

# The Mentoring Relationship: A Guide for Mentors and Mentees of the Underserved Pathway



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## **LETTER FROM THE DIRECTOR**

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March 20, 2024

Dear Underserved Pathway Mentors and Students,

I want to take the time to thank you for your interest, support, and involvement in the Underserved Pathway (UP). Our mentors and students are instrumental to the UP. I am excited to announce that as of this writing, we have 280 medical students enrolled in the pathway, and 735 students have graduated with a certificate from the pathway since its beginnings in 2006!

My experience with the Underserved Pathway goes all the way back to when I was a medical student at the University of Washington School of Medicine. My interest in working with underserved communities led me to this program and that same interest is one of the many reasons I am now working as the Director of the Underserved Pathway.

I have been reflecting on the importance of mentorship. The mentorships I've had during my medical education have helped me grow as an individual and have influenced my career trajectory. I've also been fortunate to be a mentor and have found joy and growth in that. I hope that the mentorships formed in the UP provide a valuable experience filled with great educational opportunities for both our students and our mentors. I also hope that our mentors will provide guidance in caring for underserved communities.

We appreciate your time and commitment to the Underserved Pathway. Please use this guide as a tool in your mentorship journey in the UP.

Sincerely,  
Samira Farah, MD  
Underserved Pathway Director

## PURPOSE OF THIS GUIDE

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***This guide is for mentors and mentees to use throughout medical school within the context of the Underserved Pathway (UP). The goal is to provide Underserved Pathway students and mentors with contextual and logistical strategies to foster more meaningful mentorship relationships.***

### MENTORSHIP GOALS OF THE UP

1. Nurture and support students' commitment to a career caring for underserved populations.
2. Role model, field questions, discuss career plans, support students in their education, and maintain a focus on students' personalized commitment to the underserved.

### HOW UP MENTORSHIP WORKS

UW Medical Students check in with their mentors at least once per quarter for the duration of their time in the Pathway. Students are required to identify and confirm their mentors by the end of Foundations Phase, December of second year. This means students are in consistent contact with an Underserved Pathway mentor for at least two and a half years.

In-person, phone, Zoom or other online video/communication platform, and email interactions all meet the requirement of a quarterly meeting. Less structured than a formal preceptorship, this mentorship is intended to provide the student with someone experienced in underserved care who is available to answer questions, share their experiences, give advice, and support students with their education and professional development.

All UP mentors are added to our UP Mentor email list and receive three emails a year from the Underserved Pathway Program Manager ([upath@uw.edu](mailto:upath@uw.edu)) with a memo with information about what each cohort is doing.

## INTRODUCTION TO THE UNDERSERVED PATHWAY

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The Underserved Pathway is a program for medical students working toward careers caring for underserved communities. Longitudinal mentorship is an essential component of this program; UP mentors are often community physicians, public health officers, or researchers whose interests match those of the student. The Underserved Pathway relies on mentors in all fields who work in underserved settings and with underserved populations to support, guide, and nurture the goals of our students.

Underserved Pathway students are interested in a broad variety of populations that face barriers to health, resources, and quality health care:

- Rural and urban
- Immigrant and refugee
- Low-income
- Incarcerated
- American Indian and Alaska Native
- People of color
- Young and elder
- LGBTQ+
- People experiencing homelessness
- People with disabilities

They are also interested in a variety of specialties:

- Family Medicine
- Psychiatry
- Internal Medicine
- Emergency Medicine
- Pediatrics
- Surgery

## GOALS OF THE UP

1. Prepare future physicians to care for vulnerable and underserved populations.
2. Provide students with exposure to the challenges and rewards of practicing medicine in a variety of underserved settings.
3. Teach about vulnerable and underserved populations and structural, social, and economic barriers to health and equity.

The Underserved Pathway engages students in four educational avenues:

- a. **Mentoring.** The mentorship program is a longitudinal relationship to help support students' commitment to a career caring for underserved populations. With experienced mentors, students can stay focused on their commitment to serving these populations.
- b. **Developing a foundation of knowledge.** The UP has a core curriculum with over 25 online modules. These serve as an introduction to issues surrounding underserved populations. Students fulfill this core curriculum requirement by completing ten of the online learning modules and/or by attending Underserved Pathway (UP) in-person module sessions.
- c. **Participating in a variety of real-world experiences.** Students are also required to take two credits of relevant coursework, to participate in a clinical experience during Foundations Phase (year one through December of year two), to complete at least one six-week clerkship in an underserved setting, and to participate in service learning.
- d. **Scholarship.** Students must complete a scholarly project that relates to underserved or vulnerable populations.

## THE UP: A BRIEF HISTORY

- The UP is an elective longitudinal pathway for medical students at the University of Washington School of Medicine (UWSOM).
  - Students do not receive any academic credits for participating in the Underserved Pathway and no grades are submitted upon UP completion.
- Begun in 2006 (the first graduates were in 2008), it is a collaborative effort of:
  - Mentors from communities throughout the five-state region of WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho)
  - UWSOM medical students
  - Support from the School of Medicine
  - Faculty and staff of the Department of Family Medicine
- The UP is administered by the Department of Family Medicine, University of Washington School of Medicine.
- The UP is the largest elective pathway at UWSOM.
- Students take an active role in completing Underserved Pathway requirements aligned with their personal interests in underserved healthcare and health equity.
- Students are expected to find a provider in a field of interest to be their mentor for their time in medical school. They are also expected to take initiative with their mentor, to help set reasonable expectations, and be an active participant in the mentoring relationship.

