



AHSU

AFRICA HEALTH
SCIENCES UNIVERSITY

AHSU Students Mentorship and Career Guidance Policy

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FOREWORD

Africa Health Sciences University (AHSU) is committed to producing highly competent, ethical, and academically grounded specialists who can respond to Africa's evolving health priorities. Great training is central to this mission, and structured mentorship is essential to clinical excellence, scholarly development, leadership growth, and informed subspecialty career planning.

These guidelines establish a standardized institutional framework for faculty mentorship of students across all AHSU-accredited programs. They formalize mentorship as a core academic responsibility and ensure that every student receives longitudinal guidance throughout training, covering clinical development, research productivity, teaching skills, professional identity formation, and preparation for subspecialty/postgraduate training or academic careers.



ACRONYMS

Acronym	Meaning
AHSU	Africa Health Sciences University
PGME	Post Graduate Medical Education
PD	Program Director
HOD	Head of Department
CPD	Continuing Professional Development
QI	Quality Improvement
M&E	Monitoring and Evaluation
IDP	Individual Development Plan



I. INTRODUCTION

1.1 Context

Training at AHSU occurs across multiple teaching hospitals and referral networks. Students are expected to progress toward independent specialist practice while developing competencies in:

- Advanced clinical care
- Teaching and supervision
- Research and scholarship
- Leadership and systems strengthening
- Ethics and professionalism
- Career and subspecialty planning

Without deliberate mentorship structures, students may experience fragmented supervision, limited academic guidance, and delayed preparation for subspecialty/postgraduate training or academic careers. These guidelines respond to this need by institutionalizing mentorship as an integral component of AHSU education.

1.2 Rationale

Structured mentorship is internationally recognized as a cornerstone of medical education. At AHSU, mentorship supports:

- Equitable access to faculty guidance
- Academic progression and examination success
- Subspecialty pipeline development
- Research productivity
- Faculty succession planning
- Health-system leadership development

These guidelines harmonize mentorship practices across programs and establish accountability mechanisms for departments and faculty.

II. GOAL, OBJECTIVES AND GUIDING PRINCIPLES

2.1 Overall Goal

To strengthen student clinical competence, academic development, leadership capacity, and informed subspecialty career planning through structured, continuous faculty mentorship.

2.2 Objectives

General Objective

To ensure that every student receives high-quality, longitudinal mentorship throughout training.

Specific Objectives

- Support individualized learning and professional development planning.
- Guide students in identifying and preparing for subspecialty/postgraduate pathways.
- Promote research productivity and academic writing.
- Strengthen teaching and supervision skills.
- Foster leadership development and health-system engagement.
- Promote ethical practice, wellbeing, and professionalism.
- Align student development with national workforce priorities.

2.3 Guiding Principles

Mentorship shall be guided by the following principles:

1. Institutional Ownership – Mentorship is a formal academic responsibility.
2. Integration into Training – Embedded in curricula and assessment systems.
3. Equity and Inclusion – All students receive comparable mentorship opportunities.
4. Continuity – Mentorship is longitudinal across training years.
5. Career-Focused Orientation – Includes fellowship and academic preparation.
6. Evidence-Based Practice – Uses performance data and competency frameworks.
7. Accountability and Monitoring – Documented and reviewed annually.
8. Student-Centeredness – Tailored to evolving resident goals and needs.

III. CONCEPTUAL FRAMEWORK OF MENTORSHIP

Mentorship at AHSU is a structured, longitudinal, faculty-led developmental process designed to support students across the full spectrum of professional formation. It complements clinical supervision and academic assessment by focusing not only on performance in current rotations, but also on long-term growth, career trajectory, leadership development, and scholarly identity.

This conceptual framework positions mentorship as:

- A continuous relationship rather than episodic supervision
- Developmental rather than punitive
- Student-centered and career-oriented
- Integrated with competency-based training
- Anchored in ethical practice and wellbeing
- Aligned with national and regional workforce priorities

Mentorship is therefore treated as an essential pillar of medical education at AHSU, alongside clinical service delivery, teaching, research, and quality improvement.

