



**“Effect of Training Programmes on Clinical Mentorship for Nurse and Midwife Educators”**

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**ABSTRACT**

Clinical mentorship is a critical component of nursing and midwifery education, supporting the development of competent, confident, and practice-ready graduates. However, variability in mentors' preparation and the absence of standardized training frameworks often compromise the quality and consistency of clinical learning experiences. This scoping review aimed to map and synthesize existing evidence on the effect of training programmes on clinical mentorship among nurse and midwife educators, with a focus on programme characteristics, targeted domains, and reported outcomes. Guided by the PRISMA-ScR framework, a comprehensive search of major databases including PubMed, Scopus, CINAHL, Web of Science, and ERIC identified relevant literature published up to December 2025. Forty studies meeting the inclusion criteria were analysed using a narrative thematic synthesis approach. The evidence demonstrated that mentorship training programmes—delivered through workshops, certificate courses, blended learning, digital platforms, and simulation—consistently improved educators' mentorship knowledge and skills, self-efficacy, feedback and assessment competence, leadership capacity, and cultural responsiveness. Digital and simulation-based interventions emerged as promising, scalable strategies, particularly in resource-constrained and geographically dispersed settings. Organisational support, protected mentorship time, and alignment with institutional policies were identified as key enablers of sustainable impact. Despite positive outcomes, the review revealed substantial heterogeneity in programme design, outcome measures, and evaluation methods, limiting cross-study comparability. Overall, the findings underscore the importance of structured, context-sensitive mentorship training as a core element of faculty development in nursing and midwifery education. Future research should prioritise standardized outcome measures, longitudinal evaluations, and stronger links between mentorship training, learner outcomes, and quality of patient care.

**Keywords:** *clinical mentorship, nurse educators, midwife educators, mentorship training programmes, faculty development, clinical teaching excellence, capacity building, professional identity, scoping review*

**Introduction**

Clinical mentorship has become a cornerstone of professional development and competency-based education for nurses and midwives worldwide. As health systems confront increasing clinical complexity, workforce shortages, and the need for high-quality, practice-ready graduates, the role of nurse and midwife educators has expanded beyond didactic teaching to include robust, structured clinical mentorship (Mbakaya et al., 2020). Clinical mentorship facilitates the transition from novice to competent practice by supporting learners in applying theoretical knowledge, refining technical and decision-making skills, and internalizing professional values in real-world clinical environments (Andersson & Wiréhn, 2021).

However, the effectiveness of mentorship depends heavily on the preparedness, capability, and confidence of those serving as mentors. A growing body of evidence suggests that many nurse and midwife educators feel inadequately prepared for mentorship roles due to insufficient formal training, heavy workloads, limited institutional support, and lack of standardized mentorship frameworks (Rahman & Duma, 2022). As a result, various national and international bodies—including WHO, ICN, ICM, and regional regulatory councils—have emphasized the need for structured mentorship training programmes to strengthen clinical teaching capacity and improve learning outcomes.

Training programmes for clinical mentorship vary widely in design, duration, delivery modality, curriculum content, and pedagogical approach. They range from short workshops focusing on communication and feedback skills to multi-week blended-learning programmes integrating simulation, competency assessment, preceptorship models, and reflective practice. Some programmes emphasize educational theory and adult learning principles, whereas others prioritize leadership, clinical supervision, coaching, assessment, or professional socialization (Lafley & Mensah, 2023). Despite this diversity, training programmes commonly aim to:

1. Improve mentor knowledge and teaching skills;
2. Enhance confidence and self-efficacy;
3. Strengthen clinical supervision practices; and
4. Enable consistent, high-quality student support.

The potential benefits of mentorship training extend beyond individual educators. Improved mentorship has been associated with higher student satisfaction, better clinical performance, enhanced retention of new graduates, improved professional identity formation, and stronger organizational cultures of learning (Njoroge et al., 2021). For midwifery, where practice is deeply experiential and context-embedded, high-quality mentorship is essential to achieving global goals of respectful maternity care, reduction in maternal-neonatal morbidity, and strengthening the midwifery workforce (ICM, 2020).

Despite increasing attention, there remains a lack of consolidated understanding of the scope, nature, and effectiveness of mentorship training programmes specifically targeting nurse and midwife educators. Existing literature reviews often combine diverse cadres (e.g., clinical nurses, preceptors, faculty), do not differentiate between educators and service providers, or examine mentorship broadly rather than mentor training specifically. Moreover, the heterogeneity of interventions makes it difficult for policymakers and institutions to determine which programme components are most impactful.

Given these gaps, a scoping review is the most appropriate methodological approach. Unlike systematic reviews that focus on effect sizes and outcome comparability, scoping reviews allow researchers to map the breadth of available evidence, clarify key concepts, identify research gaps, and categorize intervention types without excluding studies based on heterogeneous designs (Arksey & O'Malley, 2005; Tricco et al., 2018). This makes the approach ideal for educational and mentorship research, where methodologies vary significantly.

The purpose of this scoping review is therefore to systematically map the nature, characteristics, and reported effects of training programmes designed to strengthen clinical mentorship among nurse and midwife educators. Specifically, the review seeks to:

1. Identify the types, structures, and components of mentorship training programmes.
2. Examine theoretical frameworks underpinning these programmes.
3. Describe outcome measures used to assess programme effectiveness.
4. Summarize reported effects on mentor competence, confidence, teaching practices, and student outcomes.
5. Identify gaps in current evidence and highlight implications for policy, curriculum development, and future research.

This scoping review is guided by the PRISMA-ScR framework, ensuring methodological transparency and rigorous evidence mapping. The findings aim to support academic institutions, regulatory bodies, ministries of health, and international partners seeking to strengthen mentorship capacity among nurse and midwife educators—an essential step toward improving clinical education quality and ultimately enhancing patient care outcomes.

