

Let's build a meaningful mentoring relationship.

A flexible guide for establishing shared goals, expectations, and communication throughout the American Physician Scientists Association (APSA) pre-medical mentorship program. This agreement is intended to support open conversation and collaborative planning and is not intended to serve as a formal contract.

APSA Mentorship Committee Contacts: Angel Garces (angel.garces@physicianscientists.org) or Andrew Gotschall (andrew.gotschall@physicianscientists.org)

1. ABOUT OUR MENTORING PAIR

Mentee Name: _____

Mentor Name: _____

Pronouns: _____

Pronouns: _____

Institution and Training Stage: _____

Institution and Training Stage: _____

Preferred Contact Method: _____

Preferred Contact Method: _____

Time Zone: _____

Time Zone: _____

2. WHAT WOULD MAKE THIS RELATIONSHIP VALUABLE?

Choose two or three priorities for the next several months.

☐ Navigating physician-scientist training pathways (MD, DO, MD/PhD, DO/PhD)

☐ Applications, interviews, or career transitions

☐ Professional network and community

☐ Belonging, identity, or navigating the hidden curriculum

☐ Research opportunities and skill development

- ☐ Clinical specialty or research direction
- ☐ Scientific communication and professional growth
- ☐ Balance, setbacks, or changing direction
- ☐ Other: _____

A specific question or near-term goal we want to address first:

3. WHAT CAN THE MENTOR OFFER?

- ☐ Perspective and advice
- ☐ Feedback on decisions
- ☐ Review of selected materials
- ☐ Resources and next steps
- ☐ Networking guidance
- ☐ Accountability and encouragement

Topics that may be better addressed by another mentor or resource: _____

4. COMMUNICATION AND FEEDBACK

Feedback is most useful to me when...	
It is helpful when my mentor or mentee...	
If a concern comes up, we will...	

Outside scheduled meetings, we plan to communicate using _____. Unless otherwise discussed, we will aim to respond within _____.

Known busy periods: _____

Cancellation preferences: _____

5. CONFIDENTIALITY AND BOUNDARIES

We will treat personal information shared through the mentoring relationship as private and will not share it without permission, except when disclosure is required by law or applicable organizational or institutional policy, or when there is concern about someone's immediate safety. Mentoring provides guidance and is not a substitute for supervision, counseling, medical care, or emergency support. Introductions, extensive editing, and letters of recommendation should be discussed rather than assumed.

6. IF THE MATCH NEEDS ADJUSTMENTS

Changing needs are normal. Either participant may choose:

- ☐ Discuss and reset our expectations
- ☐ Pause or conclude the relationship
- ☐ Contact APSA for support or rematching

We agree to communicate respectfully, honor one another's time, remain honest about our capacity and expertise, and revisit this agreement when our goals or circumstances change.

Mentee acknowledgement and date:

Mentor acknowledgement and date:

Date the agreement will be revisited: (Examples: midway through program, end of each term, when goals change, etc.)
