



ACE Mentoring Guidelines: Effective May 5, 2017

Introduction

In support of advancing the careers of its members, the American College of Epidemiology (ACE) has developed the following Mentoring Guidelines. These are viewed as complementary to mentoring programs that may be in place at the mentee's home institution or organization. We hope that the added value that this mentoring program offers ACE members will be its particular focus on the profession of epidemiology, as all mentors are established epidemiologists.

1. Definition of mentoring

A mentor is a trusted counselor or guide, a tutor or coach. Accordingly, to mentor is to engage in an activity that is characterized by counseling, guiding, tutoring or coaching. (adapted from Merriam-Webster 2017).

2. Goal

To support mentoring for epidemiologists at various career stages and in various career paths (e.g., academia, government, industry, etc.).

The ACE mentoring relationship is not expected to replace existing relationships that exist within the mentee's home institution or organization. A fundamental principle is that mentoring can be helpful at any stage of a career, i.e., for early, mid-, or late-career epidemiologists; thus any ACE members who feel that they would benefit from mentoring will be eligible.

ACE recognizes that there are a number of different approaches to mentoring. These Guidelines focus initially on establishing one-on-one mentoring for interested ACE members with more experienced epidemiologists but are not meant to preclude use of other or complementary mentoring opportunities such as peer mentoring.

To this end, any ACE associate member, member, or fellow in good standing is eligible to request a mentor. Mentors will be selected first from ACE Fellows. ACE members who are willing to mentor will be enlisted if needed.

3. Approach to mentoring and timeline

ACE, initially through the Mentoring Committee, will find individual mentors for members who request one according to the interests expressed by the mentee. The expectation is that engaging in this mentor-mentee relationship constitutes a one-year commitment and that mentees and mentors schedule monthly meetings, or about 10 meetings per year.

Using the list of suggested mentoring areas below as a starting point, the mentee will be encouraged to develop clear goals for the mentoring relationship and review/finalize them in concert with the mentor. However, the specifics of the mentee-mentor relationship are at the discretion of the two parties. After a year (12 months), the mentee and mentor will have the option to extend the term of the relationship with mutual consent.

4. Suggestions for mentoring areas

To facilitate matching between mentee and mentor and good communication after matching has taken place, the following list of mentoring areas should be considered by the mentee and mentor and subsequently tailored to the individual needs and abilities.

- Assistance in goal setting for professional activities
- Advice on how to contribute to epidemiology at given career stage
- Advice about work/life balance issues
- Advice about issues specific to members of underrepresented groups
- Help in networking with other practitioners or scholars in the field
- Guidance on communications with community leaders, stakeholders, and politicians
- Advice on interacting with media and use of social media
- Advice on collaboration and/or interdisciplinary research
- Knowledge about external funding agencies and processes and industry-funded research
- Initial review of scholarly publications and grant proposals
- Advice on and review of white papers and reports
- Advice on teaching and instructional issues

5. Guiding principles of the mentee—mentor relationship

The mentee is the key driver of the mentor-mentee relationship and is responsible for outlining his/her goals. The more specific the mentee's goals, the easier it is for the mentor to provide guidance. Guiding principles of the mentee-mentor relationship include an understanding that a mentee-mentor relationship:

- Takes effort and time on the part of the mentee and the mentor.
- Requires mutual respect.
- Requires professional, responsible, and ethical conduct .

- Is a commitment by both parties for a specified interval, although it can be extended by mutual agreement.
- Can be ended at any time, by either party, in accordance with the goals set forth by the mentee.

To facilitate the mentee's role in the relationship, the following recommendations have been put forth for the mentee to:

- Understand his/her values, personality, temperament, strengths, weaknesses, and limits.
- Understand his/her career goals and communicate them openly.
- Clarify his/her goals and expectations of the relationship, including a timeline for the mentorship relationship.
- Come prepared to meetings with his/her mentor ("manage up").
- Be willing to learn and open to criticism.
- Take the initiative.
- Follow through on commitments.

Resources on mentoring and mentoring relationships

Felder TM, Braun KL, Brandt HM, Khan S, Tanjasiri S, Friedman DB, Armstead CA, Okuyemi KS, Hebert JR. Mentoring and training of cancer-related health disparities researchers committed to community-based participatory research. *Progress in Community Health Partnerships: Research, Education, and Action*. 2015; 9: 97-108.

Lee NL, Samet JM. ACE Forum report: the making of an epidemiologist – necessary components for doctoral education and training. *The art of mentoring: Can good mentoring be learned?* *Ann Epidemiol* 2003; 13: 552-556.

Zerzan JT, Hess R, Schur E, Phillips RS, Rigotti N. Making the most of mentors: A guide for mentees. *Acad Med* 2009; 84:140–144.

Tine Reimers: Mentoring Best Practices: A Handbook.

<http://www.albany.edu/academics/mentoring.best.practices.toc.shtml>

Accessed September 8, 2016

American Heart Association Mentoring Handbook, 2nd edition.

http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/documents/downloadable/ucm_319794.pdf

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Document History

The following table contains the creation history:

Approved by ACE Board of Directors
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The following table contains the revision history with the most current listed at the top:

Date	Revised By	Approved By	Description of Revision
May 5, 2017	Angela Liese	Mentoring Committee	Added Section 4 and list of resources
August 10, 2018	Angela Liese	NA	Corrected typos