

Original Research Article

A Study of the Influence and Effectiveness of an Innovative Gharana Mentorship House System on Undergraduate Medical Students

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ABSTRACT

Background: Mentorship is an important educational strategy to foster academic success, personal wellbeing and professional development in undergraduate medical students. As group mentoring holds immense potential in medical education, the Gharana Mentorship House System, inspired by house mentorship models in schools, was implemented for the first time at Gujarat Adani Institute of Medical Sciences (GAIMS), Bhuj, India, to enhance mentorship for undergraduate students. *Aim:* To evaluate the effectiveness of a new concept of Gharana mentorship house system program for undergraduate students at GAIMS, Bhuj. *Objectives:* a) To assess the perception of mentees and mentors about the program. B) To assess academic performance and attendance of students to measure effectiveness of Gharana Program. C) To identify the strengths and challenges of this mentorship program

Material and Methods: A cross-sectional study was conducted at GAIMS where the Gharana Mentorship House system was introduced. Data was collected from volunteer mentors and mentees using validated semi structured Google questionnaires containing both open and closed ended questions. Attendance records and marks obtained in exams were procured from academic records

Results: 230 mentees and 30 mentors volunteered to participate in the study. Quantitative analysis revealed statistically significant association in improvement of students' attendance and academic performance ($p < 0.0001$). Quantitative analysis of perception of both mentors and mentees was positive. Mentees expressed that this program had provided them with both professional and personal support. Most mentors agreed that the program was running as planned, there was no additional burden on them, and that they were motivated to volunteer for future mentoring. Qualitative themes highlighted the challenges, valuable insights and experiences of mentors from the mentor mentee relationship

Conclusion: The Gharana Mentorship House System is an innovative and effective model of mentorship which combines traditional values with modern concepts to enhance mentorship quality and student outcomes in undergraduate medical education.

Keywords: Mentorship program, Gharana house system, Medical education, Medical student mentorship, Longitudinal mentorship, Peer mentoring

INTRODUCTION

The concept of mentorship and the word “mentor” can be traced back to Homer’s *The Odyssey*, where Odysseus entrusts the care and guidance of his son Telemachus to Mentor when he leaves for the Trojan War. The Indian epic Mahabharata is a profound example of mentorship during the Kurukshetra War where Lord Krishna mentors Arjuna by giving philosophical guidance, courage and moral fortitude by reciting the Bhagavad Gita.

The role of mentorship in medical education has been recognized as a key factor in academic and career progression. It supports undergraduate medical students in their personal and professional growth by development of confidence and by providing networking opportunities. It also helps students in understanding the institution’s culture, attaining familiarity with campus life and enhancing communication skills with teachers and peers, thereby facilitating professionalism, career skills and research outputs.

The National Medical Commission (NMC) incorporated the mentor-mentee program within the Competency-Based Medical Education (CBME) to provide support and guidance to medical students in enhancing their professional development during their medical education.^{1,2} House system of mentorship has been commonly used in schools and non-medical colleges effectively; however, it has not been utilized for mentorship in medical colleges.

An innovative model of Gharana Mentorship House System (GMHS), inspired by the traditional house systems of schools was introduced at Gujarat Adani Institute of Medical Sciences (GAIMS), Bhuj, Gujarat in August 2024.³ Gharana originates from the Hindi word ‘ghar’ which means house. The four foundational pillars of the Gharana System are equality, excellence, integrity and transparency. Ten gharanas named after historic educational institutions (Nagarjuna, Nalanda, Morena, Mithila, Jagaddala, Pushpagiri, Sharada, Vallabhi, Vikramshila and Takshashila) were formed and each gharana was given its own color, logo and flag. Each Gharana has five mentors and sixty mentees from all phases of the undergraduate program. Mentors are randomly allotted three mentees from each phase in accordance with the NMC guidelines for the mentorship program.

