

## **Clinical mentoring**

### **Background**

Back in 2016, when the iGunatmac project started, an assessment of all our district hospitals and community health centres was done. A common trend found in that assessment was poor quality of clinical practices among the staff. This was clearly reflected in the care the patient received. After a series of brainstorming to find out the root cause, it was realised that this might be because of lack of proper guidance and support. However, mere training from the state was not going to solve the problem. It would need continuous handhold support from an external person. That's where the idea of in-service training/ clinical mentoring arose.

Clinical mentoring is a monthly process done by a team of technical and managerial experts from JSS. The term 'mentoring' itself suggests guidance and handhold support. Mentoring is a collaborative learning initiative between two individuals (mentor and mentee) who share a common goal. The mentor is somewhat more experienced and skilled than the mentee. Our team not only guides the staff of their current practices, but also updates them of any new development and protocols. Mentors also share their contact details with the mentee, so that they can be reached out whenever needed

### **Our approach**



The plan for clinical mentoring is prepared at the beginning of this year, keeping in mind the last year's experience, data of assessment as well as requirement of staff at the respective facility. Before starting for mentoring a baseline assessment has been done to know the status of the facilities,

using the dakshta and OSCE (on site clinical assessment) forms. Along with this, a one year plan is prepared on what all areas to be covered by our team during each month's visit and what is going to be our mode of assessment in between those visits. Some of the broader areas covered during the visit have been taken from Dakshata guidelines. It includes antenatal & postnatal care, stages of labour and management at each stage, essential newborn care, infection control practices in the labour room, among others.

Prior to a mentoring visit, the nurse mentor has to develop her agenda for the visit and get it approved from the project coordinator. The agenda is developed keeping in mind the baseline score of the facility, staff availability and shifts of staff. The facility stakeholders are informed beforehand about our visit

Upon visiting the facility, the mentors also observe the regular practices of staff, check their records and registers and discuss their challenges, apart from mentoring. They identify gaps in the facility and thereafter discuss any issue with the respective CS/BMO/CMHO/DPM. These timely visits to the facilities keep the staff motivated and also provide them with continuous support.

### **Impact of mentoring**

In order to assess the progress of our work, it is very important to have a means to measure the progress. Since we are using Dakshata guidelines to mentor our staff, it has been decided to use



the three forms of Dakshata for our periodic assessment of facilities.

- Dakshata form 2- Availability of resources in the labour room
- Dakshata form 3- Labour room management
- Dakshata form 4- Clinical practices at the labour room

Apart from these three forms, another mode of assessment, viz. OSCE (on-site clinical examination) has also been conducted. OSCE assessments are

checklists that have been designed to measure the skill and knowledge of a person required for competency in a given domain.

