MENTORING MANUAL



Department of Medical Education Rashid Latif Medical College



For Mentees







DME-RLMC 2025





Rashid Latif Medical College Mentorship Program

Manual for Mentees



Introduction

Welcome to the **Mentorship Program** at Rashid Latif Medical College (RLMC). This manual serves as a guide to help you understand your role as a mentee, what to expect from your mentor, and how to make the most of this valuable relationship.

Objectives of the Mentorship Program

- To provide academic, professional, and personal guidance.
- To support career development and decision-making.
- To enhance problem-solving and communication skills.
- To promote personal growth and well-being.

Roles & Responsibilities of a Mentee

As a mentee, you are expected to:

- Take initiative in scheduling and attending meetings with your mentor.
- Clearly communicate your goals, challenges, and expectations.
- Actively participate in discussions and seek constructive feedback.
- Respect your mentor's time and maintain professionalism.
- Implement guidance and feedback provided by your mentor.
- Keep records of meetings, advice received, and progress.
- Maintain confidentiality regarding discussions with your mentor.

What to Expect from Your Mentor

Your mentor will:

- Provide guidance on academic and career-related matters.
- Share experiences, insights, and networking opportunities.
- Offer support in skill development and decision-making.
- Encourage personal and professional growth.
- Listen actively and provide constructive feedback.

Code of Conduct

- Maintain a professional and respectful relationship.
- Ensure punctuality and preparedness for mentorship meetings.
- Adhere to ethical guidelines in all interactions.
- Address conflicts or concerns in a professional manner.



Setting Goals with Your Mentor

To maximize the benefits of mentorship, set goals in areas such as:

- Academic achievements
- Research and professional development
- Personal growth and leadership skills

Meeting Guidelines

- There will be **two mentoring sessions per month**, as mentioned in your timetable.
- Sessions will be conducted as per your timetable.
- Attendance is **mandatory** for these sessions.
- Come prepared with specific questions.
- Take notes and track progress on discussed action items.
- Provide feedback to your mentor

Addressing Concerns

If you experience challenges in your mentorship relationship, consider:

- Openly discussing concerns with your mentor.
- Seeking support from the mentorship program coordinator.
- Requesting a change in mentor if necessary, following program guidelines.

Conclusion

The mentorship program is designed to be a valuable resource for your personal and professional growth. Your active participation and commitment will help you gain the most from this experience. We encourage you to take full advantage of this opportunity and build a strong mentor-mentee relationship.

For any queries or assistance, contact the Mentorship Program Coordinator.

Rashid Latif Medical College Department of Medical Education



Dear Student,

Student Acknowledgment Form for Academic Performance & Attendance

This form confirms that you have been informed about your academic performance and attendance. By signing, you acknowledge that you are solely responsible for your progress. Student Name: Student ID / Roll Number: _____ Class/Batch: **Acknowledgment Statements** I have been informed about my academic performance and areas for improvement. ☐ Yes ☐ No I understand that my attendance affects my academic progress and that I am responsible for meeting the required attendance criteria. ☐ Yes ☐ No I acknowledge that any consequences due to poor performance or low attendance are my responsibility. \square Yes \square No If needed, I will seek academic support or guidance from my teachers to improve my performance. \square Yes \square No Comments / Concerns (if any): **Student Declaration** I, _____, confirm that I have been informed about my academic performance and attendance, and I take full responsibility for it. Student Signature: _____ Date:

