

Review Article

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# Overview of Mentorship Programme for Health Care Professionals

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## ABSTRACT

### Keywords

Mentorship programmes, reflective practice and career counseling

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Mentorship programmes are structured relationships between experienced mentors and less experienced mentees that promote professional, academic, and clinical growth. In healthcare, these programmes enhance clinical competence, leadership skills, ethical practice, and research engagement while improving job satisfaction and workforce retention. Evidence from diverse settings demonstrates that formal mentorship leads to better patient care, adherence to clinical protocols, and organizational performance. Key activities include goal setting, case discussions, skill demonstrations, reflective practice, and career counseling. This narrative highlights the effectiveness of mentorship in strengthening healthcare systems, supporting professional development, and translating evidence-based knowledge into safe, high-quality, patient-centered care.

## Introduction

Mentorship programmes in healthcare are structured systems wherein experienced professionals (mentors) guide, support, and advise less experienced individuals (mentees) to foster academic, clinical, and professional growth. These programmes serve as a bridge between theory and practice, enhancing knowledge, clinical skills, leadership abilities, and ethical practice.

Mentorship is recognized by accreditation bodies such as NAAC under *Criterion 2.3.3 (Mentor-Mentee Ratio and Activities)* and aligns with the Indian Nursing Council's

standards for quality education and student development. Evidence from diverse healthcare settings demonstrates that formal mentorship improves clinical competence, professional confidence, job satisfaction, research involvement, and adherence to evidence-based practices.

Structured activities—including goal setting, case discussions, skill demonstrations, reflective practice, and career counseling—enable mentees to translate theoretical knowledge into safe, effective, patient-centered care. Mentorship also strengthens organizational performance by fostering teamwork, leadership, and retention among healthcare

professionals. In low- and middle-income countries, mentorship has shown measurable improvements in care quality, workforce stability, and institutional performance. [1 & 2] This article justifies the integration of structured mentorship programmes as an essential strategy to enhance healthcare workforce competence, improve patient safety, and achieve sustainable professional development outcomes.

## **Definition**

A mentorship programme is a planned and organized system in which a more experienced person (mentor) supports, guides, and advises a less experienced person (mentee) to help them grow academically, professionally, or personally.

A mentorship programme is a structured relationship designed to share knowledge, build skills, provide guidance, and support career development through regular interaction between a mentor and a mentee. [1 & 2]

This review aims to examine the role of structured and supportive mentorship systems in fostering professional excellence among healthcare professionals. Specifically, it seeks to enhance clinical knowledge, technical skills, and the application of evidence-based practice while supporting professional, academic, and personal development. The review explores how mentorship bridges the gap between theory and clinical practice, promotes ethical, compassionate, and patient-centered care, and strengthens leadership, communication, and teamwork competencies. In addition, it highlights the contribution of mentorship to research engagement, innovation, and lifelong learning, as well as its impact on job satisfaction, professional confidence, workforce retention, quality improvement, and patient safety outcomes within healthcare systems.

## **Profession-Specific Objectives**

**Nursing:** To improve nursing process application, leadership, and quality care delivery.

**Medical:** To enhance diagnostic reasoning, procedural skills, and academic growth.

**Allied Health:** To strengthen technical competence, role clarity, and interdisciplinary practice. [1 & 2]

## **Mentor**

A mentor is an experienced, knowledgeable, and trusted person who: Guides, supports, and advises another person, shares professional knowledge, skills, and life experiences and, helps with career development, decision-making, and problem-solving and acts as a role model. Example: A senior faculty member guiding a junior nursing faculty or a senior clinician guiding a postgraduate student. Selection criteria would be minimum 5 years of clinical/academic experience, demonstrated professional competence and ethical practice, willingness to guide and support and trained in mentorship principles. [1 & 2]

## **Mentee**

A mentee is a person who: Receives guidance, support, and advice from the mentor and is usually less experienced in a specific field and actively learns, seeks feedback, and works toward personal or professional growth. Example: Mentees will be Students, interns, junior staff, or newly recruited professionals willing to participate and commit to programme goals. [1 & 2]

## **Roles and Responsibilities**

Mentors are responsible for providing continuous academic, clinical, and professional guidance to mentees through regular interactions, constructive feedback, and role modelling, thereby fostering critical thinking, skill enhancement, ethical practice, and research orientation.

They support mentees in career planning, professional conduct, and psychosocial well-being while maintaining confidentiality, mutual respect, and professionalism.

Mentees are expected to actively engage in the mentorship process by participating in scheduled meetings, identifying learning needs, setting short- and long-term academic or professional goals, and seeking timely feedback. They demonstrate accountability, commitment, and self-directed learning, and apply the guidance received to academic performance, clinical practice, teaching responsibilities, research activities, and professional behavior.

