



# Mentoring Program

## *Program Goals:*

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- 1) To foster professional relationships between mentors and students
- 2) To stimulate exploration/inquiry into careers in pharmacy
- 3) To enhance the level of professionalism in students
- 4) To provide individualized career and professional development advice to students.

## *Program Outline*

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### *P1-P2s*

During the P1 and P2 years, students will be required to attend 2 “Mentor Roundtable” discussions a semester. These sessions are designed to allow students to informally discuss career paths and interact with mentors across disciplines and campuses. Monthly sessions will be held during convocation hour. Students may select which roundtables they attend, however attendance at 2 programs will be required every semester.

At the end of each roundtable session, attendance will be taken and student participation in the required number of sessions tracked. Documentation of student participation in the mentoring program will serve as a component of their professionalism /professional development assessment and reported as part of their Annual Outcomes Assessment Report.

Professional attire is expected of all students during the mentoring roundtable sessions. Individuals attending events or programs are to behave professionally giving the discussion leader attention and respect. Use of laptop computers or other electronic devices during presentations is unacceptable. Excessive talking, sleeping, or any other form of disrespect will result in removal from the setting and reporting to the Office of Professional Affairs.

### *P3-P4s*

Upon deployment to the respective campuses in the P3 year students will be required to network with campus faculty, preceptors, alumni, and other pharmacists to identify a mentor. They will be the individual with whom the student will be meeting to discuss

career development issues during their P3 and P4 years. A mentor must be on record with the Office of Professional Affairs at the conclusion of the Fall semester of the P3 year.

The mentee-mentor relationship must be a mutually agreeable relationship, therefore students must formally request that an individual be the mentor. During the P3 and P4 years, mentees will be responsible for meeting with their respective mentors twice each semester. Suggested discussion topics for these mentoring sessions will be outlined for the mentors, but should be guided by student needs. Documentation of meetings with mentors will be required and must be uploaded into the Education Management System in their respective portfolios. This documentation will be reviewed to serve as a component of their professionalism /professional development assessment and reported as part of their Annual Outcomes Assessment Report.

### *Mentor Responsibilities*

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During the P1 and P2 years, mentors will be involved in providing informal roundtable discussions. Mentors will be asked to participate in each session during which they will be stationed in different rooms throughout the School of Pharmacy. Students will be required to select a roundtable in which to participate during the session. The students will rotate twice amongst the roundtables of their choice during the 60 minute time block. Topic discussions will be provided to the mentors, however, student interest and needs should lead the roundtable discussion. Discussion stimulators may include mentor background, practice/research interests, etc.

To foster the relationship development between students and their anticipated campus (P3/P4 year) mentors from all campuses are needed to participate in the roundtable discussions. Travel expenses for mentors from the regional campuses to participate in the roundtable discussions will be covered.

Mentors who participate in the mentoring program are expected to meet with their respective mentees twice a semester. The goal is to have a student develop a mentor relationship with an individual who can be a sounding board to them and assist them in developing individualized career/professional development plans. A list of potential discussion topics for the sessions is attached. Forms for documenting participation in mentoring discussions must be completed and signed by both mentor/mentee (see attached).

Professional attire is expected of all students during mentor discussion meetings. Individuals attending events or programs are to behave professionally giving the mentor attention and respect. Mentors are to report any unprofessional behavior to the Office of Professional Affairs.

Mentor participation in the mentor program is voluntary and individuals may request to be removed from the program.

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## Potential Discussion Topics/Activities

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- Portfolio development
- Shadowing experiences
- Classroom and clinical issues
- Ethics/professionalism
- Current controversies / hot topics affecting pharmacy today
- Career satisfaction
- Financial guidance
- Time management
- Professional organization involvement
- Balance (career-family)
- Contract/position negotiations
- Board certification /certificate programs
- Interview skills
- Career plans
  - Career path/development
  - Postgraduate training
- Coursework selection
  - Electives
  - Rotations
- Application process
  - Pharmacist positions, residencies

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# Mentor Discussion Documentation Form

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Student Name: \_\_\_\_\_

Mentor: \_\_\_\_\_

**Mentor Contact Information**

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date/time of meeting:

\_\_\_\_\_

Discussion Topic:

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Mentor Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Please return this documentation form to the Office of Professional Affairs within 1 week of the meeting date.

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# Mentor-Mentee Agreement Form

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## *Student Information*

Student Name: \_\_\_\_\_

Campus:    ABL            AMA            DAL            LUB

Email address: \_\_\_\_\_

I have reviewed the requirements of the mentoring program and I am aware of my expectations. I will be respectful of my mentor's time and agree to contact him/her using agreed upon means and at agreed upon times.

Student Signature: \_\_\_\_\_

## *Mentor Information*

Mentor Name: \_\_\_\_\_

Contact Information

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred means of contact: \_\_\_\_\_

I agree to serve as a mentor for \_\_\_\_\_ during the 2009-2010 academic year. I have reviewed the expectations of the mentoring program with the student named above.

Mentor Signature: \_\_\_\_\_

Please return this documentation form to the Office of Professional Affairs by December 12, 2008.