Tamil Nadu, India: Mentoring in the Context of a Fellowship Program

Extensive Onsite Clinical Experience Proves Hallmark of Mentoring

Background

With the state of Tamil Nadu having one of the highest rates of HIV in India, in 2002 the Government Hospital of Thoracic Medicine (GHTM) set a formidable goal for itself—development of a world-class HIV care and treatment center. Working in partnership with I-TECH and the US Centers for Disease Control and Prevention's Global AIDS Program (CDC GAP), in 2005 GHTM launched a new effort to strengthen the large southern state's response to the HIV epidemic in India. Known as the Clinical and Leadership Training Program on HIV/AIDS, it is a year-long fellowship program that is unique due to the on-the-job mentoring and extensive training in HIV clinical care that it provides. This clinical mentoring model is featured because of the central part that mentoring plays within this comprehensive training program. The program's clinical mentoring makes use of state-of-the-art techniques for advanced care and antiretroviral therapy (ART) treatment of patients with HIV. The program aims to equip junior and mid-level physicians with the skills necessary to diagnose and manage HIV cases, as well as carry out research and become leaders in the field of HIV and AIDS.

India's National AIDS Control Organisation (NACO) guides the country's HIV and AIDS control strategy. NACO estimates that the national prevalence of adult HIV in 2006 was 0.36%—or about 2.5 million people—with more men infected than women. In Tamil Nadu, the fellowship program is helping to respond to the growing number of people infected with HIV. Many of the doctors who have joined the fellowship program say that at the hospitals or other organizations where they previously worked, they witnessed health care workers show discrimination towards those with HIV. Doctors too, they said, were uncomfortable treating patients infected

with HIV. The fear and stigma associated with HIV and AIDS were at times so strong that patients were either referred to another health care facility where there may or may not be proper care, or they were not treated at all. Graduates of the Clinical and Leadership Training Program on HIV/AIDS are now working to change this. By the end of 2008, 42 doctors will have completed the fellowship program; and 52% of graduates work in HIV-related positions providing clinical care and treatment or managing programs and training other clinicians.

GHTM is today considered a medical center of excellence, and is one of South Asia's largest HIV and AIDS care centers. Each year, an estimated 25,000 patients infected with HIV receive care at the hospital. Since 2004, GHTM has enrolled over 8,600 patients in ART. In 2008, GHTM started providing second line ART through a pilot program supported by NACO. With technical support from I-TECH, the hospital runs the Clinical and Leadership Training Program on HIV/AIDS. GHTM also hosts other trainings provided to over 100 specialists and medical officers each year.

Program Description

In this model, clinical mentoring is a major component of a broader, year-long fellowship program. The fellows are mentored as they treat people living with HIV and AIDS. The Clinical and Leadership Training Program on HIV/AIDS, hereafter referred to as "the fellowship program," is designed to:

1) Mentor doctors as they work in a clinical setting;
2) Offer classroom training sessions;
3) Build and strengthen skills and leadership capabilities in the field of HIV, whether as clinicians, trainers, or researchers; and
4) Improve the attitudes of physicians in the care and support of those living with HIV and AIDS.

To understand the context in which the clinical mentoring takes place, the next section provides an overview of the fellowship program itself. Clinical mentoring is described within this overall framework.

The Fellowship Program

The fellowship program's goals are to:

- Produce physicians trained in HIV and AIDS medicine who will move into positions of direct patient contact and care.
- Develop in individuals leadership capabilities in the fields of HIV and AIDS care, prevention, research, and program management.
- Reduce the burden on existing medical doctors at GHTM and improve the patient-doctor ratio by the placement of fellows (i.e., those mentored) at GHTM.

Each year, between 11 and 17 doctors are selected to become fellows. Under the supervision of clinical mentors, fellows spend their mornings in the wards providing care and treatment for HIV patients. In the afternoons, they attend comprehensive classroom sessions based on an HIV clinical curriculum developed and facilitated by I-TECH and GHTM, with involvement of medical staff from other Indian hospitals and medical research centers for specific topics. In addition, ample opportunity is given for fellows to develop their research capabilities and leadership talents. Extended visits (2 weeks per year) known as "exposure visits" are arranged for the

fellows at community-based organizations (CBOs) or non-governmental organizations (NGOs). These visits serve to enrich the fellows' understanding of the complexities of care and family life for people living with HIV in different communities.

This public-private partnership model is characterized by a high degree of on-the-job training that takes place at GHTM, a former tuberculosis (TB) hospital, also known by its previous name, the Tambaram Sanatorium. Located just outside of Chennai, GHTM is known as one of the few hospitals in India that provides free ART (although the process of decentralization is beginning to expand access to ART at the district level). Additionally, HIV detection has been improved at GHTM through creation of a state-of-the-art laboratory, which screens over 125 blood samples for HIV daily. Tests are also conducted to monitor CD4 counts and opportunistic infections. Every day, an average of 300 patients come to the hospital for ART on an outpatient basis.

The fellowship program is supported by the US President's Emergency Plan for AIDS Relief (PEPFAR) funding.

