

# 2022 RISE-UP & MCH-LEARN MENTOR AGREEMENT

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Start of Block: MCHC/RISE-UP and MCH-LEARN 2018 MENTOR AGREEMENT

## Center for Diversity in Public Health Leadership Training

Kennedy Krieger Institute

Thank you for agreeing to participate as a project preceptor/mentor for the MCHC/RISE-UP &/or MCH-LEARN Program (Baltimore City). Clinical mentors are also needed in Baltimore City for our collaboration with MERIT Baltimore to provide clinical shadowing experiences for high school scholars.

Your time and support are greatly appreciated!

More information on mentoring opportunities may be found by visiting the website: <https://www.kennedykrieger.org/training/programs/center-for-diversity-in-public-health-leadership-training/mentoring-opportunities>

Our funders request a signed Project Preceptor/Mentor Agreement that includes a project description, background information on years of experience, and area of focus from each of our project preceptor/mentors. Thank you in advance for providing this information.

### DEFINITIONS:

**Project Preceptor** – A preceptor is an individual who provides direct oversight and supervision to scholar on their summer projects. A project preceptor is the content mentor who guides the scholar in research, clinical, or advocacy activities. A Project Preceptor is generally NOT involved in direct academic or career development. A preceptor may oversee one or multiple scholars.

**Mentor** –A mentor is an individual who is responsible for providing support, counseling, or encouragement related to academic, career, and professional development for the scholar. A mentor serves as the process mentor who does not necessarily have expertise in science, clinical, or advocacy areas. The mentor meets weekly with the scholar, however does NOT supervise or offer a research, clinical, or advocacy project for the scholar.

**Project Preceptor/Mentor** - A Project Preceptor/Mentor serves as BOTH Project Preceptor

and Mentor.

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Q25 Please note that the information collected in this survey has a dual purpose. First, information you provide via this survey is required by the funding agency for program evaluation. Second, information you provide will be used for research purposes (i.e., to test hypotheses about the effectiveness of program curricula and activities) after receiving your permission. Participation in this research is voluntary. Your permission (or lack of permission) in this research will have no effect on your current or future relationship with the Center for Diversity in Public Health Leadership at Kennedy Krieger Institute. You may cancel your permission to use your information at anytime by contacting Dr. Harolyn Belcher (CenterforDiversity@kennedykrieger.org). Your cancellation will not affect information already collected.

I agree that the information provided in this survey can be used for research in aggregate and de-identified (or limited, e.g., dates may be used) format.

Yes (1)

No (2)

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Q1

Please self-identify your role with the MCHC/RISE-UP and/or [Baltimore only] MCH-LEARN or MERITBaltimore scholars. I will be a:

Project Preceptor (1)

Mentor (2)

Project Preceptor/Mentor (3)

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Q3 I will accept a scholar(s) from the following program(s) (check all that apply):

- MCHC/RISE-UP (1)
  - MCH-LEARN (Available in Baltimore City, MD Only) (3)
  - MERITBaltimore (Available in Baltimore City Only for High School Scholar Clinical Mentors) (4)
- 



Q2 I am a MCHC/RISE-UP project preceptor/mentor for the:

- Baltimore Partners (Kennedy Krieger Institute, Johns Hopkins University) (1)
  - SD Partners (University of South Dakota, Sanford School of Medicine) (3)
  - CA Partners (University California Davis and MIND Institute) (4)
  - None of the above (5)
- 

Q22 Gender

- Female (1)
  - Male (2)
  - Other, Describe \_\_\_\_\_ (3)
-

Q24 Race (Check all that apply)

- African American, Black (1)
  - American Indian/Alaska Native (2)
  - Asian (3)
  - Native Hawaiian /Other Pacific Islander (4)
  - White (5)
  - Multi-racial (6)
  - Other, Describe \_\_\_\_\_ (7)
- 

Q23 Ethnicity

- Hispanic (1)
  - Other, Describe \_\_\_\_\_ (2)
  - Non-Hispanic (3)
- 



Q5

Describe your prior experience (check all that apply):

