

Creating a Curricular Student Mentorship Program Within Competency-Based Health Professions Graduate Education

Kutsyuruba, B.

Queens University

Mentorship in the healthcare professions can improve leadership, clinical competency, confidence, standardization, retention, cultural awareness, listening skills, and workplace climate. However, there is limited research on formal mentorship programs within entry-level physiotherapy (PT) education programs. The aim of the program evaluation was for developing future programs and reporting the benefits of the competency-based mentorship program for physical therapy students. This article describes a peer mentorship program piloted in a Master of Science PT program, designed to meet competencies related to leadership based on a National Physiotherapy Advisory Group (NPAG) Competency Profile for Physiotherapists. Second year PT students were mentors and were intentionally matched to first year PT students, who were in the first semester of their first year. Participating mentors (n=21) and mentees (n=43) provided their opinions, reflections, and perspectives through a program evaluation survey on the pilot program based on their involvement and the overarching curricular goals. Findings demonstrated that the program succeeded in building personal and professional relationships, allowed mentors to contribute to the learning and clinical education of their peers, helped mentors and mentees develop critical conversational skills, and allowed mentors to build their leadership skills and competencies. The use of competency-based peer mentorship programs in physical therapy graduate programs warranted positive personal and professional growth for both mentors and mentees. Future research should evaluate the program longitudinally to understand long-term benefits and physiotherapists preparedness.

Keywords: Healthcare profession, leadership, clinical competency, mentorship, physiotherapy

Introduction

Mentorship is commonly described as a developmental relationship between novice professionals (mentees) and experienced professionals (mentors) to support career development and personal growth (Dominguez & Kochan, 2020; Wong, 2004). Based on the premise of “critical friend” (Costa & Kallick, 1993), mentoring commonly facilitates professional growth and development through mutual planning, support, and guidance. Studies have demonstrated that mentoring can facilitate growth and learning of mentees, reduce stress, increase confidence and motivation, and create a safe context within which they are able to achieve success, develop independence, and improve decision-making and problem-solving skills (Allen & Eby, 2007; Hobson et al., 2009; Lankau & Scandura, 2002). More recently, mentorship efforts have centered around facilitating holistic mentorship by focusing on fostering wellbeing in addition to strong academic experiences (Crisp, 2010; Kutsyuruba & Kochan, 2025; Luedke et al., 2019). Moreover, mentorship can also involve peers, e.g., matching students from different experience levels (i.e., first year and second year) to support their skills

development, sense of belonging, wellbeing, academic performance, and support transitional periods (Gunn et al., 2017).

The role of mentorship in the healthcare professions is well documented (Hayes, 2001; Hayward et al., 2005). In many clinical care and practical programs (i.e. personal support workers), mentorship is either formally organized by program coordinators or informally driven by experienced practitioners (Sambunjak et al., 2022). Overwhelmingly, clinical care and health services mentorship programs are successful at improving leadership, clinical competency, confidence, standards of practice, retention, cultural awareness, listening skills, and workplace climate (Hayes, 2001; Hayward et al., 2005; Sambunjak et al., 2022). Research suggests that physiotherapy (PT) mentorship programs which paired experienced PTs with mentees (i.e. new PTs) based on clinical expertise and rotation, lead to improved staff retention, increased confidence, and a more positive workplace climate (Carthas & McDonnell, 2013; Harrison et al., 2022). In addition, research suggests that mentorship can support communication skills (Buning & Buning, 2019; Hayward et al., 2001; Naidoo et al., 2021). Outside of the mentee’s positive experience,

Zipp et al. (2015) revealed that the mentors felt valued in their roles, which also contributes to retention in their field. Therefore, the role of mentorship in healthcare is well-documented as a supportive program to facilitate confidence and workplace retention, foster communication skills, build staff confidence, and improve the workplace climate broadly in the healthcare professions. Mentoring has become an effective practice to support healthcare professionals' skill development, longer-term career growth, and best possible patient care (Kilgallon & Thompson, 2012; Woolnough & Fielden, 2017).

Despite research on the advantages mentorship in the health care field (Kilgallon & Thompson, 2012; Woolnough & Fielden, 2017) and the benefits of peer mentorship programs in entry-level educational programs is limited (Lorenzetti et al., 2019), and there is no published literature on peer-led mentorship programs in Canadian PT education programs. In this paper, we describe the outcomes of the Queen's Physical Therapy Program competency-based peer mentorship program through mentors and mentees perspectives on the program activities and format. The aim of the program evaluation was for developing future programs and reporting the benefits of the competency-based mentorship program for physical therapy students. Upon situating the program development in the literature on peer mentoring and curricular and competency-based mentorship programs, we detail the program design, research methodology and present the findings from a mixed-methods survey with mentors and mentees.

