international medical education

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Mentorship in a Caribbean Medical School: A Cross-Sectional Study of Mentors and Mentees

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Abstract: This study assessed the needs and perceptions of mentorship among students and staff at the Faculty of Medical Sciences (FMS) across all University of the West Indies (UWI) campuses. A cross-sectional survey was conducted from February to May 2023, targeting FMS students and staff across four UWI locations. Data analysis included descriptive statistics and inferential tests, with results presented in proportions and averages. A total of 234 responses were received (138 students, 96 staff). The majority of students (88%) and staff (71%) were affiliated with the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme. Both groups agreed that mentoring should focus on career guidance, professional goals, networking, and role modelling. Interest in mentorship was high among students (77%) and staff (89%), with no gender preference. Most mentees (72%) preferred faculty mentors, and mentors preferred to guide two to five mentees. A blended mentorship model was most preferred. While 29% of students had a mentor, 65% of staff reported prior mentorship experience ($p < 0.001$). These findings highlight the need for structured mentorship programmes in Caribbean medical education. Implementing and monitoring mentorship initiatives within UWI's FMS can enhance professional development and academic success for both mentors and mentees.

Keywords: career guidance; mentorship; personal development; student support; supervision

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Academic Editor: Hideki Kasuya

Received: 17 February 2025
Revised: 1 April 2025
Accepted: 3 April 2025
Published: 6 April 2025

Citation: Motilal, S.; Harnarayan, P.; Garbutt, A.; Sakharkar, V.; Frankson, M.; Gupta, S.; Emmanuel, M. Mentorship in a Caribbean Medical School: A Cross-Sectional Study of Mentors and Mentees. *Int. Med. Educ.* **2025**, *4*, 9. https://doi.org/10.3390/ime4020009

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1. Introduction

Mentoring is defined as "a formal or informal attachment between a teacher and a student or small group of students that goes beyond mere teaching or tutoring to include advice and guidance about many other issues and problems encountered by students" [1]. Therefore, a mentor with career and life experience can play an invaluable role in the personal and professional development of the mentee.

Medical schools worldwide have long recognised the benefits of mentoring, and many have developed formalised mentoring programmes for both undergraduate and postgraduate students. The benefits of such programmes extend beyond mentees to encompass mentors and the institutions themselves. A systematic review of worldwide mentoring programmes for medical students described the goals of these programmes as

including professional development, emotional well-being, psychosocial support, exposure to specialties in medicine, and career advice [2].

Clinical mentoring, particularly peer mentoring between recent graduates and final-year students, offers practical guidance for internships, such as managing on-calls, navigating family meetings, and building professional relationships [3]. Furthermore, clinical mentoring can encourage students towards postgraduate specialisation and enhance subject matter understanding, regardless of their ultimate specialty choice [4].

Mentors can also play a critical role in modelling professional behaviours for mentees through interactions in formal and informal settings [5]. Mentoring benefits are often bidirectional; mentors, for instance, can enhance their own leadership and communication skills through the process. Given the documented decline of academic medicine worldwide, a mentorship programme can also be strategically employed to retain and recruit students interested in research careers [5].

The University of the West Indies (UWI) is a major regional institution in the Caribbean with four island sites for medical training: Jamaica (Mona Campus), Barbados (Cave Hill Campus), Trinidad (St. Augustine Campus), and the Bahamas [6]. The first three campuses provide the entire MBBS programme, whereas the Bahamas only offers the clinical phases (Years 4 and 5), requiring students to complete the preclinical phase (Years 1–3) at one of the other three campuses. Despite this multi-campus structure, there is no university-wide mentorship programme at the Faculty of Medical Sciences (FMS), UWI. Although a programme exists at the St. Augustine campus alongside an academic advising programme, formal mentorship programmes are absent at the Cave Hill, Mona, and Bahamas sites. Moreover, the importance of fostering a mentorship culture to support student well-being has previously been highlighted within UWI [7].

Developing a formal mentorship programme aligns with UWI's Triple A Strategy of access, alignment, and agility [8]. Specifically, mentorship enhances *access* by fostering student development and potentially increasing post-graduate uptake to address regional specialty scarcities. It promotes *alignment* by connecting current students with alumni mentors, guiding career choices congruent with societal needs. Finally, it supports *agility* by adapting to student needs and equipping them with skills for training and employment opportunities.