3.1 Definitions

Mentor: A faculty member assigned to provide longitudinal academic, clinical, and career guidance to a resident.

Mentee: A student participating in a formal mentorship relationship.

Career Mentor: A faculty member supporting subspecialty decision-making, fellowship preparation, and academic career planning.

Mentorship Cycle: A structured period of mentorship, normally lasting one academic year.

Mentorship Hub: A departmental or program-level group of faculty responsible for coordinating mentorship activities.

3.2 Core Domains of Residency Mentorship

Mentorship at AHSU addresses six interconnected domains:

a) Clinical and Professional Development

Mentors support students to:

- Interpret formative and summative assessments
- Identify clinical strengths and gaps
- Develop procedural competency plans
- Prepare for board examinations

- Reflect on professional conduct and ethics
- Navigate complex clinical responsibilities

This ensures residents steadily progress toward independent specialist practice while maintaining patient safety and quality of care.

b) Career Guidance and Subspecialty Planning

A defining feature of AHSU mentorship is structured career guidance. Mentors assist students to:

- Explore subspecialty options early in training
- Understand national workforce needs
- Identify fellowship pathways regionally and globally
- Build competitive academic portfolios
- Develop application timelines
- Secure referees and networking opportunities
- Career discussions begin in the first year of residency and evolve as residents clarify their professional goals.

c) Research and Scholarly Development

Mentorship supports students to engage in scholarship by:

- Identifying research interests
- Linking students with research supervisors
- Developing proposals and ethics submissions
- Writing manuscripts and abstracts
- Presenting at conferences
- Integrating research with clinical questions

This domain strengthens academic medicine pipelines and evidence-based practice.

d) Teaching and Educational Skills

Students are future faculty and clinical educators. Mentorship therefore includes:

- Feedback on bedside teaching
- Curriculum participation
- Assessment of learners
- Educational leadership roles
- Teaching portfolios

e) Leadership, Health Systems, and Quality Improvement

Mentors guide students to develop leadership capacity through:

- Participation in QI projects
- Committee work
- Service redesign initiatives
- Mentorship of junior trainees
- exposure to hospital management and policy

f) Professional Identity, Ethics, and Wellbeing

Mentorship provides a safe space for reflection on:

- Workload and burnout
- Professionalism challenges
- Communication difficulties
- Work-life balance
- Resilience and self-care
- Mentors escalate concerns through formal channels when needed.

3.3 Distinction Between Mentorship, Supervision, and Assessment

While closely linked, mentorship is distinct from:

a. Clinical Supervision

- Focuses on immediate patient care
- Occurs during rotations
- Is evaluative
- Often short-term

b. Academic Assessment

- Determines progression
- Is formal and summative
- Conducted by training committees

c. Mentorship

- Longitudinal across years
- Developmental and supportive
- Not primarily punitive
- Focused on career trajectory
- Includes reflection and coaching

Mentors may contribute to formal evaluations but should clearly communicate when they are acting in an advisory versus assessment role.

3.4 Longitudinal Mentorship Across Training

Each student is assigned a primary mentor from the respective department for the duration of training whenever feasible. The relationship evolves as students move from junior to senior levels:

- ✓ Early Training: orientation, adaptation, skill acquisition, career exploration
- ✓ Mid-Training: research productivity, leadership roles, subspecialty narrowing
- ✓ Senior Years: fellowship preparation, transition to practice, academic placement
- ✓ Annual Mentorship Cycles provide structured checkpoints for reflection and goal-setting.

3.5 The Mentorship Cycle

The mentorship cycle is an annual, iterative process consisting of:

- Initial Planning Meeting – goal-setting and IDP development
- Quarterly Reviews – progress tracking and course correction
- Career Review Session – subspecialty mapping
- Portfolio Review – CV, logbook, research output
- Annual Evaluation – summary report and next-year planning
- Documentation is mandatory and feeds into departmental oversight systems.