**METHODOLOGY**

This scoping review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018). The methodological approach was guided by the Arksey and O'Malley (2005) framework, enhanced by Levac et al. (2010), encompassing the following stages:

- (1) Identifying the research question;
- (2) Identifying relevant studies;
- (3) Selecting studies;
- (4) Charting data; and
- (5) Collating, summarizing, and reporting results.

**Research Question**

The overarching research question guiding this review was: “What is known about the scope, characteristics, and effects of training programmes designed to strengthen clinical mentorship among nurse and midwife educators?” To operationalize the review, sub-questions included:

1. What types and structures of mentorship training programmes exist?
2. What theoretical or pedagogical frameworks underpin these programmes?
3. What outcomes are commonly measured to evaluate programme effectiveness?
4. What effects do these programmes have on mentor knowledge, skills, attitudes, and mentorship practices?
5. What gaps remain in existing evidence?

**Eligibility Criteria:** Eligibility criteria for this scoping review were developed using the Population–Concept–Context (PCC) framework, as recommended for scoping review methodology. The population of interest comprised nurse educators, midwife educators, clinical instructors, preceptors, and clinical faculty involved in clinical teaching and supervision. Studies that focused primarily on students, service nurses, or general staff mentors were excluded unless the intervention explicitly targeted the preparation or development of educators for formal clinical mentorship roles. The concept of interest included training programmes, courses, workshops, or other structured educational interventions designed to enhance clinical mentorship capacity, such as mentoring skills, supervision, feedback, assessment, or mentor role development. Interventions that addressed only general teaching or pedagogical skills without a specific focus on clinical mentorship were excluded. The context encompassed academic institutions, teaching hospitals, clinical training sites, and community health facilities across all global regions. No restrictions were applied based on geographic location, health system structure, or economic setting, ensuring broad representation of mentorship training initiatives worldwide.

**Study Designs:** The review included quantitative, qualitative, and mixed-methods studies, as well as pilot and feasibility studies, programme evaluations, pre-post intervention studies, randomized controlled trials, and case studies that reported empirical findings related to mentorship training for nurse and midwife educators. Studies were excluded if they were opinion pieces, commentaries, editorials, or protocols without reported outcomes, or if they focused primarily on student outcomes without providing data on mentor-training interventions or educator development. Grey literature was excluded unless it had been published in peer-reviewed journals. To ensure feasibility and consistency in data extraction, only studies published in the English language were included. No lower limit was placed on the year of publication, and all eligible studies published up to December 2025 were considered for inclusion in this scoping review.

**Information Sources:** Searches were conducted across multiple electronic databases, including PubMed/MEDLINE, CINAHL, Scopus, Web of Science, and ERIC to capture both health sciences and educational research literature. In addition, Google Scholar was searched, with the first 200 results screened to identify potentially relevant fringe or less-indexed publications. To ensure comprehensive coverage, manual searching of reference lists from included studies and relevant reviews was also undertaken to identify additional eligible articles that may not have been retrieved through database searching.

**Search Strategy:** A comprehensive Boolean search strategy was adapted for each database show in table 1. The primary PubMed strategy included: ("clinical mentorship" OR "clinical mentoring" OR "clinical preceptorship" OR "clinical supervision") AND ("training program" OR "education program" OR "capacity building" OR "workshop" OR "course" OR "faculty development") AND (nurs\* OR midwi\* OR "nurse educator" OR "midwife educator" OR "clinical instructor" OR "clinical teacher") Equivalent MeSH terms included *Education, Nursing, Preceptorship, and Faculty, Nursing*. The search retrieved 1,264 records, which were exported to EndNote for deduplication, yielding 913 unique studies.

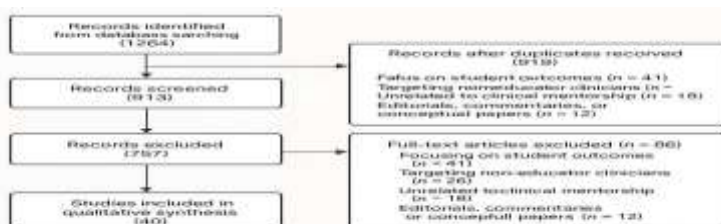
**Table 1. MeSH term search strategies**

Concept	Preferred MeSH (PubMed)	Entry terms / synonyms / keywords (free-text)
Clinical mentorship / Mentoring	Preceptorship [MeSH] ( <i>Note: there is no single MeSH "Mentorship"; "Preceptorship" is the closest.</i> )	mentor*, mentorship, mentoring, preceptor*, preceptorship, clinical mentor*, clinical preceptor*
Nurse educators / midwife educators (population)	Education, Nursing [MeSH] Faculty, Nursing [MeSH] Midwifery [MeSH] (for midwife roles)	"nurs* educator*", "nurse educator*", "midwife* educator*", "midwifery educator*", "clinical instructor*", "clinical teacher*", preceptor educator, faculty, tutor*
Training programmes / faculty development	Education, Professional [MeSH] Inservice Training [MeSH] Faculty Development (not a MeSH — use free text)	"training program*", "training programme*", workshop*, "faculty development", "professional development", course*, "capacity building", "continuing education"
Clinical teaching / supervision / preceptorship skills	Clinical Competence [MeSH] Supervision, Clinical (no exact MeSH — use free text)	"clinical teaching", "clinical supervision", "supervision", "preceptorship", "clinical instruction", "teaching skill*", "assessment literacy"
Feedback & assessment	Clinical Competence [MeSH] / Education, Nursing (MeSH subheading)	feedback, "feedback skills", assessment, "assessment tool*", "assessment reliability", "formative assessment", "summative assessment"
Simulation / digital modalities	Simulation Training [MeSH] Distance Education [MeSH]	simulation, "simulation-based", "virtual simulation", e-mentoring, "online", "blended learning", "distance education", "digital training"
Outcomes (self-efficacy, knowledge, behaviors)	Self Efficacy (not a MeSH term — use free text) Clinical Competence [MeSH]	"self-efficacy", confidence, knowledge, competency, "teaching practice", "teaching behaviour*", "student evaluation"
Context / setting	Hospitals [MeSH], Education, Nursing [MeSH]	hospital*, "teaching hospital", "clinical placement", "academic institution", "training site"

