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ORIGINAL RESEARCH

Postgraduate residents as academic mentors for MBBS students

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SUMMARY

Introduction: In the demanding landscape of medical education, students encounter increased expectations and the combined pressures of final exams and postgraduate entrance preparations, especially during the crucial MBBS Phase 3 Part 2. Formal mentorship programs have been effective in improving academic performance, professional development, and stress reduction, as they have recognised the need for personalized support. This study aims to evaluate the utility of postgraduate students as academic mentors, providing structured support to final year medical students. **Material and Methods**: This prospective observational study focused on MBBS Phase 3 Part 2 students at Government Medical College, Patiala, from the 2024 batch. MBBS Phase 3 Part 2 students participated in weekly mentoring sessions with postgraduate residents. Data collection involved pre- and post-session feedback questionnaire distributed via Google Forms. The questionnaire used a 5-point Likert scale to assess the influence of mentorship on student's learning, mentor's experiences and faculty perspectives. Data was systematically collected, analysed for statistical validity and utilised to assess the mentorship program's efficacy. **Results**: The Mentorship Program included 49 MBBS Phase 3 Part 2 students, 19 residents and four faculty members. Initial evaluations revealed strong support for the program, with students, residents and faculty recognizing the need for mentorship in the medical field. Post feedback questionnaire indicated high levels of satisfaction: many students felt motivated, supported and found their mentors to be active listeners. Residents generally found the program feasible and expressed a willingness to continue serving as mentors. Faculty members reported improved teacher-student relationships and stressed the value of mentorship in professional growth. Overall, the program was well-received and there was strong interest in continuing it for upcoming batches. **Conclusion:** The mentoring program was successful in meeting the expectations of the faculty, mentors, and mentees, and it is recommended that the program be continued for future batches with the implementation of the recommendations and necessary changes based on the mentees' perceived requirements.

Key Words: Mentorship program, Academic mentors, final year medical students, Postgraduate residents, teaching faculty, Internal Medicine.

BACKGROUND

MBBS phase III part 2 is the final formal chance for Indian medical graduates to acquire the skills. By this time students are quiet familiar with examination technique, assessment methods and skills.For them, daily routine in a hospital clinical setting is a new challenge. Their expectations are high. They have to appear in the final examination and be medical graduates at the same time they are concerned about the upcoming PG entrance examination.

During their clinical teaching, there is little time for teaching faculty to asses and support them individually according to their needs. Mentoring programmes address many such problems which students and faculty face**.** As they begin their final year clinical posting, their last opportunity to gain and strengthen practical skills before residency, medical students exhibit a wide range of clinical practical skills.

Medical students in their last year have reported satisfaction with the mentorship program,[1].Mentoring improves the academic performance of students. There is greater interest in aspirations towards academic careers, improved self-esteem and reduced stress. The academic performance of students is enhanced by mentorship programme,[2] .

Mentoring facilitates the development of professional traits and eases the transition into a career. Personalized guidance throughout clinical rotations appears to improve medical students' growth on both a

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personal and professional level, [3]. An enhanced feeling of individual achievement was seen in different research subsequent to the establishment of a mentorship program between residents and undergraduate students. Depersonalization and emotional tiredness scores showed a non-significant trend in the opposite direction. Mentors and mentees acknowledged several advantages and had a positive perspective on the program [4].

Medical students' perceptions of the quality of their education have been demonstrated to be enhanced by high-quality interactions between resident physicians and students, with a significant contributing component being the duration of time spent with resident professors and mentors,[5].

We do not have a formal mentoring program in Government medical college Patiala for Phase 3 part 2 MBBS students involving PG residents as mentors, but informal, spontaneous mentoring was undoubtedly happening at our institution. Present study envisages to find Utility ofPost Graduate Students as Academic Mentors.

AIMS AND OBJECTIVES

Aim: - Evaluating the Role and Impact of Postgraduate (PG Resident) Mentors for MBBS Phase III-Part 2 Students in the Department of Internal Medicine at Government Medical College, Patiala.

Objectives:

1. To assess perceptions of Faculty, Residents and MBBS students.
2. To enhance academic support by utilizing PGs as mentors.
3. To inculcate teaching skills in postgraduates.

METHODOLOGY

- **Prospective Observational Study.**
- **Study Population**: - This research project focused on MBBS Final Year Phase lll Part 2 Students at Government Medical College, Patiala. This specific cohort was chosen due to its relevance in the medical education system and the potential impact on the students' future medical practice. Participants currently undergoing rotatory clinical teaching in department of Medicine (2024) were invited to take part in the study.
- **Ethical Considerations and Approval Process**: -Before commencing the study, ethical approval was sought from the Director Principal, and Medical Education Unit (MEU). This research followed the prescribed ethical guidelines and safeguards.
- **Study Group and Sample Size:** -The study included consenting students from the MBBS final year Phase 3-part II in the 2024 batch who came to the medicine department of Government Medical College, Patiala. Out of these all-consenting students were allowed to participate.
- **Training of PG Residents in Mentorship:** - Postgraduate (PG) residents from the Department of Medicine were sensitized to the study. A comprehensive training session was conducted to equip them with the necessary skills for effective mentorship. This training was necessitated to enhance the quality of mentorship, as very few residents had previous experience of mentoring.
- **Validation of Feedback Questionnaire by MEU:** -The feedback questionnaire was subjected to validation by the Medical Education Unit (MEU) of the institute.
- **Mentoring Sessions and Frequency:** - Participating students from MBBS Phase III Part 2 attended mentoring sessions at least once a week in the clinical ward teaching sessions. (Number Varies as per the Rotatory teaching Roster). These sessions provided a platform for interaction, guidance, and support from PG residents, contributing to the overall learning experience.
- **Feedback Collection:** -To gauge the effectiveness of the mentoring sessions, feedback was collected both before and after each session and finally a google questionnaire was distributed at the end of duty to seek responses immediately after the final session. This allowed for a comprehensive assessment of any changes or improvements in students' perceptions, understanding, or skills as a result of the mentorship.
- **Tools Used: Questionnaire:** -The primary tool for data collection in this prospective observational study is a questionnaire. This questionnaire will be designed to capture relevant information related to the impact of mentoring sessions on the participating students. The procedure of validation guaranteed the reliability and authenticity of the data obtained through this tool.
- **Data Collection:** -In this research project, data collection was a critical phase that involves obtaining feedback from multiple stakeholders, including Mentee's (MBBS Phase III part 2 students), Mentors (PG residents of the medicine department), and Faculty of Medicine. To ensure a systematic and standardized approach, a Google Forms-based questionnaire was utilized, incorporating a 5-point Likert scale tailored specifically for this project.
- **Questionnaire Design**: -The questionnaire was meticulously crafted to cover key aspects relevant to the mentoring sessions and their impact on Mentee's, Mentors, and Faculty of Medicine. Respondents could indicate how much they agree or disagree with statements using the 5-point Likert scale.
- **Participants:**