Additional information can be found on the UP website at: <https://bit.ly/UnderservedPathway>

## **BENEFITS OF MENTORSHIP**

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### **MENTORSHIP BENEFITS FOR MENTEES**

There are many ways in which mentoring benefits medical students. Mentoring can help to guide medical students towards successful professional development in the medical profession (Adsett, 1968; Funkenstein, 1968; Heins, 1980; Hirsh, 1966; Jackson, 2003; Paice, 2002). Mentoring relationships can help support students' advancement in research, presentations, patient interviews, and publications. Mentors can prepare students for potential problems, advise them during stressful times, provide resources for academics, advice and practice for clinical rotations, and counsel during the residency application process (Wright, 1997).

Successful mentorship can help medical students make career decisions and solidify their goals (Aagaard, et.al. 2003). Mentors help link mentees to a network of support and can improve students' professional development. Mentors provide support to students by being accessible. The comfort of knowing there is someone there to provide students advice, be their advocate, and commit themselves to their progress can help to lower stress and build confidence.

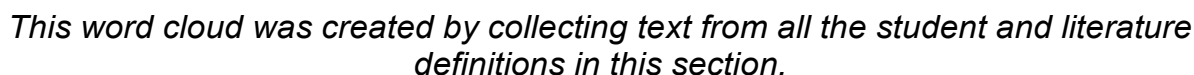
### **MENTORSHIP BENEFITS FOR MENTORS**

There are many ways that mentorship can be rewarding for mentors:

- Students can keep you up-to-date on new knowledge, techniques, and possibly areas of research.
- Mentoring is a teaching and learning opportunity (Dobie, 2010).
- Introducing students to your colleagues helps to build your network. Helping students make professional connections expands both the mentor's and student's circles of colleagues. This too can lead to opportunities for future collaboration with new professionals dedicated to caring for underserved and vulnerable populations!
- Mentorship is personally satisfying. When your students succeed, you succeed. This can be incredibly rewarding. It is a fun experience, where mentors can celebrate the successes of their mentees (Dobie, 2010).

Many of the benefits to mentors are also beneficial for mentees:

- Through successful mentorship, students may be able to make significant contributions to medicine before they complete medical school. They can do this via creation or participation in joint research projects completed with their mentors. This benefits both the student and the mentor's professional development.
- Students who are encouraged to succeed prior to residency are more likely to have productive careers and give back to the community once they become practicing providers (Jackson, 2003; Paice, 2002). Again, this is a benefit for both mentors and mentees. Mentors can be reassured that they are taking a proactive role to create a community of providers who are passionate about the care of underserved and vulnerable populations.





## FROM UNDERSERVED PATHWAY STUDENTS

In addition to a literature review, we surveyed and interviewed UP students and mentors to learn more about their mentorship perspectives and experiences. Several mentors mentioned that their students were active participants in their relationships and that the key to a successful relationship is really listening to the needs of the students. Mentors also expressed that they want to hear what students want to get out of the relationship. One mentor stated, *"I want to hear from students, because they are the reason for why I am mentoring in the first place. It is, and always will be, about the students."* Students were surveyed and asked how they defined mentorship and then asked to briefly describe their expectations of mentorship.

- **How do you define mentorship?**
  - *"Receiving advice about careers, projects, or anything else relating to medicine."*
  - *"A relationship built between two individuals in which one person with more knowledge and experience guides the other in the path they are pursuing."*
  - *"When someone with more experience or knowledge supports and guides the development of someone with less experience or knowledge."*
  - *"Being available when needed, being a role model."*
  - *"A person who has attained a goal and is willing to work with a student to provide guidance and insight."*
- **Briefly describe your expectations of mentorship in general.**
  - *"I expect to be able to ask a mentor questions and receive honest feedback that will not only provide me information but expand my knowledge to a new level."*
  - *"I expect a person who actually gets to know me and understands about what my values, culture, and passions are and is able to frame their mentorship advice through this understanding."*
  - *"I think mentorship is a way for someone to give back to the community, particularly to those who are walking the same path as the mentor previously did. Expectations include being welcoming and open to new ideas, promoting critical thinking, and offering wisdom and words of advice to help shape the mentee's goals or experiences, based on what the mentee is interested in."*
  - *"Providing guidance and wisdom, making concrete suggestions to students about how they can pursue their own interests."*
  - *"Available to answer questions, checking in to see how things are going."*



## HOW DO YOU DEFINE MENTORSHIP? – MORE EXAMPLES

**The ideal mentor possesses** “a generous measure of intellectual ability, integrity, both personal and social, honesty so obvious and crystal that someone has called it ‘transparent integrity,’ a passion for truth, a motivation that makes social sense, emotional stability, the habit of working under his own drive, a capacity for growth, curiosity, the ability to respond with imagination and creativity to new or challenging situations, tolerance of the differences among people and reverence for life, personality and the dignity of man.” - Aura Severinghaus, Archives of Neurology, 1967