Methods

With research suggesting positive aspects of mentorship, the Physical Therapy Program at Queen's University piloted a program matching the first year and second year PT students to facilitate strong mentorship relationships through structured, engaging meetings, skill building exercises, and self-reflection. Drawing from the literature from multiple fields rooted in mentorship designs and approaches, this peer mentorship program was designed to help support first year PT students through the academic year, and support second year PT students in developing their leadership skills and competencies. The program was developed to improve the student experience and align with the Competency Profile for Physiotherapists in Canada; the physical therapy program is implementing a peer mentorship program. As a form of program evaluation and documenting the development of physical therapy mentorship program, we conducted a study of mentees and mentors' perceptions of the peer mentorship program. The second-year physical therapy students were in the final year of their academic program involved as mentors in the peer mentorship program. The mentees were first-year physical therapy students enrolled in the first semester of their academic

program. Throughout the course, mentors and mentees were scheduled to meet on a weekly basis and a student workbook was provided to guide the discussion and assessments. The majority of students met online as they were not in the same geographical location (second year students were on clinical placements in different locations). The mentorship program was created for a two-year Master of Science in physical therapy degree at a Canadian university. The mentorship program was composed of incoming. The mentorship program was to be composed of incoming first-year (N = 71), and second year (N = 67) students placed in one-on-one mentor-mentee pairs, with the second-year students as mentors. Since the cohorts did not have an equal number of students, the mentor cohort was contacted (by email communication from mentorship program director) for volunteers (n = 3) willing to each take on two mentees.

Data Collection

To evaluate the effectiveness of the mentorship program, we administrated a volunteer feedback evaluation survey to the mentors and mentees involved in the program. Completion of the questionnaire was voluntary. Concurrently, the mentors and mentees completed a mixed-methods survey (seven close-ended and five open-ended) which included Likert-scale questions from "Strongly Agree" to "Strongly Disagree," beginning with statements regarding their perspectives on the mentorship program. There were also open-ended questions and textboxes to add commentary to Likert-scale quantitative questions. The mentors survey included three key sections; the overall mentorship program, weekly activities, and building relationships. There was a total of 22 responses to the survey with a threshold of completion of 80% and above. The mentees were also asked to provide feedback on the program. The mixed-methods survey focused on three key areas; activities in the mentorship program, mentor/mentee relationship, and improvements for the mentorship program. There was a total of 43 responses to the survey with a threshold of completion of 80% and above. For the qualitative open-ended responses, a member of the research team used inductive thematic analysis to group responses based on the open-ended questions (Braun & Clarke, 2006).

Research Findings

Mentee Feedback on the Mentorship Program

The mentees, who were first year students in the physical therapy program, were asked to provide feedback on how the program relates to their professional and personal growth, and the fit of mentor. First-year students were not formally assessed for competencies through the mentorship program and were asked fewer specific questions related to leadership. The responses to the five questions are noted below in Table 1.

Table 1:
Mentee Feedback on the Mentorship Program

Question	Strongly agree n (%)	Agree n (%)	Neither agree nor disagree n (%)	Disagree n (%)	Strongly disagree n (%)
The mentorship program weekly activities are beneficial to my professional growth. (n=43)	16%	48%	14%	14%	6%
The mentorship program weekly activities are beneficial to my personal growth. (n=42)	16%	50%	14%	14%	4%
The mentorship program weekly activities are applicable to the physical therapy program. (n=42)	16%	50%	16%	12%	4%
My mentor is a good fit in terms of personality. (n=42)	76%	12%	9%	0%	2%
My mentor is a good fit in terms of the support they can provide me. (n=42)	66%	24%	4%	2%	2%

Overall, mentees felt the mentorship program weekly activities were beneficial to their professional growth (65%). 21% strongly disagreed or disagreed and 14% neither agreed nor disagreed. Next, mentees overall felt the mentorship program weekly activities were beneficial to their personal growth (66%). 19% strongly disagreed or disagreed and 14% neither agreed nor disagreed. Participants overall felt the mentorship program weekly activities were applicable to the physical therapy program (66%). 16% strongly disagreed or disagreed and 16% neither agreed nor disagreed.