- **Mentee's** (MBBS Phase III part 2 students*):* The primary beneficiaries of the mentorship sessions.

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Feedback from Mentee's was crucial in evaluating the perceived impact on their learning, understanding, and overall experience.

- **Mentors** (PG residents of the medicine department): The individuals responsible for providing mentorship. Gathering feedback from mentors offered insights into their experience, challenges faced, and the perceived effectiveness of their mentoring role.
- **Faculty of Medicine***:*Comprised of consenting faculty, who agreed to oversee and participate in the project. Feedback from the Faculty of Medicine provided a higher-level perspective on the overall implementation, challenges, and potential areas for improvement.

❖ **Google Forms Platform: -**Google Forms served as the platform for data collection. This online tool facilitated easy distribution of the questionnaire, ensuring accessibility for participants.

❖ **Pre-Formed Questionnaire: -**The questionnaire was for this research project

❖ **5-Point Likert Scale: -**The Likert scale was used method for capturing attitudes and opinions.

❖ **Data Collection Process: -**

- Distribution: The Google questionnaire was distributed electronically to Mentee's, Mentors, and Faculty of Medicine involved in the project.
- Consent: An informed consent form explaining the study's objectives, confidentiality assurances, and the participants' voluntary involvement was taken from each participant.
- Completion*:* Participants were asked to complete the questionnaire immediately after the session.
- Reminder System*:* To enhance response rates, a reminder system was implemented in form of What's app group.

❖ **Validation Process: -** Prior to implementation, the questionnaire underwent a validation process to ensure its relevance, clarity, and effectiveness in capturing the intended data.

❖ **Analysis Plan: -**Upon completion of data collection, the responses were compiled and subjected to statistical analysis. The 5-point Likert scale data will be analysed using appropriate statistical methods to draw meaningful conclusions and insights from the feedback provided by Mantee's, Mentors, and Faculty of Medicine.

In this research project, the responses from Mentees, gathered through the modified questionnaire, underwent a comprehensive process of data collection, compilation, and analysis. The aim was to draw meaningful insights and conclusions based on predetermined parameters, utilizing numerical data, percentages, and relevant statistical tests.

In conclusion, this prospective observational study aimed to explore the impact of mentorship on MBBS final year Phase 3-part II students at Government Medical College, Patiala, using a well-structured methodology and ethical considerations. The findings may have contributed valuable insights to medical education and mentorship practices.

OBSERVATIONS AND RESULTS

Mentees

49 MBBS Phase 3 Part 2 students consented to be a part of project. All filled the Pre session proforma. Out of this 44 responded in Post session Questionnaire. Three were absent that day. Two were on leave. Finaly 44 participated in the study.

Table no 1:

Total: 44		
Age	**21 to 23 Years**	
Sex	56.8% male	43.2% female
Residence	82% Hostels	18% Day Scholar
Academic Performance	96% 1st attempt	4% more than one attempt
Accessibility	68.2% within Duty hours	31.8% after duty hours

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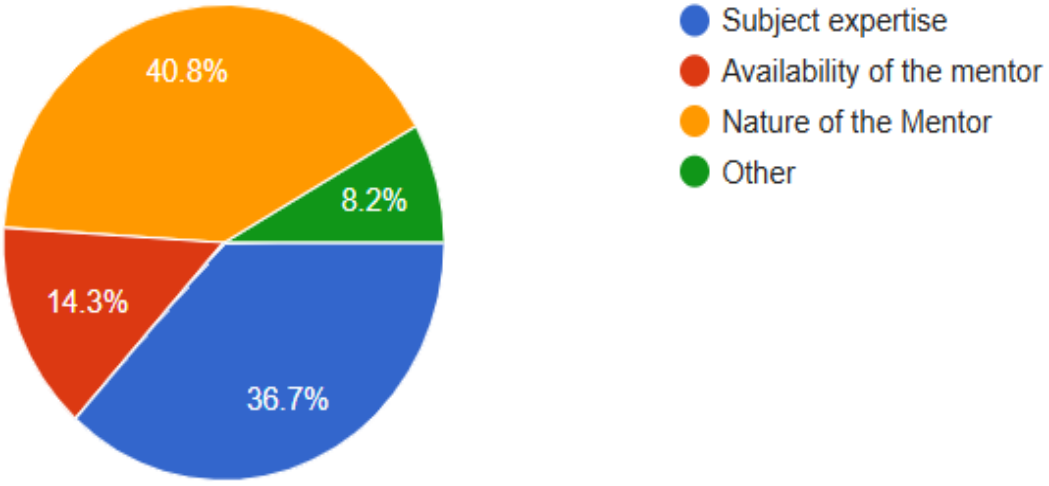