Peer mentorship is undertaken by senior students who support junior students throughout their academic journey. Regular gharana meetings are held on the second Thursday of each month for individual gharanas and all the gharanas meet on the last Thursday of the month. The performance of each Gharana is evaluated by a scoring system which considers the attendance of students, their academic performance, research publications in indexed medical journals or research projects under recognized national research agencies, and participation in co-curricular, extracurricular and community programs. Gharana, with the maximum score at the end of the academic year will be awarded the Gharana of the Year Rolling Trophy.

The aim of this study was to evaluate the effectiveness of an innovative concept of GMHS program, and the objectives were: -

- a) Evaluation of the perceptions of mentees and mentors.
- b) Assessment of the effectiveness of GMHS by evaluating the academic performance and attendance of students.
- c) Identification of the strengths and challenges of this mentorship program.

MATERIAL AND METHODS

Study Design

A cross-sectional study was conducted at GAIMS, Bhuj, Gujarat, India from April 2025 to June 2025 after obtaining Institutional Ethical Committee Approval

The study population comprised of the mentors (faculty members) and mentees (undergraduate students) of the GMHS Program. Peer mentors were excluded from the study.

Sample Size

Sample size for mentees was calculated assuming that 50% of the subjects in the population have a factor of interest, a population size of 600 and an expected

response rate of 90%, the study requires a sample size of 206 for estimating the expected proportion with 6% absolute precision and 95% confidence.

Sample size for mentors was calculated, presuming that 50% of the subjects in the population have the factor of interest, a population size of 50 and an expected response rate of 90%, the study requires a sample size of 26 for estimating the expected proportion with 10% absolute precision and 80% confidence.

Purposive Sampling was done and all mentees and mentors who gave their consent to participate were included in the study. 230 mentees and 30 mentors volunteered to participate.

Data Collection Method

This study was designed to evaluate an educational program or intervention. Qualitative & quantitative data was collected using a mixed method approach. Quantitative data of perceptions of mentors and mentees was collected by closed ended questions using a five-point Likert's scale. Qualitative data of perceptions of mentors was collected using open ended questions. Quantitative data pertaining to attendance and academic performance was obtained from the institutional academic software.

The data collection tools were electronic questionnaires. Google questionnaires were prepared after literature review, and the questions were framed to assess the perceptions of the mentors and mentees. The questionnaires had three sections. Section 1 contained introduction and informed consent, Section 2 evaluated socio-demographic data and Section 3 recorded the perceptions. The questionnaire for mentors also contained five open ended questions to assess the effectiveness, strengths, and challenges of the GMHS. The questionnaires were validated by experts from Medical Education Unit and the Local Scientific Committee. Cronbach's Alpha was used to assess the internal consistency and reliability of the survey questionnaires. An acceptable internal consistency for the Likert's scale questionnaires was confirmed with Cronbach's Alpha of 0.738 using SPSS software, version 30.0.0. The participants were briefed about the study during one of the Gharana

meetings. A pilot study was conducted with ten volunteer mentees who were excluded from the study. The questionnaires were then distributed to the participants via the college WhatsApp groups for data collection.

Statistical Analysis

Data was compiled using MS Excel and analyzed using IBM SPSS 30.0.0 software, Armonk, New York and MS Excel. Descriptive statistics were used to measure central tendency (mean and median) and variability using standard deviation for each closed ended question. Meaningful trends and themes were derived from the qualitative data received from open ended questions. The paired t-test was applied to attendance and academic performance to check for the effectiveness of Gharana Mentorship Program.

RESULTS

Demographic Profile of Mentees

Out of the 230 mentees participating in this study 54% were males and 46% females. The majority (66%) belonged to urban background, and the rest (34%) were from rural areas. There was equal distribution of participants among all the four phases of Bachelor of Medicine and Bachelor of Surgery (MBBS) with 25% representation from each phase (Phase 1, Phase 2, Phase 3 Part 1 and Phase 3 Part 2). The age of the mentees ranged between 18 - 24 years with mean age of 20.2 ± 1.4 years and median age (IQR) of 20 years (19-21).