This study aimed to assess the perceived need for a formal mentorship programme among students and staff within the FMS at UWI. Specific objectives were to (1) explore understanding of mentorship among students and potential mentors, (2) determine their willingness to participate, (3) identify preferences for mentor/mentee selection, and (4) describe preferred mentorship styles and structures.

2. Methods

2.1. Setting and Sampling Strategy

A cross-sectional study design was employed, targeting all currently enrolled undergraduate students and staff at the Faculty of Medical Sciences at all four sites during the period from February to May 2023. The target population included all actively enrolled undergraduate students across all years and programmes within the FMS, as well as full-time and part-time staff. An electronic survey form was distributed to all deaneries with invitations to the staff and student bodies to participate, with two additional follow-up reminders. No incentives were offered for survey completion. Informed consent was obtained electronically; proceeding beyond the first page of the anonymous survey signified agreement to participate.

2.2. Sample Size

Based on an expected response proportion of 50% for responses and a finite population size of 3600 for students and 937 for staff, a minimum of 348 students and 273 staff

were required for the survey to estimate proportions with 95% confidence limits and 5% precision.

2.3. Instrument Development

The data collection tool was developed from a previous survey conducted at the St. Augustine Campus. Questions were developed surrounding themes and questions adapted from a review of the literature [5,9,10].

2.4. Data Analysis

Data were analysed using IBM SPSS Statistics for Windows, version 25.0 (Armonk, NY, USA: IBM Corp). Analysis primarily involved descriptive statistics (frequencies, percentages, means). Comparisons between groups for categorical variables were performed using Chi-square or Fisher's exact tests, as appropriate. A p-value < 0.05 was deemed statistically significant.

2.5. Ethics

The study was conducted in accordance with the Declaration of Helsinki, and the protocol was approved for all sites by the Campus Research and Ethics Committee, University of the West Indies, Cave Hill Campus (REF: CREC-CH.00070/06/2022), on 3 February 2023.

3. Results

A total of 234 responses were received from the online survey conducted between February and May 2023, representing a 10% response rate from staff (96 respondents) and a 4.8% response rate from students (138 respondents). The distribution of responses varied across the campuses, as shown in Figure 1.

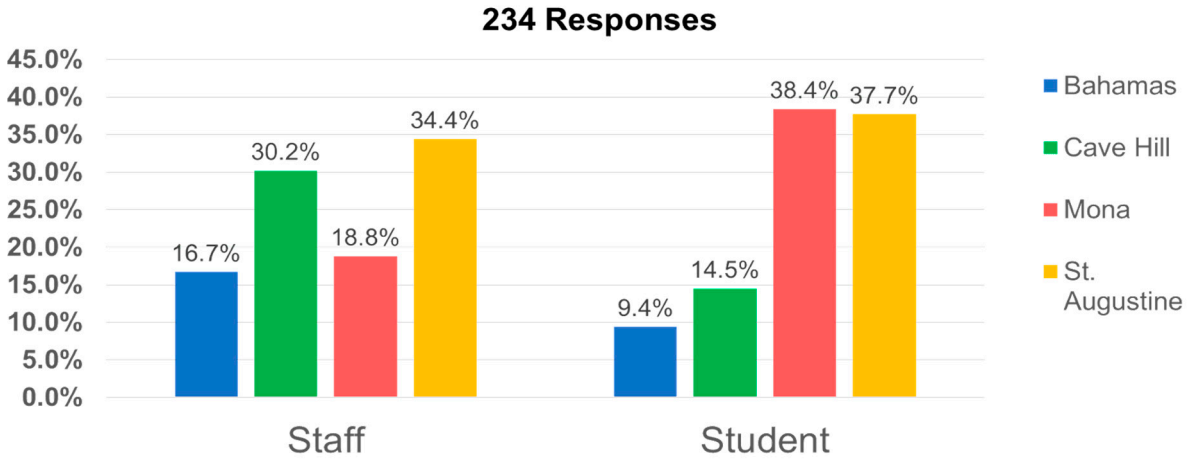


Figure 1. Distribution of respondents by site.