“A mentor is an advisor that serves to facilitate both personal and professional development. A thoracic surgeon recently described the ideal mentoring process as “setting an example in demonstrating the characteristics of a good doctor, and a good human being, and teaching absolute honesty.” - Loop, 2000

“Mentoring is also perhaps the best means to achieve the level of professional ethical conduct modern medical training seeks to instill in young trainees. ...Mentoring, unlike formal education, includes exposure to a personal model of the application of a professional code of ethics in immediately relevant situations.” - Selwa, 2003

“Education can impart awareness of the standards of conduct, but only a mentoring relationship can explore the sacrifices and rewards of the most altruistic behavior.” - Selwa, 2003

“A mentor is “a person to trust and respect with whom trainees can discuss all aspects of their professional life.” - Bustrode, 2000

“A personal process that combines role modeling, apprenticeship, and nurturing.” - Ricer, 1998

“The relationship often provides some benefit to both participants in terms of opportunities for reflection and collaboration and can be viewed as a partnership, with the shared primary goal of supporting the mentored person. ...mentoring, to be effective, requires of the mentor empathy, maturity, self-confidence, resourcefulness, and willingness to commit time and energy to another. The mentor must be able to offer guidance for a new and evolving professional life, to stimulate and challenge, to encourage self-realization, to foster growth, and to help make more comprehensible the landscape in which the protégé stands.” - Bhagia and Tinsley, 2000

“Education about the road to professional advancement is only one of the mentor’s roles. Mentoring is a long-term relationship with a responsibility to provide the support, knowledge, and impetus that can facilitate professional success.” - Selwa, 2003

“A good mentor first spends time exploring the desires and needs of the protégé. The best relationships begin with a frank discussion of the variety of available practice settings and academic paths, and from there the mentoring partnership can begin to focus on more precise objectives. Most definitions of mentoring stress the importance of a personal connection that goes beyond the usual student-teacher relationship.” - Selwa, 2003

“Definition of mentorship (Homeric based) – meaning of mentoring - a wise, experienced, and trusted counselor engaged in the active guidance and maturation of a younger individual.” - Barondess, 1997

“Mentoring, to be effective, requires of the mentor empathy, maturity, self-confidence, resourcefulness, and willingness to commit time and energy to another. The mentor must be able to offer guidance for a new and evolving professional life, to stimulate and challenge, to encourage self-realization, to foster growth, and to help make more comprehensible the landscape in which the protégé stands.” - Barondess, 1997

“...we defined mentoring as a nurturing, complex, long-term, developmental process in which a more skilled and experienced person serves as a role model, teacher, sponsor, and coach who encourages, counsels, befriends a less skilled person for the purpose of promoting the latter’s professional and/or personal development. The one-on-one relationship is initiated at the behest of the protégé and is, in turn, accepted by the mentor. The relationship is marked by high ethical standards and clear boundaries. Both parties experience mutual benefits and personal and/or professional growth. Mentoring functions are carried out within the context of an ongoing, caring relationship between the mentor and the protégé. Mentoring is not a single task or training episode, a group experience, or a pre-assigned relationship that is unidirectional in benefit.” - Black, 2004

## **WORKING TOGETHER TO ESTABLISH A RELATIONSHIP**

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Many of the mutual benefits of mentorship depend on the relationship established by the mentor and mentee. It is important to communicate clearly from the very beginning about roles, responsibilities, and expectations. How mentors and mentees choose to do this varies with each relationship because all relationships are unique. Relationships move and develop at their own pace. As discussed above, there are many benefits to both mentor and mentee. Once the relationship is established, you will both work together to achieve reciprocal outcomes such as personal growth, interdependence, and interconnectedness (Sambunjak, et al., 2009). If the relationship works out to be an effective match, then this can end up becoming a long-lasting relationship and friendship to expand professional networks for both mentor and mentee.

***It is intended that mentors and mentees read each of the sections below. It is our hope that this will help to guide discussions and contribute to establishing clear expectations in your relationship.***

### **MENTORSHIP IN A DIVERSE COMMUNITY**

Medical education is continually changing and evolving. Similarly, the student population is becoming more representative of our diverse community and culture. Women, non-binary, and trans people, people from groups historically underrepresented in medicine, students from low-income backgrounds, international students, LGBTQ+ students, students with disabilities, and students with children all make up the medical student population. It is important to listen carefully to your mentee, be sensitive to their beliefs and ideas, show empathy and compassion, be reliable and communicative, and recognize you may not have the answers for everything (Schlosser, 2011). Students from groups historically underrepresented in medicine greatly appreciate their mentors and believe that they have enriched their medical education (Petersen, 1992).

Students from marginalized groups have a harder time finding faculty role models who might have had experiences like their own (Abernathy, 1999; Cullen, 1993; Thomas, 1990). Students' needs vary based on their age, gender, race/ethnicity, and year in medical school (Kalbfleish, 1991; Rose, 2005; Tekian, 2001; Thomas, 1990). It is excellent if students connect with mentors who share similar backgrounds or experiences, but this is not possible in every circumstance. Be genuine in your experiences; it is not necessary or possible to relate to all personal experiences of your mentee. It is possible to provide excellent mentoring to students whose backgrounds are different from your own (Abernathy, 1999; Cullen, 1993).