Profile of Mentors

Most of the mentors (57%) belonged to clinical departments followed by 25% from paraclinical and 18% from preclinical departments. Many mentors (39%) were senior faculty members with the designation of professors, 32% were assistant professors and 29% were associate professors.

Perception of Mentees

The perception of mentees by closed ended questions using a five-point Likert's scale is compiled in 1-100% stacked bar chart [Figure 1].

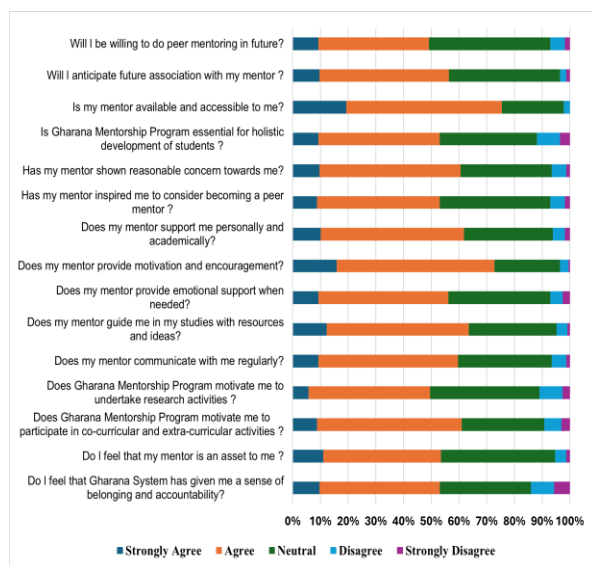


Figure-1: Mentees' Perceptions to closed ended questions (n = 230)

Majority of mentees (75%) agreed that their mentors were available and accessible to them. In addition, 61% of mentees felt that their mentors also showed reasonable concern towards them.

Most mentees, (73%) acknowledged that their mentors provided motivation and encouragement to them, while 64% agreed that their mentors guided them in their studies with resources and ideas.

Many mentees (62%) felt that their mentors supported them both academically and personally and about 61% of mentees opined that GMHS had motivated them to participate in co-curricular and extra-curricular activities.

Descriptive analysis of the responses was done by calculating mean, median and standard deviation (SD) to assess the central tendency and variability of each response utilizing a five-point Likert's scale (1- Strongly disagree to 5- Strongly agree) [Table 1].

The perceptions of mentees were predominantly positive and in agreement, characterized by an overall mean score ranging between 3.5 to 3.9 and predominant median score of 4. SD value ranged between 0.7 to 0.9, indicating that the responses are relatively clustered around the mean suggesting high level of agreement amongst the mentees.

Maximum scores were received for the following questions: -

Is my mentor available and accessible to me? (mean- 3.9, SD- 0.71 and median- 4)

Does my mentor provide motivation and encouragement? (mean-3.8, SD- 0.73 and median- 4)

Perception of Mentors

The perception of mentors by closed ended questions using a five-point Likert's scale is compiled in 1-100% stacked bar chart [Figure 2].

Most mentors (75%) agreed that the Gharana mentorship program is running as planned. An overwhelming (89%) mentors expressed that undertaking mentoring was a great responsibility. A significant proportion (79%) felt that Gharana mentorship program was helpful in building bonds with the mentees. Many mentors (68%) felt that GMHS needed to be voluntary, and 61% expressed their willingness to volunteer as mentors for future groups.

More than half of the mentors (54%) denied that they felt any additional workload or burden on them due to their work as a mentor and expressed that the association with their mentees will continue even after the program ends. Descriptive analysis of the responses was done to assess the central tendency and variability of each response [Table 2]. Even though there was variability in the perception of mentors evidenced by a wider range of mean and SD, there was an overall positive agreement on key questions reflected by a median value of 4.