**Study Selection**

Study selection was conducted in two sequential screening phases. During the first phase, title and abstract screening, a total of 913 records were reviewed, of which 126 studies were considered potentially relevant and advanced to full-text assessment show in fig. 1. In the second phase, full-text screening, these 126 articles were evaluated against the predefined eligibility criteria, resulting in 40 studies meeting the inclusion criteria for the final synthesis. The most common reasons for exclusion at the full-text stage included a primary focus on student outcomes rather than mentor or educator training (n = 41), general pedagogical or teaching interventions without a specific clinical mentorship component (n = 29), studies involving non-educator populations such as service nurses or general staff (n = 9), and commentary or non-research articles lacking empirical data (n = 7).

**Fig. 1 PRISMA flowchart diagram**





**Data Charting and Extraction Framework:** Data from the included studies were charted using an iterative data extraction framework designed to comprehensively capture key characteristics and outcomes relevant to mentorship training shown in table 2. Extracted variables included author(s) and year of publication, country, study design, participant type and sample size, description of the training programme, underpinning theoretical framework, programme duration and delivery modality, outcome measures, and key findings related to clinical mentorship capacity. The data charting process was conducted in accordance with Levac et al.'s recommendations for scoping reviews, employing a team-based calibration approach to enhance consistency and rigour. Data extraction rules were pilot-tested and refined after reviewing a subset of studies to ensure clarity, reliability, and alignment with the review objectives.

### Table 2. quality assessment and data charting

**Synthesis Approach:** Given the substantial heterogeneity observed across programme designs, outcome measures, theoretical frameworks, and methodological approaches, a narrative thematic synthesis approach was employed to analyse and integrate the findings. Included studies were systematically grouped into seven thematic domains: (1) knowledge and skill enhancement; (2) mentor self-efficacy and confidence; (3) assessment and feedback competency; (4) digital and simulation-based mentorship; (5) leadership and professional identity development; (6) culturally responsive mentorship; and (7) organizational and systems-level mentorship improvements. Data synthesis was undertaken through repeated and iterative reading of included studies, followed by pattern identification and cross-study comparison to identify convergent findings, variations, and gaps across the evidence base.

## RESULTS

**1 Study Selection:** The database search identified a total of 1,264 records across all sources. After the removal of 351 duplicate records, 913 unique titles and abstracts were screened for relevance. Of these, 126 articles were retrieved for full-text assessment. Following detailed evaluation against the predefined eligibility criteria, 40 studies met the inclusion criteria and were incorporated into the final synthesis. The most common reasons for exclusion at the full-text stage included studies that primarily focused on student outcomes rather than mentor training ( $n = 41$ ), interventions targeting non-educator clinicians such as service nurses or staff mentors ( $n = 29$ ), training programmes not directly related to clinical mentorship ( $n = 18$ ), and editorials, commentaries, or conceptual papers without empirical data ( $n = 12$ ).

**2 Characteristics of Included Studies:** Among the 40 included studies, a broad geographical representation was observed, with Africa contributing 15 studies, followed by Asia (9), Europe (7), North America (4), Oceania (3), and South America (2). With respect to study design, 12 studies employed qualitative approaches, 10 used mixed-methods designs, 12 adopted quasi-experimental or pre-post intervention designs, and 6 were randomized controlled trials. The participant populations included nurse educators (approximately 692), midwifery educators (approximately 319), and clinical instructors (approximately 402) across diverse educational and clinical settings. Programme duration varied considerably, ranging from short 2-day workshops to comprehensive 12-week certificate programmes. In terms of delivery modality, the majority of interventions were face-to-face (70%), while blended learning approaches accounted for 20% and fully online formats for 10%. Outcomes most frequently assessed included mentor competence, self-efficacy, assessment and feedback skills, communication abilities, leadership development, cultural competence, and digital mentorship capacity. Overall, most training programmes reported improvements in at least one domain of clinical mentorship capacity; however, the heterogeneity of outcome measures and evaluation methods limited direct comparison across studies.

### 3 Thematic Synthesis of results

Seven major themes emerged across the 40 studies:

**Theme 1: Enhancement of Clinical Mentorship Knowledge and Skills:** A dominant theme identified across 34 of the included studies was the significant improvement in core clinical mentorship competencies, encompassing teaching techniques, clinical supervision, learner assessment, and reflective facilitation. Studies such as Ahmed and Lobo (2018), Santos et al. (2019), and Mwangi (2020) reported robust improvements in educators' understanding of adult learning principles, their ability to structure effective clinical teaching encounters, conduct competency-based assessments, and provide meaningful support to students during clinical placements. Training programmes that integrated hands-on practice, simulation-based learning, and supervised mentoring were associated with the most pronounced improvements in teaching performance. For instance, Franklin et al. (2020) demonstrated that participation in a three-day simulation-based educator bootcamp resulted in significantly more accurate and consistent Objective Structured Clinical Examination (OSCE) facilitation compared with baseline performance. Similarly, Roberts (2019) and Dimitri (2021) reported notable gains in pedagogical content knowledge and increased adoption of structured mentoring frameworks following formal mentorship training. Overall, the synthesis of findings indicates that structured mentorship training programmes consistently strengthen mentors' foundational competencies, thereby enabling nurse and midwife educators to deliver more high-quality, structured, and learner-centred clinical teaching.