The Programme Coordinator plays a pivotal role in planning, implementing, and monitoring the mentorship programme. Responsibilities include systematic mentor–mentee allocation, maintenance of documentation and

progress records, organization of orientation, training, and periodic review meetings, and evaluation of programme outcomes. The coordinator also addresses operational challenges, facilitates communication, and ensures continuous quality improvement of the mentorship system, thereby strengthening institutional governance, student support services, and faculty development as mandated by accreditation and regulatory bodies. [1 & 2]

### **Mentorship Activities**

Mentorship activities in healthcare settings are designed to support the holistic development of students and professionals by integrating academic learning, clinical competence, research orientation, and leadership skills.

Goal-setting sessions are conducted at the beginning of the mentorship period to identify the mentee's academic, clinical, research, and career-related needs. Healthcare professionals collaboratively develop short-term and long-term goals with mentees, define measurable outcomes, and create individualized development plans to ensure focused and progressive learning.

Case discussions and clinical supervision involve regular review of patient cases, nursing care plans, and clinical decision-making processes. Mentors guide mentees in applying theoretical knowledge to real clinical situations, enhancing clinical reasoning, ethical judgment, patient safety practices, and adherence to standard treatment and infection control protocols during supervised patient care.

Skill demonstrations and simulations focus on improving procedural competence and confidence. Healthcare professionals demonstrate essential nursing and clinical skills such as assessment, medication administration, infection prevention practices, neonatal and pediatric care, emergency procedures, and use of medical equipment. Simulation-based training and return demonstrations are used to reinforce competency, reduce errors, and improve patient outcomes.

Research and academic guidance supports mentees in developing research aptitude and academic excellence. Mentors assist in identifying research topics, literature review, research methodology, ethical approvals, data collection, scientific writing, and publication. Academic guidance also includes support for examinations, presentations, teaching strategies, and continuous professional development.

Career counseling and leadership development activities help mentees understand career pathways, higher education opportunities, specialty roles, and professional responsibilities. Senior healthcare professionals provide guidance on leadership skills, communication, teamwork, conflict management, professional ethics, and preparation for administrative or academic leadership roles within healthcare institutions.

Reflective practice and feedback sessions encourage self-assessment, professional growth, and lifelong learning. Mentees are guided to reflect on clinical experiences, challenges, and achievements through reflective journals, discussions, and feedback meetings. Constructive feedback from mentors helps identify strengths, areas for improvement, and strategies for enhancing clinical competence, professionalism, and quality of care. [1 & 2]

### **Evaluation of the Mentorship Programme**

Evaluation of the mentorship programme is carried out through a systematic and continuous process to assess its effectiveness, quality, and alignment with institutional quality assurance standards. The evaluation focuses on process, outcomes, and stakeholder feedback.

Process evaluation includes monitoring the regularity of mentor-mentee meetings, participation in planned mentorship activities, maintenance of mentorship records and logbooks, and adherence to institutional guidelines.

Outcome evaluation assesses improvements in academic performance, clinical competence, skill acquisition, research output, professional behavior, leadership development, and career progression of mentees through pre- and post-mentorship assessments and performance reviews.

Feedback-based evaluation is conducted using structured questionnaires, interviews, and discussions to capture the perceptions and satisfaction of mentors and mentees and to identify strengths and areas for improvement. The findings of the evaluation are used for continuous quality improvement by revising mentorship strategies, strengthening mentor capacity, addressing challenges, and enhancing institutional support, thereby ensuring the sustainability and effectiveness of the mentorship programme. [1 & 2]

## **Key Performance Indicators (KPIs)**

The effectiveness of the mentorship programme is measured using clearly defined Key Performance Indicators (KPIs) aligned with institutional quality benchmarks. Key indicators include the proportion of mentor–mentee pairs actively participating in scheduled mentorship activities, regularity and documentation of meetings, and completion of individualized goal-setting plans. Improvement in mentees' academic performance, clinical competence, skill proficiency, and professional behavior serves as a core outcome indicator. Research-related KPIs include increased participation in research projects, presentations, publications, and academic achievements. Career development indicators encompass enhanced leadership skills, career clarity, progression to higher education or advanced roles, and improved retention and progression rates. Satisfaction levels of mentors and mentees, measured through structured feedback, reflect the quality and relevance of mentorship support. Additional KPIs include compliance with institutional mentorship guidelines, timely review by the Programme Coordinator and IQAC, and evidence of continuous quality improvement actions based on evaluation findings. Collectively, these KPIs ensure accountability, demonstrate impact, and support accreditation and regulatory requirements while strengthening academic and clinical excellence. [1 & 2]