In terms of their mentor, mentees overall felt their mentor was a good fit in terms of personality, with 88% of participants strongly agreeing or agreeing. Participants overall felt their mentor was a good fit in terms of the support they could provide the mentee, with 90% strongly agreeing or agreeing.

Mentor Feedback Survey

The results demonstrate the students' evaluations of the program and the benefits and fit for mentors/mentees. The mentors were asked a series of questions to evaluate the program. The responses are presented in Table 2.

Table 2:
Mentor Feedback on Mentorship Program

Question	Strongly Agree n (%)	Agree n (%)	Neither agree nor disagree n (%)	Disagree n (%)	Strongly disagree n (%)
The mentorship program allowed me to establish relationships with other emerging health professionals (i.e., your mentee or other mentors in the group sessions) through collaboration in the program. (n=20)	40%	40%	5%	15%	0%
The mentorship program allowed me to establish relationships with other emerging health professionals (i.e., my mentee or other mentors in the online, synchronous sessions) through active participation in the program) (n=21)	38%	38%	5%	14%	5%
The mentorship program allowed me to contribute to the education of my mentee. (n=21)	52%	38%	5%	0%	5%

The mentorship program allowed me to contribute to the clinical education of my mentee. (n=20)	50%	45%	5%	0%	0%
The mentorship program allowed me to provide feedback in critical conversations with my mentee. (n=21)	38%	33%	14%	10%	4%
The mentorship program allowed me to engage in critical conversations with other mentors in the online, synchronous sessions. (n=20)	0%	15%	20%	35%	20%
The mentorship program allowed me to contribute to leadership activities within the physical therapy program. (n=22)	23%	41%	18%	9%	9%
The mentorship program allowed me to critically reflect on the aspects of the peer mentorship program through written assignments and online, synchronous sessions. (n=21)	19%	24%	19%	24%	14%
The weekly activities in the mentorship program (mentorship meetings, reflective assignments) were useful to my professional growth. (n=21)	4%	29%	19%	38%	10%
The mentorship program weekly activities (mentorship meetings, reflective assignments) were useful to my personal growth. (n=21)	0%	38%	14%	43%	5%
The mentorship program weekly activities (mentorship meetings, reflective assignments) were applicable to the development of physical therapy competencies (e.g. leadership, collaboration). (n=21)	10%	47%	14%	19%	10%
My mentee was a good fit in terms of personality. (n=21)	57%	24%	10%	5%	5%
My mentee and I had common educational goals. (n=21)	52%	33%	10%	5%	0%
My mentee and I were able to build a supportive relationship. (n=21)	52%	33%	5%	10%	0%

Of the 20 responses, 80% agreed (8 strongly agreed, 8 somewhat agreed), 20% disagreed (3 somewhat disagreed, 1 strongly disagreed), and 5% (1) neither agreed nor disagreed that the program allowed them to build relationships with other emerging health professionals (i.e., my mentee or other mentors in the group sessions) through collaboration. Next, 76% agreed (8 strongly agreed, 8 somewhat agreed), 19% disagreed (3 somewhat disagreed, 1 strongly disagreed), and 5% (1) neither agreed nor disagreed with the statement that the mentorship program allowed me to establish relationships with other emerging health professionals (i.e., my mentee or other mentors in online, synchronous sessions) through active participation (n=21). Next, mentors were asked if they felt that the mentorship program allowed them to contribute to my mentee's education.

Of the 21 responses, 90% agreed (11 strongly agreed, 8 somewhat agreed), 5% disagreed (1 strongly disagreed), and 5% (1) neither agreed nor disagreed. Additionally, mentors were asked if they felt the mentorship program allowed them to contribute to my mentee's clinical education. Of the 20 responses, 95% agreed (10 strongly agreed, 9 somewhat agreed), and 5% (1) neither agreed nor disagreed.

Regarding feedback in critical conversations, mentors were asked if they felt the mentorship program allowed them to provide feedback during critical conversations with my mentee. Of the 21 responses, 71% agreed (8 strongly agreed, 7 somewhat agreed), 19% disagreed (2 somewhat disagreed, 1 strongly disagreed), and 14% (3) neither agreed nor disagreed. Mentors were also asked if the mentorship program allowed them

to engage in critical conversations with other mentors in online, synchronous sessions. Of the 20 responses, 45% agreed (6 strongly agreed, 3 somewhat agreed), 55% disagreed (7 somewhat disagreed, 4 strongly disagreed), and 19% (4) neither agreed nor disagreed.

