

Family Planning Mentorship



What Is Clinical Mentoring?

A sustained, collaborative relationship in which a highly experienced health care provider guides improvement in the quality of care delivered by other providers and the health care systems in which they work.



Difference between Mentorship and Supervision

Overlap



Mentorship

- Practical case management and skills improvement
- Updates on current developments and guideline changes
- Case reviews
- Mentor acts as knowledge and skills resource
- More oriented to support health worker skills development
- Assists in actual service delivery and referral of complicated issues
- On site availability complemented with distance communication

- Patient flow and triage
- Clinic organization
- Patient monitoring and record-keeping
- Team meetings
- Review of referral decisions
- Ensuring compliance with national protocols and guidelines

Supportive Supervision

- Management & administrative support - space, equipment and forms
- Resources for organizational policies and procedures
- Career development opportunities for service providers (Training, staffing and other human resource issues)
- Supply chain management, including provision of commodities for health worker protection
- Patient satisfaction, linkages with facility and community



Roles of a Mentor

- Teacher/Educator
- Coach
- Advocate
- Friendly
- Colleague
- Change agent/
Catalyst
- Problem solver
- Process Helper
- Resource person



Characteristics of a Good Mentor

- Adept at clinical knowledge and skills
 - Has working knowledge and familiar with issues that may need addressing
- Enthusiastic and comfortable incorporating diverse situations/experiences into teaching
- Takes a “back-seat” approach to teaching, avoiding extensive lectures
 - Allows mentee to explore and learn on his/her own
- Good understanding of clinical systems helps to address systemic issues



Characteristics of Effective Mentorship Relationships

- Continuity of the relationship over time.
 - Power is shared.
 - Learning is two-way; mentor is interested in learner's ideas.
 - Mentor listens to learner and the learner knows it.
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- Both mentor and mentee want to be involved in mentoring relationship.
 - Relationship is warm, safe, respectful, trustful.
 - Mentor/mentee are able to process misunderstandings.



Models of Clinical Mentoring

- Internal mentor
- External mentor
- Field-based mentoring teams



Internal Mentor

- Mentor is identified from among existing staff at a health care facility; already has clinical expertise, and receives training on how to mentor others
- **Benefits:** Sustainable model, mentor already knows system and its issues and challenges, so little time needed for preparation
- **Challenges:** Lack of appropriate human resources; perception of clinician as colleague, not mentor



External Mentor

- Placement of an expert clinician identified from within or outside the facility for a designated period of time at a specific facility
- **Benefits:** Draws from a larger pool of expert clinicians
- **Challenges:** Significant resources may be required to recruit, relocate, and orient the mentor to their site



Field-Based Mentoring Teams

- Multidisciplinary field-based teams provide ongoing clinical and systems mentoring to health facilities
- **Benefits:** Allow for key groups of expert staff to regularly visit a select number of clinical sites and provide intensive site support and clinical mentoring



Objectives of Tupange Pamoja Mentorship Program

- Improve knowledge and skills of service providers on family planning (FP) especially LAPMs
- Build capacity of local trainers and mentors to effectively conduct FP mentorship
- Assist to improve uptake of Family Planning , especially LAPMs



Mentorship Process

1. Introduction;

- Informing sites/service delivery areas of intended visit
- Obtaining necessary permission and courtesy calls as appropriate

2. Site/individual assessment

- The mentorship team together with site staff (potential mentees) perform the initial assessment to identify service provider/facility gaps in FP service provision