The average age of staff respondents was 51.2 years, while students' average age was 24.0 years. The gender distribution was predominantly female, with 55% among staff and 79% among students.

Among student participants, the largest proportion was from Year 5 (30.9%), followed by Year 2 (20.6%) and Year 3 (21.3%). Nearly all (97.0%) were full-time students. Staff respondents were primarily part-time (55.2%), with roles ranging from lecturers (43%) to senior lecturers (30%) and professors (15%). The majority of both students (88%) and staff (71%) were affiliated with the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme.

Table 1 below summarises the comparison of the responses between staff and students regarding perceptions surrounding mentorship.

Table 1. Comparison of staff's and students' perceptions towards mentoring.

	Student n (%)	**Staff n (%)**	***p*-Value**
What does mentoring mean to you?	137	96	
Mentoring is for special students with high potential.	26 (19%)	42 (43.8%)	<0.001
Mentoring is for students who are underperforming.	51 (37.2%)	47 (49%)	0.081
Mentoring is for students with personal problems.	34 (24.8%)	34 (35.4%)	0.107
Mentoring is for discussing professional goals.	99 (72%)	76 (79.2%)	0.282
Mentoring is coaching for exams.	47 (34.3%)	19 (19.8%)	0.018
Mentoring is guidance towards attaining personal goals.	93.2%	Not an option	
In what way was mentorship helpful (if you had a mentor)?	24	59	
Observe positive role model	17 (71%)	54 (92%)	0.033
Improvement in communication skills	11 (46%)	29 (49%)	0.813
Attainment of clinical knowledge and skills	11 (46%)	40 (68%)	0.083
Able to discuss exams/study techniques	12 (50%)	27 (46%)	0.810
Opportunities for research	8 (33%)	32 (54%)	0.096
Able to discuss career choices	13 (54%)	46 (78%)	0.037
Network within the profession	13 (54%)	38 (64%)	0.459
Able to discuss personal issues	12 (50%)	25 (42%)	0.628
In what way was mentorship NOT helpful?	20	7	
Mentor seemed unsure of how to proceed	9 (45%)	3 (43%)	0.999
Mentor did not listen/provide feedback	8 (40%)	3 (43%)	0.999
My opinion was not valued.	3 (15%)	1 (14%)	0.999
Mentor did not spend sufficient time with me	15 (75%)	3 (43%)	0.175
Mentor did not maintain professional boundaries	1 (5%)	2 (29%)	0.156
Mentor and I did not "get along"	2 (10%)	1 (14%)	0.999
In what style of mentoring would you be interested?	124	93	
Individual mentoring face-to-face	74 (60%)	58 (62%)	0.779
Individual mentoring online	56 (45%)	32 (34%)	0.125
Group mentoring face-to-face	30 (24%)	25 (27%)	0.753
Group mentoring online	24 (19%)	15 (16%)	0.595
Blended approach	68 (55%)	44 (47%)	0.277
How often would you prefer to communicate?	131	90	
Once a week	34 (26%)	9 (10%)	0.003
Once a month	41 (31%)	27 (30%)	0.883
Once a semester	1 (1%)	11 (12%)	<0.001
As required	56 (43%)	43 (48%)	0.493
How do you envision the relationship?	131	92	
MORE CASUAL—We will contact each other when we want to talk.	35 (27%)	10 (11%)	0.004
MORE STRUCTURED—We will schedule phone calls, e-mails, or personal meetings to ensure we keep up with one another.	17 (13%)	12 (13%)	0.999
BLENDED APPROACH of the two options above	79 (60%)	70 (76%)	0.015

3.1. Comparison Between Staff and Students

Both students and staff found mentorship helpful in several ways (Table 1). Staff were significantly more likely than students to believe mentoring was intended for high-potential individuals ($p < 0.001$). Conversely, students were significantly more likely to view mentoring as coaching for exams ($p = 0.018$). The majority of students (71%) and staff (92%) appreciated observing a positive role model. Mentorship also facilitated improvement in communication skills (46% students, 49% staff) and the attainment of clinical knowledge and skills (46% students, 68% staff). Half of the students found discussing exams and study techniques beneficial, while 46% of staff agreed. Opportunities for research were recognised by 33% of students and 54% of staff. Mentorship also provided a platform to discuss career choices (54% students, 78% staff) and network within the profession (54% students, 64% of staff). Lastly, 50% of students and 42% of staff found it helpful to discuss personal issues.

