organization, mentor, and protégé. The future development of outcome measures will be a necessary goal to demonstrate that both personal and organizational goals can coexist. (See link for full text)



Hnatiuk, N. C. (2013, Mar 30).

Mentoring Nurses Toward Success
The Minority Nurse Magazine, Nursing Mentorship.

Perhaps you are a newly graduated nurse. Maybe you're an experienced nurse assuming a new position. Or perhaps you're looking for a little guidance as you investigate new nursing roles. What all of these situations have in common is a need to learn the ropes of a new position. One effective avenue is mentoring.

Jill is a new RN who had been seeking a nurse position in her home state. With today's wilting economy, she was unable to find a suitable position, so she ventured into a new territory and accepted a position in her chosen specialty, medical-surgical nursing. She felt fortunate to have found a position at a medical center about 200 miles from her family.


Jill is encountering many new things at once: a new home, new city, new hospital, and new job. Sounds overwhelming, doesn't it?

One of the reasons Jill selected the medical-surgical unit at her new hospital is because her interview with the nurse manager and the unit staff went so well. She found them to be welcoming, caring, friendly, professional, and patient-centered. Also high on her list of positives about the job was the unit's mentoring program. Jill had the opportunity to interview with a mentor and mentee in the program, and it was this interview that sealed the deal for her decision to accept the position

Wagner, A. L. & Seymour, M. E. (2007).

A Model of Caring mentorship for nursing. *Journal for Nurses in Staff Development*, 23 (5), 201-211

Mentoring is a multidimensional relationship that energizes personal and professional growth. This article explores the concept of mentoring in nursing and presents a mentorship model based on a caring philosophy. The RN-student nurse mentoring program cited is the result of a collaborative commitment between a community hospital and two colleges. Discussed are the experience, process, insights, and impact of the program as a retention and professional development tool.





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