Fig no 1: - Response to open ended question" What should be the criteria for choosing the mentor"

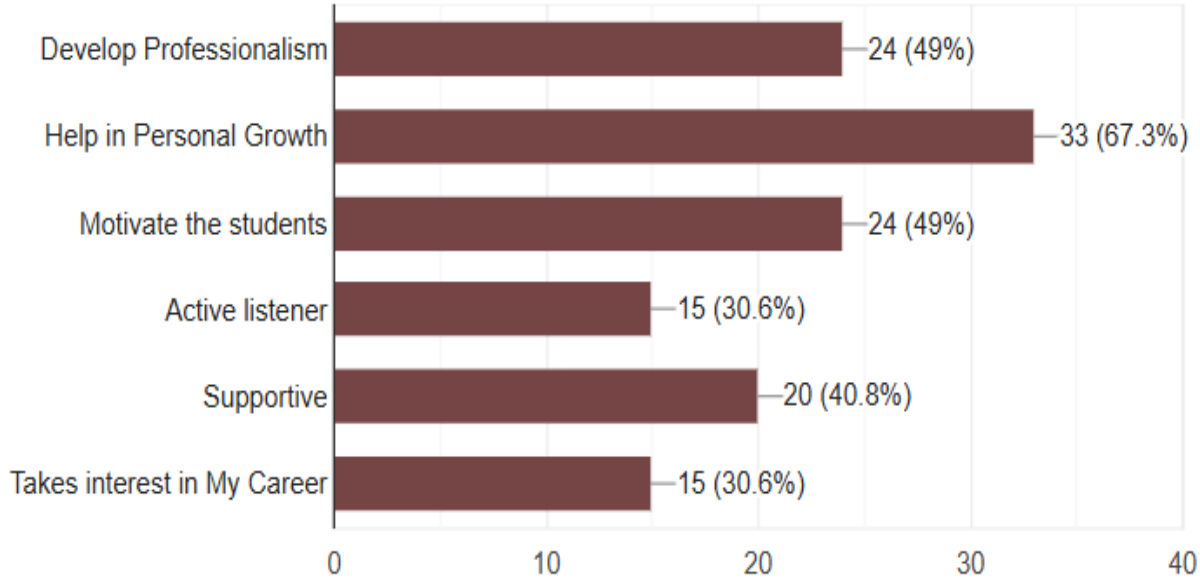

Fig no 2: - Response of Mentees about their expectations from the mentor

Table no 2: Perception of Mentees (%)

Total 44 participated in mentoring. This table summarizes their responses.

	SD	D	N	A	SA
5 Point Likert Scale	1	2	3	4	5
Accessibility	2.3	2.3	13.6	36.4	45.5
Motivates me	2.3	0	11.4	38.6	47.7
Active listener	2.3	0	11.4	40.9	45.5
Supportive	2.3	0	9.1	38.6	50
Takes interest in career	4.5	0	22.7	45.5	27.3
Mentoring is burden	31.8	34.1	25	2.3	6.8
Continuation future batches	9.1	2.3	13.6	36.4	38.6
Satisfied with mentor	4.5	0	11.4	34.1	50

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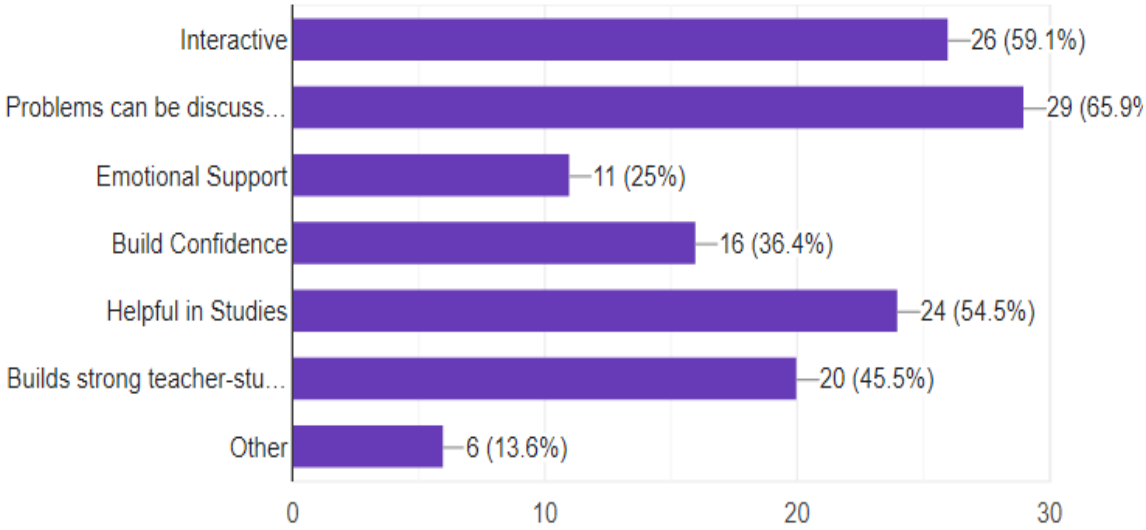

Fig no 3: - Response of Mentees to open ended question" Things that you liked about the Mentorship Program"

