

Oklahoma Hospital Association

presents

Finding and Becoming an Effective Mentor

Webinar (G2608)

August 17, 2010

Overview

This program focuses on the realities of mentoring partnerships in today's health care environment. Mentoring provides a unique opportunity for the mentor to provide guidance and growth for others. For those being mentored, it is an opportunity to discuss and learn in a trusting, non-threatening environment. Effective mentoring partnerships are positive.

Program Topics

- Successfully selecting an effective mentor
- Components of effective mentoring partnerships
- Avoiding the mentoring traps
- Assessing your mentoring talents
- Structuring the mentoring partnership
- Ten specific effective mentoring behaviors
- Understanding what the "mentoree" needs
- The teacher learns more than the student

Objectives

At the completion of this program, participants will be able to:

1. Identify opportunities for forming successful mentoring partnerships with effective expectations.
2. Discuss ways to reduce the negative impact of the mentoring traps.
3. List ways to assess individual mentoring talents.
4. Describe ways to effectively structure mentoring discussions and partnerships.
5. Identify ways to maximize mentoring skills and abilities.
6. Discuss the specific deliverables that "mentorees" need for success.

Faculty

Harry Chambers is President of Atlanta-based training/consulting companies, Trinity Solutions, Inc. and H.E. Chambers and Associates in Peachtree City, Georgia. His experience ranges from an hourly employee to executive officer in the sales, operations, training and administrative areas. He has presented programs for health care and hospital associations across the country.

Target Audience

COOs, CNOs, nursing leadership, hospital leadership, department heads, Joint Commission coordinator, safety officer and staff, performance improvement staff, risk managers, nursing home administrators and those interested in management.

Corporate Education Sponsors

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OHA corporate sponsorships provide organizations with year-round visibility in a variety of ways – publications, events and web site. For more information, go to www.okoha.com and click on Education/Corporate Sponsors.

Times

The program is from 9:00 a.m. – 10:30 a.m. Central Time.

Tuition

\$200 for OHA members

\$300 for non-members

Registration fee covers one connection to the program.

Cancellation Policy

The registration fee, less a \$60 service charge, is refundable if notice is received before 4:00 p.m. on August 10, 2010. No refunds will be issued for cancellations received after 4:00 p.m. on August 10, 2010. The cancellation/refund policy applies to registrations that indicate payment is being mailed prior to the program. No refunds will be issued for those who do not comply with this policy and the full registration amount will be due and owed to OHA.

Substitutions and Transfers

Registrants unable to attend may designate an alternate. Report substitutions to Shelly Bush at bush@okoha.com or Mary Winters at winters@okoha.com or (405) 427-9537, prior to the program. Transfers from one OHA educational program to another are not permitted.

Connecting to the Program

All tuition fees are per connection. Complete the attached registration form and return it to the Oklahoma Hospital Association. After you register for the program(s), you will receive a confirmation notice from OHA. Prior to the program, you will receive instructions on logging into the program. You will also receive the speakers' handouts via email. Approximately 5 to 10 minutes before the program, dial in to be connected to the session. Upon registering for the program, notify all participants and arrange a meeting room and speakerphone, if desired.

If you have not received a confirmation notice 48 hours prior to the program, please call Shelly Bush at (405) 427-9537 to confirm your registration has been received.

Confirmation notices will be sent via email when available.

REGISTRATION FORM
Oklahoma Hospital Association

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Important Note: Information for accessing each program will be emailed to the following contact person prior to the program date.

Name and Title of Contact Person _____

Organization _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ *E-mail _____

- Program fee includes one set of handouts. Upon receipt, you may copy handouts.
- Program fee covers one telephone connection.

Method of Payment

Check in the amount of \$_____ payable to OHERFT is enclosed.

****Please see mailing instructions below.**

Credit Card amount authorized \$_____

Credit Card # _____ Visa MasterCard Amex Discover

Expiration Date _____ Name on card _____

Cardholder's Billing Address (including zip code) _____

Signature _____

Mail all registrations accompanied by a check to:

OHERFT, Dept. #96-0298, Oklahoma City, OK 73196-0298

Mail all other registrations to:

OHERFT, 4000 Lincoln Blvd., Oklahoma City, OK 73105

Return your registration form to OHA. Registrations with credit card payment information included may be faxed to Shelly Bush at (405)424-4507. If you have any questions, please contact Shelly Bush or Mary Winters at (405)427-9537 or by email at bush@okoha.com or winters@okoha.com.

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