



# ***HEALTH SERVICES OFFICER MENTORING PROGRAM GUIDE***

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Health Services Professional Advisory Committee  
U.S. Public Health Service

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## **OPERATING GUIDELINE**

### **HEALTH SERVICES OFFICER MENTORING PROGRAM**

#### **A. Purpose and General Information**

The Health Services Officer (HSO) Mentoring Program is designed to facilitate the transition of recently appointed Health Services Officers into the U.S. Public Health Service (PHS) and to promote the long-term career development of HSOs. The Program is open to all qualified Commissioned Corps Officers appointed into the HSO Category.

The success of the various operating divisions of the U.S. Public Health Service is dependent on the development of competent and capable individuals both uniformed and civilian. Investing time in the personal and professional development of Mentee will enhance the overall effectiveness of the HSO category and create stronger leaders for the future.

Mentoring is an active partnership between an experienced member of the HSO Category and a less experienced member to foster professional growth and career development. The Mentor's knowledge and insights gained over years of experience serve as a valuable tool to facilitate the effective and efficient growth of the Mentee.

The Mentor serves as an initial contact person from whom information about the Commissioned Corps and the PHS may be readily obtained. Mentors should be knowledgeable about many subjects of interest to new members, including: health care and other benefits, uniforms and military courtesy, awards, mobility, career progression, the promotion process, PHS-wide and category-specific activities, and military and professional organizations. While an individual Mentor will probably not have all of the answers, he or she should be able to refer a Mentee to the right source for appropriate information.

In order for the Mentoring Program to be successful, both the Mentor and Mentee must be active and committed participants. The following guidelines are offered to ensure a successful relationship between Mentors and Mentee:

- Be proactive – if you're a Mentee, don't wait for your Mentor to make the first contact and vice versa
- Negotiate a commitment - agree to have regular contact at pre-defined intervals
- Establish a rapport - learn as much as possible about the other person
- Be confident - both the Mentor and Mentee have something important to offer the other
- Be enthusiastic - demonstrate mutual interest in the mentoring relationship
- Communicate - share knowledge and experience openly
- Be a good listener - hear what the Mentor or Mentee is saying
- Be responsive - act upon what has been learned

- Be accessible - have an open door or open phone policy
- Take responsibility - it takes two to have a successful mentoring relationship

## B. Goals of the Mentoring Program

- Provide Mentee with timely, factual, and relevant information to encourage and support their professional growth as a Health Services Officer in the PHS
- Instill in officers the importance of the PHS mission, officer responsibilities, and traditions of the Commissioned Corps
- Provide sound advice and counsel to officers throughout their careers, balancing category-specific and Operating Division-specific needs and priorities
- Promote career progression throughout the various employing PHS Operating Divisions

## C. Role of the Mentor

A Mentor is an experienced and trusted individual who serves in a number of capacities: teacher, guide, counselor, motivator, sponsor, coach, advisor, referral agent, role model, and door opener. The Mentor must be flexible to serve in the various capacities the Mentee has need of.

### 1. Responsibilities of the Mentor:

- Serve as a role model - share personal experiences, present a good example
- Be prepared and responsive to the requests and needs of the Mentee
- Be a resource person - provide information on the organization, category, personnel system, training opportunities, networking contacts, etc.
- Listen - be open and understanding
- Counsel - help identify options for promoting goals and solving specific problems; offer specific and practical suggestions
- Offer insight - orient the Mentee to the spoken and unspoken rules of the organization
- Guide - offer guidance but allow the Mentee to make final decisions
- Validate - be an advocate and acknowledge achievements
- Motivate - help set realistic goals and provide encouragement to achieve them
- Give feedback - share positive reactions and offer constructive criticism
- Provide perspective - help the Mentee see the big picture, protect by putting things into proper perspective

- Be knowledgeable - learn what you don't know, be able to refer to those who know best

## 2. Benefits to Mentors:

- Satisfaction of helping a junior HSO define and attain goals by identifying options and planning strategies
- Satisfaction in having a positive long-term impact, both on the individual and on the category
- Improvement in interpersonal communication, motivation, coaching, counseling, and other management skills
- Opportunity to gain perspective about comparable individuals supervised on a regular basis
- Impetus to reflect on one's own goals and performance

## D. Role of the Mentee

A Mentee is an achiever. A Mentee is a committed and motivated individual who is willing to work and take responsibility for their career development and professional growth. A Mentee must be honest, open, and receptive to the guidance their Mentor has to offer.

