

The American Animal Hospital Association Mentoring Guidelines

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"People seldom improve when they have no other model but themselves to copy"

— Oliver Goldsmith⁴

The American Animal Hospital Association has recognized that the skill sets developed during the veterinarian's first year in practice, as well as at other important career transitions, are crucial to their professional future. Mentoring is invaluable during these transitions.

Much of the literature about mentoring has focused on the academic or corporate environments. As such, there is often confusion about how to proceed with creating and nurturing a mentoring relationship in a veterinary setting.

These guidelines are designed to provide a resource for mentees and mentors alike, highlighting the impact that mentoring relationships bring to successful personal and professional development in the veterinary hospital.

Although this document often refers to the associate veterinarian, it is intended to serve as a framework for all veterinary professionals and practice team members, regardless of their stage of training and/or level of experience.

What is mentoring?

Mentoring is an ongoing relationship between two individuals who are committed to improving their professional environment. The mentee is typically a team member or junior colleague and the mentor is more experienced. The mentor is not the same as a supervisor, although one person can serve both roles. Having a mentor is important at any career stage, but particularly during transitions, milestones or any unforeseen change in career goals.

Mentoring is a method to improve hospital culture, productivity, and efficiency. It has been shown to improve communication, promote long-term job satisfaction, and facilitate adoption of best practices. Ultimately, mentoring relationships can lead to improved patient care and overall hospital performance.¹

Recognize the Impact and Value of Mentoring

Dr. Ethan C has just graduated from veterinary school and joined a practice. He is excited but apprehensive. He does not feel confident, knows he has some technical weaknesses, and is nervous in front of clients. He also wants to be accepted and respected by the practice team. How can Ethan make it successfully through this career transition? He needs to find a mentor!

Mutual Benefits

As a practice owner, have you ever had challenges with integrating a new team member into practice? If you are an associate, have you ever had trouble fitting in to a new position?

Most people face big fears in entering practice. How often do you hear of a young associate who "freezes up" during surgery? How many have experienced difficulty dealing with clients or the hospital team? How confident is anyone in their own professional skills, especially when accepting a new responsibility?

These are examples of normal daily challenges in the professional setting.



Consider mentoring as a structured solution to address these concerns in a positive yet practical manner.

Through acknowledgement of personal and professional goals, mentoring is beneficial to both mentee and mentor in sustaining growth, accomplishment, and long term satisfaction. Mentoring is a key activity by which employers can successfully facilitate a new employee's entry into the hospital environment. The mentor provides valuable knowledge, expertise, and support, while the mentee provides enthusiasm and an open mind. This solution-focused attitude reflects positively on the entire hospital.

Both mentee or mentor can broaden the other's understanding of complex issues. Mentoring includes the opportunity to constructively deal with sensitive ethical issues in the practice setting, particularly where there is no one right choice.^{2,3} Effective mentoring also has a positive impact in non-technical areas, such as improved harmony among practice team members, enhanced self esteem, better work habits, and personal growth.^{4,5} Only when a veterinary team is working at their best can they offer their best to their patients and clients, which is what motivates us all to excellence in practice.

Mentoring is highly desired by associate and new graduate veterinarians.^{1,6,7} Research in other professions shows that mentoring can have specific measurable outcomes. For example, the Nature Publishing Group created awards to honor

mentoring activities in research. Nature discovered that exemplary mentors were also exemplary teachers. They also found that the individuals who developed the most outstanding careers had first experienced their future mentors as teachers.^{8,9,10}

Does it cost too much to mentor, or is it more costly to ignore the benefits of this relationship? Whether as mentee or mentor, take advantage of all the mentoring has to offer.

Dr. Ethan C recognizes that he needs to find a mentor. He thinks of Dr. Diane W, a veterinarian at his practice whom he admires greatly. Will she see the benefit to becoming a mentor?