It is a good practice to be open to hearing students' experiences and perspectives. Ask where a student's interests lie rather than making assumptions about them based on the student's personal characteristics or past work. This includes thinking about specialty interests, site of practice interests, research interests, etc. Direct students to the many interdisciplinary programs, clinical opportunities, and research centers across campus that may provide them with a community of scholars whose interests intersect with their own.

## MENTOR ROLES:

Everyone defines mentorship differently; being an effective mentor is all about knowing, believing in, and practicing your own definition of mentorship. To mentor effectively, mentors will need to gain an understanding of their mentee's needs and develop appropriate strategies to nurture career as well as personal development. It is the role of the mentor to offer advice on educational options available in their specialty of interest. Mentors are often considered role models and work to help mentees achieve their goals in becoming an effective healthcare professional (Scandura, 1992). Mentorship roles vary in what they can provide students; this list is long and can include teaching, coaching, support, trust, sincerity, connection, personal and emotional support, career development, open-mindedness, and student empowerment (Dobie, 2010; Fowler and O'Gorman, 2005; Hauer, et. al, 2005). In addition, mentors help mentees flourish in the challenging environment of academic medicine by offering them emotional and moral support, working to build their personal and professional abilities, and providing them backing and protection in academic institutions (Sambunjak, et al., 2009).

Mentors and their students often form personal and long-term relationships, the kind in which the student is exposed to the physician's personal as well as professional life. A good mentor makes the student's medical school experience more rewarding, assists the student in personal and career development, and fosters professional socialization (Petersen, 1992). Effective mentorship requires commitment and maintenance, and this is a shared activity. They also involve self-knowledge and identification of one's own style and limitations. Mentors need to be clear about what they can and cannot offer (Rose, 2005).

Below are some ways to develop your mentorship role:

- ☐ **Mentorship is a mutual collaboration.** By working together to set expectations that are representative of related interests you will create a culture of support, and this will lead to a mutually beneficial relationship (Dimitriadis, 2012; Sanfey, 2013).
- ☐ **Communicate and make a commitment.** Nurture your mentee's goals and needs through communication and your commitment to meet with them.
- ☐ **Take the time to get to know your mentee.**
- ☐ **Be open.** Be willing to be open with your mentee. Tell your mentee about your own personal experiences; demonstrating the ups and downs of working with underserved populations will show that even with challenges there are also joys of success. Do not assume that their experience would be the same. Sharing your personal side with your mentee might encourage the same from them.
- ☐ **Provide appropriate feedback.** As a role model you should give constructive criticism and feedback by serving as a guide to your mentee, not as a decision maker. Avoid telling your mentee what decisions to make but be honest and open and give guidance through critical feedback and thorough listening. It is also perfectly acceptable to ask your mentee to provide you with feedback; this type of collaborative and honest atmosphere will help strengthen your professional relationship.
- ☐ **Help your mentee decide on a healthcare specialty.** Help your mentee identify areas of interest and areas to explore further. Be respectful of your mentee and their decisions.
- ☐ **Prepare for the future.** Provide feedback on your mentee's personal statements for residency applications and advise them through the interview process.
- ☐ **Practice with patient histories and interviews in underserved clinics.** By socializing mentees to norms, values, and procedures of their chosen profession, you can have an impact on your mentee (Fowler and O'Gorman, 2005).

- ☐ **Be professional.** Maintaining professionalism is the key to serving as a role model, as it will validate your actions. Make sure you maintain regular contact with your mentee and stay consistent. Set appropriate boundaries around how and when you will communicate (see checklist for examples).
- ☐ **Promote independence.** Avoid solving the problem for your mentee; be encouraging to promote independence and allow them to formulate their own decisions and solutions.
- ☐ **Practice tolerance.** Remember that your experiences and feelings are your own and it is up to you to provide guidance through unconditional friendship so your mentee is comfortable to share their own opinions or concerns.
- ☐ **Listen to your mentee.** To listen effectively, be patient with your mentee, listen to what they have to say, and recognize that you may not have all the answers.
- ☐ **Cultivate the self-esteem and self-confidence of your mentee.** Enhancing your mentee's awareness of, and belief in, their own potential will help identify your mentee's talents, strengths, and assets. Give recognition for effort or improvement— no matter how slight.
- ☐ **Be okay with not having all the answers.** Help your mentee to network and build their own professional community of available mentors. Don't feel you have to be your mentee's only resource; introduce them to your colleagues. You can help open the door to various opportunities available for your mentee.
- ☐ **Work with or advise your mentee.** Help, advise, and recommend opportunities for your mentee by suggesting possible research or other projects.

#### ADDITIONAL MENTOR TIPS

- ☐ Students and young doctors identify enthusiasm, compassion, openness, integrity, and good relationships with patients as attributes they seek in their role models (Paice, 2002).
- ☐ Respect your mentee's decisions.
- ☐ Recognize mentee mistakes as learning experiences.
- ☐ Be a reliable person for your mentee; help them recognize their own goals.
- ☐ Increase your mentee's awareness and beliefs in their own potential.
- ☐ Provide academic support.
- ☐ Assist with career development.
- ☐ Assist with problem shooting possible student difficulties.
- ☐ Value your mentee, no matter how they perform.
- ☐ Suggest small steps in accomplishing new or difficult tasks.
- ☐ Have reasonable expectations.

