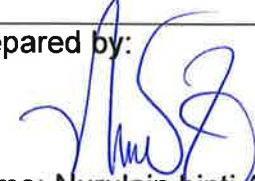


	<b>UNIVERSITY KUALA LUMPUR</b> <b>ROYAL COLLEGE OF MEDICINE PERAK</b>  <b>STUDENT MENTORING</b>	Doc. No:	UniKL/RCMP-02 (WI)
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Prepared by:  Name: Nurulain binti Abu Bakar Assistant Lecturer UniKL RCMP  Date: 04/09/2017	Approved by:  Name: YM Tengku Azlan Shah bin Tengku Mohamad Deputy Dean Academic  Date: 04/09/2017
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#### AMENDMENT RECORDS

No.	Date	Remarks	Revision No.	Approved by
1	09 May 2014	Establishment	00	Dean, FPHS
2	01 July 2016	Review	01	Covering Dean, FPHS
3	01 July 2017	Amendment	02	DDA, FPHS
4	04 September 2017	Amendment	03	DDA

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## 1.0 OBJECTIVE

The objective of this procedure is to provide guidelines for the mentoring system documents.

## 2.0 SCOPE

The scope of this procedure covers all programmes conducted at UniKL, RCMP.

## 3.0 REFERENCES

3.1 University Rules and Regulation

## 4.0 DEFINITIONS/ABBREVIATIONS

DDA : Deputy Dean (Academic)  
HoC : Head of Committee  
HoP : Head of Programme  
MED : Medical Education Department  
UniKL : Universiti Kuala Lumpur

