

Exploring the Impact of Mentorship on Clinical Officer Trainees' Learning Experiences during Clinical Placements in Rwanda

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Additional Declarations: Competing interest reported. The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request. Access to the data may be subject to ethical and confidentiality considerations in order to protect participant privacy

Abstract

Background

Clinical Officers play a critical role in healthcare delivery in Rwanda, particularly in resource-limited settings. Despite their importance, their clinical training is often constrained by inadequate mentorship during clinical placements.

Objective

This study explored the influence of mentorship on the learning experiences of Clinical Officer trainees during clinical placements.

Methods

A qualitative descriptive design was employed, using online self-administered questionnaires. Twenty-eight participants were recruited, comprising 18 trainees and 10 trainers/mentors from the University Teaching Hospital of Butare (CHUB) and Rango Health Center. Data were analyzed thematically following Braun and Clarke's six-step framework.

Results

Two overarching themes were identified: the supportive role of mentorship in strengthening clinical learning [1], and trainees' experiences and challenges during placements [2]. Effective mentorship was associated with enhanced clinical competence, confidence, and professional development, while inconsistent mentorship limited skill acquisition and overall learning outcomes.

Conclusion

Structured mentorship is vital for optimizing the training and professional growth of Clinical Officer trainees. The study recommends the development of institutionalized mentorship frameworks to improve the quality and consistency of clinical training.

INTRODUCTION

Mentorship, defined as guidance provided by a more experienced individual either in an educational or a professional setting, is an important component of health professional education [1]. A strong mentorship framework functions as a support system that provides academic, professional, and psychosocial assistance, thereby enabling learners to achieve their full potential [2]. In medical and allied

health sciences, clinical placement represents a crucial phase of training where students acquire practical competencies through real-world patient care experiences [3]. Within the University of Rwanda, the Clinical Medicine and Community Health program at the College of Medicine and Health Sciences, School of Health Sciences, trains Clinical Officers (COs) who play a central role in the nation's health system [4].

Clinical Officers are licensed health professionals trained to provide comprehensive medical care, including diagnosing illnesses, prescribing treatments, interpreting diagnostic tests, and performing routine medical and minor surgical procedures [5]. The World Health Organization (WHO) recognizes their role as critical to achieving universal health coverage in resource-limited settings, although calls for standardization in training and credentialing remain [6]. Similar programs are well-established in Uganda, Kenya, and Malawi, where Clinical Officers are considered vital to health service delivery [7–8]. In Rwanda, the Ministry of Health formally recognized Clinical Medicine and Community Health as part of the allied health professions in 2017, following the launch of a four-year Bachelor of Science program in 2011. [9].

The increasing reliance on Clinical Officers arises from persistent physician shortages in many low- and middle-income countries, particularly in rural areas [10]. In Kenya, for example, more than 25,000 Clinical Officers have been deployed, most serving in rural settings where they deliver essential preventive, promotive, and curative services [10]. Initially viewed as a temporary solution, Clinical Officers have evolved into an indispensable cadre—often regarded as the “backbone” of healthcare delivery in many African health systems [11]. Their training differs from that of physicians but covers many comparable functions, including anesthesia administration, prescribing, and emergency medical care [12]. In some countries, their scope extends to obstetrics; for instance, 19 of 47 sub-Saharan African nations authorize Clinical Officers to provide obstetric services, with five countries—Kenya, Malawi, Sierra Leone, Nigeria, and Mozambique—allowing them to perform cesarean sections and other emergency surgeries [13–14]. Other nations, such as Burkina Faso and the Democratic Republic of Congo, have structured training pathways in emergency surgery for Clinical Officers, while Rwanda provides four years of academic and clinical training emphasizing internal medicine, pediatrics, obstetrics/gynecology, surgery, and community health [4–14].

Given their wide scope of practice and crucial role in filling healthcare gaps, effective training of Clinical Officers is paramount [14]. Clinical placements serve as a cornerstone for developing clinical competence by allowing trainees to apply theoretical knowledge in practical settings under supervision [15]. However, in Rwanda, challenges persist regarding mentorship during these placements. Inconsistent guidance, limited structured mentorship systems, and inadequate supervisory support risk undermining the development of critical clinical skills. This gap can negatively impact on trainees' confidence and, ultimately, the quality of care they provide [15].