### 1. Responsibilities of the Mentee

- Discuss with your supervisor your interest in participating in the Program
- Initiate - schedule discussions, actively seek out the Mentor's advice
- Be honest - be open, frank, share your self-assessment of career development needs and personal career goals
- Listen - consider all suggestions without being defensive
- Participate - take full advantage of the services and assistance offered, make decisions based on all information gathered, and follow through on suggestions that make sense

### 2. Benefits to Mentee

- Connecting interpersonally with a caring, encouraging advisor
- Obtaining guidance in defining and achieving goals
- Gaining information to plan a clear and defined career track
- Gaining an appreciation for the corporate culture of the PHS
- Receiving constructive feedback
- Acquiring an objective and credible source of information
- Improvement in overall job performance

## E. Qualifications to be a Mentor

- Currently in good standing with the U.S. Public Health Service with no adverse personnel actions filed
- At least one rank or grade above his/her assigned Mentee.
- Preferably, same discipline as the Mentee
- Show strong interest in mentoring individuals through periodic phone calls, e-mail, and/or person-to-person contact
- Prefer to have Mentor either currently or previously assigned to the Mentees agency
- Submit completed Mentor Nomination Form

## F. Qualifications to be a Mentee

- Currently in good standing with the PHS with no adverse actions filed
- At least one rank or grade below their designated Mentor
- Desires to have a Mentor assigned to assist in his/her professional development
- Submit completed Mentee Nomination Form

## G. Implementation and Management

### 1. Mentor Nomination

- Mentor volunteers must submit a completed Mentor Nomination Form (Appendix 1). The Mentor Nomination Form can be e-mailed to the prospective Mentor at their request, or downloaded from the HS-PAC Web Page at <http://www.usphs-hso.org/>
- Upon receipt of the Mentor Nomination Form, the prospective Mentor will be contacted by the Chair of the Mentor Subcommittee to discuss responsibilities and expectations

### 2. Mentee Notification

- Mentor subcommittee Chair will contact the Mentee informing them of the pairing.
- The Mentor subcommittee Chair will update the Mentor/Mentee roster

### 3. Matching Mentors and Mentee

- To ensure potential Mentors are able to optimally relate to the Mentee, an effort will be made to pair up a Mentor who has current or past experience in the Operating Division (OPDIV) and/or geographic location to which the Mentee is assigned

- The HS-PAC Mentoring Subcommittee Chair will be responsible for the final match recommendations for Mentors and Mentees. Mentors and Mentees will be notified once an assignment has been made
- Unless indicated otherwise by either the Mentor or Mentee, the relationship will continue for an indefinite period
- The Mentee may opt to continue the relationship with the current mentor, terminate the relationship with the current mentor and request a new mentor, or terminate their participation in the mentor Program

## H. Program Evaluation

Program evaluation is critical to the constant improvement of the Mentor Program. Part of the commitment to function as a Mentor and to participate as a Mentee, includes the responsibility to provide a constructive critique of the experience. The Mentor Subcommittee is responsible for evaluating the feedback received from participants and incorporating necessary changes into the operating guideline.

- Mentors and Mentee should fill out and submit feedback forms (Appendices 3 and 4 respectively) within six months of the initial Mentor-Mentee match
- The completed feedback forms will be returned to the Mentor Subcommittee Chair
- The Mentor Subcommittee Chair will collate information from the feedback forms into a status report to the HS-PAC. Information provided by these status reports will be used by the HS-PAC to evaluate the effectiveness of the Program and make modifications as necessary

## I. More Information on Mentoring

If you want further information about Mentoring visit the:

- US Coast Guard Mentoring Program at:  
<http://www.uscg.mil/hq/g-w/g-wt/g-wtl/mentoring.htm>
- Mentoring Group at: <http://www.mentoringgroup.com/>

And don't forget to visit the HS-PAC web site at <http://usphs-hso.org>

## Appendices

1. Mentor Nomination Form
2. Mentee Information Form
3. Feedback by Mentor Form
4. Feedback by Mentee Form

## HEALTH SERVICES OFFICER MENTORING PROGRAM MENTOR NOMINATION FORM

Please complete all fields requested in the application and mail, fax, or email back to the Subcommittee Chair. Please write legibly.