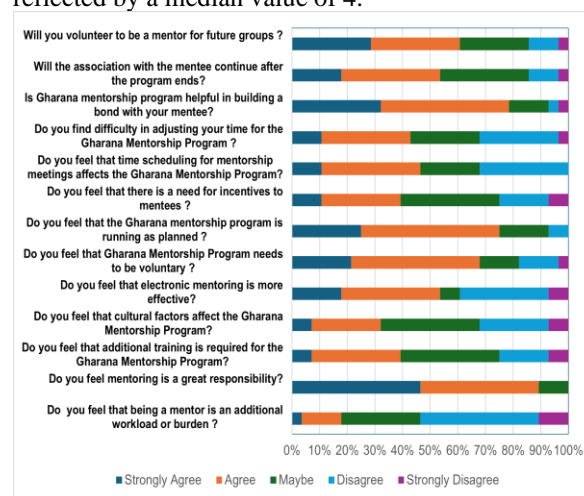


Figure-2: Mentors' Perceptions to closed ended questions (n = 30)

Table-1: Responses of mentees to closed ended questions (n=230)

Serial No.	Questions	Mean \pm SD	Median
1	Does Gharana Mentorship Program motivate me to participate in co-curricular and extra-curricular activities?	3.6 \pm 0.85	4
2	Does Gharana Mentorship Program motivate me to undertake research activities?	3.4 \pm 0.83	3
3	Is my mentor available and accessible to me?	3.9 \pm 0.71	4
4	Does my mentor communicate with me regularly?	3.6 \pm 0.78	4
5	Does my mentor provide emotional support when needed?	3.6 \pm 0.82	4
6	Does my mentor support me personally and academically?	3.6 \pm 0.79	4
7	Does my mentor provide motivation and encouragement?	3.8 \pm 0.73	4
8	Does my mentor guide me in my studies with resources and ideas?	3.7 \pm 0.77	4
9	Has my mentor shown reasonable concern towards me?	3.6 \pm 0.78	4
10	Has my mentor inspired me to consider becoming a peer mentor?	3.5 \pm 0.80	4
11	Will I be willing to do peer mentoring in future?	3.5 \pm 0.80	3
12	Do I feel that Gharana System has given me a sense of belonging and accountability?	3.5 \pm 0.98	4
13	Is Gharana Mentorship Program essential for holistic development of students?	3.5 \pm 0.90	4
14	Do I feel that my mentor is an asset to me?	3.6 \pm 0.79	4
15	Will I anticipate future association with my mentor?	3.6 \pm 0.75	4

Table-2: Mentors' mean responses to closed ended questions (n= 30)

Serial No.	Questions	Mean \pm SD	Median
1	Is Gharana mentorship program helpful in building a bond with your mentee?	4 \pm 0.98	4
2	Will the association with the mentee continue after the program ends?	3.5 \pm 1.04	4
3	Do you feel that being a mentor is an additional workload or burden?	2.6 \pm 1.00	2
4	Will you volunteer to be a mentor for future groups?	3.7 \pm 1.12	4
5	Do you feel that the Gharana mentorship program is running as planned?	3.9 \pm 0.86	4
6	Do you feel mentoring is a great responsibility?	4.4 \pm 0.68	4
7	Do you feel that time scheduling for mentorship meetings affects the Gharana Mentorship Program?	3.3 \pm 1.04	3
8	Do you feel that there is a need for incentives to mentees?	3.2 \pm 1.09	3
9	Do you find difficulty in adjusting your time for the Gharana Mentorship Program?	3.2 \pm 1.09	3
10	Do you feel that cultural factors affect the Gharana Mentorship Program?	3 \pm 1.05	3
11	Do you feel that electronic mentoring is more effective?	3.3 \pm 1.29	4
12	Do you feel that Gharana Mentorship Program needs to be voluntary?	3.7 \pm 1.09	4
13	Do you feel that additional training is required for the Gharana Mentorship Program?	3.3 \pm 1.01	3

Legend: Likert's scale: 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree. SD- standard deviation

Responses of mentors to open ended questions are depicted in [Table 3].