On the subject of leadership, mentors were asked if they felt the mentorship program allowed them to contribute to leadership activities within the physical therapy program. Of the 22 responses, 64% agreed (5 strongly agreed, 9 somewhat agreed), 36% disagreed (4 somewhat disagreed, 4 strongly disagreed), and 18% (4) neither agreed nor disagreed. Mentors were also asked if they felt the mentorship program allowed them to critically reflect on the peer mentorship program through written assignments and online, synchronous sessions. Of the 21 responses, 43% agreed (4 strongly agreed, 5 somewhat agreed), 38% disagreed (5 somewhat disagreed, 3 strongly disagreed), and 14% (3) neither agreed nor disagreed.

Regarding the program's usefulness, mentors were asked if they felt the weekly activities in the mentorship program (e.g., mentorship meetings, reflective assignments) were useful for my professional growth. Of the 21 responses, 33% agreed (1 strongly agreed, 6 somewhat agreed), 48% disagreed (8 somewhat disagreed, 2 strongly disagreed), and 19% (4) neither agreed nor disagreed. Mentors were also asked if they felt the weekly activities in the mentorship program were applicable to developing physical therapy competencies (e.g., leadership, collaboration). Of the 21 responses, 38% agreed (8 somewhat agreed), 48% disagreed (9 somewhat disagreed, 1 strongly disagreed), and 14% (3) neither agreed nor disagreed.

Additionally, mentors were asked if they felt the weekly activities in the mentorship program (e.g., mentorship meetings, reflective assignments) were useful for their personal growth. Of the 21 responses, 57% agreed (2 strongly agreed, 10 somewhat agreed), 29% disagreed (4 somewhat disagreed, 2 strongly disagreed), and 14% (3) neither agreed nor disagreed. Mentors were also asked if they felt their mentee was a good fit in terms of personality. Of the 21 responses, 81% agreed (12 strongly agreed, 5 somewhat agreed), 10% disagreed (1 somewhat disagreed, 1 strongly disagreed), and 10% (2) neither agreed nor disagreed. Mentors were also asked if they felt they shared common educational goals with their mentee. Of the 21 responses, 86% agreed (11 strongly agreed, 7 somewhat agreed), 5% disagreed (1 somewhat disagreed), and 10% (2) neither agreed nor disagreed. Finally, mentors were asked if they felt they were able to build a supportive relationship with their mentee. Of the 21 responses, 86% agreed (11 strongly agreed, 7 somewhat agreed), 10% disagreed (2 somewhat disagreed), and 5% (1) neither agreed nor disagreed.

Qualitative Responses

Respondents were also asked some follow-up written questions regarding the takeaways from the program and how to improve future versions of the program. The mentors were asked, "what are the most significant takeaways or benefits you've gained from this program?" and 16 provided responses. In many responses, mentors highlighted the benefits such as improving communication skills and learning to adapt to others communication styles. Similarly, a few respondents noted how the mentorship program provided reflection on their own experience and growth in the program and were thankful to provide someone with support and advice throughout the program. As one respondent said, "I truly enjoyed having a mentee, it was great to see how my advice for the program helped someone else!". This is echoed by another respondent that stated, "I feel really good about myself that I was able to help someone else so much". The program also helped some mentors build leadership skills and learn to share experiences and build relationships with their future peers. The program helped some mentors build confidence in their skills and give personal and professional advice. As one respondent stated, "I have also gained a professional and friendly relationship throughout this experience and have gained an interest in being a mentor again in the future". A few respondents also highlighted how beneficial a mentor or mentorship program would be for a first-year student. As one respondent shared, "I feel like I really helped my mentee's confidence in their first semester of the program and provided a lot of answers to questions that I wish I had known in my first semester." Another respondent also highlighted how mentorship can support a first year PT student gain support and resources outside of the traditional classroom. Only one respondent described the mentorship program as not beneficial for them.

The mentors were asked, "how has this program influenced your personal and professional growth?" and 13 responses were provided. Many respondents described their personal and professional growth through leadership and confidence. As one respondent said, "I feel confident now in my abilities to be a mentor which will make it more likely that I agree to being a clinical instructor (CI) in the future." Another respondent echoed this sentiment and highlighted their interest in future leadership roles. Many described developing skills such as time management, communication, adaptability, social skills, growth mindset, and management skills more broadly. As one respondent wrote, "it allowed me to feel more confident in myself as I shared my experience from the program and helped my mentee with navigating certain material, helping with placement option, providing advice regarding midterms." A few respondents simply noted that the program did not support their personal growth and felt they did not need a

formal mentorship experience to grow these skills.