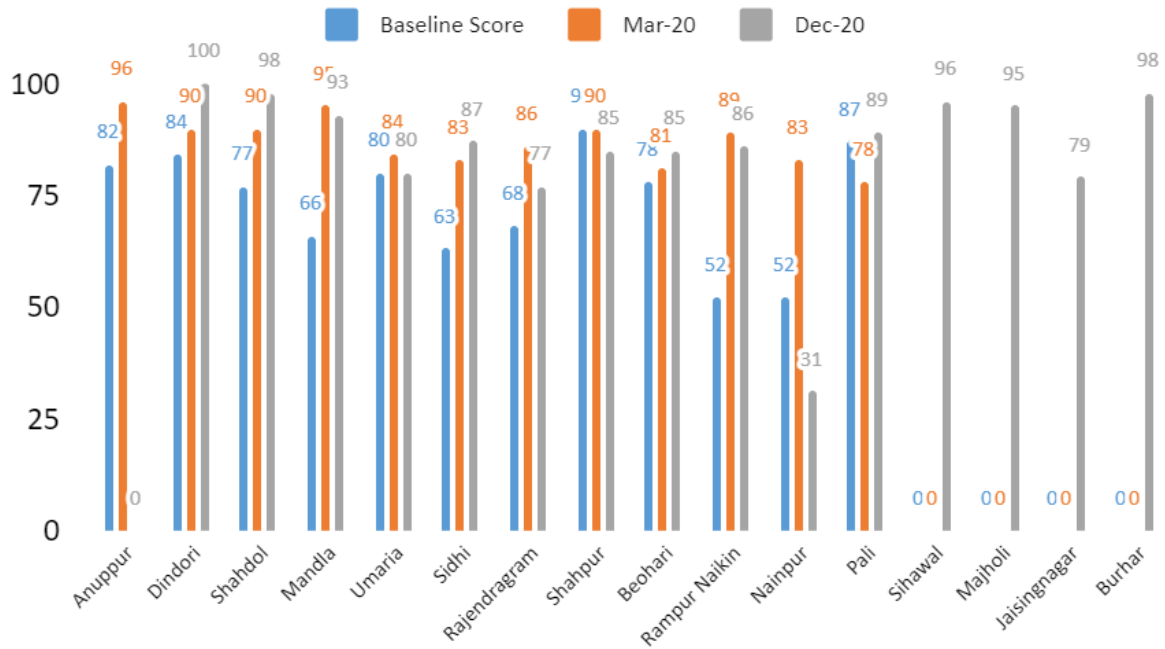
In a typical OSCE station, several skill stations are set up, with dummies, a checklist to assess and an evaluator to evaluate. It typically takes around 15-20 minutes for each OSCE. This mode of assessing has proved to be very effective for a broad sample of knowledge. For our mentoring programme we selected newborn resuscitation to be assessed and mentored with the help of this tool.

Using these forms, assessments have been done at our facilities at different time period-

**Availability of resources (form 2)**

Facility	Baseline score	March 2020	December 2020
Anuppur	82	96	NA
Dindori	84	90	100
Shahdol	77	90	98
Mandla	66	95	93
Umaria	80	84	80
Sidhi	63	83	87
Rajendragram	68	86	77
Shahpur	90	90	85
Beohari	78	81	85
Rampur Naikin	52	89	86
Nainpur	52	83	
Pali	87	78	89
Sihawal	NA		96
Majholi			95
Jaisingnagar			79
Burhar			98

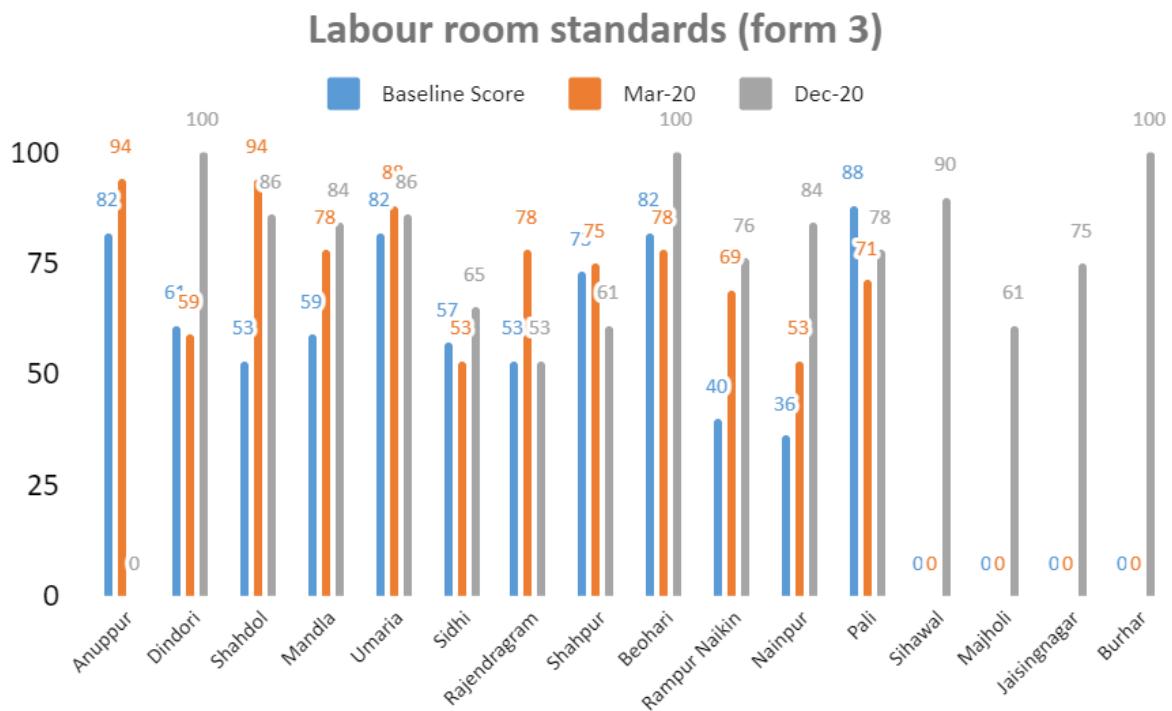
## Availability of resources (form 2)