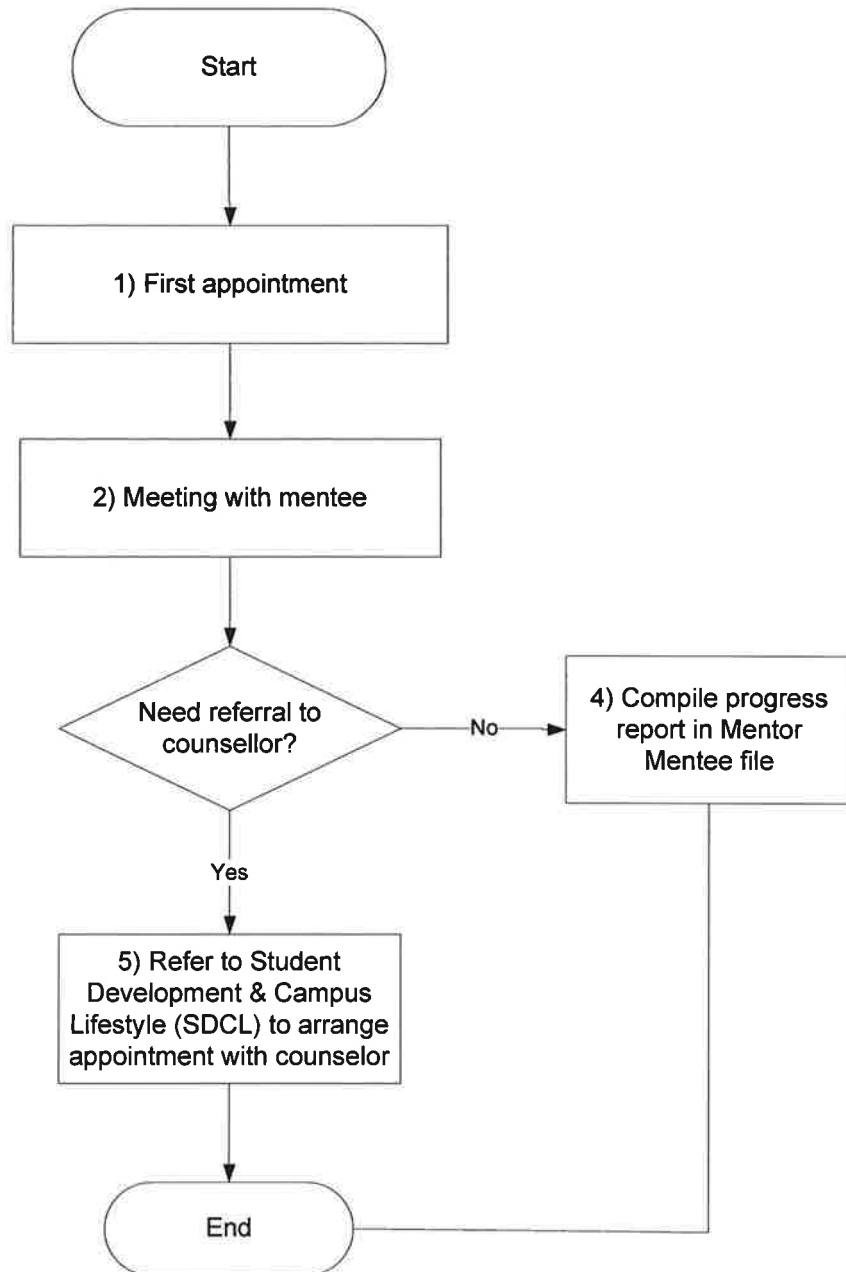
## 5.0 RESPONSIBILITY


5.1 The DDA of faculty is responsible to ensure that this procedure is adhered to at Faculty level.

5.2 HoP/ HoC, MED & Year Coordinator are responsible to ensure that this procedure is adhered to at programme level.

## 6.0 PROCEDURE

6.1 Refer to the process flow chart as in the next page.



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## 7.0 DESCRIPTION

No	Description	Person in Charge	Document	Duration
1	First appointment Fill up i) For FPHS and Nursing Programme <ul style="list-style-type: none"> <li>• UniKL/RCMP-02-01 (WI) Form 1(a) – 1(c)</li> </ul> ii) For FOM <ul style="list-style-type: none"> <li>• UniKL/RCMP-02-02 (WI) Logbook (a) – (d)</li> </ul>	Mentor	For FPHS and Nursing Programme <ul style="list-style-type: none"> <li>• Mentee Personal Details, Form 1(a)</li> <li>• Mentor Mentee Agreement, Form 1(b)</li> <li>• Mentor Mentee Appointment, Form 1(c)</li> </ul> For FOM <ul style="list-style-type: none"> <li>• Logbook (a) Pre-clinical for Year 1 &amp; Year 2 (b) Clinical Year 3 (c) Clinical Year 4 (d) Clinical Year 5</li> </ul>	i) For FPHS and Nursing Programme  Within the first month of the semester  ii) For FOM  Within the first week of the module registration
2	Meeting with Mentee	Mentor	<ul style="list-style-type: none"> <li>• Mentor Mentee Appointment, Form 1(c)</li> <li>• Mentee Probation, Form 1(d)</li> </ul>	As scheduled




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3	<p>Need referral to counsellor?</p> <p>i. Academic issues: eg. Probation 1 or 2</p> <p>ii. Non-academic issues: eg. Personality and attitude problem, depression</p> <ul style="list-style-type: none"><li>• If Yes, go to no. 5</li><li>• If No, go to no. 4</li></ul>	Mentor	-	-
4	Compile Progress Report in Mentor Mentee file	Mentor	Mentee Progress report, Form 1(e) Logbook	End of semester/ year
5	Refer to Student Services & Campus Lifestyle	SDCL	Counselling Application Form (UniKL-RCMP/UKBK/01/2009/pin.1)	-

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## 8.0 RECORDS

No	Titles/Records	Location/Responsibility	Retention Period
1	<p>For FPHS and Nursing Programme</p> <ul style="list-style-type: none"> <li>• Mentee Personal Details, Form 1(a)</li> <li>• Mentor Mentee Agreement, Form 1(b)</li> <li>• Mentor Mentee Appointment, Form 1(c)</li> <li>• Mentee Probation, Form 1(d)</li> <li>• Mentee Progress report, Form 1(e)</li> </ul> <p>For FOM</p> <ul style="list-style-type: none"> <li>• Logbook               <ul style="list-style-type: none"> <li>(a) Pre-clinical for Year 1 &amp; Year 2</li> <li>(b) Clinical Year 3</li> <li>(c) Clinical Year 4</li> <li>(d) Clinical Year 5</li> </ul> </li> </ul>	Committee, Coordinator, MED & Year Coordinator	3 years



**UNIVERSITI KUALA LUMPUR**  
**ROYAL COLLEGE OF MEDICINE PERAK**  
**MENTEE'S PERSONAL DETAIL**

DEPARTMENT :

---

NAME :

---

ID NUMBER :

---

DOB :

---

CONTACT NUMBER :

---

PERMANENT ADDRESS :