Dr. Diane W is a successful and experienced veterinarian. She is looking for ways she can build better relationships and help to develop new talent in the field of veterinary medicine. She recognizes that Ethan is a talented junior colleague. She is optimistic about his career, yet has concerns about the potential time commitment of being a mentor.

Benefits to the Mentor

The importance of building successful relationships with new members of the veterinary profession is often unrecognized. A culture of continuous mentoring can be an effective strategy to improve both the recruitment and retention of top talent to your practice. New team members will become acclimated more quickly, increasing their level of satisfaction and leading to higher-quality patient care.

This special relationship inspires the practice team. Mentoring helps new employees learn effective communication and teamwork. The positive culture can encourage candid, solution-focused discussions of difficulties in the practice. Another great benefit is that with the rapid advance of veterinary knowledge, mentors will be able to learn the most up-to-date medicine from their recently-trained colleague.¹¹

Benefits to the Mentee

All team members can benefit from being mentees. This is particularly true for new veterinarians. The transition from student to practitioner can be an overwhelming undertaking. During this time it is valuable to have colleagues who are personally and professionally supportive.

If you are a recent graduate, you will find that investing in yourself early in your career by seeking guidance will allow you to establish medical, interpersonal and business skills. Your mentor will be an invaluable resource and source of support when you encounter difficult or challenging situations both within and outside of veterinary practice, enabling you to quickly become a part of the veterinary team.

As a mentee, you will be encouraged to think and manage independently. Your mentor may not have all the answers, but may provide understanding and empathy that give you the courage and confidence to move forward.

The Heart of the Mentoring Relationship

Dr. Ethan C is impressed by Dr. Diane W's enthusiasm, knowledge, confidence and poise. He asks Diane to serve as his mentor. Diane agrees to take on Ethan as a mentee for a 12-month period. Ethan is ecstatic to have someone in his corner during this juncture in his career, and he already feels much more confident.

The best mentoring relationships are built on a foundation of mutual effort, respect, trust, and the courage to com-

municate openly. There is shared respect and appreciation of the skills, wisdom, and life experiences each party brings to the relationship. To achieve that success as you embark on a new mentoring relationship, it will be critical to establish a framework for your discussions. This includes consideration of boundaries, commitment to the highest standards of personal and professional integrity, and a willingness to provide the necessary protected time for mentoring.¹²

Mentoring relationships often include discussion of both professional and personal issues of a difficult nature. Creating a successful and productive relationship requires a mutual sensitivity and commitment to creating a safe, confidential environment, which reflects the high standards of ethical practice.

Time constraints are often expressed as a reason for not embarking on a mentoring relationship. An effective mentoring relationship doesn't require excessive time. Planning together to establish shared goals and expectations as well as meeting times will make time more manageable. Reviewing progress on a regular basis enhances confidence in the shared commitment. For most, the benefits of happy, productive and well-trained team members outweighs the time spent.

Mentees and mentors both carry responsibilities in the relationship, as outlined here.

Mutual Responsibilities of Mentee and Mentor

- Bring enthusiasm, optimism, sensitivity, unselfishness, and respect to the relationship.
- Make a commitment of time and energy.
- Strive to be open to new ideas and feedback.
- Recognize that in the discussion of "goals," those goals may include those of the mentor, the mentee, and the hospital.
- Commit to and reaffirm the highest standards of professional conduct, including full confidentiality of discussions.
- Reschedule any meeting time that can't be met.
- Periodically assess and celebrate progress.
- Periodically evaluate the mentoring relationship to see if it should continue, be modified or terminated.