- Undergraduate level mentor (1)
  - Graduate level mentor (2)
- 



Q4 Years of Public Health Experience:

- 1-5 years (1)
  - 6-10 years (2)
  - 11-15 years (3)
  - > 15 years (4)
-

Q27 Highest Degree(s) Earned:

	Degree 1 (1)	Degree 2, if applicable (2)
PhD (1)	<input type="checkbox"/>	<input type="checkbox"/>
MPH (2)	<input type="checkbox"/>	<input type="checkbox"/>
DrPH (3)	<input type="checkbox"/>	<input type="checkbox"/>
MSW (4)	<input type="checkbox"/>	<input type="checkbox"/>
PsyD (5)	<input type="checkbox"/>	<input type="checkbox"/>
DPT or PT (6)	<input type="checkbox"/>	<input type="checkbox"/>
OTD or OT (7)	<input type="checkbox"/>	<input type="checkbox"/>
SLP (8)	<input type="checkbox"/>	<input type="checkbox"/>
JD (9)	<input type="checkbox"/>	<input type="checkbox"/>
MD (10)	<input type="checkbox"/>	<input type="checkbox"/>
DSW (11)	<input type="checkbox"/>	<input type="checkbox"/>
RN (13)	<input type="checkbox"/>	<input type="checkbox"/>
MHS (14)	<input type="checkbox"/>	<input type="checkbox"/>
MSN (15)	<input type="checkbox"/>	<input type="checkbox"/>
PharmD (16)	<input type="checkbox"/>	<input type="checkbox"/>

MPH/MBA (17)

MS (18)

MPH/MD (19)

MPP (20)

JD (21)

JD/MPH (22)

BS (23)

DVM (24)

DDS (25)

MBA (26)

MPS (27)

MSPH (28)

MHA (29)

EdD (30)

MA (31)

(12)



BA (32)

BSN (33)

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Q7 Primary area of professional focus:

Clinical health practice (1)

Public health practice (2)

Research (3)

Other, (please specify) (4) \_\_\_\_\_

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Q33 Research / Program Interest:

- Cancer (1)
  - Environmental Health (2)
  - Food Safety (3)
  - Healthcare Associated Infections (4)
  - HIV (5)
  - Hypertension (6)
  - Immunization (7)
  - Lymphatic Filariasis (8)
  - Motor Vehicle Injuries (9)
  - Nutrition, Physical Activity, and Obesity (10)
  - Sexually Transmitted Infections (STIs, besides HIV) (11)
  - Teen Pregnancy (12)
  - Tobacco (13)
  - Other (please specify) (14) \_\_\_\_\_
- 



Q16 The MCHC/RISEUP and/or MCH-LEARN Experience Project will focus on the following track(s)

Clinical (1)

Community and Advocacy (2)

Research (3)

Comments (4) \_\_\_\_\_

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Q21 Project Title

\_\_\_\_\_



Q9 Provide a description of the project. (Limit 250 words) IMPORTANT: Please include article citations, URLs, or recommending readings that may be helpful for the scholar to prepare for their summer experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q10 Select the public health essentials related to this project. Check all that apply:

- Monitor health status to identify and solve community health problems. (1)
  - Diagnose and investigate health problems and health hazards in the community. (2)
  - Inform, educate, and empower people about health issues. (3)
  - Mobilize community partnerships and action to identify and solve health problems. (4)
  - Develop policies and plans that support individual and community health efforts. (5)
  - Enforce laws and regulations that protect health and ensure safety. (6)
  - Link people to needed personal health services and assure the provision of health care when otherwise unavailable. (7)
  - Assure competent public and personal health care workforce. (8)
  - Evaluate effectiveness, accessibility, and quality of personal and population-based health services. (9)
  - Research for new insights and innovative solutions to health problems. (10)
- 

Q32 How many scholars can you mentor this summer?