<b>MENTORING INFORMATION</b>	
<b>NAME:</b>	
<b>RANK/GRADE:</b>	
<b>JOB TITLE:</b>	
<b>DISCIPLINE:</b> <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Environmental/Occupational Health <input type="checkbox"/> Epidemiology <input type="checkbox"/> Health/Medical Physics <input type="checkbox"/> Health Education <input type="checkbox"/> Health Services Administration <input type="checkbox"/> Information Technology	<input type="checkbox"/> Medical Technology <input type="checkbox"/> Microbiology <input type="checkbox"/> Optometry <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Podiatry <input type="checkbox"/> Public Administration/Public Health <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Other _____
<b>DUTY STATION ADDRESS:</b>	
<b>DUTY PHONE:</b> ( _ _ _ )	<b>DUTY FAX:</b> ( _ _ _ )
<b>E-MAIL:</b>	
PREVIOUS EXPERIENCE AS A MENTEE OR MENTOR? IF "YES" TO EITHER, PROVIDE NAME(S) OF MENTEE(S) AND/OR MENTOR(S) AND DATE(S) OF MENTORSHIP	

### PREVIOUS JOBS AND PHS ASSIGNMENTS

OPERATING DIVISION	JOB TITLE	CITY/STATE	DATES	MAIN AREA OF RESPONSIBILITY

**Comments :** ( Please provide a brief summary of your background, why you want to be a Mentor, contributions you can make to the Program, etc. Information provided will help the Subcommittee determine suitable Mentor-Mentee pairing)

**Mail or Fax completed application to:**  
 LCDR Celia Gabrel  
 5600 Fishers Lane, Room 7A-55  
 Rockville, MD 20707; FAX: 301-443-5271; E-mail: cgabrel@hrsa.gov

**HEALTH SERVICES OFFICER MENTORING PROGRAM  
MENTEE NOMINATION FORM**

Please complete all fields requested in the application and mail, fax, or email back to the Subcommittee Chair. Please write legibly.

<b>MENTEE INFORMATION</b>	
NAME:	
RANK/GRADE:	
JOB TITLE:	
DISCIPLINE: <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Environmental/Occupational Health <input type="checkbox"/> Epidemiology <input type="checkbox"/> Health/Medical Physics <input type="checkbox"/> Health Education <input type="checkbox"/> Health Services Administration <input type="checkbox"/> Information Technology	<input type="checkbox"/> Medical Technology <input type="checkbox"/> Microbiology <input type="checkbox"/> Optometry <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Podiatry <input type="checkbox"/> Public Administration/Public Health <input type="checkbox"/> Psychology <input type="checkbox"/> Social Work <input type="checkbox"/> Other: _____
DUTY STATION ADDRESS:	
DUTY PHONE: ( _ _ _ )	DUTY FAX: ( _ _ _ )
E-MAIL:	
PREVIOUS EXPERIENCE AS A MENTEE? IF "YES", PROVIDE NAME OF MENTOR AND DATE OF MENTORSHIP	

**PREVIOUS JOBS AND PHS ASSIGNMENTS**

OPERATING DIVISION	JOB TITLE	CITY/STATE	DATES	MAIN AREA OF RESPONSIBILITY

**UNDERGRADUATE AND GRADUATE TRAINING**

SCHOOL (CITY/STATE)	DEGREE	PRIMARY FIELD OF STUDY

I AM INTERESTED IN RECEIVING PARTICULAR GUIDANCE IN THE FOLLOWING AREAS (check all that apply):