Mentee Role and Responsibilities

The mentee should seek to accept full ownership of the relationship as follows:

- Establishes "vision plan" with help of the mentor.^{7,9}
- Takes responsibility to "own" the relationship. Discusses and prioritizes professional needs and goals.
- May request help in clarifying goals, finding resources and identifying new directions.
- Respects the mentor's time commitment by identifying, planning, and preparing issues for discussion.
- Recognizes that learning client communication skills and medical/surgical skills take time and practice, trusting that confidence will build.
- Is open to a non-academic perspective in private practice.
- Clarifies with the mentor the preferred method for conveying the mentee's new ideas about patient care, client communication, and hospital management.
- Is willing to share fears and concerns with the mentor, learning that it is acceptable and natural to sometimes feel helpless, lost, or frightened.
- Understands the importance of the all team members and their key role in delivering top quality medical care to patients.
- With mentor's assistance, strives to develop a professional rapport with the hospital team.
- Brings ideas to improve communication with mentor, clients, and fellow team members.
- Actively pursues opportunities to network.
- Strives to be a receptive and active listener, knowing that constructive

feedback is an essential element to continuous professional growth.

Mentor Role and Responsibilities

The mentor accepts critical responsibilities as follows:

- Actively listens to the needs and goals of the mentee, and asks challenging questions.
- Helps the mentee establish a vision plan and short- and long-term goals.⁷
- Ensures that the Mentee understands and commits to the practice mission, vision and values.
- Strives to learn and practice the ability to give constructive feedback.
- Appreciates that mentees will often need time and practice to translate their advice and guidance into improved skills (surgical, business, and staff/client relations).
- Helps guide the mentee in medical decision making-process, e.g., conferring with doctors within the practice and with specialists. Give validity to mentees' observations, using case examples.
- Strives to help the mentee become fully independent as a professional, recognizing that the mentee has ultimate responsibility for the personal and professional decisions. Encourages self-directed learning by the mentee.
- Provides resources and solutions (e.g., internet sites, texts, or networking via professional associations).
- Helps the mentee learn and improve communication skills with clients and team members, and thus to create positive professional relationships.
- Avoids intended or unintended use of implied power. For example, mentors may also have the role of supervisor of the mentee. In creating a positive environment for both sides, the dual role of this relationship needs to be acknowledged and respected.
- Adjusts mentoring to the mentee's changing needs, such as providing verbal encouragement, demonstrating skills, or just being available if needed.

Mentoring Action Plan

Each mentoring relationship will be defined by goals and distance. The two people may first identify one another, then define the type of relationship they will create. Alternatively, one person may begin by defining the type of relationship desired, then find someone who can fill that role.

Mentees can have more than one mentor, and mentoring relationships vary in several attributes (Table 1). For example, distance may define a mentoring relationship, which can be virtual or face-to-face.

Strategies for finding a mentor or mentee

Choosing a compatible mentor is critical to the success of the relationship. The choice should include someone with the desire, time and expertise to fill this role. Selection is usually based on these principal attributes:

- Education and areas of interest, including specialties
- Ability to communicate effectively
- Proven leadership and ability to define goals
- Other personal and professional issues
- The type of mentoring relationship desired
- The time commitment and the outcomes desired

Mentors can be chosen from one's own workplace, elsewhere in the profession, or even outside the profession. Mentees may look to an AAHA practice for a mentor; AAHA accreditation assures the mentee that they are joining a practice that adheres to the highest standards of patient care.

Mentees may talk to school faculty for ideas, or use their networking skills and contacts within other associations to meet potential mentors. They may find a mentor by talking to their employer, peers, and co-workers.

The mentor is often a coworker or supervisor in the practice setting. This

TABLE 1. TYPES OF MENTORING RELATIONSHIPS

Formal	Includes a written agreement, formal meeting times, and involvement in daily or weekly activities.
Informal	A relationship without a written agreement or formal meeting schedule.
Virtual (distance, via e-mail)	Includes emails, chats, phone calls, and other interactions without being physically in the same place.
Face-to-face	Includes meeting in a physical location with both parties together.
Peer-to-peer	Colleagues at the same level sharing experiences and knowledge. Friends or co-workers can be informal mentors for personal growth.

makes sense when the mentee is developing medical or communications skills. A new graduate's ultimate success and long-term career satisfaction may depend on having a mentor.^{1,8} However, there is some disagreement about whether every practitioner needs to be a mentor. Practitioners who do not have the time or inclination to be a mentor can still assist their newest colleagues with advice and guidance on finding a mentor or mentors. Also, mentoring is a skill that can be learned and improved through good training, such as that provided by AAHA.^B

Some employers or new associates may assume that a mentoring relationship will ensue with the employment of a new graduate. However, it is critical to make those assumptions explicit. If mentoring is already part of the clinic culture, the new person will be assured of being matched with a mentor by the employer.

If a distance relationship is considered, both parties must make an extra effort at communication, and it is recommended that an occasional face-to-face meeting be arranged. A common example of mentoring-at-a-distance is the relationship between a teacher and former student.¹³ Another might be when the mentee has a specific focused goal or project for which assistance is helpful.

How does a mentee ask someone to be a mentor? When initiating the relationship, a face-to-face meeting is always

the best way to begin your discussion. You may initiate an introductory meeting by sending a letter of introduction from yourself or a colleague. Then, a follow-up phone call or e-mail may be used to schedule a meeting.²

Once both parties agree to establish a mentoring relationship, consider using a list of "action steps" to guide your discussion (Table 2).^{14,15} Also, discuss common fears and concerns, focusing on those of importance to the mentee (Table 3).

Consider creating an agreement

A written agreement is considered essential by some. Others may find a verbal agreement is enough, especially if they are not employed at the same practice.

The absence of a written agreement does not decrease the value of the mentoring relationship. However, it is important that both parties have a very clear understanding of the intent of the agreement and of their expectations, regardless of form. Just as work agreements should be fluid and change as needs change, so should mentoring agreements be viewed as an ongoing process and adjusted accordingly.

Verifying verbal agreements in writing serves as a tool to ensure mutual understanding and to confirm the relationship will be beneficial to both parties.^{8,16} The mentor can get ideas from associates and

the practice team about what might be included in a written mentoring agreement. A written agreement can be an addendum to an existing work agreement, or a separate agreement. Consider including mentoring guidelines in employment agreements, outlining the goals of the relationship and how those goals are to be accomplished. If no written work agreement is in place, resources are available for help.¹⁶

Maintenance of the Mentoring Relationship

Dr. Ethan C was becoming accomplished at spay surgery. Then he spayed an overweight dog and it did not go well. How can his mentor assist in dealing with this with this setback? How might she provide strategies and a framework to restore Ethan's confidence?

Periodic assessment of the mentoring relationship ensures it is on the right track. Both the mentor and mentee may ask, "What level of direction and support is needed for each situation, and how has that progressed or changed?"

Many factors may affect the mentoring relationship. It is normal to encounter "bumps in the road." When this happens, examine the possible causes in the same manner as one examines a sick patient, so diagnosis and treatment can begin. For example, a setback may occur with a client communication or a surgical procedure, which reduces the mentee's confidence. It is important for the mentor to actively listen to the concerns of the mentee. A joint agreement of how to move forward the next time a problem is encountered will help to reinforce a solution-oriented practice environment that is positive for all. The mentor's sharing of similar experiences, providing empathy, or discussing alternative approaches to the situation may all help the mentee.

When combined with an employment relationship, mentoring can take time that a mentor would normally use to see clients or do surgery. Discuss any

adjustments in mentor or mentee salary, if applicable.^{7,16}

Periodically review and renew the steps of the "action plan." Also, practice "preventive medicine," by being respectful of time and honoring commitments to each other. Sustain the relationship by continuing regular meetings, and by making meetings productive through a preplanned agenda. Follow up at each subsequent meeting. Acknowledge that missed meetings can become a barrier to success, while a rescheduled meeting shows respect for the process and for each other.

Feedback is important for the relationship, but often difficult if emotions become involved. Mentors and mentees need to provide mutual feedback in a constructive manner. Positive statements are more powerful than negative ones. For example, the mentee may be more receptive to hearing that something could be done differently or better, rather than hearing about what was "done wrong." Sometimes the mentor can gain new insights and solutions to improve the practice by asking the mentee what might make the next opportunity more successful.