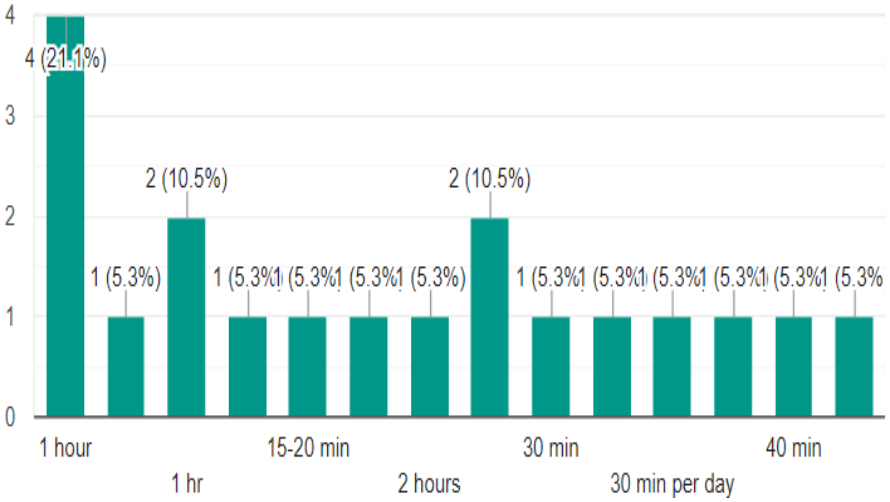

Fig no 4: - Duration Spent With mentors

Maximum time spent with mentor was 3 hours and minimum time spent was 45 minutes.

Mentors

19 post graduate (PG) residents participated in the mentorship project involving 44 mbbs phase 3 part 2 students.

Mentor mentee ratio was 2 to 3 (2.5)

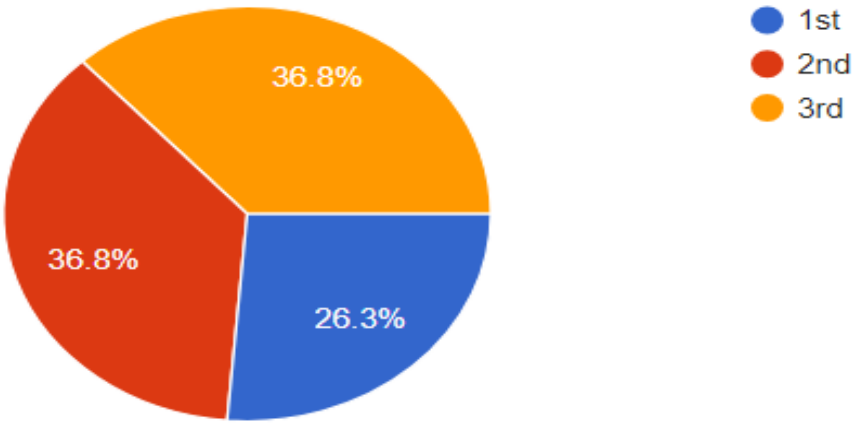

Fig no 5: - Year of Residency (Mentors)

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Study included residents from each year of residency.