It is important to keep the following in mind:

- keep your word,
- be consistent
- be responsive and keep in touch
- do not condone any negative practices
- do not down-talk
- do not force your mentee into anything
- do not expect too much or too little
- do not break confidentiality (except in cases of potential harm to the mentee or other people)



## MENTEE ROLES:

**Read the article:** Making the Most of Mentors: A Guide for Mentees (Zerzan, et. al., 2009). You can find this article on the UP website at:

<https://familymedicine.uw.edu/wp-content/uploads/2023/08/Zerzan-Being-a-Mentee.pdf>

## In addition to this section, see the section below on **Mentee Responsibilities – Cultivating the Mentor-Mentee Relationship**

While it is essential for a mentee to know what they would like in a mentor, it is also very important for mentees to know they are equally responsible for their relationship with their mentor. Many of the roles for the mentee overlap with those of the mentor. To help your relationship grow and develop, it is critical for the mentee to be open and willing to communicate with their mentor.

One of the most important roles a medical student will need to take with their mentor is the leadership role. It is important for the mentee to lead the initiation and basic structuring of the mentorship relationship (Sambunjak, 2009). Mentors are there to support and work with medical students, however it is important that students understand they are initially responsible for starting the process. Mentees are responsible for being proactive and responsive, willing to learn, willing to accept feedback, and maintaining effective communication to help establish a personalized structure to the relationship. Be honest with mentors from the beginning. As a mentee, ask yourself: ***what would you like from this relationship, and how do you think you can get there?***

Here are some ways to help foster the mentor/mentee relationship:

- ☐ **Take the initiative with your mentor.** The relationship between you and your mentor is a partnership; both sides need to take active roles (Sanfey, 2013). The mentee should be the one to initiate the relationship and the scheduling of meeting times. It is important for the mentee to decide what they would like to get out of the Underserved Pathway as well as the UP mentorship experience. It is important for the mentee to do their best to set goals, share expectations, be transparent, and develop a plan for accomplishing goals. (Dimitriadis, 2012).
- ☐ **UP mentors are entirely volunteers.** It is important to value the commitment of your mentor and make certain you are consistent and committed as an active partner. Show your mentor respect and appreciation as they have taken time out of their schedule to work with you.
- ☐ **Work to help establish a strong foundation with your mentor.** Four mentorship meetings per year is not a lot. If possible, it is good to take a little time in the beginning to respond to your mentor and to get to know them. This is a good time to show them that you are committed to working with underserved populations and that you want to hear from them and work to gain their trust in the relationship you are establishing. A trusting rapport will allow you and your mentor to gain more from the relationship.
- ☐ **Be professional.** To nurture the mentor/mentee relationship, it is key to be genuine and prove that you are interested, motivated, and mature by maintaining professionalism.
- ☐ **Find ways to keep communication open and accessible between you and your mentor.** This can also extend to after you complete medical school, in residency, or in your future practice. It is our hope that this is a meaningful long-lasting relationship. Feel free to communicate this to your mentor. Networking and resources will always be helpful to have later as you become a healthcare provider working for the underserved.
- ☐ **Be timely.** Arrive, log-on, or call on time. If this is not possible, then let your mentor know as soon as possible.
- ☐ **Keep your mentor informed of your progress.** This is understandably hard to do, especially with increasingly difficult demands on time. Consider sending short email updates to let them

know what is going on in your life.

- ☐ **Be receptive to having your mentor provide you with feedback.** Be open to suggestions and feedback. It is also ok to recognize that you too can give back to the relationship. It is perfectly acceptable to give your own feedback and perspective to mentors as well.
- ☐ **Work with your mentor.** If given the opportunity to participate in a project with your mentor, recognize that this experience is invaluable. Use this experience to make connections with others. Make sure you are timely and responsive when working on joint projects.

#### **ADDITIONAL MENTEE TIPS**

- ☐ Be enthusiastic, curious, and ambitious when discussing your interests and learning from your mentor. (Cullen, 1993)
- ☐ Find out how your mentor would prefer to be contacted to arrange a meeting.
- ☐ Be flexible with meeting times.
- ☐ Be respectful of your mentor's time and space.
- ☐ Unless you are told otherwise, consider the information your mentor tells you as confidential and privileged.
- ☐ Your relationship will develop over time — be patient and communicative.

## **CHECKLISTS FOR MEETINGS**

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### **SETTING THE STAGE - A CHECKLIST FOR YOUR INITIAL MEETING**

Here are a few guidelines to help get off to a smooth start.

#### ***Prior to initial meeting***

- ☐ Share CVs, background, and needs
- ☐ Set aside at least one hour for this initial meeting.
- ☐ Agree on a time and location (if in-person):
  - Be there
  - Be timely
  - Be responsive to email correspondence
  - Be respectful of each other's time

#### ***During initial meeting***

- ☐ Tell your mentor how they have already helped you.
- ☐ Get on the same page! Here are some potential questions to ask, and logistics to discuss:
  - FOR THE MENTEE - Get to know your mentor:
    - Why do you want to be a mentor? How do you like to mentor?
    - Why do you work with the population you serve?
    - What are the challenges of working with underserved populations? Benefits?
  - FOR THE MENTOR - Get to know your mentee:
    - Why did you join the Underserved Pathway?
    - Where do you see yourself in the future?
    - What does a mentorship relationship look like to you? How do you like to be mentored?
    - How do you like to receive feedback?
    - Would you like to visit my clinic (if the mentor has time and is okay with student visits)?
  - Share expectations of mentorship relationship:
    - Ask each other: What are your expectations for this mentor/mentee relationship?
  - Logistics – Make plans for future meetings/interactions!