Despite mentorship being widely acknowledged as integral to professional training in health sciences, little is known about how Clinical Officer trainees in Rwanda experience mentorship during clinical

placements or how such mentorship influences their learning outcomes [16]. Without this understanding, it is difficult to design effective mentorship frameworks or inform policies that strengthen clinical training. This study therefore seeks to investigate the role of mentorship in enhancing Clinical Officer trainees' learning experiences during clinical placements at CHUB and Rango Health Center.

METHODOLOGY

Study Area / Setting

This study was conducted at two health facilities where Clinical Officer trainees regularly undertake clinical rotations: the University Teaching Hospital of Butare (CHUB) which is in Urban region and Rango Health Center located in rural region of Huye District.

CHUB is one of Rwanda's four referral and teaching hospitals, located in Mamba Village, Butare Cell, Ngoma Sector, Huye District, Southern Province. It is strategically positioned near the University of Rwanda, Huye Campus, and serves as a major training site for medical and allied health students. CHUB has a catchment area of approximately four million people and offers a wide range of specialized healthcare services [17].

Rango Health Center, located in Rango Cell, Tumba Sector of Huye District, is a public primary health facility supported by the Government of Rwanda through the Ministry of Health. It provides essential health services to the surrounding communities and serves as one of the clinical placement sites for trainees [18].

Research Design

A **qualitative descriptive design** was employed. This approach was chosen because it is well suited to exploring the lived experiences of Clinical Officer trainees, particularly their perceptions of mentorship during placements. The design enabled the study to capture participants' views in their natural context and to provide a detailed account of the mentorship process as experienced in Rwanda.

Study Population and Sample

Study Population

The study targeted three groups:

1. Clinical Officer trainees undergoing placements at CHUB and Rango Health Center.
2. Clinical mentors and health professionals are directly involved in training and supervising trainees at these sites.
3. Trainers from the Department of Clinical Medicine and Community Health, University of Rwanda.

Inclusion Criteria

- Clinical Officer trainees currently placed at CHUB or Rango Health Center.
- Clinical mentors and trainers with at least one year of mentorship experience.

Exclusion Criteria

- Trainees who declined to participate.
- Mentors and trainers are unable or unwilling to participate due to illness, disability, or personal reasons.

Sample Size

A total of **28 participants (Table 1)** took part in the study: 18 trainees, 8 clinical mentors, and 2 academic staff members from the Department of Clinical Medicine and Community Health. The selection ensured representation from different academic years and specialties.

Table 1
Participation Group

Participant Group	Site	Number	Description
Trainees (Year 2–4)	CHUB	12	3 per department: Internal Medicine, Surgery, Pediatrics, Gynecology/Obstetrics
Trainees (Year 2–4)	Rango HC	6	Community Health Officer, 2 nurses, 3 administration trainees
Clinical Mentors	CHUB + Rango HC	8	Professionals supervising trainees in each department
Academic Staff	UR-CMHS	2	Trainers from the Department of Clinical Medicine and Community Health
Total		28	

Sampling Strategy

Participants were selected through a combination of **stratified and purposive sampling**. First, strata were created based on training levels (Year 2–4) and departments (Internal Medicine, Surgery, Pediatrics, Gynecology/Obstetrics). Within these strata, purposive sampling was applied to select participants with relevant experience and willingness to share their perspectives. This strategy ensured diverse yet targeted representation.

Data Collection Methods and Procedures

Data was collected using an online semi-structured questionnaire designed in Google Forms (The semi-structured questionnaire used for data collection was developed by the research team specifically for this study and is provided as Supplementary File 2 and supplementary file 3). The tool contained both open-ended questions (to capture participants' perceptions and experiences of mentorship) and closed-ended items (to collect demographic and contextual information).

The choice of an online tool was influenced by considerations of accessibility, logistical feasibility, and the need to minimize disruptions during clinical placements. Although interviews and focus groups might have generated richer narratives, the online approach was practical for engaging participants across different sites.

To ensure quality, the instrument was validated in three stages:

1. Expert Review: One clinical mentor and one qualitative researcher reviewed the tool for clarity, relevance, and alignment with study objectives.
2. Pretesting: The tool was piloted with one mentor and one trainee (not included in the final sample). Feedback led to minor revisions, including rephrasing ambiguous questions and reducing redundancy.
3. Peer Review: Responses from the pretest were reviewed by the research team to ensure consistency and minimize bias.