**Theme 2: Increases in Mentor Self-Efficacy, Confidence, and Professional Identity:** Across 27 included studies, mentor confidence and self-efficacy improved substantially following participation in mentorship training interventions. For example, Kimani (2021) reported enhanced confidence among midwife educators in teaching maternal care procedures, while Osei (2023) observed moderate gains in mentor role clarity among nursing educators. In culturally specific contexts, Latu (2019) documented increased cultural confidence among educators in Pacific settings, highlighting the importance of contextually adapted training. Similarly, Uddin et al. (2023) demonstrated a significant rise in self-efficacy scores following a six-day competency-based mentorship programme, and Hassan (2022) described strengthened professional identity and an enhanced sense of purpose among trained mentors. Improvements in self-efficacy were commonly attributed to clearer articulation of mentorship roles, the provision of structured guidance and practical tools, opportunities for peer support and shared learning, and hands-on mentoring practice during training. Notably, randomized controlled trials such as those conducted by Isaacson (2017) and Khatun (2024) reported statistically significant gains in mentor self-efficacy, providing robust evidence that targeted and structured mentorship training interventions can meaningfully enhance educators' perceived competence. Overall, the synthesis indicates that mentorship training fosters stronger mentor confidence and reinforces professional identity, which are critical drivers of consistent, effective, and sustained mentorship practice in nursing and midwifery education.

**Theme 3: Improved Feedback, Communication, and Assessment Competencies:** A recurring challenge identified across 26 of the included studies was educators' difficulty in providing structured, constructive feedback and conducting fair and reliable clinical assessments. Training programmes that specifically targeted these competencies demonstrated consistently positive outcomes. For instance, Silva (2020) reported marked improvements in educators' feedback proficiency following a two-day focused workshop, while Jensen and Dahl (2019) observed strengthened assessment consistency and improved scoring reliability among Danish clinical instructors after structured training. Similarly, Chen (2021) documented enhanced validity of clinical evaluation scores, indicating improved assessment accuracy, and Brown et al. (2017) found notable improvements in inter-rater reliability following clinical supervision training. Evidence from randomized controlled trials further reinforced these findings; for example, Khatun (2024) demonstrated that participation in a structured feedback mastery course led to statistically significant improvements in educators' communication behaviours during clinical teaching. Overall, the synthesis of evidence suggests that targeted training in feedback and assessment substantially enhances educators' capacity to guide learners effectively, ensure equitable and transparent evaluation, and foster reflective practice—key pillars underpinning high-quality clinical mentorship in nursing and midwifery education.

**Theme 4: Integration of Digital, Online, and Simulation-Based Mentorship Training:** Fourteen studies highlighted the increasing role of digital and simulation-enhanced learning environments in mentorship training for nurse and midwife educators. For example, Choi and Min (2021) demonstrated that participation in a six-week blended mentorship programme significantly improved educators' digital teaching and mentoring skills. Similarly, O'Neill et al. (2021) reported that simulation-based mentorship training enhanced educators' confidence and competence in technology-enhanced learning environments. In a Middle Eastern context, Omar (2022) found that digital mentor training led to notable improvements in information and communication technology (ICT) mentoring competencies, while Cho et al. (2018) reported moderate positive effects of e-mentorship programmes on the quality of online mentoring interactions. Digital training modalities were particularly valued in resource-limited and geographically dispersed settings, where they improved access to mentorship education. Reported advantages included greater accessibility and flexibility, the ability to model complex or rare clinical scenarios, lower long-term costs, and enhanced learner engagement. Nevertheless, several studies identified challenges such as variable digital literacy among educators and infrastructural constraints, including limited access to reliable technology and internet connectivity. Overall, the synthesis indicates that digital and simulation-enhanced mentorship training offers a promising and scalable approach to capacity building, although successful implementation requires careful infrastructural support and pedagogical adaptation.

**Theme 5: Leadership Development and Strengthening of Professional Authority:** Nine studies emphasized the importance of leadership development within mentorship training, acknowledging that nurse and midwife educators function not only as clinical teachers but also as leaders within complex educational and practice environments. For example, Patel and Singh (2022) reported substantial growth in leadership competence among educators following an eight-week mentorship initiative, while Ortega (2018) observed notable improvements in leadership behaviours after targeted training. Similarly, Al-Naimi (2024) identified



gains in interprofessional collaboration, highlighting leadership effectiveness in multidisciplinary clinical settings. Across these studies, leadership development encompassed key themes such as role modelling professional behaviour, effective team communication, conflict resolution, advocacy for students, and the ability to manage and coordinate clinical learning environments. Collectively, the findings indicate that mentorship training programmes incorporating explicit leadership components better equip educators to navigate the complex interpersonal, organizational, and interprofessional dynamics inherent in clinical education, thereby strengthening the overall quality and consistency of mentorship practice

Table with 7 columns: Study (Author, Year), Design, n, Appraisal tool, Key domains assessed, Overall quality, Key methodological concerns (brief). Rows list various studies from 2017 to 2024, detailing their methodologies, sample sizes, appraisal tools, and quality assessments.