The mentors were also asked, “what barriers, if any, impacted your ability to participate fully in the mentorship program?” with 15 total responses. Some of the common challenges or barriers in the program were focused on the mentorship programming content, scheduling, and mentee engagement. Some of the respondents felt that assessments were “random” or “unnecessary” for developing organic relationships. In some relationships, respondents found it difficult to find a common time to meet with their mentees. A few respondents also felt that not meeting in person was a challenge in the relationship. In addition, some respondents felt that the mentee was not engaged, inconsistent, or lacked conversational nature, which made it difficult to engage meaningfully. A couple of respondents also said that they needed more support from the administration in terms of navigating questions related to the clinical assessments and would like more support in navigating these conversations in the future. One respondent also noted there were no barriers for them.

The mentors were also asked, “what suggestions do you have for future iterations of the peer mentorship program?” and there were 19 responses. Respondents provided mixed suggestions on how the program should move forward. Some suggested fewer assessments and more organic connections or group formats, while others suggested more formality in meetings and scheduling prior to the start of the mentorship program. More respondents suggested that having less structured questions and broader discussion topics would be helpful in the future. One respondent suggested having the mentors create discussion topics or questions through a co-creation model. In addition, some respondents wanted to have in-person meetings to promote relationship development. As some respondents said, this could also promote more clinical or practical discussions with their mentee. The suggestion of bi-weekly meetings the weekly meetings was also discussed by one respondent.

Some areas of improvement would be around topics or support on certain topics. As one respondent stated, “it would be helpful to have more questions and activities focused on clinical placements.” This was echoed by another respondent that felt some more lab time or voluntary lab activities could be helpful for both parties. In one respondent’s situation, they felt unsupported by faculty when managing the behavior of mentees and required more support in terms of managing the relationship. Other mentors suggested having mentees opt-in to the program to promote more accountability for mentees in the program. Respondents also noted that by bringing some of the mentorship aspects into orientation week this could also support students in developing relationships and growing the programs. This was supported by many respondents.

Discussion

Peer mentorship programs can promote learning across career, social, academic, and psychological domains (Lorenzetti et al., 2019), including supporting mentees with resources, offering support, and acting as liaisons between mentees and faculty (Lunsford et al., 2017). The results obtained from the first iteration of our peer mentorship program support many of these claims about the positive benefits of peer mentorship. We found that the mentors were able to build relationships through the 1-1 activities and allowed mentors to contribute to the learning and education of their peers, developed their critical conversational skills, and allowed mentors to build their leadership skills and competencies. As the literature suggests, successful peer mentorship programs commonly have a clear outline of roles and responsibilities, goal setting and performance assessments (Reid, 2008). The peer mentorship program consisted of assessments that were linked to course credit, to ensure the activities and meetings were progressing as scheduled. From some of the suggestions from mentors, a future iteration of the program could focus on accountability, assessment measures and training for both the mentee and the mentor. The curricular and competency-based mentorship program literature suggests that specific knowledge is transferred, goals are set, and outcomes are measurable (Echols et al., 2018). As outlined in the methodology, the program had specific core competencies that were being developed throughout the weekly activities and measured through regular assessments. The respondents also reported a growth in their leadership and communication skills. The literature benefits of curricular and competency-based mentorship program are commonly surrounding goals and leadership (Gruppen et al., 2016), but respondents also reported improved time management, adaptability, social skills, growth mindset, and management skills more broadly.

Conclusion and Recommendations

The Queen’s Physical Therapy Graduate Peer Mentorship Program demonstrates a unique and impactful experience for physical therapy students. As the first peer mentorship program in a physical therapy program in Ontario, this research demonstrates the ability of a competency-based program in fostering supportive relationships, improving leadership and communication skills, and providing a rewarding experience for mentors in sharing their knowledge. The program provided critical skill development for the mentors and useful and practical information for the mentees. The integration of structured goal setting, clear role definitions, and regular assessments ensured program effectiveness, as reflected in existing literature and practical implementations.

The implications of the program for mentors include increased leadership skills, personal and professional growth, a sense of fulfillment, and new insights into the field of physical therapy. The implications of the program for mentees include guidance and support, networking opportunities, personal and professional growth, and skill development. We recommend the use of peer mentorship programs to support physical therapy students professional and personal growth overall. Future iterations of the program should incorporate the mentees into the formalized programming and assessments.

