

## AAHA Mentorship Standards

### Definitions

**Mentoring** – 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.

**Mentor** – a wise and trusted counselor or teacher

**Mentee** – one who is being mentored

**MA50.** The practice is AAHA accredited as either a general practice and/or referral practice.  
MANDATORY

**MA51.** The practice defines in writing the type of mentoring program(s) they will utilize, e.g., formal, informal, virtual, and face-to-face, or a combination of types.  
MANDATORY

**ME01.** The mentor and mentee discuss and document mutual expectations, boundaries, confidentiality, and accountability of both parties within one week from the mentee's starting date.  
100 Points

**ME02.** A written mentorship plan addresses the specific needs of the practice and mentee in a detailed, measurable, and customized format.  
80 Points

Rationale: A plan is more effective when all parties involved clearly understand what is expected. Goals set for the practice and mentee are specific and attainable within an agreed upon timeframe.

**ME03.** The mentor and mentee develop a written plan to identify and address concerns, including the process for requesting immediate assistance.  
60 Points

**ME04.** The written plan includes reviewing the practice's mission, vision, core values, and standards of care.  
40 Points

Rationale: Reviewing the practice's ethical policies and SOPs for patient care with the mentee helps enhance their understanding of how the practice incorporates policies and beliefs into patient care. Examples of ethical policies may include items such as on euthanasia, ear trimming, tail docking, etc.

**ME05.** The mentor and mentee review the practice's ethical philosophies; discuss any conflict(s) of interest and agree on a resolution(s).  
60 Points

**ME06.** The mentor and mentee establish and document a vision plan including short- and long-term goals.  
60 Points

**ME07.** Documented case based examples are utilized to guide the mentee in the medical decision making process.  
100 Points

**ME08.** Mentoring feedback meetings between the mentor and mentee document progress, identify resources, and develop steps for improvement. Mentorship meetings are scheduled at set intervals based on mutual needs and documented in the mentor/mentee agreement. (The recommended interval for mentorship meetings is once weekly but can be altered as agreed upon and documented by both mentor and mentee.)  
100 Points

Rationale: Reviewing progress on a regular basis enhances confidence in the shared commitment. The mentoring relationship must encourage candid, solution-focused discussions of difficulties in the practice. Whether meetings are five minutes or an hour, they allow both parties the opportunity to address concerns in a timely fashion and help to address things before they are forgotten or become bigger problems or issues.

**ME09.** The AAHA mentoring tools are utilized to measure and track the progress of the mentee(s):

- Knowledge base
- Case management
- Communication skills
- Efficiency
- Productivity (ACT, etc.)

100 Points

Rationale: Ultimately, mentoring relationships should lead to improved patient care and overall hospital performance, promote long-term job satisfaction, and facilitate adoption of best practices.

**ME10.** The mentor utilizes the AAHA mentoring tools to evaluate and improve the program.  
100 Points

Rationale: Ultimately, mentoring relationships should lead to improved patient care and overall hospital performance, promote long-term job satisfaction, and facilitate adoption of best practices.