Regarding access, 29% of students reported having a mentor at the time of the survey, significantly fewer than the 65% of staff who reported having had a mentor previously ($p < 0.001$). Among those reporting negative experiences with a previous mentor, common issues included the mentor seeming unsure how to proceed (45% students, 43% staff) and mentors not listening or providing feedback (40% students, 43% staff). Some respondents felt their opinions were not valued (15% students, 14% staff), and many students (75%) felt that mentors did not spend sufficient time with them. A small percentage of students (5%) and 29% of staff reported that their mentor did not maintain professional boundaries. Some respondents did not get along with their mentors (10% students, 14% staff).

Regarding desired communication frequency, similar proportions of staff and students wanted communication "as needed." One-quarter of students expressed a preference for meeting weekly, significantly more than their staff counterparts ($p = 0.003$). The majority of both groups favoured a blended (online and face-to-face) interaction style, with significantly more staff preferring this modality ($p = 0.015$).

Key perceived benefits for mentors included personal satisfaction (81%), leadership skill development (74%), and professional development (73%). Personal development (67%) and improved communication skills (62%) were also noted. Nearly half (48%) acknowledged teaching skill development as a benefit. Lastly, nearly half of the respondents (48%) acknowledged the development of teaching skills as a benefit of mentoring.

The survey also explored the potential benefits of mentorship to the Faculties of Medical Sciences (FMS) at UWI. Almost all respondents (98%) agreed that mentorship could provide positive role modelling. Other potential benefits included retention of students within DM programmes (67%), increased research output (63%), and recruitment of students in medical school (39%).

Most students (77%) and staff (89%) expressed interest in participating in a mentorship programme, with no significant gender preference for mentors or mentees. Most staff preferred mentoring two to five students, while most students (72%) preferred faculty members as mentors. The preferred relationship style was a blend of structured meetings and interaction as needed.

3.2. Differences Between Sites

No significant association was found between campus site and respondents' understanding of what mentoring meant ($p > 0.05$ for all). Conversely, the association between campus affiliation and current student access to a mentor within the Faculty of Medical Sciences was statistically significant ($p < 0.001$), indicating differences across campuses. Among those with current mentor access at the time of the survey, the highest proportion was from the Bahamas (61.5%), followed by Cave Hill (52.6%), while Mona (30.2%) and

St. Augustine (11.5%) had the lowest rates. Similarly, there was a significant association between campus affiliation and past student access to a mentor ($p = 0.001$). Among students who had past access to a mentor, the highest proportion was from Cave Hill (47.4%), followed closely by Bahamas (38.5%) and Mona (37.7%), while St. Augustine had the lowest access rate (5.8%). Staff reporting of having had a previous mentor did not significantly differ by site ($p = 0.078$), suggesting that differences in mentorship experience across campuses could be due to chance. The highest proportion was from Mona (88.9%), followed by Cave Hill (69.0%) and Bahamas (68.8%), and the lowest from St. Augustine (45.5%). For both populations, there were no differences across sites and mentorship relationship type, mentorship style, frequency, or gender preference. ($p > 0.05$ for all). Similarly, willingness to participate in a future programme did not significantly differ by site for students ($p = 0.168$) or staff ($p = 0.343$).

3.3. Associations Across Levels of Staff and Students

A significant association was found between past mentor access and the students' year of study ($p = 0.001$). The proportion of students reporting past access to a mentor was 50.0% in Year 1, 12.5% in Year 2, 57.1% in Year 3, 17.2% in Year 4, and 57.1% in Year 5. However, current mentor access showed no significant association with year of study ($p = 0.231$). Mentoring style preferences ($p = 0.139$–0.683), communication frequency ($p = 0.387$), and preference for structured versus casual relationships ($p = 0.423$) also did not significantly vary by students' year of study.