An audit trail was maintained to document changes to the tool and decisions made during data collection.

Data Analysis

Data was analyzed manually using thematic analysis, following the six steps proposed by Clarke and Braun (2013) [19]:

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Initial coding generated 14 codes, which were then grouped into four broader themes. Themes were closely tied to the research objectives, with particular focus on the role of mentorship in clinical placements and trainees lived experiences. To enhance rigor, coding was carried out independently by two researchers, and results were compared to ensure consistency.

Limitations of the study

This study was subject to several limitations. The use of self-administered questionnaires limited opportunities for probing and clarification, which may have left some responses ambiguous. Social desirability bias was also a concern, as some participants—particularly mentors—might have provided overly favorable answers. Although reflective questions were included, the format restricted the depth of narratives, preventing participants from fully sharing personal or emotional experiences. Furthermore, the absence of real-time interaction meant that valuable non-verbal cues and tonal expressions, which often enrich qualitative data, could not be captured. Finally, while the option to respond in either English or Kinyarwanda was provided, most participants chose English, which may have constrained the ability of less fluent respondents to express themselves fully.

Ethical Considerations

Following the Principles of the Declaration of Helsinki and in accordance with the United State Code of Federal Regulations, Title 45, Part 46, and Protection of Human Subject, revised January 15, 2009 [20]. Ethical approval was obtained from the Research Ethics Committee of Institutional Review Board (IRB) of the University of Rwanda, College of Medicine and Health Sciences (Reference: CMCH/IRB/100/2025). Permission to conduct the study at CHUB and Rango Health Center was granted by the respective directors (Permission No: REC/CHUB/049/2025).

All participants were fully informed about the study objectives, the voluntary nature of their participation, and their right to withdraw at any time without penalty. Confidentiality and anonymity were maintained by assigning numerical codes instead of names. Consent forms were provided in both English and Kinyarwanda, and participants were encouraged to ask questions before signing. Only those who gave written informed consent were included in the study.

RESULTS

A total of 28 participants took part in this study, comprising 18 Clinical Officer trainees and 10 trainers/mentors drawn from both CHUB and Rango Health Center. The trainees were evenly distributed across Year 2, Year 3, and Year 4 of the Clinical Medicine and Community Health program, with six representatives from each academic year. Trainers and mentors included academic staff, hospital staff, and health center personnel engaged in the supervision and mentorship of trainees during clinical rotations. All responses were translated into English prior to analysis to ensure consistency.

Participant Characteristics

Figure 1 shows the distribution of trainees by academic level. Each year of study contributed 33.3% (6 trainees), ensuring that the perspectives of students at different stages of training were represented.

Participant Characteristics

A total of 28 participants took part in this study, including 18 Clinical Officer trainees and 10 trainers/mentors from CHUB and Rango Health Center. Most of the participants, 17 (60.7%), were males.

The trainees were evenly distributed across Year 2, Year 3, and Year 4 of the Clinical Medicine and Community Health program, with six representatives from each year. Trainers and mentors comprised academic staff, hospital clinicians, and health center personnel actively engaged in supervising and mentoring trainees during clinical rotations. All responses were translated into English prior to analysis to ensure consistency.

Figure 1 shows the distribution of trainees by academic level. Each year of study contributed 33.3% (six trainees), ensuring that perspectives across different stages of training were represented.

Trainees' Perceptions of Mentorship

Mentorship was widely regarded as essential for clinical learning. As shown in **Fig. 2**, all trainees reported that mentorship enhanced their clinical skills. In addition, approximately half also indicated that mentorship reduced anxiety and stress experienced during placements. This overlap suggests that several trainees highlighted more than one benefit of mentorship.

One trainee reflected:

"Mentorship has helped me to a very great extent in areas like improving my clinical skills, increasing confidence, enhancing the understanding of clinical concepts, and developing professionalism." (Trainee 2)

Another emphasized the emotional support provided:

"Mentorship helped me feel more confident in performing clinical tasks and reduced my fear of making mistakes." (Trainee 4)

These open-text responses demonstrate how mentorship contributed not only to skills acquisition but also to psychological well-being during placements.