3.5.1 Mentorship Hubs and Team-Based Support

Mentorship is coordinated through departmental or program-level hubs composed of senior faculty, subspecialists, and research supervisors. Hubs:

- monitor student coverage
- coordinate faculty assignments
- organize career seminars
- oversee quality assurance
- facilitate fellowships and visiting electives
- escalate systemic issues to leadership

This prevents over-reliance on single mentors and promotes institutional accountability.

3.5.2 Alignment with Institutional and National Priorities

AHSU student's mentorship is aligned with:

- National specialist production targets

- Subspecialty pipeline strategies
- Centers of Excellence
- Public-sector retention goals
- Regional training networks

Career guidance therefore balances individual aspirations with health-system needs.

3.6 Mentorship Strategies within Residency Training

Mentorship shall include structured activities such as:

- Scheduled quarterly mentor–mentee meetings
- Review of clinical progress and assessments
- Career mapping and subspecialty counseling
- Fellowship preparation guidance
- Research supervision and publication planning
- Teaching observation and feedback
- Leadership coaching
- Wellness and professional identity discussions
- Ethics and professionalism reflection



IV. MENTORSHIP MODEL AND GOVERNANCE

4.1 Institutional structure

Mentorship is organized at four interconnected levels:

➤ *University Level*

- Approves mentorship policy and standards.
- Oversees the implementation
- Accredits mentors and faculty-development programs.
- Integrates mentorship into CPD systems.
- Reviews annual institutional reports.

➤ *School Level*

- Coordinates faculty training.
- Monitors program-level indicators.
- Supports fellowship partnerships and twinning arrangements.

➤ *Department Level*

- Assigns mentors to students.
- Develops annual mentorship plans.
- Reviews student portfolios.
- Addresses mentorship challenges or mismatches.
- Reports to Faculty leadership.

➤ *Teaching Hospital Level*

- Provides clinical mentorship platforms.
- Facilitates subspecialty exposure.
- Supports research participation.
- Hosts visiting faculty and fellows.

4.2 Roles and Responsibilities

A. Mentors

Mentors shall:

- Meet assigned students at least quarterly.
- Guide clinical, academic, and career development.
- Support research projects and publications.
- Advise on fellowship selection and applications.
- Document mentorship activities.

- Identify students requiring additional support.
- Uphold professional standards.

B. Students

Students shall:

- Actively participate in mentorship.
- Maintain Individual Development Plans (IDPs).
- Prepare meeting agendas.
- Track progress in learning portfolios.
- Seek career guidance early.
- Engage in research and teaching.
- Provide feedback on mentorship quality.

C. Heads of Department

Shall:

- Ensure full mentor coverage.
- Monitor mentorship quality.
- Review annual reports.
- Resolve mentor–mentee mismatches.
- Integrate mentorship into departmental plans.
- Ensure faculty accountability.

V. IMPLEMENTATION AND COORDINATION OF THE MENTORSHIP PROGRAM

5.1 Planning phase

Each academic year, departments shall:

- Conduct baseline assessments of student needs.
- Recruit and orient faculty mentors.
- Match students with mentors.
- Develop Individual Development Plans.
- Map subspecialty pipelines.
- Establish annual mentorship schedules.

5.2 Duration

Mentorship is continuous across training, with formal annual review cycles.

5.3 Implementation phase

Includes:

- Quarterly mentorship meetings.
- Research supervision.
- Subspecialty exposure rotations.
- Teaching assignments.
- Fellowship portfolio reviews.
- Leadership development activities.
- Examination preparation support.

To harmonize mentorship implementation across all departments, a Mentorship Committee will be established and be composed of the Education Coordinators from each department. The Committee shall meet quarterly to develop and periodically review a common mentorship plan, monitor progress, and support implementation at departmental level in collaboration with the Heads of Department.