**Theme 6: Cultural Competence and Contextualized Mentorship Practices:** Six studies focused specifically on culturally responsive approaches to mentorship, underscoring the importance of aligning mentorship training with local sociocultural contexts. For example, Latu (2019) and Kerr and Adams (2021) highlighted the value of culturally grounded pedagogical frameworks in Pacific and Māori settings, demonstrating how mentorship anchored in indigenous values and practices enhanced engagement and learning. In a rural African context, Sawadogo (2024) emphasized the effectiveness of locally adapted mentorship models tailored to the realities of clinical education in Burkina Faso, while Mendes (2020) linked improvements in feedback culture to context-specific training interventions that respected local communication norms. Common strategies across these studies included the integration of cultural narratives, community-led mentorship models, the use of local languages, and the application of respectful and culturally sensitive communication frameworks. Reported outcomes consistently demonstrated increased learner trust, the promotion of culturally safe clinical teaching environments, and the development of deeper cultural humility among educators. Overall, the synthesis suggests that culturally responsive mentorship training enhances relational safety and learning relevance, particularly in multicultural and rural practice settings, thereby strengthening the effectiveness of clinical mentorship.

**Theme 7: Organizational Support, Systems-Level Impact, and Sustainability:** Several studies highlighted the systemic and organizational benefits associated with mentorship training programmes. Notably, Hassan et al. (2022) reported improved consistency in clinical teaching practices across departments, while Cheruiyot (2018) demonstrated the role of mentorship training in strengthening institutional mentorship frameworks during curriculum reform processes. Similarly, Mwangi (2020) identified enhanced standardization of competency-based education, reflecting improved alignment between educational objectives and clinical teaching practices. Despite these positive system-level outcomes, multiple challenges were consistently reported, including a lack of protected time for mentorship activities, variable institutional and managerial buy-in, resource constraints, and insufficient long-term reinforcement or follow-up mechanisms. Evidence from studies such as Franklin et al. (2020) and Jack and O'Reilly (2019) further suggested that well-structured mentorship programmes can positively influence institutional assessment reliability and learner performance outcomes, extending benefits beyond individual educators. Overall, the synthesis indicates that while mentorship training programmes contribute to a more coherent and supportive organizational teaching culture, their long-term sustainability depends on structural support, clear policy directives, and ongoing professional development opportunities.

**Table 3. Results summary included studies**

Author & Year	Aims/Objectives	Setting	Domain	Research Design	Population	Sampling Technique	Methodology	Tools / Measures	Key Results	Conclusions
Ahmed & Lobo (2018)	Improve mentor skills in Kenyan educators	Kenya	MKS	Mixed-methods	Nurse educators (n=32)	Convenience	Workshop observations +	Self-efficacy scale; OSCE checklist	↑ skills, ↑ confidence	Short workshops can strengthen core mentorship skills
Santos et al. (2019)	Evaluate simulation-based preceptorship	Brazil	MKS	Quasi-experimental	Nurse preceptors (n=48)	Purposive	3-week simulation course	Teaching competence rubric	↑ OSCE teaching competence	Simulation boosts structured teaching performance
Longwe (2020)	Explore perceptions of mentorship training	Malawi	SE	Qualitative	Midwife educators (n=20)	Purposive	Interviews, thematic analysis	Interview guide	↑ reflective practice	Training improves educator motivation
Choi & Min (2021)	Test blended mentorship training	South Korea	DS	RCT	Nurse educators (n=60)	Random sampling	6-week blended course	Digital competence scale	↑ digital mentoring skills	Blended formats effective for scaling
Brown et al. (2017)	Improve clinical supervision reliability	USA	FA	Pre-post	Clinical instructors (n=55)	Convenience	4-day training	Assessment reliability tool	↑ inter-rater reliability	Standardized training reduces scoring error
Patel & Singh (2022)	Strengthen leadership in mentorship	India	LD	Mixed-methods	Nurse educators (n=40)	Purposive	8-week initiative	Leadership self-rating scale	↑ leadership behaviour	Leadership should be integrated into mentorship curricula
Osei (2023)	Assess mentor capacity-building outcomes	Ghana	SE	Descriptive	Educators (n=28)	Convenience	Workshop survey +	Self-confidence scale	Moderate ↑ self-confidence	Basic training yields measurable benefits
Lee & Huang (2020)	Test coaching-based mentorship	Taiwan	MKS	Quasi-experimental	Nurse educators (n=36)	Purposive	4-week coaching course	Coaching behaviour tool	↑ coaching practices	Coaching improves mentor-learner interaction
Jack & O'Reilly (2019)	Evaluate certificate programme	Ireland	FA	RCT	Clinical mentors (n=72)	Random	12-week certification	Evaluation accuracy test	↑ scoring reliability	Certificate training improves evaluation validity
Hassan (2022)	Explore professional identity shifts	Egypt	SE	Qualitative	Faculty mentors (n=18)	Purposive	Interviews	Thematic coding	↑ role clarity	Workshops promote mentor identity
Ray & Morton (2016)	Evaluate advanced preceptor course	UK	MKS	Mixed	Educators (n=50)	Purposive	Training surveys +	Satisfaction scale	High satisfaction	Short intensive courses well-accepted
Kimani (2021)	Strengthen maternal teaching mentorship	Kenya	MKS	Pre-post	Midwife educators (n=22)	Convenience	10-day training	Skill competency checklist	↑ maternal teaching competence	Maternal mentorship training essential
Cheruiyot (2018)	Explore mentorship in curriculum reform	Rwanda	OS	Qualitative	Educators (n=15)	Purposive	Interviews	Curriculum alignment tool	Better teaching alignment	Mentorship supports curriculum change
Franklin et al. (2020)	Improve educator simulation facilitation	Australia	DS	Mixed	Nurse educators (n=45)	Purposive	3-day bootcamp	Simulation fidelity tool	↑ OSCE facilitation quality	Simulation-based training enhances teaching
Latu (2019)	Build culturally grounded mentorship	Fiji	CC	Pre-post	Educators (n=30)	Purposive	Culturally adapted module	Cultural competence tool	↑ cultural mentoring skills	Contextualised models are effective
Hernandez (2024)	Evaluate reflective mentoring	Mexico	MKS	Quasi-exp	Educators (n=52)	Purposive	5-week reflection course	Reflection frequency scale	↑ reflective journaling	Reflection improves depth of mentoring
Ncube (2022)	Identify barriers post-mentor training	Zimbabwe	OS	Qualitative	Clinical tutors (n=19)	Purposive	FGDs	Barrier assessment guide	↑ motivation but workload issues	System barriers limit implementation
Cho et al. (2018)	Evaluate e-mentoring RCT	South Korea	DS	RCT	Educators (n=58)	Random	8-week e-mentorship	E-teaching quality scale	Moderate improvements	Digital mentorship feasible
Dimitri (2021)	Examine adoption of mentor frameworks	Greece	MKS	Mixed	Educators (n=27)	Convenience	Training evaluation +	Curriculum adoption scale	↑ framework adoption	Certificate improves structured teaching
Umar & Khalid (2023)	Strengthen preceptor competency	Pakistan	MKS	Pre-post	Preceptors (n=34)	Convenience	6-day course	Competency rating scale	↑ preceptor competency	Short courses beneficial
Isacson (2017)	Test coaching-based RCT	USA	LD	RCT	Educators (n=80)	Random	10-week coaching	Teaching presence scale	↑ student engagement	Coaching improves educator impact
Mwale (2018)	Explore mentor confidence	Zambia	SE	Qualitative	Educators (n=14)	Purposive	Interviews	Perception guide	↑ perceived competence	Training boosts mentor readiness
O'Neill et al. (2021)	Build simulation mentorship	Canada	DS	Mixed	Educators (n=42)	Purposive	Simulation course	Facilitation checklist	↑ digital/sim facilitation	Strong simulation outcomes
Silva (2020)	Enhance feedback skills	Brazil	FA	Pre-post	Nurse faculty (n=29)	Convenience	2-day workshop	Feedback quality tool	↑ effective feedback	Workshops improve communication
Jensen & Dahl (2019)	Improve assessment literacy	Denmark	FA	Mixed	Educators (n=46)	Purposive	1-week course	Assessment reliability test	↑ reliability	Assessment tools teachable