Mentors who are experienced veterinarians will understand that human relations are an important part of a successful work environment. It is important to remember that becoming a part of the team can be challenging to mentees. This transition must be addressed early in the mentoring relationship. Staff can be of great support to young veterinarians and should be used to enhance the mentoring process whenever possible.

Together, proactively discuss how you will handle disagreements. Conflicts often arise when mentors are also the supervisor of the mentee. Mentors must be explicit about which "hat" they are wearing at any moment. The mentor should be especially alert to the potential imbalance in power between the "boss and supervisor role" versus a more tolerant mentoring role. The less experienced mentee is often "anxious to please the boss" and will need to be guided gently

to keep the focus on solving the professional issue at hand.

One barrier to successful mentoring is the potential of future competition between the two parties. Competition between colleagues should never be a problem, yet historically, it is very common, especially in adjoining practices. A more positive approach is to mentor in a way that encourages collegiality between colleagues. One example might be to create ways for upcoming associates to buy in or merge practices rather than opening new facilities.

Other types of competition may result in withholding information or valuable skills. Instead, the relationship can be viewed as a method to enhance the contributions of both parties to the profession. It is possible for the mentee to show appreciation by helping to mentor new people in the practice, leveraging the mentor's hard work.

Finally, acknowledge and celebrate victories. This is a positive affirmation that the relationship is productive. Your colleagues and the team will know that mentoring makes a positive difference by the mutual trust and respect you accord one another.

Evaluating and Ending the Relationship

The mentor-mentee relationship may come to an end for many reasons, including accomplishment of goals, having either party move on to a different position, or a mutual realization that the relationship is not productive. The parties may agree that a mentoring relationship be ended while the personal or professional relationship is maintained.

A successful outcome is realized when the mentor and mentee have reached their goals. This should result in an increased sense of satisfaction and confidence. The mentor feels satisfied from developing a successful addition to the hospital team. The hospital gains a more satisfied, confident, skilled employee. An eventual goal is for the mentee to one day become a mentor to current and future hospital team members.