The Committee shall serve as a mechanism for coordination and accountability. In each department, the Education Coordinator shall take primary responsibility for organizing, tracking, and reporting mentorship activities. Where mentorship is not adequately implemented, the Education Coordinator shall be held accountable for follow-up, reporting, and corrective action in consultation with the Head of Department.

AHSU shall support and institutionalize initiatives that strengthen the quality, consistency, and reach of mentorship across the University. Such initiatives shall include annual mentorship retreats, faculty calibration workshops, visiting professorships, regional subspecialty partnerships, and learning collaboratives across programs. These initiatives shall aim to strengthen mentorship

skills, harmonize practice, expand access to expertise, encourage cross-learning, and promote a strong culture of professional guidance and support throughout the institution.

5.3.1. Implementation of Mentorship strengthening initiatives

AHSU shall establish clear structures and processes for the planning, coordination, financing, implementation, and evaluation of mentorship strengthening initiatives, including annual mentorship retreats, faculty calibration workshops, visiting professorships, regional subspecialty partnerships, and learning collaboratives across programs.

a) Annual Mentorship retreats

AHSU shall organize annual mentorship retreats to provide a dedicated space for mentors, mentees, Education Coordinators, and academic leaders to reflect on mentorship practice, share experiences, identify challenges, and agree on practical improvements for the coming year.

The retreats may include:

- Review of mentorship progress across departments
- Sharing of good practices and challenges
- Training on mentorship skills, communication, feedback, and professional development
- Discussion of mentorship needs at faculty, trainee, and departmental level
- Action planning for the following academic year

The retreat shall be coordinated by the Mentorship Committee in collaboration with the PGME and Dean's offices and approved by the AHSU Board.

b) Budget and Resource mobilization

Funding for mentorship initiatives shall be planned for within the annual departmental and institutional budgets, under faculty development, academic affairs, postgraduate medical education, or staff capacity-building lines where applicable.

Additional support may be mobilized through:

- University operational budgets
- Project or program support funds
- Grants from development partners
- Collaboration with teaching hospitals
- Support from external academic partners and visiting faculty programs

Each planned initiative shall have a simple cost activity plan prepared in advance and submitted through the appropriate approval channels.

c) Faculty calibration workshops

Faculty calibration workshops shall be organized periodically to align mentors and academic leaders on mentorship standards, expectations, roles, documentation, and approaches to feedback and learner support.

These workshops shall be coordinated by the Mentorship Committee, with participation from Heads of Department, and other relevant academic leaders. A brief report with attendance, key discussion points, and agreed actions shall be prepared after each workshop.

d) Visiting professorships

Visiting professorships shall be coordinated through the relevant Department, in collaboration with the Mentorship Committee and AHSU leadership.

Each visiting professorship arrangement should include:

- Clear purpose and expected area of contribution
- Defined duration and scope of engagement
- Identified host department and focal person
- Planned teaching, mentorship, supervision, or capacity-building activities
- Expected outputs, such as sessions delivered, mentees supported, or technical guidance provided

At the end of the visit, the host department shall prepare a short report summarizing activities conducted, participants reached, key achievements, challenges, and recommendations for future engagement.

e) Regional subspecialty partnerships and External collaborations

Regional subspecialty partnerships shall be developed through formal collaboration with partner institutions, professional bodies, teaching hospitals, and academic networks.

These partnerships may support:

- Faculty and trainee mentorship
- Subspecialty exposure
- Joint teaching activities
- Case discussions and virtual sessions
- Short exchanges or technical support visits
- Collaborative research and academic development

Such partnerships shall be coordinated through the relevant department and academic leadership, with clear terms of reference, focal persons, expected outputs, and periodic review of progress.

f) Learning collaboratives across programs

AHSU shall promote learning collaboratives across programs to strengthen shared learning and exchange between departments. These may take the form of joint mentorship forums, interdisciplinary case discussions, peer learning meetings, or shared faculty development sessions.

The Mentorship Committee shall support coordination of these collaboratives and ensure that lessons learned are documented and shared across departments.