- |                                                                          |                                                                  |
|--------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Advancement/Promotion in the Commissioned Corps | <input type="checkbox"/> Professional Licensure and Registration |
| <input type="checkbox"/> Continuing and Advanced Education               | <input type="checkbox"/> Perspective on PHS Agencies and Details |
| <input type="checkbox"/> Professional Organizations and Affiliations     | <input type="checkbox"/> Career Track Issues                     |
| <input type="checkbox"/> Career Development for Civil Service Personnel  | <input type="checkbox"/> Other: _____                            |

**Mail or Fax completed reference forms to:**

LCDR Celia Gabrel

5600 Fishers Lane, Room 7A-55Rockville, MD 20707; FAX: 301-443-5271; E-mail: cgabrel@hrsa.gov

## HEALTH SERVICES OFFICER MENTORING PROGRAM MENTOR FEEDBACK FORM

<b>MENTOR NAME:</b>
<b>MENTOR DUTY PHONE:</b>
<b>MENTEE NAME:</b>
<b>DATE OF MENTORSHIP:</b>

Did you attend a formal Mentor-training program? \_\_\_ Yes      \_\_\_ No  
 If YES, Where: \_\_\_\_\_  
 When: \_\_\_\_\_

Please respond to the following questions. Your responses will be kept confidential and will be used in the overall evaluation of the Mentoring Program.

1. Have you communicated with your Mentee in your role as Mentor?  Yes  No (if no, go to # 4)

2. Who initiated the first contact?  I made the first contact  My Mentee made the first contact

3. How have you communicated with your Mentee via (check each of the media you have used)?

- Telephone:
- E-mail:
- Personal Visit:
- Other:

4. Why have you NOT had contact with your Mentee?  
 Waiting for my Mentee to contact me       I've tried, but my Mentee has not responded  
 Other (please explain): \_\_\_\_\_

5. On the average, how often do you have contact with your Mentee?  
 Initial Contact Only     Three or more times per month     Once or twice per month  
 Once every three months     Less than once every three months

6. Has the Mentoring Program met your needs and/or expectations?  Yes  No

COMMENTS:

7. For Each of the following, please rate their relative importance as Mentor and Mentee matching factors (circle the appropriate code): Code: 0, 1, 3, 5 (with 0 being not important at all and 5 being very important)

Assigned to Same Operating Division	0	1	3	5
Similar Professional Assignments	0	1	3	5
Similar geographic experiences (i.e., HQ versus Field)	0	1	3	5
Assigned within same geographical area	0	1	3	5
Other matching factors which you feel are very important:	0	1	3	5

8. Would you be willing to continue with your current Mentee in the Mentoring Program?  Yes  No

9. Would you be willing to continue as a Mentor for future Mentee?  Yes  No

10. Do you have any additional comments and/or suggestions that will enhance the Health Services Officer Mentoring Program?

COMMENTS:

Please evaluate the resources made available to you below:

11. Did you download the HSO Mentoring Program Guide from the website?  Yes  No

12. Did you find the Guide helpful as a mentoring tool?  Yes  No

12a. If no, what specifically was missing or not useful? \_\_\_\_\_

12b. If yes, what specifically did you find useful or of value? \_\_\_\_\_

13. What information or sources did you use in addition to those provided that you felt were useful in mentoring your Mentee(s)?

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**Please complete and mail, fax, or email to:**

LCDR Celia Gabrel

5600 Fishers Lane, Room 7A-55

Rockville, MD 20707; FAX: 301-443-5271; E-mail: cgabrel@hrsa.gov

**HEALTH SERVICES OFFICER MENTORING PROGRAM**  
**MENTEE FEEDBACK FORM**

MENTEE NAME:
MENTEE DUTY PHONE:
MENTOR NAME:
DATE MENTORSHIP:

Please respond to the following questions. Your responses will be kept confidential and will be used in the overall evaluation of the Mentoring Program.