- Discuss expectations for what/who will drive the content for meetings (i.e., collaborative, student-driven, mentor-driven).
- Discuss preferred modes of communication, if you are not in the same geographic location (what are each of your preferences? Zoom or other online video/communication platform, email, or phone?)
- Will you try and have your mentee in your clinic?
  - When – During mentee’s non-clinical or clinical time in medical school?
  - How (logistical details) – What does the mentor’s clinic require of the student for a visit to occur? Does the student need to send vaccination information to clinic? If so, who should the student work with?
  - Discuss expectations for visit (observe/shadow, interview a patient, practice note writing).

### ***Post meeting wrap-up***

- ☐ Follow-up with any action items in a timely manner.
- ☐ Schedule your next meeting!
- ☐ Send a thank you note! Make sure to thank each other every time you meet!

## **MENTEE RESPONSIBILITIES – CULTIVATING THE MENTOR-MENTEE RELATIONSHIP**

You are not an empty vessel waiting to be filled, but rather an active participant working to help shape this relationship! Here are some tips to help guide interactions with your mentor. Take time and reflect on your goals, needs, and objectives. Think about what you want to get out of this relationship, then work with your mentor to set clear expectations. The Underserved Pathway wants this to be a mutually beneficial relationship that empowers the mentee and expands the mentor and mentee’s professional network.

This list below was taken from “Making the Most of Mentors: A guide for mentees” by Zerzan et.al. In this list, the idea “Managing up” means the mentee takes ownership of the relationship, letting the mentor know what they need and organizing information in the form the mentor prefers” (2009). Consider this as one possible approach when working to plan your meetings with your mentor!

Find the full article here:

<https://familymedicine.uw.edu/wp-content/uploads/2023/08/Zerzan-Being-a-Mentee.pdf>

- ☐ Agree on structure and objectives of relationship
- ☐ Plan and set the meeting agendas
- ☐ Ask questions
- ☐ Actively listen
- ☐ Follow through on assigned tasks
- ☐ Ask for feedback
- ☐ Manage up
  - Set goals and expectations
  - Be responsive and flexible
  - Direct the flow of information
  - Follow a regular meeting schedule with agenda
- ☐ Send a thank you note after the meeting



## **MENTORSHIP: LONG DISTANCE**

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Medical students at the University of Washington are from a five-state region. It is safe to say that at some point during medical school you will not be in the same place as your mentor or mentee. While the Underserved Pathway prefers that mentor and mentees meet in-person, this will not be possible throughout medical school. It is also perfectly acceptable to meet via phone, Zoom or other online video/communication platform, or e-mail.

To make long-distance mentoring more successful, start by establishing the relationship in a face-to-face meeting (if possible) and then continuing it at a distance. Also, working together to try and have occasional in-person time during holidays, school breaks, clerkships, and conferences is a great way to stay connected long distance. It is most important, however, that you both work together to set clear expectations, roles, and goals (Zerzan, 2009).

If either mentor/mentee is struggling with various forms of new video chatting platforms, offer and seek assistance. It may take longer to learn how to video chat the first time. However, being able to see each other will help with reading each other's body language and it will help nurture a more personal connection for future distance communication. The UP team is here to help in any way we can!

Using e-mail is an easy alternative when it is difficult to schedule a meeting due to geographic distance and busy schedules. Below are some tips to keep in mind when emailing your mentor/mentee in place of a quarterly meeting (These ideas are adapted from De Janasz and Godshalk, 2013).

### **TIPS FOR HAVING A QUARTERLY MEETING VIA EMAIL**

- ☐ Take the time to update each other about what is going on in your life (e.g., current challenges in clinical rotations, challenging academics, clinic, challenges/rewards of working with the underserved, urban/rural issues).
- ☐ Share your experiences, concerns, feelings, and don't be afraid to be open. Feel free to send questions, and resources.
- ☐ Address all issues, questions, concerns mentioned. Read the email in its entirety and respond to the whole email.
- ☐ Help your mentee to find resources or introduce him/her to others who may be helpful.
- ☐ Ask open-ended questions to encourage discussion over email.
- ☐ Exchange thoughts on current issues in healthcare.
- ☐ Provide constructive suggestions on personal statements, curriculum vitae, research.
- ☐ Be quick to respond. Provide an e-mail reply of some type within 24 hours. Let your mentor/mentee know if you will be out of town or very busy. Make sure to respond when you said you would.
- ☐ Re-read your emails. Make sure you are professional, clear, and concise. Spelling errors show lack of time or effort.
- ☐ If you and your mentor are in different geographic locations at the beginning of your relationship, be patient. Realize that your relationship will build, but this may occur a little slower. Keep the conversation flowing to create a healthy balanced relationship.
- ☐ Stay away from "yes" or "no" responses. Giving a lengthier explanation of your opinion or experience will encourage greater feedback from your own mentee.