## Labour room standards (Form 3)

Facility	Baseline score	March 2020	December 2020
Anuppur	82	94	NA
Dindori	61	59	100
Shahdol	53	94	86
Mandla	59	78	84
Umaria	82	88	86
Sidhi	57	53	65
Rajendragram	53	78	53
Shahpur	73	75	61
Beohari	82	78	100
Rampur Naikin	40	69	76
Nainpur	36	53	84
Pali	88	71	78

Sihawal	NA	90
Majholi		61
Jaisingnagar		75
Burhar		100

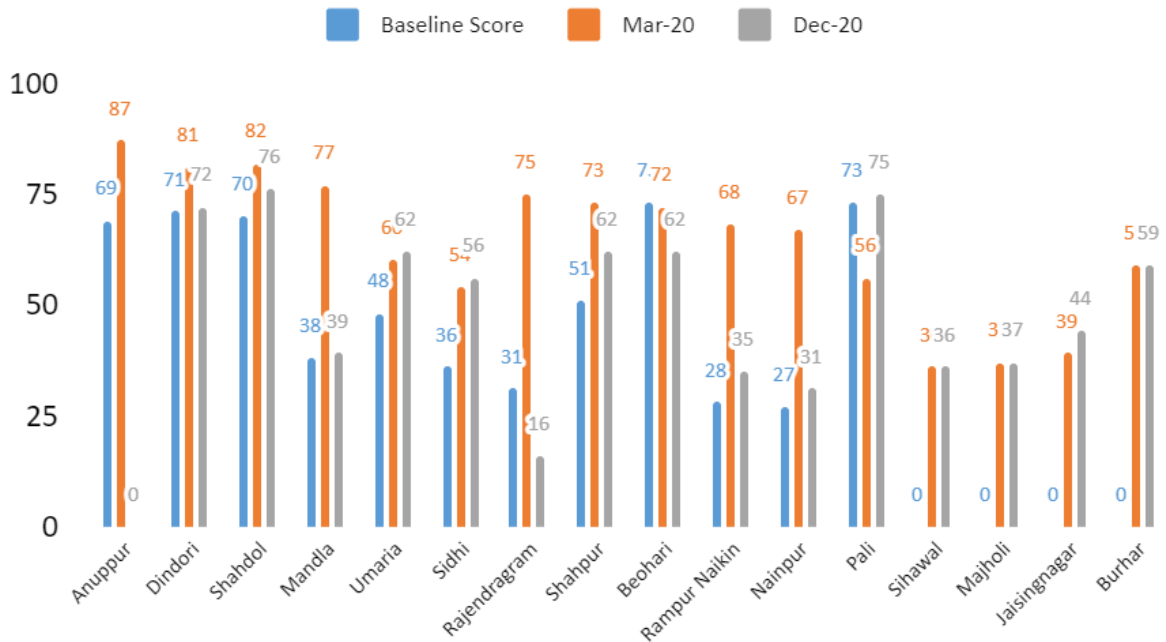


### Clinical management (form 4)

Facility	Baseline score	March 2020	December 2020
Anuppur	69	87	NA
Dindori	71	81	72
Shahdol	70	82	76
Mandla	38	77	39
Umaria	48	60	62
Sidhi	36	54	56
Rajendragram	31	75	16
Shahpur	51	73	62
Beohari	73	72	62
Rampur Naikin	28	68	35
Nainpur	27	67	31