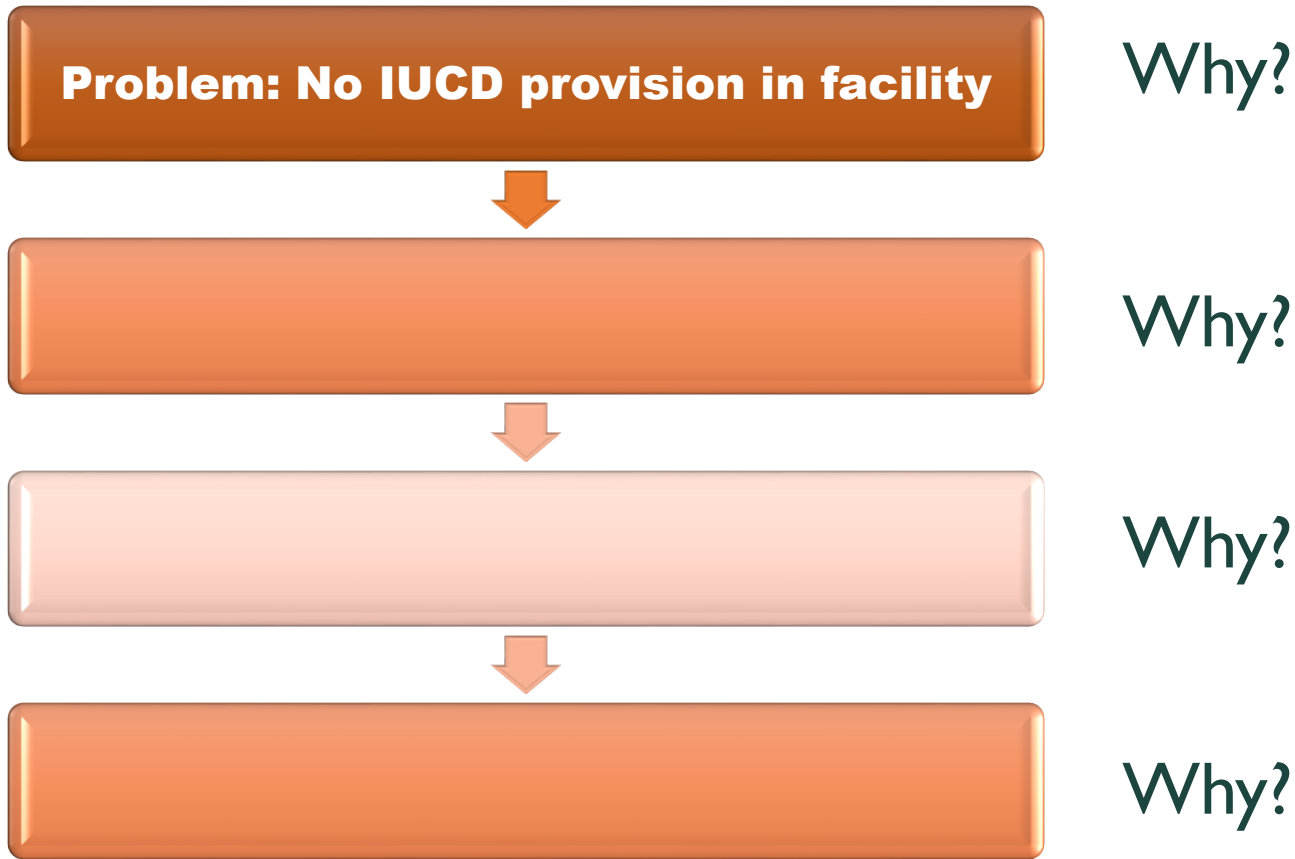
3. Root Cause Analysis

- It is important to differentiate between the cause of a problem and the symptoms of a problem
- Treating the symptoms only leads to short term solutions
- Asking the question Why? Several times helps to identify the “real” reason or cause of a problem
- A single problem can have more than one root cause



Root cause analysis

(example .)



Mentorship Process

4. Problem Prioritization

- **Priority A** - Those which if **not** corrected would cause FP program to collapse/stall. (**Immediate action required**) e.g. lack of provider skills FP commodities, equipment,
- **Priority B** - Those which if corrected would improve FP service delivery. (**Action required in the short term**)

5. Planning: Setting target for improvement

- Collaboratively set a target for improvement (facility, individual targets)
- Decide on measures to achieve the target.
- Decide on time schedule to conduct mentorship/clinical teaching activities

6. Clinical Mentorship/Teaching

- Mentoring/teaching can take place over a number of sessions until clinical staff are competent in FP skills



Mentorship Process

7. Follow Up and evaluation:

- Periodically meet with mentee(s) to review action plans
- Reassessment can be done to identify persistent gaps that need to be addressed
- Set the date for the next mentorship visit



Facility/Individual Assessment

AREAS THAT MENTEE IS DEFICIENT IN:

Short-term methods

POPs COCs
Condoms SDM
ECPs LAM

Specific details: _____

Long term methods

IUCD Implants

Specific details _____

Cont'd



Work plan Template for Mentoring

Site / SERVICE DELIVERY AREA	Mentor	Mentee(s)	Skills being mentored	When: (Mentorship dates)	Resources needed	
Mbagathi Hospital, OPD Clinic	J. Ngugi	S. Oluoch P. Kigen S. Mwangi	IUCD Removal	12/6/2011 8:00am – 11 am	Madam Zoe, IUCD set, Pens & Flip Charts	



Example of a Mentorship Log Book

S. Oluoch, Mbagathi D.H, OPD Department

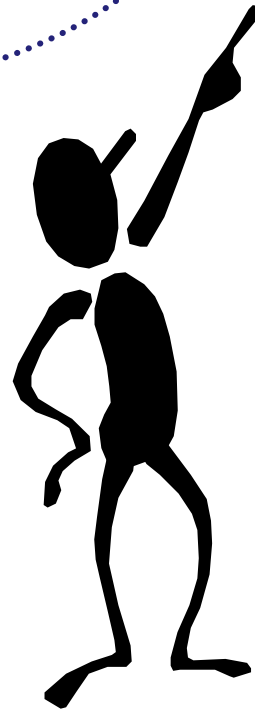
Date	Skill Being Mentored	Mentor Comments	Next Skill to be mentored	Date of next mentorship	Mentee signature	Mentor Signature
12/6/2011	IUCD Removal	Completed successfully	Counselling on BTL	20/8/2011 1:00pm – 3.00 pm		
20/8/2011	Counseling on BTL	Needs more practice	Counseling on BTL	30/8/2011 11:00am – 1:00pm		



People Learn Differently

I hear and I forget,
I see and I remember,
I do and I understand

See one, do
one, teach
one



Summary

- Mentoring:
- Provides increased access to onsite training for health care workers in resource-limited settings.
- Aims to increase the skills of clinic staff and the efficiency of the clinic for the well-being of the patients.



Reference Materials

- National Guidelines on Mentorship for HIV Services in Kenya
- National Mentorship Training – Orientation package for Service Providers

