

A Nurse Mentoring Program at UMC

<u>6 Month</u> Contract/Agreement

We are entering into a mentoring partnership, which we expect will benefit both of us. We want this to be a rewarding experience with most of our time spent on professional developmental activities. The following components are expectations that are mutually agreed upon:

- 1. The formal mentoring partnership will last for <u>6 months</u>.
- 2. The two of us will meet minimally face-to-face, once a month for six months. We will also communicate by phone, email, etc. as situations arise/as needed.
- 3. When scheduling face-to-face monthly meetings, we agree to be flexible and understanding.
- 4. In depth issues will be handled in a face-to-face manner.
- 5. We agree to the responsibilities of mentor and mentee are as outlined in the New Hire Support/Mentor Program Policy, NA 162.0.
- 6. We agree to be trustworthy, respectful, and supportive of each other, to communicate effectively with each other, and to keep confidential all patient and personnel issues.
- 7. We agree that if the partnership is no longer a good "match" for either the Mentor or the Mentee, we will respectfully discuss this with the Mentor Program Director for action.
- 8. We agree to each complete an evaluation at the conclusion of this program as described by the New Hire Support/Mentor Program Policy, NA 162.0.

Return Contract with Month 1 Agenda to Nursing Recruitment

Mentee Printed Name	Mentor Printed Name Mentor Signature	
Mentee Signature		
Date	Date	
NNN MENTORING PROGRAM SEE NA POLICY 162	NR - 87	REV (4) 11/18/2021