Staff employment status showed associations with certain mentorship outcomes. Full-time staff were significantly more likely than part-time staff to report that mentorship provided research opportunities (46.5% vs. 22.6%, $p = 0.038$). Conversely, part-time staff were slightly more likely to view mentorship as involving discussion of exam/study techniques (32.1% vs. 23.3%, $p = 0.014$). Part-time staff also more frequently reported mentorship as beneficial for attaining clinical knowledge and skills compared to full-time staff (49.1% vs. 32.6%, $p < 0.001$). Despite these differences, the vast majority of both full-time (88.4%) and part-time (86.8%) staff expressed interest in becoming a mentor, with no significant difference ($p = 0.187$).

Among academic staff (lecturers 49%, senior lecturers 34%, professors 17%), professors (85.7%) were significantly more likely to report mentorship providing research opportunities compared to lecturers (30%) and senior lecturers (50%) ($p = 0.049$). However, academic rank was not significantly associated with the desire to become a mentor ($p = 0.753$), having had a mentor ($p = 0.094$), or the perceived usefulness of mentorship ($p = 0.222$). Although non-significant, 85.7% of professors reported having had mentors compared to 65.0% of lecturers and 78.6% of senior lecturers, and all professors (100.0%) found their mentorship useful compared to 55.0% of lecturers and 78.6% of senior lecturers.

4. Discussion

This study highlights predominantly positive perceptions of mentorship among both students and staff at UWI FMS, aligning with findings from other medical education contexts [5,11]. Respondents valued mentorship particularly for observing positive role models, improving communication skills, and acquiring clinical knowledge. Mentorship was also seen as crucial for academic and career support, including exam preparation, study techniques, research opportunities, and career guidance. These perceived benefits are broadly consistent with the wider literature on medical student mentorship [10–12].

The results of this study also indicated that mentorship could positively impact the institution through enhanced role modelling, increased research output, improved student retention within degree programmes, and potential recruitment of medical students. This

is consistent with reviews that have also highlighted that mentorship can provide medical students with increased research opportunities, guidance on career decisions, and enhanced professional and personal development, which can positively impact the institution [2].

Notably, a significant difference was observed in the availability of current mentors for students compared to past mentors for staff, with over twice as many staff members having had previous access to a mentor. The reasons for this may be multifactorial. Factors such as a downward trend in mentorship access, growing student-to-staff ratios, opportunities for continued mentoring among staff after formal medical training, and generational differences in the definition of a mentor may explain this mentorship gap.

However, this study also identified areas for improvement. Reports of negative experiences, such as mentors seeming unsure, not listening, or not dedicating sufficient time, align with existing literature on problematic mentoring relationships [13]. While reported by a minority, these experiences underscore the need for adequate mentor training and programme oversight to ensure effectiveness.

Despite the challenges, the survey results indicated that mentoring also offers significant benefits to the mentors themselves. Many mentors reported personal satisfaction and recognised the development of leadership and teaching skills as valuable outcomes of their mentoring roles. These findings underscore the reciprocal nature of mentorship, where mentors also gain valuable insights and professional growth through their mentoring experiences.

This study suggests that a preferred mentorship style blending "meeting as needed" and a structured approach indicates the importance of flexibility in mentorship arrangements. While this approach can cater to the unique needs and preferences of both mentees and mentors, it is important to set clear boundaries to avoid overdependence. Some authors have described the importance of being able to meet the needs of various individuals while at the same time providing structure within established codes of conduct [14].

In this study, student access to mentors varied across campuses, with some campuses showing higher access than others. This suggests that factors specific to each campus, such as resource availability, programme organisation, or institutional culture, may play a role in shaping students' experiences with mentorship. A global perspective on mentorship in medical schools found important differences in mentorship goals within the international medical community, indicating that institutional settings can significantly influence mentorship experiences [2].

Student access to past mentors also varied by year of study, with first-year, third-year, and fifth-year students reporting higher proportions of past mentor access. This variation may reflect changes in students' needs or priorities as they progress through their medical education, with different years presenting distinct challenges and opportunities for seeking mentorship. A study exploring the mentorship needs of fourth-year medical students applying for paediatrics residency found that these students have specific mentorship needs, highlighting how mentorship requirements can evolve throughout medical training [15].