## **ADDITIONAL MENTORING RESOURCES:**

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### **ONLINE RESOURCES**

- Biagioli, F., Chappelle, K. (2010.) [How to be an Efficient and Effective Preceptor](https://www.aafp.org/content/dam/brand/aafp/pubs/fpm/issues/2010/0500/p18.pdf). *Family Practice Management*. 17(3):18-21.  
<https://www.aafp.org/content/dam/brand/aafp/pubs/fpm/issues/2010/0500/p18.pdf>
- Dunnington, G.L. (1996.) [The art of mentoring](https://www.americanjournalofsurgery.com/article/S0002-9610(95)00028-3/pdf). *The American Journal of Surgery* 171:604-607  
[https://www.americanjournalofsurgery.com/article/S0002-9610\(95\)00028-3/pdf](https://www.americanjournalofsurgery.com/article/S0002-9610(95)00028-3/pdf)
- Jucovy, L. (2001.) [Building Relationships; A Guide for New Mentors](https://educationnorthwest.org/sites/default/files/effective-strategies-for-providing-quality-youth-mentoring-in-schools2.pdf). *The Northwest Regional Educational Laboratory and Public/Private Ventures*.  
<https://educationnorthwest.org/sites/default/files/effective-strategies-for-providing-quality-youth-mentoring-in-schools2.pdf>
- Paice, E., Heard, S., Moss, F. (2002.) [How important are role models in making good doctors?](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1124228/pdf/707.pdf) *Medical Journal* 325:707- 710 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1124228/pdf/707.pdf>
- Selwa, L.M. (2003.) [Lessons in mentoring](https://familymedicine.uw.edu/wp-content/uploads/2015/06/LessonsinMentoring.pdf) *Experimental Neurology* 184:S42-S47  
<https://familymedicine.uw.edu/wp-content/uploads/2015/06/LessonsinMentoring.pdf>
- Wright, S., Wong, A., Newill, C. (1997.) [The impact of role models on medical students](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497058/pdf/jgi_09.pdf). *Journal of General Internal Medicine* 12:53-56  
[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497058/pdf/jgi\\_09.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497058/pdf/jgi_09.pdf)

### **USEFUL BOOKS**

- Bailey-McHale, J., & Hart, D. (2013). *Mastering mentorship: A practical guide for mentors of nursing, health and social care students*. Los Angeles: Sage.
- Huang, A. C., & Lynch, J. (1995). *Mentoring: The tao of giving and receiving wisdom*. San Francisco, CA: Harper San Francisco.
- Nakamura, Jeanne., Shernoff, David J., Hooker, Charles H.,. (2009). *Good mentoring: Fostering excellent practice in higher education*. San Francisco, Calif.: Jossey-Bass/John Wiley.

### **MENTORING WEBSITES**

- National Mentoring Center, Education Northwest -- <https://educationnorthwest.org/services/professional-development/institute-for-youth-success>
- MENTOR National -- <http://www.mentoring.org>
- University of Washington Center for Teaching and Learning -- <https://teaching.washington.edu/>

## **UP CONTACT INFORMATION:**

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Contact the Underserved Pathway faculty and staff anytime — our door is always open!

The best way to reach us is to email the Underserved Pathway Program Manager at ([upath@uw.edu](mailto:upath@uw.edu)). The program manager will answer any of your immediate concerns, and if necessary, connect you to the appropriate individuals within the University of Washington.

## **POLICY WITH RESPECT TO DISCRIMINATION AND HARASSMENT**

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### **Family Medicine Medical Student Education Section**

The Medical Student Education Section of the Department of Family Medicine reaffirms the University of Washington's policy of equal opportunity in educational programs regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran.

In the unlikely event that a student experiences any harassment or discrimination while participating in a Family Medicine Department program, the University of Washington Preceptor, Clinical Faculty, or Consultant is expected to adhere to the University of Washington policies and procedures.

\* Discrimination is prohibited by Presidential Executive Order 112246, as amended, Washington State Gubernatorial Executive Orders 89-01 and 93-07, Titles VI and VII of the Civil Rights Act of 1964, Washington State Law Against discrimination RCW 49.60, Title IX of the Education Amendments of 1972, State of Washington Gender Equity in Higher Education Act of 1989, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans With Disabilities Act of 1990, Age Discrimination in Employment Act of 1967 as amended, Age Discrimination Act of 1975, Vietnam Era Veteran's Readjustment Assistance Act of 1972 as amended, other federal and state statutes, regulations, and University policy.