VI. MONITORING AND EVALUATION

AHSU shall monitor and evaluate mentorship strengthening initiatives using clear process, output, and outcome indicators. The purpose of this review shall be to assess implementation, measure results, identify gaps, and guide improvement.

The review shall consider, at minimum:

- The number of mentorship activities conducted
- Participation of mentors and mentees
- Feedback from participants
- Challenges identified and actions taken
- Collaboration across departments and programs
- Quality of mentorship records and follow-up
- Contribution of partnerships and visiting faculty to mentorship goals

Each mentorship activity shall be documented through a brief report. The Mentorship Committee shall compile quarterly summaries and an annual report for submission through the appropriate academic leadership structures. These reports shall present activities conducted, progress made, key achievements, challenges, lessons learned, and recommended actions.

6.1 Key Indicators

a) Process indicators

- Percentage of residents assigned to mentors
- Mentor-mentee ratio
- Number of documented mentorship meetings
- Faculty participation in mentorship activities
- Use of mentorship logbooks or equivalent tools

b) Output indicators

- Number of Individual Development Plans completed
- Number of research proposals submitted with mentorship support
- Teaching evaluations linked to mentorship support
- Number of fellowship applications supported

c) Outcome indicators

- Board examination pass rates
- Fellowship placements
- Academic appointments and career progression
- Retention in public service, academic institutions, or affiliated training systems

6.2 Additional requirements

To strengthen implementation and oversight, AHSU shall ensure that the mentorship framework includes:

- A defined mentor-mentee ratio based on program needs and available faculty

- Mentorship logbooks or equivalent documentation tools to record meetings, agreed actions, and progress
- A confidentiality statement to guide mentor-mentee interactions
- A mechanism for mentees to evaluate the quality and usefulness of mentorship
- A schedule for periodic review and revision of the guideline

6.3 Development and Standardization of Mentorship tools

AHSU shall ensure the development, approval, and periodic revision of standardized tools required for the implementation, documentation, monitoring, and evaluation of the mentorship program.

The Mentorship Committee shall take lead responsibility for designing these tools in collaboration with the PGME, the Registrar and the Dean's offices, Heads of Department, and the Welfare Directorate. The Committee may also seek technical input from faculty members, trainees, quality assurance teams, and external partners where needed.

The tools to be developed may include, but shall not be limited to:

- Mentor assignment forms
- Mentorship logbook design
- Mentor-mentee meeting templates
- Individual development plan templates
- Feedback and evaluation forms for mentees and mentors
- Mentorship activity reporting templates
- Confidentiality and conduct guidance for mentorship relationships
- Quarterly and annual reporting formats

All tools shall be reviewed and approved through the appropriate University academic and administrative structures before use. Once approved, the Mentorship Committee shall support dissemination and orientation to ensure their consistent use across departments and programs.

Departments shall use only the approved standardized tools, unless an adaptation has been formally reviewed and authorized. Any proposed revision to the tools shall be submitted to the Mentorship Committee for consideration and harmonization.

6.4. Accountability

The Mentorship Committee shall be responsible for developing and standardizing the tools required for implementation, documentation, and monitoring of the mentorship program, in consultation with relevant academic leaders and departments.

In collaboration with Heads of Department and the relevant academic offices, the Committee shall also oversee implementation of mentorship strengthening initiatives across departments.

Where planned mentorship activities are not carried out, the Education coordinator of that department shall provide justification and propose corrective action.



VII. APPENDICES

- Appendix A: [AHSU Mentor Training Outline](#)
- Appendix B: [AHSU Trimester Reporting template](#)
- Appendix C: [AHSU Student mentor matching form](#)



VIII. APPROVAL AND SIGNATURE

Names	Role	Signature	Date
Dr. Gaston NYIRIGIRA	PGME Chair		13 December 2024
Dr. Edgar Kalimba	Dean of School of Medicine		13 December 2024
Dr. Zerihun Abebe	Ag. Vice Chancellor	 	13 December 2024

Students'