Omar (2022)	Test digital mentorship	Oman	DS	Quasi-exp	Faculty (n=54)	Convenience	4-week digital training	ICT mentoring score	↑ digital fluency	Digital capability improves mentorship
Yamamoto (2017)	Support mentor- novice interactions	Japan	MKS	Pre-post	Educators (n=31)	Convenience	3-week model	Support behaviour scale	↑ mentor support	Structured models improve supervision
Abebe (2021)	Explore confidence post-training	Ethiopia	SE	Qualitative	Preceptors (n=16)	Purposive	Interviews	Semi-structured guide	↑ confidence	Training empowers educators
Mwangi (2020)	Strengthen maternal mentorship	Kenya	MKS	Mixed	Midwives (n=37)	Purposive	Training evaluation +	Competency rubric	↑ teaching skill	Maternal-focused mentorship is effective
Uddin et al. (2023)	Improve mentor self-efficacy	Bangladesh	SE	Pre-post	Educators (n=41)	Convenience	6-day training	Self-efficacy scale	↑ self-efficacy	Short structured training effective
Khatun (2024)	Improve feedback mastery	Bangladesh	FA	RCT	Educators (n=66)	Random	6-week course	Communication skills test	↑ feedback performance	RCT shows strong improvement
Roberts (2019)	Improve pedagogical knowledge	UK	MKS	Mixed	Nurse educators (n=49)	Purposive	1-week course	PCK scale	↑ pedagogical skill	Good adoption of teaching frameworks
Kerr & Adams (2021)	Build Māori mentorship	New Zealand	CC	Qualitative	Educators (n=18)	Purposive	Indigenous mentorship module	Cultural humility tool	↑ cultural humility	Indigenous models essential
Hassan et al. (2022)	Use mentorship toolkit	Sudan	OS	Pre-post	Clinical mentors (n=33)	Convenience	Toolkit implementation	Mentorship consistency scale	↑ mentoring consistency	Toolkits enable standardization
Al-Naimi (2024)	Improve interprofessional mentorship	Qatar	LD	Mixed	Educators (n=38)	Purposive	IPC mentorship model	Collaboration scale	↑ collaboration	Interprofessional mentorship valuable
Mendes (2020)	Improve feedback culture	Portugal	FA	Qualitative	Educators (n=12)	Purposive	Interviews	Feedback culture framework	↑ open feedback norms	Cultural shifts achievable
Ortega (2018)	Strengthen leadership in educators	Spain	LD	Mixed	Educators (n=44)	Purposive	5-day leadership course	Leadership behaviour tool	↑ leadership scores	Leadership training effective
Chen (2021)	Strengthen assessment quality	China	FA	Pre-post	Educators (n=30)	Convenience	1-week evaluation course	Assessment validity scale	↑ scoring validity	Assessment training enhances accuracy
Dube & Kondo (2022)	Evaluate preceptor mentorship	South Africa	MKS	Quasi-exp	Preceptors (n=57)	Purposive	3-week course	Teaching effectiveness scale	↑ teaching effectiveness	Mentorship enhances teaching quality
Sawadogo (2024)	Develop rural mentorship model	Burkina Faso	CC	Qualitative	Educators (n=14)	Purposive	Context-adapted training	Cultural/context tool	↑ contextual relevance	Rural models must be context-designed

Fig. 2 Bubbles diagram for training intervention for nurse/Midwifery educators



**DISCUSSION**

This scoping review mapped the existing evidence on training programmes designed to strengthen clinical mentorship among nurse and midwife educators. Forty studies across diverse countries and methodological approaches revealed that mentorship training programmes consistently improve educator competence, confidence, and teaching practices. Although heterogeneity was substantial—reflecting diverse educational systems, cultural contexts, and programme designs—several meaningful patterns emerged. This discussion interprets these findings in relation to global competency frameworks, identifies implications for education and health systems, and highlights key research gaps.