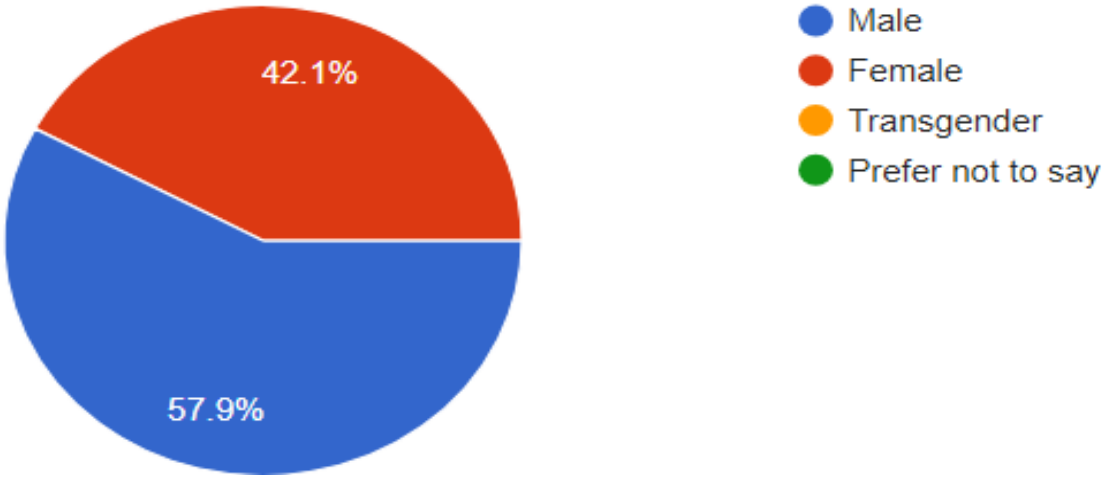

Fig no 6: -Sex

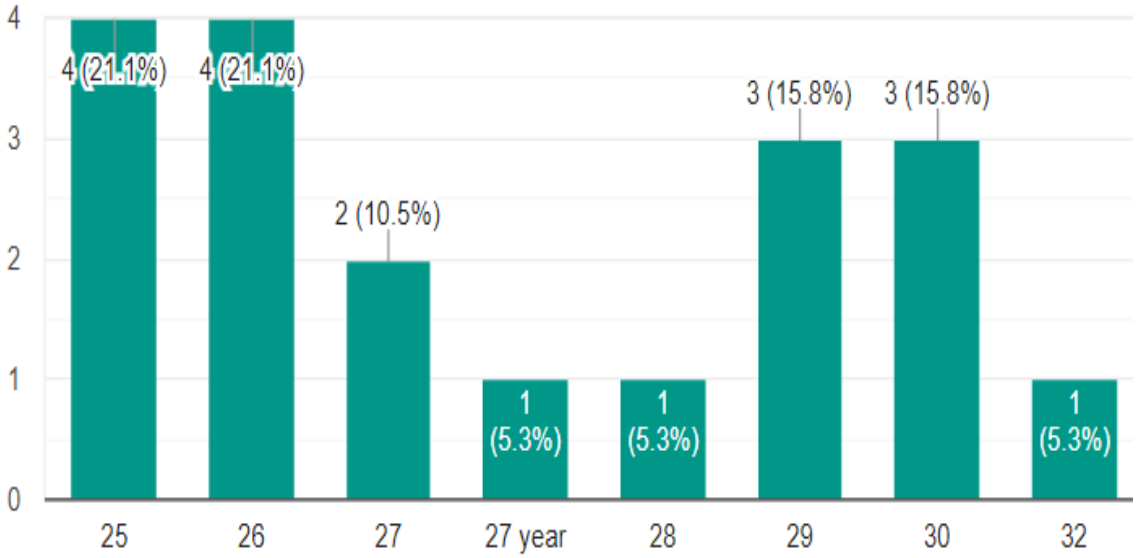

Fig no 7: -Age

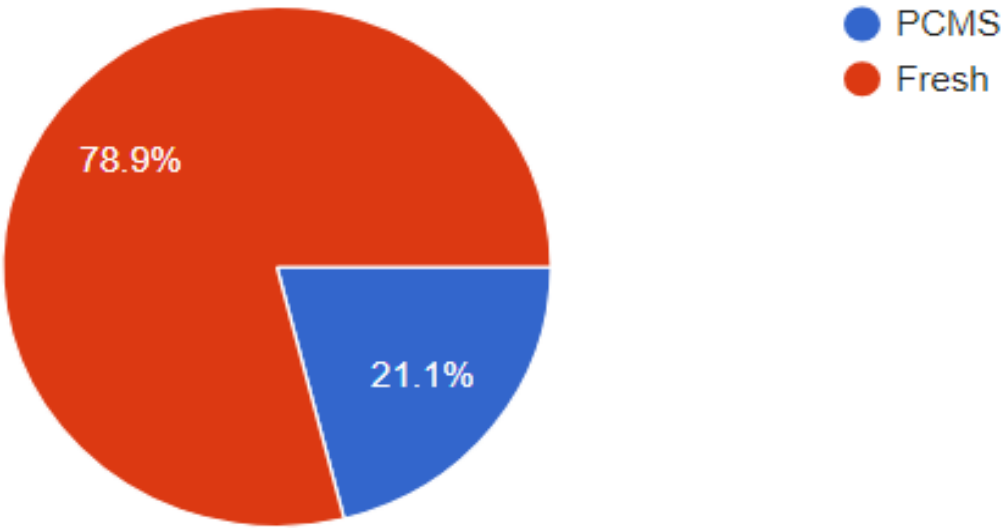

Fig no 8: - Type of Resident

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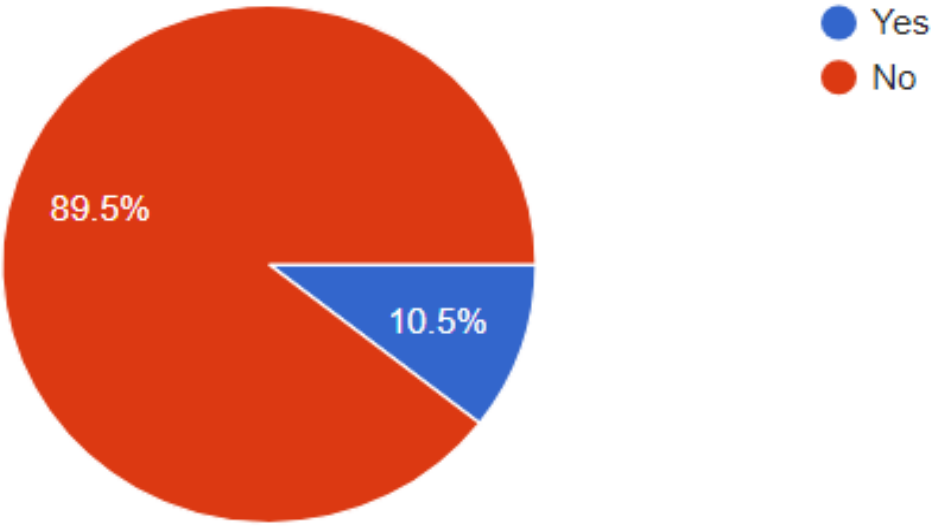

Fig no 9: - Any Past experience with mentoring

About 90% residents had no past experience of mentoring. Only 10% had past experience with mentoring. It was a new challenge for them.

Table No 3: Mentors response (%)

In total 19 PG residents perusing MD internal medicine 3-year residency in different units of department of medicine participated in this study. This table summarizes their responses.

Total mentors 19

	SD	D	N	A	SA
5-pt Likert Scale	**1**	**2**	**3**	**4**	**5**
Satisfied	**0**	**10.5%**	**10.5%**	**31.6%**	**47.4%**
Feasible	**0**	**10.5%**	**10.5%**	**42.1%**	**36.8%**
Continue for future batches	**0**	**0**	**21.1%**	**36.8%**	**42.1%**
Availability after duty hours	**0**	**5.3**	**36.8%**	**26.3%**	**31.1%**

In this study 79% of residents were satisfied and responded as strongly agree and agree with regards to mentoring and 10.5% were neutral and only 10.5% disagreed.

78.9% agreed to the feasibility of mentorship of MBBS students in GMC Patiala.10.5% were neutrals and 10.5% disagreed.

All PG residents agreed that it should be continued for future batches with 78.9% agreed and 21.1% neutral responses and no one disagreed.

57.4% responded that they are available even after the duty hours of hospital ,36.8% were neutral and only 5.3% expressed nonavailability after duty hours.

Open Ended Questions: -Responses to the open-ended questions were analysed and following data emerged about strengths, weaknesses, Challenges faced and solutions to these issues.

