

MSHIMA MENTORING PROGRAM

Overview of the Program

The goal of the Mississippi Health Information Management Association (MSHIMA) Mentoring Program is to develop and retain Health Information Management professionals within our state. The MSHIMA Mentoring Program provides a framework to establish relationships that foster personal and professional growth.

Eligible Candidates

Any active student of a Health Information Management program within the state of Mississippi who has the desire to enhance their development with a mentor is an eligible candidate.

Expectations for Mentees and Mentors

To prevent miscommunication and disappointment reasonable expectations for mentees and mentors are discussed (**Attachment A**). A Mentee/Mentor Agreement (**Attachment B**) also is completed after participant selection to acknowledge responsibilities and expectations of participating in the program.

Participant Selection

Participants will be selected after providing information in an application (**Attachment C**). The application identifies clear objectives, communication preferences, and meeting times. Mentees will be expected to lead the relationship with their mentors by providing clear goals. The role of the mentor is to support, challenge, and motivate the mentee towards the provided goals. Mentors will be selected after providing the Volunteer Inventory (**Attachment D**). Participants will be matched and the selection will continue for 12 months. MSHIMA Executive Board, MSHIMA Diversity Committee, and/or area MSHIMA Council reserve the right to respectfully address concerns and end problematic matches of participants.

Program Evaluation

Evaluation of the program and mentee/mentor relationship will be evaluated at scheduled intervals by completion of a survey (**Attachment E**).

Attachment A

Reasonable Expectations for Mentors and Mentees

Before taking on the role of a Mentor or Mentee, it is necessary to know what is expected of you.

Listed below is a list of designated expectations for both the Mentors and the Mentees.

Mentors

- The relationship is only temporary; lasts 1 year. The relationship may continue if both of you choose to do so.
- Meet or converse via phone or email as often as possible.
(2 hours per month recommended)
- Provide help to the mentee, i.e. discuss issues that are important to the mentee and provide knowledge regarding mentee's career goals.
- Take initiative to prompt discussion and to drive the relationship.
- Provide feedback to and accept feedback from Mentee.
- Be honest.
- Respect.
- Keep commitments.
- Be willing to work out concerns regarding the relationship.
- Keep confidences.
- Evaluate the relationship throughout the mentorship duration.

Mentees

- The relationship is only temporary; lasts 1 year. The relationship may continue if both of you choose to do so.
- Meet or converse via phone or email as often as possible.
(2 hours per month recommended)
- Discuss issues that are important to your career planning and personal development.
- Take initiative to prompt discussion and to drive the relationship.
- Ask for advice/suggestions and be willing to accept feedback from Mentor.
- Be honest.
- Respect.
- Keep commitments.
- Be willing to work out concerns regarding the relationship.
- Keep confidences.
- Evaluate the relationship throughout the relationship duration.

Attachment B

Mentee/Mentor Mentorship Agreement

Mentor Name

Mentee Name

We agree to enter into a mentorship for duration of one year from the date of signature below. By entering into this agreement, the mentor understands the role of mentoring and agrees to share expertise, knowledge, and guidance to the mentee. The mentee understands that this program has been created to help assist him/her in career planning and/or personal development.

We, the Mentor and Mentee, agree to the terms below:

Method of Communication:

Phone

Personal Contact

Other _____

Frequency of Communication: (recommend 2 hours per month)

Goals:

We have discussed the terms mentioned above and have reviewed the expectations required of us. We understand that this mentorship program is voluntary and either participant can end the relationship at any time.

Mentor Signature/Date

Mentee Signature/Date

Attachment C

MSHIMA Mentoring Program Mentee Application

I. Personal Data

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

School: _____ Program Year: _____

Application Date: _____

Have you participated in the Mentoring Program before? _____

II. Participant Resume (Please attach an updated Resume)

III. Participant Questions

1. Please list your overall objective in participating in the MSHIMA Mentoring Program.

2. Please list two (2) goals that you would like to reach as a result of the Mentee/Mentor relationship.

(Application Continued)

3. Please give 1-3 examples of personal or professional goals you have accomplished.

4. Please select some potential developmental areas. (check all that apply)

- | | | |
|--------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Decision Making Skills | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Problem Solving Skills | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Leadership Skills | <input type="checkbox"/> Management Skills | <input type="checkbox"/> Stress management |

Additional Interests (list here): _____

5. What are your career goals?

(Application Continued)

6. What resources and/or knowledge do you need to reach your career goals?

7. In planning for your career goals, what milestones do you want to reach in the next 1-2 years?

8. You learn best by: (check only one)

- Reading and research Discussing with others
 Taking on new things by yourself Listening to others

9. Your communication preferences are: (rank 1 as the highest and 3 the lowest)

_____ Phone _____ Email _____ Face to face meeting

10. When is the best time to meet with your mentor?

11. Comments:

(Application Continued)

IV. Acknowledgement

I acknowledge that I am genuinely interested in the Mentoring Program and by providing the above information, the MSHIMA Diversity Committee and/or MSHIMA Executive Board shall match an available mentor. All Mentoring Program documents must be complete and on file to proceed.

Signature

Date

Committee/Council Completion Only

Mentor Available: Yes or No

Mentor Name: _____

Mentor Assignment Date: _____

Attachment D

Mentor Volunteer Inventory

I. Personal data

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Email: _____

Place of Employment: _____

Title: _____

Number of years in profession: _____

Highest Education Level: _____

Current Certification(s)/Registration(s): _____

II. Participant Questions

1. Have you participated in the Mentoring Program before? Yes or No

2. Have you volunteered for MSHIMA before? Yes or No

3. Can you be contacted for future volunteer participation with MSHIMA? Yes or No

4. Are you willing to dedicate time over the next 12 months to a student participant? Yes or No

III. Career

1. List your current responsibilities.

(Mentor Inventory continued)

2. Describe how you would contribute to a mentoring relationship?

3. What are you most familiar with?

- Health Data Management
- Health Statistics, Biomedical Research, and Quality Management
- Health Services Organization and Delivery
- Information Technology and Systems
- Organization and Management

4. What are three areas you feel you can assist a student?

- | | | |
|--------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Decision Making Skills | <input type="checkbox"/> Interpersonal Skills |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Problem Solving Skills | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Leadership Skills | <input type="checkbox"/> Management Skills | <input type="checkbox"/> Stress management |

5. What professional position(s) have you held in your career?

6. Acknowledgement

I acknowledge that I am genuinely interested in the Mentoring Program and by providing the above information, the MSHIMA Diversity Committee and/or MSHIMA Executive Board shall match a student. All Mentoring Program documents must be complete and on file to proceed.

Signature

Date

Attachment E

ASHIMA Mentoring Program Evaluation

Date: _____

1. Please rate your overall program experience. (1-lowest and 5-highest)

1 2 3 4 5

2. Rate how well you and your partner were matched. (1-lowest and 5-highest)

1 2 3 4 5

3. Did you feel you received something educational from your mentor?

Yes No

4. Did you feel you received something positive from your student?

Yes No

5. Do you have any suggestions to better the mentoring program?

6. List some positive aspects of your experience.

7. List at least one negative thing about your experience