Table-3: Mentors' perceptions to open ended questions (n = 30)

What are the suggestions to improve the Gharana Mentorship Program	Detailing a smaller group of mentees per mentor	47 %
	Healthy competition between Gharanas	28 %
	Training of Mentors	25 %
What are the positive outcomes of Gharana Mentorship Program?	Improved academic performance and attendance	76 %
	Students' Unity and communication	12 %
	Leadership qualities	12 %
What were your biggest challenges as a mentor?	Poor attendance	33 %
	Building Trust	21%
	Resistance from mentees	24%
	Time management	12 %
	Large groups	10.0 %
What skills are most valuable for a mentor according to you?	Empathy and support	41%
	Communication and attention	39 %
	Motivation and leadership	20 %
What was the most valuable experience as a mentor?	Growth and success of mentees	46 %
	Bonding	37 %
	Team spirit	17 %

The responses highlighted the experiences of the mentors, the strengths and challenges of the program, and suggestions for improving the program.

The most valuable experiences of mentors comprise of gaining the trust of their mentees, bonding, and witnessing their academic and personal growth.

Major challenges faced by the mentors were maintaining continuity and consistency due to poor attendance. Time management due to busy scheduling was another challenge to many mentors. In the early stages of mentorship, lack of trust, cooperation and engagement by the mentees proved to be a barrier in the mentor-mentee relationship. Mentoring a large group requires additional efforts keeping in mind the time constraints faced by mentors.

Empathy and good communication skills proved to be the most valued attributes of mentors in overcoming challenges. Mentors suggested that the Gharana program would benefit from additional training of mentors, smaller mentee groups and frequent inter-Gharana competitions.

Attendance and academic performance

The Gharana Mentorship Program led to a statistically significant association in the improvement in both student attendance and academic performance. These findings support the effectiveness of the program in positively influencing student outcomes [Table 4].

Table-4: Comparison of attendance and marks before and after mentorship program

Paired t-test	Mean	Variance	t-statistic	P value
Attendance before mentorship	76.58	152.18	15.42	<0.0001
Attendance after mentorship	85.63	55.02		
Marks before mentorship	42.05	45.13	22.27	<0.0001
Marks after mentorship	52.05	84.49		

DISCUSSION

Levinson, Erickson and Kram are social scientists who have explored the basics of mentoring. Kram theorized that mentors provide career development support through protection, coaching, sponsorship, exposure and challenging assignments.⁴ There are several established models of mentorship in medical education ranging from the traditional dyadic model to more formal and structured group mentorship programs. Group mentorship has become a trend worldwide for mentoring in medical education and holds immense potential as an educational strategy since many of these programs are longitudinal, mandatory and monitored continuously.⁵

GMHS is an innovative model of longitudinal mentorship inspired by house systems in schools. GAIMS introduced it for the first time in India for undergraduate medical students. Similarly, Harvard Medical School has an established and successful longitudinal mentorship model for postgraduate medical and dental students. They get assigned to one of the five Academic Societies in their first year and remain a member of that society throughout their MD Program. This program uses an academic advisor framework for mentoring.⁶

Structure and Core Components

GMHS is a structured program where each house is a stable micro community comprising of undergraduate students from all phases of MBBS and is headed by institutionally allocated faculty mentors. In comparison to traditional one-to-one mentorship, students in Gharana Mentorship House System remain in the same house with the same mentors throughout the undergraduate training. This framework promotes a sense of belonging, longitudinal mentorship, vertical peer mentoring and holistic development. Systematic programming and regular monitoring ensure mandatory meetings of Gharanas and organization of activities to promote professional and personal growth.