- **Strengths of Mentorship program**
  All responded and gave their inputs. Improved communication and teaching skills. Recall of basic knowledge, Building Leadership qualities, Healthy discussion, Personality building. Better Acquittance with the topic. One to one interaction. Guiding PGs in career aspects. Shaping of personality.
- **Weaknesses of Mentorship Program-**
  Majority of mentors found no specific weakness apart from time constraint.
- **Challenges faced-**
  Time constraint was a challenge for majority of mentors, especially during the duty Hours. More training sessions on mentoring for PGs in 1st year of residency.
- **Suggested Solutions: -**
- Devise a proper mutually agreeable schedule so that there is better coordination. Better planning for next batches by the mentors as they felt that this was the first time they were participating in a mentoring programme. Best honest answer by a resident summarized the story (we were new to this field, I was feeling clueless, with time I got what to do to become more productive)

Faculty results (%)

Faculty members of different units participated and their valuable inputs were taken on a google questionnaire. Participating faculty comprising of one associate professor and three assistant professors responded to the questionnaire. Teaching experience of the faculty varied from 4 years to 30 years.

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Total 4

Likert scale	SD	D	N	A	SA
	1	2	3	4	5
Promotes better teacher student	0	0	0	50	50
Mentee communicates with me regularly	0	0	0	50	50
Mentoring is Feasible	0	0	0	25	75
Extra Burden	0	50	0	0	50
Volunteer for Future Batches	0	0	25	25	50

Faculty members did a **SWOT analysis of the programme** being undertaken in the department to further refine it before it is submitted to whole of the class.

Table no 5

Strengths Personality improvement Better communication Builds better, strong and cordial relations with mentees Good for professional growth Better interaction between postgraduates and undergraduates.	**Weaknesses** Busy schedule, Bias Less exposure of PGs to mentoring Faculty to student ratio Time management Time Constraints
Challenges Time Management. Very Busy department and finding time for the mentorship activity is major challenge. **Opportunities** Enhances interaction amongst post and undergraduates, so stimulates informal learning.	**Threats** Time constraint for all stakeholders. **Areas needing Improvement** Need more faculty strength Better coordination Learning Computer skills. Mentoring required more frequently. This will help better learning of basic medical skills.

Faculty enumerated that personal development, better communication, professional growth and better communication between PGs and MBBS students were strengths of programme. Need for training of PGs, more frequent sessions and better coordination were the steps suggested for improving the programme. This is an opportunity for Informal learning to be encouraged.

Evaluation of the Mentorship Program

❖ **Undergraduate MBBS Phase 3 Part 2 Students (Mentees)**

At the beginning of the mentorship program, most of the students (91.8%) strongly believed that mentorship is required in the medical field. About four-fifths (79.6%) of students believed that interaction with a mentor should be one-to-one.

When asked to list the criteria for choosing the mentor, most students responded that the nature of the mentor was the most important factor, followed by subject expertise and availability. When asked about what they anticipated from a mentor, students stated that they wanted someone who could help them build professionalism, assist with personal growth, provide encouragement, be an active listener, offer support, and be interested in their career.

❖ **Postgraduates of the Department of Medicine (Mentors)**

Nineteen residents participated in the mentorship program. About a quarter of postgraduates were in their first year, and about a third each were in their second and third years of residency. The proportion of men and women was 52.6% and 47.4%, respectively. The ages of the residents ranged from 25 to 32 years. About eighty percent (78.9%) were fresh JR, and the remaining were PCMS. Nearly four-fifths (78.9%) had no prior experience of mentorship. Almost all the residents (94.7%) stated that mentorship is required for medical students.

The mentor-mentee ratio was 2 to 3 (2.5). About sixty percent (57.9%) of residents favoured making the mentorship program open to all students, while the remaining believed it should be optional and exclusively for those who choose to participate. Around half of the residents preferred one-on-one sessions, while the remaining favoured group sessions. A significant proportion (70 %) believed that mentors should guide students in solving issues other than academic and subject-related problems.

Mentors highlighted the importance of personality development, followed by academic career support, and professional development. Personal growth was regarded as crucial, while fostering pupils' interests was regarded as less important.

❖ **Faculty of the Department of Medicine**

Four faculty members (one associate professor and three assistant professors) participated in the mentorship program. Their teaching experience varied from 3 to 30 years. Two faculty members (50%) had experience with mentorship.

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All faculty members believed that undergraduate students required mentorship. Of all the faculty members, 75% favoured making mentorship available to all students, while 25% preferred making it accessible only to those who willingly engaged. About four-fifths believed that mentorship should be provided in one-on-one sessions. All members stated that mentors should guide mentees in solving academic and subject-related problems as well as other issues, such as developing professionalism, supporting academic careers, shaping personalities, and promoting students' interests. The faculty expected mentees to actively participate, be consistent and prompt, respectful, and eager to learn new things, attentive, and inquiring.

Perceptions

- **Undergraduate MBBS Phase 3 Part 2 Students (Mentees)**

44 MBBS Phase 3 Part 2 Students responded to the post-session questionnaire. Three students were absent on the same day. Two were on leave.

Sixty-eight percent (68.2%) of students stated that mentor is accessible within duty hours, while the remaining thirty one percent (31.8%) stated that mentor is accessible after duty hours.

Both one-to-one and group sessions were preferred by almost equal percentage of participating students.

The average visit lasted fourty five minutes, with a maximum of one hour and a minimum of fifteen minutes spent with the mentor. Around forty-five percent (45%) strongly agreed and fourty percent (40%) agreed that their mentor motivated them, was accessible (Total 85%), and was an active listener, while one student (2.3%) strongly disagreed and nearly thirteen percent had a neutral opinion.