## **PROCEDURE FOR MANAGING COMPLAINTS OF DISCRIMINATION OR HARASSMENT**

When a student comes to you with a complaint of discrimination or harassment:

- Listen to the student's concerns. Your role is to function both as a student advocate and as a representative of the University of Washington Family Medicine Program.
- Inform the student that only those people who have a need to know their identity will be informed. It is important to know that you cannot promise confidentiality.
- Please refer to the University of Washington School of Medicine's Learning Environment page and follow procedures in accordance with the complaint:
  - <https://education.uwmedicine.org/student-affairs/learning-environment/>

If necessary, contact one of the following individuals listed below for assistance:

- Alisse Cassell, Underserved Pathway Program Manager, [upath@uw.edu](mailto:upath@uw.edu), 360-224-7783
- Samira Farah, MD, Underserved Pathway Director [samirf@uw.edu](mailto:samirf@uw.edu)

## REFERENCES

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- Aagaard, Eva M., Hauer, Karen E. (2003). A cross-sectional descriptive study of mentoring relationships formed by medical students. *J GEN INTERN MED Journal of General Internal Medicine*, 18(4), 298-302.
- Abernethy AD. (1999). A mentoring program for underrepresented-minority students at the university of Rochester School of Medicine. *Academic Medicine: Journal of the Association of American Medical Colleges*, 74(4), 356-9.
- Adsett CA. (1968). Psychological health of medical students in relation to the medical education process. *Journal of Medical Education*, 43(6), 728-34.
- Barondess JA. (1997). On mentoring. *Journal of the Royal Society of Medicine*, 90(6), 347-9. Black, Linda L., Suarez, Elisabeth C., Medina, Sondra,. (2004). Helping students help themselves: Strategies for successful mentoring relationships. *CEAS Counselor Education and Supervision*, 44(1), 44-55.
- Cullen DL, Rodak B, Fitzgerald N, Baker S. (1993). Minority students benefit from mentoring programs. *Radiologic Technology*, 64(4)
- De Janasz S.C., G. V. M. (2013). The role of E-mentoring in protégés' learning and satisfaction. *Group Organ.Manage.Group and Organization Management*, 38(6), 743-774.
- Dimitriadis K, von der Borch P, Störmann S, Meinel FG, Moder S, Reincke M, Fischer MR,. (2012). Characteristics of mentoring relationships formed by medical students and faculty. *Medical Education Online*, 17
- Dobie S., Smith S. Robins L. (2010). How assigned faculty mentors view their mentoring relationships: An interview study of mentors in medical education. *Mentoring Tutoring Partn. Learn. Mentoring and Tutoring: Partnership in Learning*, 18(4), 337-359.
- Fowler, Jane L., O'Gorman, John G. (2005). Mentoring functions: A contemporary view of the perceptions of mentees and mentors. *British Journal of Management*, 16(1), 51-57.
- Funkenstein DH. (1968). The learning and personal development of medical students and the recent changes in universities and medical schools. *Journal of Medical Education*, 43(8), 883-97.
- Hauer KE, Teherani A, Dechet A, Aagaard EM,. (2005). Medical students' perceptions of mentoring: A focus-group analysis. *Medical Teacher*, 27(8), 732-4.
- Heins M, Clifton R, Simmons J, Thomas J, Wagner G, Zerega D. (1980). Expansion of services for medical students. *Journal of Medical Education*, 55(5), 428-33.
- Hirsh J. (1966). Medical student counseling: Problems, experiences, and some proposals. *Journal of Medical Education*, 41(9), 889-96.
- Kalbfleisch, Pamela J., Davies, Andrea B. (1991). Minorities and mentoring: Managing the multicultural institution. *Communication Education*, 40(3), 266-71.
- Paice, Elisabeth, Heard, Shelley, Moss, Fiona. (2002). How important are role models in making good doctors? *BMJ: British Medical Journal (International Edition)*, 325(7366)
- Peterson SE, C. P. (1992). A mentorship program for minority students. *Academic Medicine: Journal of the Association of American Medical Colleges*, 67(8)

- Rose GL, Rukstalis MR, Schuckit MA. (2005). Informal mentoring between faculty and medical students. *Academic Medicine: Journal of the Association of American Medical Colleges*, 80(4), 344-8.
- Sambunjak, Dario, Straus, Sharon E., Marusic, Ana. (2010). A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. *J GEN INTERN MED Journal of General Internal Medicine*, 25(1), 72-78.
- Sanfey, Hilary, Hollands, Celeste, Gantt, Nancy L. (2013). Strategies for building an effective mentoring relationship. *AJS the American Journal of Surgery*, 206(5), 714-718.
- Scandura, T. A. (1992). Mentorship and career mobility: An empirical investigation. *J. Organiz. Behav. Journal of Organizational Behavior*, 13(2), 169-174.
- Schlosser, Lewis, Lyons, Heather, Talleyrand, Regine, Kim, Bryan S. K., Johnson, W.,. (2011). A multiculturally infused model of graduate advising relationships. *Journal of Career Development*, 38(1), 44-61.
- Selwa LM. (2003). Lessons in mentoring. *Experimental Neurology*, 184, 42-7.
- Tekian, Ara, Jalovecky, Michael J. and Hruska, Laura. (2001). The impact of mentoring and advising at-risk underrepresented minority students on medical school performance. *Academic Medicine*, 76(12), 1264.
- Thomas, D. A. (1990). The impact of race on managers' experiences of developmental relationships (mentoring and sponsorship): An intra-organizational study. *JOB Journal of Organizational Behavior*, 11(6), 479-492.
- Wright, Scott, Wong, Annie, Newill, Carol. (1997). The impact of role models on medical students. *JGI Journal of General Internal Medicine*, 12(1), 53-56.
- 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), 140-144.