References

- Allen, T. D., & Eby, L. T. (2007). *The Blackwell handbook of mentoring: A multiple perspectives approach*. Blackwell Publishing.
- Buning, M. M., & Buning, S. W. (2019). Beyond supervised learning: A multi-perspective approach to outpatient physical therapy mentoring. *Physiotherapy Theory and Practice, 35*(3), 243-258.
- Carthas, S., & McDonnell, B. (2013). The development of a physical therapy mentorship program in acute care. *Journal of Acute Care Physical Therapy, 4*(2), 84-89.
- Crisp, G. (2010). The impact of mentoring on the success of community college students. *The Review of Higher Education, 34*(1), 39-60.
- Dominguez, N. & Kochan, F. (2020). Defining mentoring: An elusive search for meaning and a path for the future. In B. J. Irby, J. N. Boswell, L. J. Searby, F. Kochan, R. Garza, N. Abdelrahman (Eds.), *The Wiley international handbook of mentoring: Paradigms, practices, programs, and possibilities* (pp. 3-18). John Wiley & Sons. <https://doi.org/10.1002/9781119142973.ch1>
- Gunn, F., Lee, S. H., & Steed, M. (2017). Student perceptions of benefits and challenges of peer mentoring programs: Divergent perspectives from mentors and mentees. *Marketing Education Review, 27*(1), 15-26.
- Haas, C., Hall, M., & Vlasnik, S. L. (2018). Finding optimal mentor-mentee matches: A case study in applied two-sided matching. *Helvion, 4*(6).
- Harrison, H. F., Kinsella, E. A., DeLuca, S., & Loftus, S. (2022). "We know what they're struggling with": student peer mentors' embodied perceptions of teaching in a health professional education mentorship program. *Advances in Health Sciences Education, 27*(1), 63-86.
- Hayes, E. (2005). Factors that facilitate or hinder mentoring in the nurse practitioner preceptor/student relationship. *Clinical Excellence Nurse Practices, 5*, 111-118.
- Hayward, L. M., Canali, A., & Hill, A. (2005). Interdisciplinary peer mentoring: A model for developing culturally competent health care professionals. *Journal of Physical Therapy Education, 19*(1), 28-40.
- Hobson, A. J., Ashby, P., Malderez, A., & Tomlinson, P. D. (2009). Mentoring beginning teachers: What we know and what we don't. *Teaching and Teacher Education, 25*(1), 207-216. <https://doi.org/10.1016/j.tate.2008.09.001>
- Kilgallon, K., & Thompson, J. (2012). *Mentoring in nursing and healthcare: A practical approach*. Wiley.
- Kutsyuruba, B., & Kochan, F. (Eds.). (2025). *Mentoring for wellbeing in higher education*. Information Age Publishing.
- Lankau, M. J., & Scandura, T. A. (2002). An investigation of personal learning in mentoring relationships: Content, antecedents, and consequences. *Academy of Management Journal, 45*(4), 779-790.
- Lorenzetti, D. L., Shipton, L., Nowell, L., Jacobsen, M., Lorenzetti, L., Clancy, T., & Paolucci, E. O. (2019). A systematic review of graduate student peer mentorship in academia. *Mentoring & Tutoring: Partnership in Learning, 27*(5), 549-576.
- Naidoo, K., Plummer, L., McKean, M., Mack, A., Bowdle, G. K., Mullins, M. A., & Gore, S. (2022). Virtual faculty and peer mentoring to promote social belonging among minoritized physical therapist and nursing students. *Healthcare, 10*(3), p. 416.
- Naidoo, K., Yuhaniak, H., Borkoski, C., Levangie, P., & Abel, Y. (2021). Networked mentoring to promote social belonging among minority physical therapist students and develop faculty cross-cultural psychological capital. *Mentoring & Tutoring: Partnership in Learning, 29*(5), 586-606.
- Sambunjak, D., Straus, S. E., & Marusic, A. (2010). A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. *Journal of General Internal Medicine, 25*, 72-78.
- Woolnough, H. M., & Fielden, S. L. (2017). *Mentoring in nursing and healthcare: supporting career and personal development*. Wiley.
- Zipp, G. P., Maher, C., & Falzarano, M. (2015). An observational study exploring academic mentorship in physical therapy. *Journal of Allied Health, 44*(2), 96-100