- 1 (1)
  - 2 (2)
  - 3 (3)
- 



Q12 How frequently will you meet with the scholar(s) to discuss the project?

- weekly (1)
  - 2-4 times per week (2)
  - less than weekly (3)
- 

Q35 How many days per week would you like the scholar to be available at your site (check all that apply)?

- One day per week (1)
  - Two days per week (2)
  - Three days per week (3)
  - Four days per week (4)
- 

Q36 What days of the week are best for the scholar to work at your site (check all that apply)?

- Monday (1)
  - Tuesday \*MCH-LEARN scholars have research seminars on Tuesday (2)
  - Wednesday (3)
  - Thursday (4)
-

Q13 Primary Mentor/Project Preceptor Information:

- First Name: (29) \_\_\_\_\_
- Last Name: (38) \_\_\_\_\_
- Address (30) \_\_\_\_\_
- Office Room Number (31) \_\_\_\_\_
- City (32) \_\_\_\_\_
- State (33) \_\_\_\_\_
- Zip code (34) \_\_\_\_\_
- Agency/Organization: (36) \_\_\_\_\_
- Department (write "none" if not applicable): (37)  
\_\_\_\_\_
- Office Phone (XXX-XXX-XXXX): (47)  
\_\_\_\_\_
- Cell Phone (XXX-XXX-XXXX) (48)  
\_\_\_\_\_
- Email Address: (49) \_\_\_\_\_

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Q29 Is there a secondary mentor/project preceptor?

- Yes (1)
- No (2)

*Skip To: Q30 If Is there a secondary mentor/project preceptor? = Yes*

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Q30 Secondary Mentor/Project Preceptor Information:

- First Name: (29) \_\_\_\_\_
- Last Name: (38) \_\_\_\_\_
- Address (30) \_\_\_\_\_
- Office Room Number (31) \_\_\_\_\_
- City (32) \_\_\_\_\_
- State (33) \_\_\_\_\_
- Zip code (34) \_\_\_\_\_
- Agency/Organization: (36) \_\_\_\_\_
- Department (if applicable): (37)  
\_\_\_\_\_
- Office Phone: (47) \_\_\_\_\_
- Cell Phone: (48) \_\_\_\_\_
- Email Address: (49) \_\_\_\_\_

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Q20 Will scholar(s) be located in the same location as either of the Mentor(s)/Project Preceptor(s)?

Projector

- Yes, same location as noted in Mentor/Project Preceptor Information section. (1)
- If No, provide internship location information for the scholar (building, address, phone number). (2) \_\_\_\_\_

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**Q17 MENTOR/PRECEPTOR AGREEMENT**

I agree to participate in the Maternal Child Health Careers/Research Initiatives for Student Enhancement Undergraduate Program (MCHC/RISE-UP) and/or Maternal Child

Health-Leadership Education, Advocacy, Research Network (MCH-LEARN) as indicated above. I agree to provide a summer field experience for student(s) according to the Project Proposal attached. In addition, I have read through and understand the expectations in the Mentor Information Packet. I will attend or review the archived webinar which includes important information about mentoring in the MCHC/RISE-UP and MCH-LEARN programs

I understand that this initiative aims to encourage scholars to learn about public health, and work in healthcare and/or the public health sector.

Students are required to develop a poster and present the results of their summer project experience to their mentors and peers at the end of summer event.

By agreeing to participate with MCHC/RISE-UP and/or MCH-LEARN I will provide a learning experience for the scholars in the area of health care/public health and complete the Mid-Summer and a Final Evaluations found in the Mentor Information Packet.

More information on mentorship is available by

visiting: <https://www.kennedykrieger.org/training/programs/center-for-diversity-in-public-health-leadership-training/mentoring-opportunities>

REQUIRED: A typed signature serves as an electronic signature of agreement on this form.

Typed Signature: (1) \_\_\_\_\_

Date (2) \_\_\_\_\_

End of Block: MCHC/RISE-UP and MCH-LEARN 2018 MENTOR AGREEMENT

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