Fifty percent (50%) of the students strongly agreed and thirty-eight (38.6%) agreed that their mentors were supportive (Total 88.6%), while one student (2.3%) strongly disagreed and four (9.1%) had a neutral opinion.

Regarding mentors' interests in their careers, twenty seven percent (27.3%) strongly agreed, fourty five percent (45.5%) agreed (Total 72.7%), and only Four (4.5%) percent strongly disagreed.

Regarding mentorship as a burden, about 90 percent (90.9%) disagreed or were neutral, 2.3% agreed, and 6.8% strongly agreed.

When asked about satisfaction with their mentors, nearly 95% agreed or were neutral, and only two students (4.5%) strongly disagreed.

When questioned whether mentorship should be continued in future batches, approximately ninety percent (90%) agreed or had a neutral opinion.

- **Postgraduates of the Department of Medicine (Mentors)**

All 19 residents completed a post-session questionnaire.

The maximum period spent with mentees was 3 hours and a minimum of 15 minutes every day, whereas the majority of mentors spent roughly 1 hour with their mentees on a regular basis.

Nearly 90 percent of residents were satisfied or neutral with mentorship and believed that mentorship was feasible, and only two residents (10.5%) disagreed.

All residents wanted to continue as mentors in the future.

One postgraduate stated that initially they did not have any experience with mentorship, so they were feeling clueless, but with time, they came to know how to be productive.

- **Faculty of the Department of Medicine**

All four faculty members completed a post-session questionnaire. Seventy-five percent strongly agreed that they were satisfied with their mentorship, finding it feasible. One faculty member (25%) was neutral in terms of satisfaction, whereas the other (25%) agreed that mentorship was feasible.

Fifty (50%) of the faculty strongly disagreed with the fact that the mentorship program was an extra burden, while fifty percent (50%) agreed.

Seventy-five percent (75%) of the faculty expressed their interest in volunteering as mentors for future batches.

Fifty percent strongly agreed, and another fifty percent (50%) agreed that mentorship improved teacher-student relationships and encouraged regular communication.

This illustrates the widespread acceptance of mentorship's importance in changing educational dynamics and encouraging continual discussion between mentors and mentees.

When asked about the flaws in the mentorship program, faculty and postgraduates pointed out that certain students exhibited less enthusiasm. They proposed using some type of reward, such as additional points, to boost participation.

Time constraints were the most important challenge faced during the implementation of the mentorship program, because uneven duty hours caused scheduling difficulties.

One faculty member stated that the medicine department faculty is usually occupied by OPD, IPD, emergencies, camp duties, medical boards, and VIP duties; thus, finding time for such initiatives remains challenging.

DISCUSSION

Mentoring refers to enduring. The term 'mentor' comes from the Greek epic narrative, The Odyssey, in which King Odysseus had a close friend, Mentor, to counsel and advise his son Telemachus as he travelled to another kingdom to battle in a war. Mentoring is described as an enlightening process where the mentee absorbs and adapts the mentor's wisdom in a process that is protective and helpful. [6]

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Mentees in our study found that 72.8% mentors are discussing and taking interest in their career. This perception has been reported in other studies also. Mentorship programs are crucial for successful and fulfilling careers. Mentoring is crucial for developing clinical and research abilities and advancing one's career.[7] Mentors take steps to assist their mentees reach their personal and professional goals and achieve their true potential.[8]

According to Frei et al., the main goals of a mentoring program should be to foster academic curiosity, create professional and personal growth, and offer career guidance,[9]. A mentoring program was established with similar goals at the Government Medical College and Rajindra Hospital, Patiala, for MBBS Phase 3 Part 2 students.[10]

When questioned about the qualities of the mentorship program, faculty and postgraduates stated that it assists students in their academics and careers, develops cognitive abilities, provides practical information, and promotes better communication between mentors and mentees.

The program helped mentors improve their self-awareness, self-care, and self-knowledge, leading to their personal growth. Mentors generally rated the mentorship program positively. Mentors found it enjoyable to assist and encourage mentees, particularly when they followed their advice and achieved success.

Students appreciated several strengths of the mentorship program, including its interactivity, assistance in their studies, opportunity to discuss problems, strong teacher-student relationships, emotional support, and its role in building their confidence.

Confidence building (36%) and emotional support (25%) was one of the things liked by mentees in our study. Prior research yielded consistent findings, indicating that the mentee and mentor developed a close personal bond and offered emotional support to one another. This supports Kukreja's research, which found that mentors who were part of a supportive social network reported higher psychological wellness as an advantage to mental health.[11]

Several studies have supported the usefulness of mentorship programs, which is consistent with our findings at GMC Patiala, Levinson W., et al. found that mentoring programs increase productivity, career development, and job satisfaction, [12] .Based on the study conducted by Applegate and Williams, mentees can gain both personally and professionally from mentoring.[13]

Sixty percent mentors felt that mentoring was interactive and twenty five percent responded that it provided emotional support (25%). In a study by Keating LM, et al. found that mentoring positively impacts at-risk adolescents.[14]

In our study fifty four percent mentees reported that mentorship program helped them in studies. consistent with study by Erickson et al. concluded that mentors had a significant influence on mentees' educational attainment.[15]

36.4% reported that they were feeling more confident,65.9% found it a place where problems can be discussed. Hawkins A, et al. found that mentoring programs provide academic help, confidence, enjoyment, and a sense of belonging.[16]

According to V Devi et al.'s research, mentorship programs can help students improve their research abilities and develop a positive mindset toward scientific research.[17]This impact will be gauged once these mentees are followed prospectively.

According to student feedback, mentors should be devoted, engaging, showing care, allocating time, and scheduling frequent sessions.[18] The expectations from mentors in our study are consistent with it. Subject expertise and good nature of the mentor being major factors deciding adoption of the mentor by the mentees and its effectiveness at GMC Patiala.