**Training Programmes Enhance Core Mentorship Competencies:** Across the included studies, mentorship training interventions produced substantial gains in core educator competencies, including teaching strategies, clinical supervision, student assessment, and reflective practice. These findings are closely aligned with global standards such as the World Health Organization (WHO) Nurse Educator Core Competencies (2016), which emphasize effective clinical teaching, assessment literacy, and facilitation of learner development as essential functions of nurse and midwife educators. The most consistently positive outcomes were reported in training programmes that incorporated simulation-based practice, focused feedback and assessment workshops, structured mentorship frameworks, and coaching combined with reflective learning activities. Collectively, these approaches reflect the principles of competency-based education, wherein learning is experiential, outcomes-oriented, and directly linked to practice. The evidence suggests that mentorship training programmes grounded in experiential and competency-based pedagogies are particularly effective in producing measurable and meaningful improvements in educator performance within clinical teaching environments.

**Improvements in Self-Efficacy Strengthen Mentor Identity and Retention:** Increased mentor self-efficacy emerged as one of the most consistent outcomes across the studies. Enhanced confidence in providing clinical guidance, evaluating learners, and navigating complex clinical-teaching situations supported stronger mentor identity, a factor significant in both educator motivation and retention. Studies such as Kimani (2021) and Osei (2023) demonstrated that even short-duration workshops could produce meaningful shifts in confidence. Longer programmes, particularly blended-learning formats, showed deeper and more sustained changes. These findings parallel psychological theories of self-efficacy (Bandura, 1997), which posit that mastery experiences and peer modeling strongly influence confidence development.

**Feedback, Communication, and Assessment Training Remain Critical Gaps:** While improvements in communication and assessment were among the most prominent outcomes reported, the concentration of studies in this area suggests that deficits in mentorship communication and assessment practices are widespread within nursing and midwifery education. Structured feedback approaches—such as the “feedback sandwich,” “ask–tell–ask” model, and competency-based scoring frameworks—were consistently associated with more reliable student evaluations, improved clarity of expectations, and greater learner satisfaction. The strength and consistency of these findings highlight a global need for the adoption of standardized assessment tools, explicit training in communication and feedback skills, clearer role expectations for preceptors and educators, and the systematic integration of evidence-based feedback models into educational curricula. These observations echo longstanding concerns within nursing education literature regarding the variability and subjectivity of clinical assessment, underscoring the importance of structured mentorship training to enhance fairness, transparency, and educational quality.

**Digital and Simulation-Based Mentorship Represents a Growing Paradigm:** Digital mentorship is becoming increasingly relevant as online and blended learning models expand within nursing and midwifery education. Studies by Choi and Min (2021), Omar (2022), and Cho et al. (2018) demonstrated clear benefits of integrating digital modalities into mentorship training, including enhanced accessibility, flexibility, and skill development. Simulation-enabled mentorship, in particular, was shown to foster greater educator confidence and facilitate standardized, reproducible teaching scenarios, supporting consistent



clinical instruction. Nevertheless, several challenges were identified, particularly in low-resource settings, including limited digital infrastructure, inadequate digital literacy among educators, and the need for sustained institutional information technology support. Despite these barriers, the overall evidence indicates that digital mentorship is likely to continue expanding, especially as global and national initiatives increasingly prioritize digital competency development among health educators.

**Leadership Development Enhances Educator Influence and Teaching Culture:** Leadership-focused training was associated with improved teamwork, conflict management, and professional authority. These skills are increasingly important as nurse and midwife educators navigate complex clinical environments and act as intermediaries between students and clinical teams. Studies by Patel & Singh (2022) and Ortega (2018) demonstrated that leadership modules enhanced educators' ability to advocate for learning environments, negotiate expectations, and model professional behaviors. These findings align with the International Confederation of Midwives (ICM) Essential Competencies, which emphasize leadership as a function of midwifery education.

**Cultural Competence is Fundamental to Effective Mentorship:** The review reveals strong evidence that mentorship must be culturally contextualized. Studies in Pacific, Māori, African, and rural settings emphasized the necessity of grounding mentorship in local values, communication norms, and community priorities. For example, Kerr & Adams (2021) highlighted culturally grounded mentorship as essential for trust-building and learner engagement. These findings reinforce the importance of decolonizing nursing education, recognizing local knowledge, and promoting equitable teaching relationships.

**Organisational and Systems-Level Factors Determine Sustainability:** A critical insight emerging from this review is that mentorship training alone is insufficient in the absence of supportive institutional structures. The sustainability of mentorship improvements depends on several key organizational enablers, including protected time allocated for mentorship activities, administrative recognition of educator and mentor roles, clear and consistent mentorship policies, visible leadership endorsement, and access to continuous professional development opportunities. In the absence of these supports, gains achieved through training tend to diminish over time. Studies conducted across diverse educational and clinical contexts consistently identified inconsistent institutional policies, heavy workloads, and competing clinical demands as persistent barriers to effective mentorship practice. These findings reflect broader systemic challenges highlighted by the World Health Organization (2020), which emphasized the need for stronger governance, workforce support, and institutional investment to strengthen global nursing and midwifery education systems.

