



Brigham and Women's Hospital Mentoring Agreement Template

Mentor Name: _____

Mentor Email: _____ Mentor Phone: _____

Assistant Contact: _____

Mentee Name: _____

Mentee Email: _____ Mentee Phone: _____

Assistant Contact: _____

Date: _____

Content

1. Mentoring is most effective when it can be directed towards development in general areas (i.e. clinical care, research, clinical or didactic teaching, course development, program development, leadership, mentoring, supervision, or other administrative tasks). What one or two areas would you like this mentoring relationship to focus on?

2. Within each area, what specific guidance would be helpful (e.g. skill acquisition, developing a niche, work-life balance, networking, etc.)?

3. Career development goals-What does the mentee envision doing in 3, 5, and 10 years?

4. What metrics can be measured to indicate that this is a successful mentor/mentee relationship (e.g. number of papers, number of invited lectures, development of recognized niche)? What time table can be assigned to the achievement of these metrics?

Logistics

1. Mentoring works best when both parties agree on the optimal method of contact (e.g. email, phone, in person). What type of contact works best for you?
2. For in-person meetings, it's helpful to characterize the basic elements. Consider the following:
 - a. How often will you meet?
 - b. How long will meetings last?
 - c. Where will the meetings take place?
 - d. Who will be responsible for scheduling meetings?
 - e. How much notice should the mentee provide the mentor ahead of meetings or requesting review of a project?
3. Acknowledging that certain periods during the year are busier for mentor and mentee, are there certain times (months or specific dates) in the next academic year that will be more difficult? (e.g. months on clinical service, specific meetings or vacations, grant deadlines)
4. Mentoring relationships frequently come to a point where the relationship is less "intense". Are there known "transition points" to this mentoring relationship (e.g. once a niche is "developed", known end of fellowship or grant, etc.)?
5. How frequently will the mentoring relationship/agreement be reviewed?

Commitments of the Mentee

Please click the check box next to the statements that apply.

- I agree to uphold the guidelines, expectations, and goals outlined within this agreement in a respectful, ethical, and timely fashion.
- I acknowledge that I am primarily responsible for my own career development.
- I will seek regular feedback on my performance.
- I will request a formal evaluation annually.
- I will strive to maintain a relationship with my mentor that is based on trust and mutual respect.
- I will develop a mutually defined research/clinical/educational/career development project (circle all that apply) with my mentor that includes specific goals and timelines.
- I will perform my research/clinical/educational/career/program development activities (circle all that apply) in line with all relevant Partners Healthcare and Brigham and Women's Hospital policies and understand that I am responsible for my own compliance.
- I will respect the authorship guidelines stated in this agreement and communicate directly with my mentor if changes are required.
- (Insert additional commitments as needed)*
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Commitments of the Mentor

Please click the check box next to the statements that apply.

- I agree to uphold the guidelines, expectations, and goals outlined within this agreement in respectful, ethical, and timely fashion.
- I will provide the mentee with the required guidance and will seek the assistance of other faculty or institutional resources if necessary.
- I will provide a training environment that is suited to the needs of the mentee to ensure his or her professional and personal growth.
- I will provide regular feedback on the mentee's performance.
- I will complete a formal evaluation of the mentee annually.
- I will strive to maintain a relationship with my mentee that is based on trust and mutual respect.
- I will develop a mutually defined research/clinical/educational/career/program development project (circle all that apply) with my mentee that includes specific goals and timelines.
- I will respect the authorship guidelines stated in this agreement and communicate directly with my mentee if changes are required.
- I will support the mentee's attendance of professional organization meetings.
- I agree to support any mentored grants for which the mentee desires to apply.
- (Insert additional commitments as needed)*
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Mentee Signature: _____

Mentor Signature: _____

Date: _____