1. Have you communicated with your Mentor?  Yes  No (if no, go to # 4)
2. Who initiated the first contact?  I made the first contact  Mentor made the first contact
3. How have you communicated with your Mentor? (Check each of the media that has been used?)
  - Telephone:                      • E-mail:                      • Personal Visit:                      • Other:
4. Why have you not had contact with your Mentor?
  - Waiting for my Mentor to contact me  I've tried, but my Mentor has not responded
  - I do not need a Mentor through this Program  Other (please explain): \_\_\_\_\_
5. On the average, how often do you have contact with your Mentor?
  - Initial Contact Only  Three or more times per month  Once or twice per month
  - Once every three months  Less than once every three months
6. Has the Mentoring Program met your needs and/or expectations?  Yes  No

COMMENTS:
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7. Would you be willing to continue with your current Mentor in the Mentoring Program?  Yes  No  
If no, would you be willing to continue in the Program with another Mentor?  Yes  No
8. What type of Mentor/Mentee relationship would best meet your needs?
  - Contact Initiated by Mentor on a routine basis
  - Contact initiated by Mentee only when advice needed
  - Contact Initiated by Mentee on a routine basis
  - Regular initial contact with future advice related contacts
  - Other (please describe): \_\_\_\_\_

9. Do you have any additional comments and/or suggestions that will enhance the Health Services Officer Mentoring Program?

COMMENTS:
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**Please complete and mail, fax, or email to:**

LCDR Celia Gabrel

5600 Fishers Lane, Room 7A-55; Rockville, MD 20707; FAX: 301-443-4271; E-mail: cgabrel@hrsa.gov

## HEALTH SERVICES OFFICER MENTORING PROGRAM

### Mentor's Topical Guideline for Commissioned Officers

This guide is a tool that can be used to assist the Mentor in ensuring that pertinent issues are adequately addressed during the mentoring process. Many of these items should be covered by the Officer's direct supervisor and detail may not be necessary. However, many Officers are not provided satisfactory information on some topics or are unaware of their existence or importance. The introduction of each topic will give the Mentee the opportunity to determine whether he/she is familiar with the issue.

Mentor: \_\_\_\_\_ Mentee: \_\_\_\_\_

Date Mentoring Began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Mentor Contacted Employee's Supervisor: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Career Development Issues Date Discussed

- The Assimilation Process \_\_\_\_\_
- The Promotion Process and Precepts \_\_\_\_\_
- Importance of the Curriculum Vitae \_\_\_\_\_
- Conducting a file review \_\_\_\_\_
- Maintenance of your OPF \_\_\_\_\_
- The Awards System \_\_\_\_\_
- Education and Training \_\_\_\_\_
- Licensure \_\_\_\_\_
- Duty Assignments and Progression \_\_\_\_\_
- OFDR/CCRF \_\_\_\_\_
- Billets \_\_\_\_\_
- Mobility \_\_\_\_\_
- OIS - Officer Information Summary \_\_\_\_\_

#### Personnel Issues

- Leave \_\_\_\_\_
- Pay \_\_\_\_\_
- Performance Standards/COERS \_\_\_\_\_
- Standards of Conduct \_\_\_\_\_
- Medical/Dental Benefits and Insurance \_\_\_\_\_
- Life Insurance \_\_\_\_\_
- Retirement \_\_\_\_\_
- Military Protocol \_\_\_\_\_
- Agencies/Opportunities in the PHS \_\_\_\_\_
- Details \_\_\_\_\_
- Separation \_\_\_\_\_
- Probation \_\_\_\_\_

#### Support Issues

- Role and Function of the HS-PAC \_\_\_\_\_
- Commissioned Officers' Association \_\_\_\_\_
- Professional Organizations and Associations for Officers \_\_\_\_\_

#### References and Resources

- Health Services Officer Resource Book
- Information on Uniforms Reference - CCPM Pamphlet 61, Sept 1993
- Information on Health Care Services Reference -CCPM Pamphlet 65, March 1995
- Commissioned Officer's Handbook - CCPM Pamphlet 62, Spring, 1994
- A Supervisor's Guide to the Commissioned Personnel System, CCPM - Pamphlet 58, 1995
- Commissioned Officer Roster and Promotion Seniority, CCPM - Pamphlet 1 - annual
- Instruction 6, Subchapter CC25.2 "Professional Growth and Development" PHS CC No. 556
- Health Services Officer Home Page: <http://usphs-hso.org>