Differences related to staff employment status also emerged. Full-time staff's greater reporting of research opportunities through mentorship may reflect their differing roles and potentially greater research focus compared to part-time staff, aligning with findings linking mentorship to research productivity [12]. Within the staff, professors were significantly more likely to say that their mentorship provided research opportunities compared to lecturers and senior lecturers. This finding aligns with the typical career progression in academia, where professors often have a stronger emphasis on and involvement in research. Mentorship of junior faculty by seniors can enhance their progression and contribute to an institution's mentorship culture [16].

4.1. Next Steps

The high level of interest expressed by both students and staff provides strong support for establishing and maintaining effective mentorship programmes across the region. As highlighted in a scoping review, ongoing assessment of mentoring dynamics and measurement of longitudinal outcomes for all stakeholders are crucial [17]. In the absence of a definitive "best practice" for mentorship, researchers have suggested key considerations for implementing and revising such programmes [18].

Addressing the negative experiences reported by some respondents requires mitigating strategies. This requires a multi-faceted approach, including a robust mentor selection process with screening and comprehensive training. Training should focus on setting clear expectations, providing constructive feedback, and avoiding detrimental behaviours [19]. Furthermore, careful mentor–mentee matching based on style, preferences, and goals, alongside clear reporting and monitoring mechanisms, can help address potential power imbalances and ensure adequate programme support [20].

Qualitative methods involving focus groups or in-depth interviews could provide deeper insights into the mentoring process, as utilised by other researchers [21]. Future research focusing on postgraduate students could also examine mentorship's impact on specialty selection and their development as practitioners and future mentors.

4.2. Strengths and Limitations

This study represents the first regional assessment of both potential mentee and mentor willingness and perceptions regarding mentorship within the UWI FMS. The findings provide valuable data specific to this context, identifying preferences among both populations that can inform the design of tailored mentorship programmes.

The major limitations of this survey were its poor response rate and reliance on convenience sampling. Failure to attain the minimally calculated sample size also resulted in an under-powered study. This may have led to both type 1 and type 2 errors, as well as biased prevalences. Studies on graduate medical students found that higher response rates were achieved through strong evaluator–participant relationships, well-timed surveys, and persistent follow-ups [22]. Investment in university systems enabling closer student contact might also enhance participation. High response rates in other medical school surveys have been linked to strong faculty support, student representation, feedback mechanisms, protected completion time, incentives, and awareness campaigns [23].

Selection bias was a concern, which may limit the generalisability of the study's findings to the entire student or staff population. The focus on MBBS students may not capture the perspectives of students in other allied health programmes within the FMS. Stratifying sampling techniques by programme and year can improve generalisability. Personalised invitations to randomly selected participants can also reduce selection bias [24].

5. Conclusions

This study underscores a clear perceived need and appreciation for the benefits of mentorship within the UWI FMS context. Both students and staff recognise its potential value for personal and professional development. Formalising or enhancing mentorship programmes across UWI FMS holds promise for fostering positive outcomes for mentors and mentees alike, contributing to the faculty's overall growth and success. Optimising these experiences requires ongoing monitoring of relationships and outcomes, allowing the institution to strengthen its commitment to nurturing future medical professionals and fostering a supportive culture of continuous learning and professional development.

Author Contributions: Conceptualisation: S.M., P.H., A.G., V.S., M.F., S.G. and M.E. Data curation: S.M., P.H., A.G., V.S., M.F., S.G. and M.E. Formal analysis: S.M. Funding acquisition: not applicable. Methodology: S.M., P.H., A.G., V.S., M.F., S.G. and M.E. Project administration: S.M., P.H., A.G., V.S., M.F., S.G. and M.E. Visualisation: S.M., P.H., A.G., V.S., M.F., S.G. and M.E. Writing—original draft: S.M. Writing—review and editing: P.H., A.G., V.S., M.F., S.G. and M.E. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of The University of the West Indies, Cave Hill Campus, Barbados (Ref: CREC-CH.00070/06/2022 approved on 3rd February 2023).

Informed Consent Statement: All participants provided informed consent.

Data Availability Statement: The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request. The research ethics committee reviewed the research protocol with jurisdiction before data collection.

Conflicts of Interest: No potential conflict of interest relevant to this article was reported. No financial assistance was requested or obtained during the conduct of this study.

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