## **Documentation and Reporting**

Systematic documentation and reporting are integral to the effective implementation and evaluation of the mentorship programme and are aligned with institutional quality assurance requirements. Mentorship agreement forms are used to clearly define the roles, responsibilities, expectations, and duration of the mentor–mentee relationship, ensuring mutual understanding and accountability. Goal-setting and progress reports document individualized learning objectives, planned activities, achievements, and challenges, enabling continuous monitoring and timely feedback. A final evaluation and impact report is prepared at the end of the mentorship cycle to assess outcomes related to academic performance, clinical competence, research involvement, and professional development. Based on these findings, evidence-based recommendations for programme strengthening are formulated to support continuous quality improvement, accreditation requirements, and sustainability of the

mentorship initiative. [1 & 2]

## **Expected Outcomes**

The mentorship programme is expected to produce competent, confident, and ethically grounded healthcare professionals with enhanced academic knowledge, clinical skills, and professional attitudes. Improved quality of patient care and safety is anticipated through better clinical decision-making, adherence to evidence-based practices, effective communication, and strengthened infection prevention and patient safety practices. The programme also aims to foster leadership qualities, teamwork, and professional accountability, enabling healthcare professionals to function effectively within multidisciplinary teams and contribute to organizational excellence, capacity building, and overall improvement in healthcare delivery systems. [1 & 2]

## **Outcome of mentorship programme form evidence based studies**

A scoping review of mentorship interventions for health personnel in low- and middle-income countries found that mentorship consistently led to improvements in quality of care outcomes, such as more accurate documentation, better alignment between care plans and actual care delivered, and more appropriate prescription and administration of medications. All included studies showed positive impacts on quality of care measures following mentorship interventions. [3]

Studies in nursing and midwifery show that structured, formal mentorship programmes improve clinical skills, professional confidence, job satisfaction, and role readiness among mentees. Formal mentorship has been associated with enhanced clinical competence, leadership development, and improved professional fulfilment, all of which are linked to higher quality patient care. [4]

Longitudinal research on nurse mentoring in community health worker programmes demonstrated that having trained nurse mentors significantly increased the range and complexity of tasks performed by health workers, improved household coverage, and enhanced the overall quality of care delivered at the community level. [5]

In a primary health facility mentorship project in Malawi, mentorship support resulted in significant

improvements in the identification and reporting of maternal and neonatal complications, suggesting that providers became more competent and confident in clinical assessment and management after mentorship. This implies better patient care and potentially reduced adverse outcomes. [6]

A mixed-methods study in aged care showed that mentees who participated in a structured clinical mentorship programme demonstrated increased professional commitment and self-efficacy, and a high proportion chose to remain in the field after graduation, suggesting that mentorship supports workforce stability and quality of care over time. [7]

A systematic review in African settings reported that mentorship programmes not only improved clinical competence but also enhanced institutional performance (including managerial functions and clinical service quality), reduced inappropriate treatments, and increased adherence to clinical protocols. These effects contribute to overall improvements in quality and safety within health facilities. [8]

Research on multicomponent mentorship programmes for nurses and students has reported reductions in burnout, increases in confidence and clinical competence, and higher satisfaction levels among both mentees and mentors, showing benefits that support quality practice environments and, by extension, patient care quality. [9]

Evidence-based practice (EBP) mentorship programmes have been shown to improve clinicians' adoption of evidence at the bedside, enhance organizational readiness for implementation, and promote patient safety improvements, indicating that mentorship fosters better translation of knowledge into care delivery processes. [10]

Collective evidence from diverse healthcare contexts shows that mentorship programmes lead to measurable improvements in clinical competence, patient safety, quality of care outcomes, professional confidence, job satisfaction, retention, and organizational performance. These outcomes together support better patient-centred care, safer clinical practice, and stronger health systems.

In conclusion, structured mentorship programmes are pivotal in developing competent, confident, and ethically grounded healthcare professionals. Evidence indicates

that mentorship improves clinical competence, leadership, job satisfaction, research engagement, and patient safety outcomes. By bridging the gap between theory and practice, these programmes foster professional growth, enhance adherence to evidence-based care, and support workforce stability. Integration of mentorship within healthcare institutions aligns with accreditation and regulatory standards, contributing to continuous quality improvement. Overall, mentorship enhances patient-centered care, strengthens institutional performance, and ensures sustainable professional development, positioning it as a key strategy for advancing healthcare quality and organizational excellence.

### Author Contributions

Shyamala Ravikoti: Investigation, formal analysis, writing—original draft. Sekkulanandai Kuppaswamy Mohanasundari: Validation, methodology, writing—reviewing.

### Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

### Declarations

**Ethical Approval** Not applicable.

**Consent to Participate** Not applicable.

**Consent to Publish** Not applicable.

**Conflict of Interest** The authors declare no competing interests.

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