**Beginning the Mentoring Process**

The mentoring process begins as the mentee is assigned to an expert nurse mentor. The Chair, NOVA Education Committee is responsible for assigning mentor/mentee pairs and notifying the mentor and mentee.

**Initiating the Mentoring Relationship**

**Step 1.** Mentee receives name and email address of Mentor.

**Step 2.** Mentee contacts Mentor by email within 30 days of receiving Mentor’s email address to set up initial communication.

**Step 3.** Mentee and Mentor exchange contact information.

**Step 4.** Mentee and Mentor agree on method of communication (email, phone, meeting) and agree to communicate (by email, phone, or meeting) every month.

**Step 5.** Mentee identifies at least one goal and action item for the Mentoring experience.

What do you want to do or achieve? If you have multiple goals, which one do you want to start working on first? How much time do you think it will take to achieve this goal? How will you know when you achieve the goal? How will you measure achievement of the goal?

Goals should be SMART: Specific, Measurable, Achievable, Realistic, Time-bound. Mentee should evaluate the goal with the Mentor’s help. Is it specific? Is it measurable? Is it achievable? Is it realistic? Is the time frame to achieve the goal realistic?

Mentee and Mentor together should review the following questions related to the goal. What information do you need to achieve your goal? What individual strengths and weaknesses can you identify related to this goal? Do you need to develop any skills to achieve this goal? What resources do you need to achieve your goal?

Mentee should develop an Action Plan including action items to meet the goal with assistance from the Mentor. What will you do first? What additional steps need to be taken?

**Step 5.** Mentee and Mentor review progress, future direction, and establish date and time for next contact in the next 30 days.

**Step 6.** Mentee completes quarterly update and sends to the Chair, Education Committee quarterly (January 10, April 10, July 10, October 10).
Mentee Quarterly Update

Name of Mentee:______________________   Name of Mentor:_____________________________

Date Mentee and Mentor Began Mentoring Program:____________________________

At least one goal and action item have been established   ___Yes   ___No
Mentee and Mentor have communicated every month   ___Yes   ___No
Mentee and Mentor are going to continue Mentoring Program   ___Yes   ___No

Comments:________________________________________________________________________________
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