Frequency of Mentor–Trainee Contact

The quality of mentorship was closely linked to the availability of mentors. As illustrated in **Fig. 3**, most mentors (8 out of 10) reported daily contact with trainees, while one had weekly interactions and another reported contact every three months. This variation influenced the depth of mentorship and the extent to which trainees could benefit from continuous support.

A trainer described how consistent engagement transformed student behavior:

"Mentorship is very important because some students came for placements without commitment, often arriving late or being absent. After talking to them, they changed and became role models who could even teach others" (Trainer 2)

Another noted the link between repeated clinical exposure and competence:

“Many students had only moderately passed theoretical modules, but with repeated clerking and presentation during clinical placements, they demonstrated high-quality skills leading to better performance in practice” (Trainer 5)

Emerging Themes

Using Braun and Clarke’s six-step thematic approach, 14 initial codes were identified and consolidated into two overarching themes:

1. The role of mentorship in clinical placements
2. Trainees’ experiences during clinical placements

Mentorship was consistently described as central to professional development, confidence-building, and integration of theory into practice. Trainees highlighted satisfaction with the support received, while trainers emphasized that effective mentorship fosters responsibility, motivation, and passion for the profession.

As one trainer summarized:

“Mentorship helps students love their profession and do it willingly, understanding that what they do affects a person’s life. Thus, they strive to do it well, which helps them succeed in their studies.” (Trainer 2)

DISCUSSION

This qualitative study explored the role of mentorship in shaping Clinical Officer trainees’ experiences during clinical placements at CHUB and Rango Health Center. Two key themes emerged from the data: the role of mentorship in clinical placements [1], and trainees’ experiences during clinical placements [2]. These findings provide important insights into how mentorship and clinical exposure influence learning outcomes and professional growth.

Role of Mentorship in Clinical Placements

Mentorship was identified as a crucial factor in enhancing trainees’ learning. Participants highlighted that mentors helped bridge the gap between theoretical knowledge and practical skills. Mentors were seen as role models, offering guidance, constructive feedback, and emotional support—components essential for professional development. These findings align with previous studies showing that effective mentorship facilitates skill acquisition, professional identity formation, and motivation [21].

Despite its importance, mentorship was not always consistent across placement sites. Trainees noted that, beyond skill development, emotional support from mentors positively influenced their learning outcomes. This supports earlier research suggesting that encouragement and reassurance from mentors enhance confidence and engagement in clinical tasks [22]. Trainees reported improvements in

clinical skills, professional attitudes, and self-confidence, reflecting broader evidence that mentorship promotes competence and motivation in clinical settings [23].

The quality of mentorship was closely linked to mentors' availability, expertise, and commitment. Personalized attention and consistent guidance emerged as critical for trainee success, emphasizing the importance of mentor preparation and engagement.

Trainees' Experiences During Clinical Placements

Trainees' experiences were shaped by several factors, including institutional support, clinical exposure, staff availability, and mentorship quality. Positive experiences were characterized by hands-on involvement, supportive supervision, and opportunities to apply theoretical knowledge in practical settings. Improved communication and collaboration with mentors further enhanced learning experiences [24].

Some trainees, however, faced challenges such as limited guidance, minimal involvement in clinical tasks, or exposure to unfamiliar environments without sufficient support. These negative experiences often hindered learning and contributed to feelings of inadequacy. Similar findings have been reported elsewhere, indicating that insufficient mentorship and lack of support from clinical staff are significant barriers to learning during placements [25]. Conversely, positive attitudes and engagement from clinical staff were found to enhance students' learning and professional development.

Trainers reported that mentorship could positively transform student engagement, motivating trainees to improve performance and adopt professional behaviors. Although rotating placements introduced variability in experiences, consistent and high-quality mentoring was a decisive factor in fostering trainees' passion, commitment, and professional identity formation [26].

Overall, these findings highlight the need for collaboration between training institutions and clinical sites to create inclusive, learner-centered environments that maximize the benefits of mentorship.

CONCLUSION

This study examined how mentorship influences the experiences of Clinical Officer trainees during clinical placements in Rwanda. The findings highlight that mentorship plays a vital role in shaping trainees' clinical competence, confidence, and overall professional development. Effective mentorship was found to help trainees integrate theoretical knowledge into practice, adapt more easily to clinical environments, and develop a stronger commitment to their profession.