Pali	73	56	75
Sihawal	NA	36	36
Majholi		37	37
Jaisingnagar		39	44
Burhar		59	59

### Clinical Management (form 4)



**OSCE assessment has been done for the first time in the month of December 2020-**

Facility	OSCE (Newborn resuscitation)
Anuppur	NA
Dindori	68
Shahdol	58
Mandla	16
Umaria	69
Sidhi	8
Rajendragram	0
Shahpur	44
Beohari	58
Rampur Naikin	8
Nainpur	13

Pali	67
Sihawal	10
Majholi	8
Jaisingnagar	25
Burhar	32

**Note-**

- Currently for DH Anuppur the mentoring programme has not been rolled out this year as the officials at the DH are not cooperating with the whole process.
- Four Facilities (Sihawal, Majholi, Jaisingnagar and Burhar) have been selected in 2020 for supporting Lakshya and clinical mentoring.

<b>RED</b>	Scored <= 50%
<b>ORANGE</b>	Score between 51% and 69%
<b>YELLOW</b>	Score between 70 and 79%
<b>GREEN</b>	Score >= 80%

**Colour legend**

**Changes in strategy of mentoring**

Based upon our latest assessment, a significant improvement has been done in clinical practices in most of the district hospitals. However, with some facilities still lagging behind even after multiple rounds of mentoring and handholding, it was decided by the team to change our strategy for mentoring in these facilities.

**For areas in red and orange zone-**

- Revision of topic to be done in every alternate month until the next assessment score.
- 1st mentoring to be done by nurse mentors of JSS. Subsequent mentoring will be revision sessions that include handhold support, practice in dummies/simulators.

- Encouraging staff nurses of facilities to present/ teach in subsequent mentoring sessions.

#### **For areas in yellow and green zone-**

- Focus should be on ensuring sustainability of the activity. The plan for this is still under-way, where a skilled and experienced nurse of the facility will be mentoring their colleagues and we will be supporting them in this process.
- Encouraging senior staff/existing nurse mentors to participate in our mentoring activity. JSS mentors will be providing technical support rather than active participation.

#### **Challenges faced**

- Due to the situation of pandemic, a lot of mentoring visits were cancelled and were resumed only from the month of September. Also, during this period many of the LR staff tested positive for Covid and most of the labour rooms were running understaffed and hence practices were compromised.
- Till now all our mentoring sessions revolved around practices related to safe mother and childhood. But in the recent pandemic situation, it is felt that our LR staffs are underprepared and there needs to be a guideline for management of pregnant Covid women. Keeping this in mind, online training sessions have been rolled out on a weekly basis for this. Also, for labour room staff who come positive of covid, we do a follow up and counselling session with them to know their health status and make them feel better.

#### **What we are looking forward**

- It has been felt by our team that apart from regular mentoring, the labour room staff should also be prepared to manage Covid-19 positive woman and her baby. Counselling of family members is also important in this context. We are preparing a weekly training module for this.
- We are advocating for a good labour room organisation with separate infectious and non-infectious delivery tables and adequate amount of resources and consumables. This is done keeping in mind the safety of staff and other patients. A quality improvement project on stock management will be initiated to achieve this goal.





**Glimpses of our activities**



At District Dindori JSS restarted the process of monthly training and discussion with labour room staff, which was suspended during last year's corona wave.



Extensive mentoring of staff is done at DH Sidhi by JSS nurse mentor.



OSCE Performed by JSS Nurse mentor at Sidhi District