---

EMAIL ADDRESS

---

**CONTACT PERSON (PARENTS / GUARDIAN) IN CASE OF EMERGENCY**

NAME

---

ADDRESS & TEL. NUMBER

---

---

**ACADEMIC QUALIFICATION**

HIGHEST QUALIFICATION

---

SPONSORING BODY

---

AMBITION

---

---

**QUESTIONNAIRE**

**DO YOU NEED ANY ASSISTANCE IN YOUR STUDY (Please state your reason)**

---





**UNIVERSITI KUALA LUMPUR  
ROYAL COLLEGE OF MEDICINE PERAK**

**MENTOR MENTEE AGREEMENT  
(To be signed during the 1<sup>st</sup> meeting only)**

**NAME OF MENTOR :** \_\_\_\_\_

**NAME OF MENTEE :** \_\_\_\_\_

**TIME FRAME OF AGREEMENT :** \_\_\_\_\_

**PURPOSE OF MENTORING: TO GUIDE, COUNSEL, AND COACH THE MENTEE  
ON STUDY SKILLS**

**TARGET OBJECTIVES / EXPECTATIONS:**

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

**RULES:**

**GENERAL**

WE AGREE TO MEET AT LEAST ONCE A MONTH AT TIME, DATE AND PLACE THAT WE BOTH AGREE.

WE PROMISE TO BE OPEN AND HONEST IN OUR COMMUNICATION WITH ONE ANOTHER.

WE WILL MAINTAIN CONFIDENTIALITY OF WHAT WE SAY TO EACH OTHER.

**MENTEE**

AGREE TO WORK PROACTIVELY WITH MENTOR TO ACHIEVE THE GOAL

AGREE TO FOLLOW UP ON THE TASK GIVEN.

AGREE TO LISTEN NON - DEFENSIVELY TO THE FEEDBACK

**MENTOR**

AGREE TO MAKE TIME FRAME FOR FREQUENT AND REGULAR COMMUNICATION AGREE TO COACH AND COUNSEL, NOT TO ADVOCATE SO THAT THE MENTEE TAKES ACTION ON HIS/HER OWN.

AGREE TO HELP THE MENTEE TO DEVELOP A MUCH BETTER STUDY SKILL WITHIN THE TIMELINE

AGREE TO GIVE CONSTRUCTIVE AND FRANK FEEDBACK ON MENTEE'S PROGRESS AGREE TO BE UNBIASED ABOUT MENTEE'S SITUATION

MENTEE

MENTOR

\_\_\_\_\_  
( )

\_\_\_\_\_  
( )



**UNIVERSITI KUALA LUMPUR  
ROYAL COLLEGE OF MEDICINE PERAK**

**MENTOR MENTEE APPOINTMENT FORM**

**Mentor's name:** \_\_\_\_\_

**Mentee's name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Objectives**

**To establish mentee's study plan To**

**discuss mentee's study progress To**

**identify mentee's problems**

**Others** \_\_\_\_\_

**Report by Mentor**

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---

MENTEE

MENTOR

\_\_\_\_\_  
( )

\_\_\_\_\_  
( )



**UNIVERSITI KUALA LUMPUR**  
**ROYAL COLLEGE OF MEDICINE PERAK**

**MENTEE'S PROBATION**

**(Students who failed 3 or more subjects in their mid semester/ formative assessment/ final examination)**

**DEPARTMENT:**

**NAME:**

**ID NO:**

**INTAKE:**

**SEMESTER:**

**DATE:**

Please  /  where applicable

1. Please state how many times you have attended the mentor mentee session during this semester.

Time(s)

2. You are at this session because:

Self voluntary

Follow meeting schedule

Request by lecturer, state subject \_\_\_\_\_

3. You are having problems related to (Tick where applicable)

Family

Social affair

Others, please explain:

Academic

Financial

\_\_\_\_\_

4. Current Result (Mid Semester Exam/Formative Assessment/ Final Exam)

<b>Results</b>	<b>Problems/ Feedback</b>	<b>Action taken/ Suggestions</b>

Mentee's signature:

\_\_\_\_\_

Name:

Mentor's signature:

\_\_\_\_\_

Name:



**UNIVERSITI KUALA LUMPUR  
ROYAL COLLEGE OF MEDICINE PERAK**

**MENTEE'S PROGRESS REPORT**

**MENTOR'S NAME** : .....

**MENTEE'S NAME** : .....

**INTAKE SESSION** : .....

<b>SEM. / YEAR</b>	<b>ATTENDANCE (ABOVE 80%)  YES / NO</b>	<b>GPA</b>	<b>CGPA</b>	<b>COMMENTS</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				