Both trainees and mentors emphasized that high-quality mentorship is characterized by skillful guidance, consistent support, and personalized attention. When mentorship is structured, reliable, and responsive to trainees' needs, it not only enhances learning outcomes but also fosters professional identity and motivation.

Overall, the study underscores the importance of prioritizing mentorship within clinical training programs and points to the need for further research using quantitative or mixed method approaches to more objectively assess mentorship outcomes and effectiveness.

RECOMMENDATION

Based on the findings of this study, several strategies can be implemented to strengthen mentorship for Clinical Officer trainees in Rwanda. First, clinical training institutions and health facilities should establish structured mentorship programs that provide clear guidance on the roles, responsibilities, and expectations of both mentors and mentees. Such frameworks can ensure consistency and clarity in the mentoring process.

In addition, ongoing capacity building for mentors is essential. Providing continuous training and development opportunities will enhance mentors' skills in supervision, feedback, and emotional support, enabling them to better guide trainees through clinical placements. Regular debriefing sessions should also be incorporated to identify and address challenges in the mentor–mentee relationship and to support trainees' learning experiences effectively.

Monitoring and evaluation of clinical placements are equally important. Departments should periodically review the quality of mentorship, identify any gaps, and take steps to maintain high standards of trainee support. Finally, mentorship should adopt a formative and supportive approach, aimed at detecting potential challenges early and providing timely solutions to optimize learning and professional development.

By implementing these measures, institutions can create a more effective mentorship environment that promotes skill development, confidence, and professional growth among Clinical Officer trainees.

Declarations

Authors contribution

Okesina Akeem Ayodeji, Abayo Beningoma Vladimir and Jean Claude Habineza designed and conceptualized the framework

Afodun Adam, Kampire Valentine, Mutabazi Augustin, Tuyisenge Theogene and Wabwire Francis Paul analyzed and drafted the manuscript text

Omoola Olasheu Oluwatosin, Mukangendo Mecthilde, Ajiboye Moshood Olanrewaju and Abdulakeem Miftahudeen Ogunlana revised the manuscript and did data curation

All authors contributed to the funding of the research

Ethics approval and consent to participate

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of the University of Rwanda, College of Medicine and Health Sciences (Reference No: CMCH/IRB/100/2025). Permission to conduct the study was also granted by the relevant authorities at the University Teaching Hospital of Butare (CHUB) and Rango Health Center.

All participants were informed about the purpose, procedures, benefits, and potential risks of the study. Written informed consent was obtained from all participants prior to their involvement in the study. Participation was voluntary, and participants were informed of their right to withdraw from the study at any stage without any consequences. All methods were carried out in accordance with relevant ethical guidelines and regulations.

Consent for publication

Not Applicable.

Competing interests

There were no conflicts of interest related to this work, as declared by all authors.

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Availability of data and materials

The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request. To protect participant confidentiality and privacy, publicly accessible data repositories were not used.

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27. Supplementary. File 1.

28. Figure 1. Levels of trainees who participated.

29. Figure 2. The chart illustrates trainees’ insights on the impact of mentorship on their clinical practice. 18 trainees reported that mentorship provided to the during clinical placement helps them to improve their clinical skills while 8 of them reported that mentorship has helped them to reduce anxiety and stress that they were having during their clinical placement.

30. Figure 3. A figure showing the duration that a mentor is in contact with Clinical Officer Trainee. Among 10 participants, 8 are together with trainees daily, 1 trainee once a week, and one for every three months.

Figures

Question 1. In which year of study are you?

18 responses

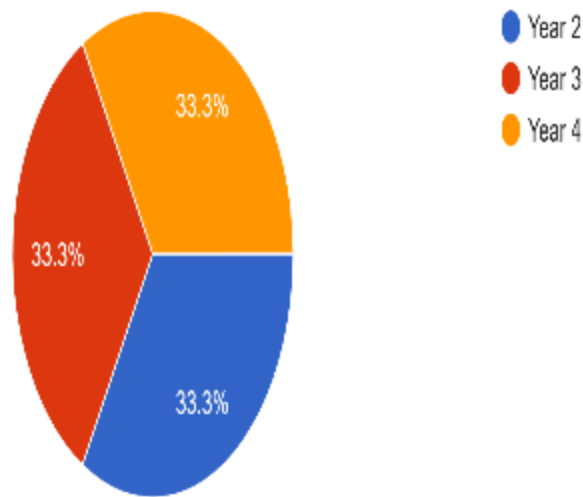


Figure 1

Levels of trainees who participated.