TABLE 2. ACTION STEPS FOR THE MENTORING RELATIONSHIP

<input type="checkbox"/>	1. Initiate a mentoring relationship by mutual agreement. <ul style="list-style-type: none"> <input type="checkbox"/> a. Discuss roles and responsibilities. <input type="checkbox"/> b. Collaborate to choose the type of mentoring relationship that best fits your situation.
<input type="checkbox"/>	2. Get acquainted, optimally by meeting outside of the work environment. Build trust by openly sharing and discussing issues.
<input type="checkbox"/>	3. Develop mutual expectations and boundaries. Discuss accountability of both parties at the beginning of the relationship. Discuss confidentiality.
<input type="checkbox"/>	4. Discuss ethics, including conflict of interest issues, and agree upon ethical boundaries. For example, discuss your position on feline onychectomy. When applicable, ensure congruency with AAHA policies and protocols.
<input type="checkbox"/>	5. Discuss a vision plan (i.e., overall purpose / long term goal of the relationship)
<input type="checkbox"/>	6. Establish, clarify, and write down goals to achieve the vision. <ul style="list-style-type: none"> <input type="checkbox"/> a. Define and prioritize areas of greatest needs, with the mentee taking the lead rather than relying upon the mentor to define needs for them. <input type="checkbox"/> b. Use SMART goals * (Specific, Measurable, Attainable, Realistic, and Timely) for mentor and mentee, as well as shared and/or consistent hospital goals. <input type="checkbox"/> c. Personalize goals to fit the needs of the mentee. Examine the mentee's concerns and fears when establishing goals. These fears can lead to the formation of realistic goals to allow the mentee to function and move forward with less stress.
<input type="checkbox"/>	7. Discuss and negotiate a schedule for meeting together. <ul style="list-style-type: none"> <input type="checkbox"/> a. Establish formal meeting times to discuss "how things are going." Consider beginning on a weekly basis and continuing at least monthly. Coordinate with the clinic schedule as necessary. <input type="checkbox"/> b. Determine meeting location. Mentors and mentees who work together may find that off-site meetings are more productive due to minimal interruption. <input type="checkbox"/> c. Plan for your discussions, with the mentee taking the lead in planning. Meeting topics could include issues of concern, areas of accomplishments, progression toward goals, and new challenges. Set aside time to go over specific cases or situations that have come up since the previous meeting. <input type="checkbox"/> d. Create a process whereby a mentee can ask for immediate help as needed. <input type="checkbox"/> e. If most meetings are virtual, also schedule occasional face to face meetings. Don't let distance be a barrier. Use email, phone calls, web services, scheduled travel and veterinary events to get together.
<input type="checkbox"/>	8. Establish a protocol to help the mentee develop new skill sets in areas such as surgery, medial records, client communication, and other areas of interest. For example, during surgery, the mentor may show a mentee a procedure, have them perform it and be available, and eventually be able to leave the mentee alone.
<input type="checkbox"/>	9. Discuss expected outcomes and how those will be monitored or measured. Set up an evaluation process (including the time, place, and procedure) to evaluate the mentee's progression towards goals. Discuss how both parties will offer new ideas and feedback to each other. The mentor-mentee evaluation is separate from, and should not be confused with, a performance review.
<input type="checkbox"/>	10. Discuss how to resolve conflict. Conflict naturally occurs because of differences in background or differences in medical approaches. Conflict may arise when the agreement is not specific or written down. Resolution of conflict should occur in private so self-esteem of both mentor and mentee can be maintained.
<input type="checkbox"/>	11. Create a time frame for the relationship that is beneficial to both parties. Clarify a mutually agreeable endpoint or time for renewal of the relationship.
<input type="checkbox"/>	12. Celebrate progress and accomplishments.

* Doran George, There's a S. M. A. R. T. Way to Write Management Goals and Objectives., Management Review (AMA Forum), November 1981, pps. 35-36

Both Drs. Diane W and Ethan C benefited from their relationship. Diane enjoyed her mentoring role and its impact. She has recognized the value in an ongoing formal mentoring program in her hospital. Ethan is a confident and productive veterinarian. He is well prepared to take on new goals and is looking forward to his next relationship as a mentee or mentor.

Final Thoughts

Whether you are a first time mentee or a seasoned mentor, your improved knowledge of and from mentoring relationships can improve your professional satisfaction. Mentoring is often a source of confusion, or an overwhelming idea that is difficult to initiate and construct. This document is intended to inform, give structure, and help bring the process to fruition. Also, see the AAHA website for additional mentoring resources as they become available.^c

Veterinary hospitals are likely to become more successful and efficient as these guidelines are implemented. A practice with a culture of and reputation for mentoring may have a competitive edge in attracting new graduates. These hospitals can offer better client service, thereby improving the public image of their clinic and the profession. That contributes to the ultimate goal of a higher level of care for patients.

Interested in becoming a mentee? If you are in a career transition, explore being a mentee. Find out how a mentor can assist you in identifying and obtaining your goals as a professional — while having a satisfying and enjoyable career in veterinary medicine. Look for a clinic that will provide mentoring for you in your veterinary career.

Interested in becoming a mentor? Your experience and wisdom can effectively support and challenge a new colleague — and contribute to your own satisfaction in supporting your profession. The time you invest in mentoring is an investment in yourself, your colleagues, and your practice.