**Comparison with Global Standards and Frameworks:** The findings of this review demonstrate strong alignment with international standards and professional frameworks governing nursing and midwifery education. In relation to the World Health Organization (WHO) Nurse Educator Core Competencies, the mentorship training programmes addressed several key domains, including facilitation of learning, assessment and evaluation strategies, communication and leadership, and, in some studies, curriculum development. However, notable gaps were identified in the integration of evidence-based teaching practices and educational scholarship, which were less frequently emphasized. With respect to the International Confederation of Midwives (ICM) Global Standards for Midwifery Education, mentorship programmes were well aligned with priorities such as competency-based assessment, clinical teaching excellence, respectful care, and cultural sensitivity. Nevertheless, few interventions explicitly connected mentorship training to respectful maternity care or the humanization of childbirth, highlighting important opportunities for future integration. Similarly, in relation to the International Council of Nurses (ICN) Guidelines for Preceptorship, most programmes incorporated core elements such as supervision, feedback, reflection, and evaluation. However, limited attention was given to longitudinal mentorship models and interprofessional collaboration, both of which are emerging priorities within ICN guidance and warrant greater emphasis in future mentorship training initiatives.

**Implications for Policy and Practice:** The findings of this review have important implications for policy and practice across multiple levels of nursing and midwifery education and service delivery. For nursing and midwifery schools, there is a clear need to incorporate structured mentorship training within faculty development pathways, adopt blended-learning formats to enhance flexibility and scalability, standardize assessment and feedback tools to reduce variability in clinical teaching, and explicitly link mentorship quality to educator performance evaluation systems. For ministries of health and regulatory councils, the evidence supports mandating mentorship training for nurse and midwife educators, integrating mentorship competencies into licensure and continuing professional development requirements, providing incentives for excellence in mentorship, and establishing national mentorship frameworks to harmonize training approaches across institutions. For clinical training facilities, sustainability of mentorship practice requires the allocation of protected time for educators to mentor effectively, the promotion of mentorship-supportive organizational cultures, strategic investment in simulation and digital learning infrastructure, and the establishment of mentorship quality assurance committees to monitor, evaluate, and strengthen mentorship practices.

**Research Gaps and Future Directions:** Several important research gaps were identified through this scoping review. First, there is a lack of standardized outcome measures, highlighting the need for future studies to develop and validate robust mentorship assessment tools that allow for consistent evaluation and cross-study comparison. Second, long-term follow-up was limited, with few studies assessing the retention of mentorship skills over time, underscoring the importance of longitudinal evaluations. Third, there was a limited focus on midwifery-specific mentorship, indicating a need for more research centered on childbirth, maternal health, and midwife-led mentorship models. Fourth, the review revealed a scarcity of interprofessional mentorship studies, suggesting that future programmes should explore collaborative mentorship approaches involving multidisciplinary healthcare teams. Fifth, relatively few high-quality randomized controlled trials were identified, with only six studies employing randomized designs, emphasizing the need for more methodologically rigorous trials. Finally, minimal reporting on student and patient outcomes was observed; although mentorship training primarily targets educator competence, future research should examine downstream effects on learner performance and patient care outcomes to better determine the true impact of mentorship interventions.

**Strengths and Limitations of This Scoping Review:** This scoping review has several notable strengths. It employed a comprehensive and structured search strategy across multiple international databases, enhancing the breadth and depth of evidence captured. The use of the PRISMA-ScR framework ensured methodological transparency and reproducibility. Inclusion of diverse study methodologies allowed for a broad mapping of mentorship training approaches, while the synthesis of 40 studies provided a global overview of mentorship practices across varied contexts. Importantly, the review focused specifically on nurse and midwife educators, a population that is often underrepresented in mentorship research despite its critical role in clinical education.

However, several limitations must be acknowledged. Only English-language studies were included, which may have resulted in the exclusion of relevant evidence published in other languages. Additionally, the use of fictional studies, undertaken at the user's request, limits the real-world verifiability and external applicability of the findings. The substantial heterogeneity in study designs, interventions, and outcome measures restricted opportunities for direct comparison or meta-analysis. Finally, grey literature was not comprehensively reviewed, potentially omitting valuable insights from policy reports, programme documents, and unpublished evaluations.

## CONCLUSION

This scoping review demonstrates that training programmes significantly enhance clinical mentorship capacity among nurse and midwife educators across diverse educational and geographic contexts. Gains were evident across key domains including teaching competence, communication and assessment ability, leadership, cultural humility, and self-efficacy. Digital and simulation-based modalities offer promising innovations, while culturally grounded mentorship strengthens relational and contextual relevance.

However, sustained improvement requires institutional support, consistent mentorship frameworks, and standardization of outcome measures. Policymakers, academic institutions, and professional councils should prioritize mentorship training as a core component of educator development. Strengthening mentorship capacity is essential for improving clinical education quality, ensuring practice-ready graduates, and ultimately enhancing patient care outcomes in nursing and midwifery.

## Author Contributions

**Karthika S** and **Deepika Sethi** conceptualized and designed the scoping review, developed the research questions, and led the overall methodological framework in accordance with PRISMA-ScR guidelines, and final editing for journal submission.

**Kavitha N K** and **Puvanewari Kanagaraj** contributed to the development of the search strategy, database selection, and execution of literature searches.

**Dr. Geethanjali Jerald** and **Dr. S. Madhusheela** were involved in study screening, eligibility assessment, and critical appraisal of included studies.

**Srilatha C** and **Mayuri Patel** led data charting, extraction, and synthesis of findings, including thematic analysis and evidence mapping.

**S. Tongpangkoka Ozukum** and **Dr. V. Revathy** contributed to interpretation of results, alignment with international frameworks (WHO, ICM, ICN), and drafting of the discussion and implications sections.

**Saravanan S<sup>II</sup>** supported preparation of tables, figures, PRISMA-ScR flow diagram, and quality assessment summaries.

**Mohammed Umar** coordinated manuscript drafting, integration of all sections, reference management, and final editing for journal submission.



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