Mentors can share their personal undergraduate experiences and connect with students through social media platforms to improve coordination. Mentors should maintain communication with their mentees even after the mentorship program has concluded.

The benefits of mentorship programs go beyond scholastic success to include emotional and personal aspects including career progression, improved relationships with faculty, increased interest in research, hopes for academic careers, increased self-worth, and less stress.

Medical students' career growth greatly benefits from mentorship. A careful thought-out and goal-oriented mentoring program helps mentees advance both personally and academically.

CONCLUSION

In conclusion, the faculty, mentors and mentees expressed their satisfaction with the mentoring program.

Participants vowed to keep it going for the next batches by implementing the recommendations and making the necessary changes based on mentees' perceived requirements.

With significant knowledge gained from the participant replies we were able to ascertain what expectations current GMC Patiala students had from the mentorship programme.

The mentors and mentees professional development has been enhanced by mentorship.

Mentoring is a very well received initiative and is going to be enhancement of academic support.

The institute will not be burdened by this kind of mentoring, and resources already in place were used.

Implications for Practice and future Research

To improve mentor mentee programme connections, we plan to switch from randomized approach to a selective process. With 36 postgraduate students ready to engage in the mentorship program and a relatively low faculty to student ratio, the department of

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medicine needs to establish a highly effective mentorship program.

A minimum of 2 hours of devoted time must be allocated for each batch of candidates coming for clinical postings. This will go a long way in boosting the mentorship program and improving its quality and end outcomes leading to less stressed and more competent and skilled undergraduates as a consequence.

There were certain limitations of the present study, when the 44 MBBS Phase III part 2 medical students at GMC Patiala reported for their clinical rotational duty as per their curriculum grid, mentoring was introduced for the first time in May 2024.Many initial challenges were faced and there was initial reluctance on the part of all stake holders. There was no pre-dedicated time for these tasks such as training, sensitization and introduction of mentors with mentees and allotment.

If all the 235 students of the MBBS phase III part 2 had received sensitization session at the very beginning of their clinical rotation it would have led to establishing the framework for the future mentoring in batches and conveying the idea that everyone will have the chance to be mentored in the same capacity.

Furthermore, bias may occur during allocation or throughout the program. Proper time management, flexible mentorship timeslots, pre-planning a schedule, and better coordination between mentors and mentees are possible solutions to issues encountered throughout the mentorship program.

REFERENCES

1. Behling, F., Nasi-Kordhishti, I., Haas, P. *et al.* One-on-one mentoring for final year medical students during the neurosurgery rotation. *BMC Med Educ* 21, 229 (2021).
2. GUHAN, N., KRISHNAN, P., DHARSHINI, P., ABRAHAM, P., THOMAS, S. The effect of mentorship program in enhancing the academic performance of first MBBS students. Journal of Advances in Medical Education & Professionalism, 2020; 8(4): 196-199.
3. Kalén S, Stenfors-Hayes T, Hylin U, Larm MF, Hindbeck H, Ponzer S. Mentoring medical students during clinical courses: a way to enhance professional development. Med Teach. 2010;32(8): e315-21.
4. Jordan J, Watcha D, Cassella C, Kaji AH, Trivedi S. Impact of a Mentorship Program on Medical Student Burnout. AEM Educ Train. 2019 May 23;3(3):218-225..
5. Sobbing J, Duong J, Dong F, Grainger D. Residents as medical student mentors during an obstetrics and gynaecology clerkship. J Grad Med Educ. 2015;7(3):412–6.
6. Selwa LM. Lessons in mentoring. Experimental Neurology. 2003;184:S42–7.
7. Garmel GM. Mentoring medical students in academic emergency medicine. Acad Emerg Med. 2004; 11(12): 1351-7.
8. Frei E, Stamm M, Buddeberg-Fischer B. Mentoring programs for medical students- a review of the PubMed literature 2000–2008. Biomedcentral Medical Education. 2010; 10: 32
9. Ramanan R, Phillips R, Davis R, Silen W, Reede J. Mentoring in medicine: keys to satisfaction. Am J Med. 2002; 112(4): 336-41.
10. Bergelt C, Heinen I, Guse J. Mentoring for medical students: Description and evaluation of a differentiated mentoring program at a medical school.Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz. 2018; 61(2): 210-7
11. Cho, M., and Lee, Y.-S. (2021). Voluntary peer-mentoring program for undergraduate medical students: Exploring the experiences of mentors and mentees. Korean J. Med. Educ. 33, 175–190. doi: 10.3946/kjme.2021.198
12. Kukreja, G. (2018). The mental health and resilience benefits of being a peer mentor. Master of Arts. London: The University of Western Ontario. \
13. Levinson W, Kaufman K, Clark B, Tolle SW. Mentors and role models for women in academic medicine. West J Med. 1991; 154:423–6.
14. Applegate WB, Williams ME. Career development in academic medicine. Am J Med. 1990; 88:263–7.
15. Keating LM, Tomishima MA, Foster S, Alessandri M. The effects of a mentoring program on at-risk youth. Adolescence. 2002;37(148):717-34.
16. Erickson LD, McDonald S, Elder Glen HJr. Informal mentors and education: Complementary or compensatory resources? Sociology of Education. 2009; 82(4): 344-67.
17. Hawkins A, Jones K, Stanton A. A mentorship programme for final-year students. Clin Teach. 2014;11(5):345–9.
18. Devi V, Ramnarayan K, Abraham RR, Pallath V, Kamath A, Kodidela S.. Short-term outcomes of a program developed to inculcate research essentials in undergraduate medical students. J Postgrad Med. 2015; 61(3): 163–8.