We can all share in the excitement of our potential to better serve the profession. By emphasizing the importance of mentoring, everyone gains, including the pets and people we serve. Whether as mentee or mentor, enjoy the excitement and impact of that this dynamic relationship — and have fun! ■

Footnotes

- A. Oliver Goldsmith, Irish Author & poet 1735-1774.
- B. *Veterinary Leadership Academy and Veterinary Leadership Workshops*. See www.aahanet.org
- C. www.aahanet.org

References

1. Roark A, Wilson J. The real value and cost of mentorship. *DVM Newsmagazine* Oct 1, 2005. pp. 22-26.
2. Lakoski, JM On being a savvy mentor and mentee: Ethical responsibilities in a mentoring relationship. *Endocrine Society Newsletter*, Vol 6(20): 15-28, 2004.
3. Bird, SF. Overlooked aspects in the education of science professionals: Mentoring, ethics, and professional responsibility. *J. Science Education and Technology*: 3: 49-55, 1994.
4. Bradberry T, Greaves J. *The Emotional Intelligence Quick Book*. Simon and Schuster 2005.
5. Golman D, *Emotional Intelligence*. Bantam Books, 1995.
6. Learn how to become a mentor. Academy of Rural Veterinarians, accessed 1/14/08, available at: www.ruralvets.com/mentoring/default.html.
7. Fassig, Samuel M, Ed. *Associate's Survival Guide*. AAHA Press, Lakewood, CO 2005. pp. 43-49, 155-160, 187-191.
8. Lee A, Dennis C, Campbell P. Nature's guide for mentors. *The Nature Publishing Group*, Vol 447:14, June 2007, pp. 972.
9. Sambunjak, D., Straus S., Marusic, A. "Mentoring in academic medicine: a systematic review." *JAMA* vol 296 (9): 1103-1115., 2006.
10. Institute of Medicine and National Research Council of the National Academies: Integrity in Scientific Research: Creating an Environment that Promotes Responsible Conduct. Available at : <http://www.nap.edu/books/0309084792/html>.
11. Clinard L, Ariav I. What mentoring does for mentors: A cross-cultural perspective. *European Journal of Teacher Education* 21(1) 91-108, 1998.
12. Association of American Medical Colleges: Compact between Postdoctoral Appointees and Their Mentors. Washington, DC, December 2006. Available at: <http://www.amc.org/research/postdoccompact/postdoccompact.pdf>.
13. Detsky, A., & Baerocher, M. (2007). Academic Mentoring-how to give it and how to get it. *Journal of the American Medical Association*, 297(19), 2134-2136.
14. Handelsman, J, Pfund C, Lauffer, et al. Entering Mentoring: A Seminar to Train A New Generation of Scientists. The Wisconsin Program for Scientific Teaching, Board of Regents of the University of Wisconsin System 2005.
15. Committee on Science, Education, and Public Policy. *Advisor, Teacher, Role Model, Friend: On Being a Mentor to Students in Science and Engineering*, Washington, DC; National Academy Press, 1997.
16. Wilson, J, et al. Contracts, Benefits, and Practice Management for the veterinary profession.



TABLE 3. IDENTIFYING AND ADDRESSING THE MENTEE'S CONCERNS AND FEARS

Category	Typical Questions, Concerns or Fears (Use as a basis for discussion of goals)
Effective time management at work	How often are appointments scheduled? What if I am too slow seeing appointments? How long do I have to do surgeries?
Client relations issues	How do I deal with difficult client interactions, such as clients in a fee dispute, or clients who refuse my recommendations? What if my looks or age play a role in client questions about experience or competence? How do I take a professional approach about that when communicating with clients?
Personal issues	How can I manage debt? How can I manage work and family? What can I do if I don't have enough time for my family?
Team or hospital issues	How do I develop the trust of the practice team? What if I disagree on hospital policy, how are my concerns heard? How do I learn to get along with the practice team? How do I address a difficult relationship with a long-standing team member? What if I can't work with the practice manager? How can I get more respect? How do I manage stress as a practitioner?
Proficiency issues	How can I increase my confidence in skills and knowledge? Will I be by myself? If so, when? Is someone available by phone when I am by myself? How do I improve the "panic-mode" mind-set I sometimes find myself in, when I am unable to make a decision? How will I learn to do new surgical procedures? What if something bad happens during anesthesia? What if I make a medical or surgical error? How do I handle the unexpected loss of a pet?