Question 3. What is the impact of the mentorship towards your clinical placements? Do they really help you to improve in the following areas? (Check all that apply)

18 responses

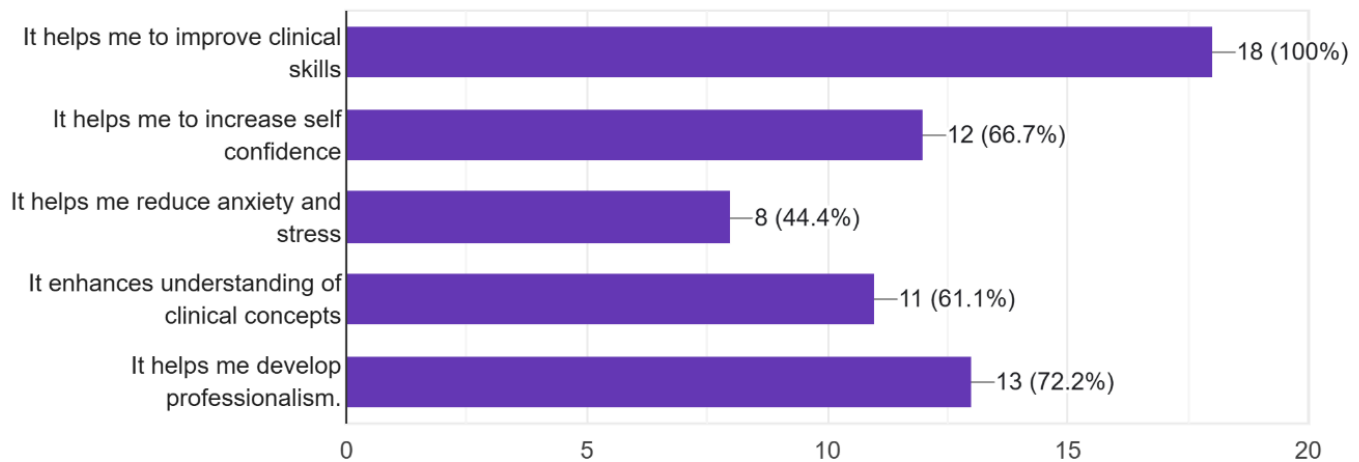


Figure 2

The chart illustrates trainees’ insights on the impact of mentorship on their clinical practice. 18 trainees reported that mentorship provided to the during clinical placement helps them to improve their clinical skills while 8 of them reported that mentorship has helped them to reduce anxiety and stress that they were having during their clinical placement.

3. How often do you meet or interact with trainees to provide mentorship?

10 responses

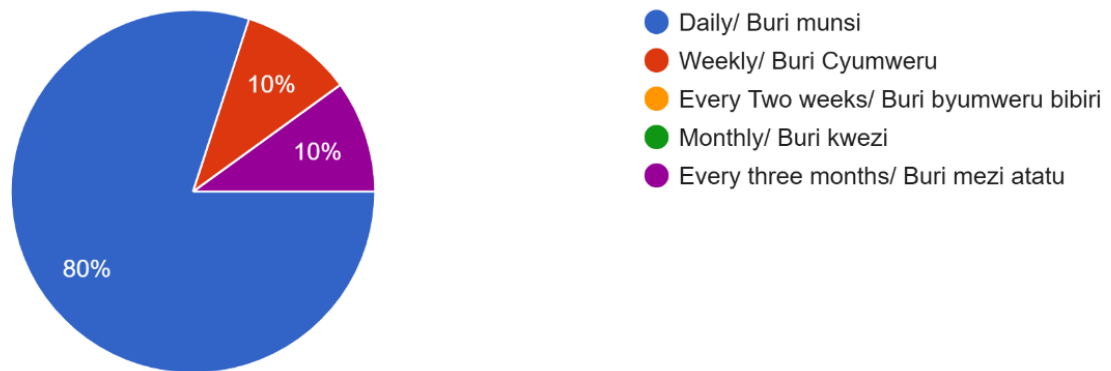


Figure 3

A figure showing the duration that a mentor is in contact with Clinical Officer Trainee. Among 10 participants, 8 are together with trainees daily, 1 trainee once a week, and one for every three months

Supplementary Files

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