Benefits of Mentorship House Systems

- i) Professional Identity Formation (PIF)
The Flexner Report highlighted PIF as one of the challenging forces in medical education.⁷ PIF in medical education is a gradual transformation of medical students into physicians by imbibing values, norms and behaviors of medical professionals.⁸ In India CBME was introduced to train Indian Medical Graduates (IMG) from novice undergraduates to competent clinicians,

critical thinkers, communicators, leaders, life-long learners, professionals and researchers.^{1,2} The benefits of longitudinal mentorship programs in PIF developmental process of medical students has been reported from many studies.^{9, 10-12}

- ii) Tailored Mentorship

Academic guidance was one of the most positively rated areas by mentees in this study. Faculty mentors provide clinical mentoring through academic support, clinical transitions and career planning through personalized guidance. Kashkoush et al reported scholarly achievements and research publications by neurosurgical residents from the University of Pittsburgh who were mentored by the Neurosurgery Interest Group.¹³

- iii) Peer Mentorship

GMHS provides peer mentorship by building camaraderie and promoting a sense of belonging. Peer mentors are more accessible and can guide on day-to-day matters for which the students may not like to approach faculty mentors, highlighting the role of co-mentoring.¹⁴ The role of peer mentorship has been successfully demonstrated by a novel "Fellow House Program" introduced in the Department of Pediatric Cardiology at Columbia University Medical Center in July 2015 to foster peer mentorship in sub-specialty training.¹⁵

- iv) Holistic Development

The overall perception of mentees in this study showed that their mentors supported their overall development and wellness by providing motivation in academics and in co-curricular and extra-curricular activities. Similar positive results of group mentoring have been documented in many studies.^{12,14,16,17}

- v) Faculty Development

Majority of the mentors expressed that they had derived meaningful experiences from this program like interpersonal relationships, communication skills and gratification from mentee success. Several studies have documented similar experiences of mentors.^{10,11,18,19}

vi) Student Satisfaction

A high level of student satisfaction in this study resulted from improved academic performance. Multiple studies have reported academic excellence and student satisfaction from mentorship programs.^{12,14,17}

Challenges

- i) Resource Intensive
Implementation requires significant institutional commitment to provide administrative support, faculty training and time allocation.
- ii) Consistency and Engagement
Commitment from both mentees and mentors is crucial for positive outcomes. The major challenge faced by mentors in this study was poor attendance, resistance and lack of trust from mentees. Mentors from Sao Paulo University, Brazil have also felt disappointed with low attendance and dealing with initial mentee expectations.²⁰
- iii) Time Management
Mentors did not find difficulty in time management as the Gharana Mentorship Program has fixed timings for intra and inter-gharana meetings. In India many medical colleges have an intake of 250 students. This makes mentoring an additional burden due to time constraints and poses difficulties in finding faculty mentors.²¹

Future Advancements

GMHS can be made more effective by integrating faculty mentorship development programs, mental health and resilience modules for mentees, aligning with longitudinal curricula, AI driven personalization and cross institutional mentorship networks.

Limitations & implications for further research

This study has limited generalizability due to a single center study of an innovative concept and lack of random selection of

the study population. Purposive sampling with volunteers may lead to self-selection bias. Those individuals with strong opinions are more likely to volunteer resulting in lack of evaluation of those individuals who are not readily accessible or willing to participate. Further recommendations are to combine purposive sampling with probability sampling techniques and triangulate the findings to enhance the generalizability of the study.

CONCLUSIONS

With the evolving medical landscape in an era shaped by artificial intelligence, implementation of an innovative mentorship house system for undergraduate medical students is a transformative step towards a structured environment blending the best of tradition and modernity. As this model evolves by overcoming the initial challenges, it holds the potential to redefine mentoring in medical colleges by bridging the gap between students and experienced faculty members, cultivating a sense of belonging and encouraging peer mentoring.

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