The Fellows

Fellows can apply to the program from anywhere in India, though most tend to come from the southern states of the country, largely due to the long distance from the north and other parts of India, and the fact that Tamil is the main language spoken at the hospital. Applicants to the fellowship program must meet certain eligibility criteria, e.g., they must be junior to mid-level medical doctors who are certified physicians in India, under 40 years of age, and Indian nationals. Also, they must demonstrate a "commitment to a career in HIV medical care and/or program management in India." Applications are submitted on an annual basis for positions that begin each year in November and conclude a year later. The fellows are typically practicing doctors; ten from the most recent class are from the private sector, and seven are from the government sector. Some of the participants enroll in the program to reinforce their skills and build upon their knowledge of HIV. Others apply to develop expertise in HIV

clinical care. Moreover, the fellows help to ease the patient load of the ward mentors and nurses, as they comprise 50% of the clinical staff at the hospital. Fellows have the opportunity to care for over 3,000 patients each year. As one fellow said, "I will never get an opportunity to see such a variety of HIV/AIDS cases anywhere else."

The Mentors

Three types of mentors help to enhance the fellows' skills in HIV care and treatment:

1) **GHTM Mentors** are highly skilled HIV clinicians at the hospital who agree to mentor the fellows during their clinical practice.

2) **I-TECH Clinical Mentors** are highly skilled HIV clinicians who offer training and clinical mentoring at the hospital, and visit the fellows on their rotations about twice a week.

3) **I-TECH Fellow Advisors** are I-TECH staff members or consultants who have extensive public health experience as well as HIV clinical expertise, and who have roles as both academic advisors and mentors. They meet with their advisees on a monthly basis to discuss their professional goals and academic progress, to provide clinical mentoring, and to take part in the quarterly debriefing process. Advisors also solicit feedback from GHTM Mentors and I-TECH Clinical Mentors about the fellows' performance.

Program Components

A. *Clinical Component: Extensive Experience through Ward Rotations*

Fellows conduct bedside rounds in the wards or in the outpatient departments each day from 8:00 AM–1:00 PM, Monday through Saturday. They begin the year with orientation to the hospital and an initial intensive training period of about 3 months, during which time they receive clinical assistance in the hospital. Fellows rotate through the wards, spending about a month in each of 13 wards which are comprised of: 5 pre-ART inpatient and 3 ART inpatient wards; 1 ART outpatient department (OPD) and 1 HIV OPD (in which counseling is included); and 1 pediatric, 1 palliative, and 1 intensive care ward (which includes spending time in the laboratory, to learn

how to run basic laboratory tests; and in the operation theater, to learn minor surgical procedures). Fellows have the opportunity to treat patients in each of these ward rotations. Because of the sheer volume of patients at the hospital, fellows quickly gain a lot of experience treating patients infected with the HIV virus and with opportunistic infections (OIs). GHTM Mentors, I-TECH Clinical Mentors, and Fellow Advisors observe the fellows in action, and are available to help them with new, difficult, or unusual cases, as well as guide them in making decisions related to discharging patients.

B. *The Classroom Curriculum: Academic, Research, and Leadership Training*

Classroom sessions are held each day from 2:00–5:00 PM, Monday through Saturday. Fellows participate in over 200 daily afternoon training sessions. I-TECH Clinical Mentors and GHTM Mentors teach the classes, bringing in clinicians from CDC, Indian medical colleges, and research institutions, to present seminars on compelling topics or on some of their latest research findings.

The clinical curriculum has been adapted from the American Association of HIV Medicine Manual (AA-HIVM) to meet India's NACO guidelines as well as to fit the Indian context and culture.

Topics covered in the classroom sessions include:
• Clinical and laboratory training: Infection control,

acute HIV infection, OI management, ART, prevention of mother-to-child transmission of HIV (PMTCT), diagnosis and detection of HIV, and diagnosis of OIs and other diseases.

- Management and leadership skills: "Total Quality Management" and "Six Sigma," a quality improvement technique/management style.
- Epidemiology and research methodology: Ethics in research, incidence of disease, case control, cohort studies, and epidemiology.
- Public health systems approach: Primary health care, HIV epidemiology, health surveys, HIV prevention strategies, behavior change communication, and program management.
- Psychosocial and behavioral issues: Ethical issues, counseling, risk assessment skills, drug use and HIV, and other topics.
- Training and presentation skills: Adult learning principles, presentation skills, and various training methodologies.

Leadership skills are developed by having each fellow lead a clinical case discussion, attend monthly meetings where patient mortality is analyzed, and conduct at least 10 training activities. Fellows are also given the opportunity to develop their own research and present seminars during the year as part of the curriculum. In addition, because GHTM is a national training center, fellows assist in the NACO trainings for medical officers and specialists, carrying out both classroom training and conducting bedside demonstrations for participants.

Other components of the curriculum include:
- A 2-week "exposure visit," which is where fellows go on planned visits to the site of an NGO or other district or community based organization working directly with people living with HIV and AIDS. This experience helps fellows to better understand how NGOs function (seen as particularly helpful to doctors, since their main experiences tend to be in hospital settings). It allows them to gain a fuller understanding of holistic aspects of HIV care, such as the role of voluntary HIV counseling and testing, or how mobile clinics work. The more than 50 participat-

ing NGOs that have so far hosted fellows also benefit from the experience, as fellows share their observations and expertise on ways the organizations can improve their medical care for people living with HIV (PLHIV). In addition to the "exposure visit," throughout the year, fellows visit government offices, hospitals, NGOs, CBOs, and other organizations that work in the field of HIV.

- An elective University of Washington I-TECH course, a certificate program in "Clinical Management of HIV & Sexually Transmitted Infections," is offered through distance learning.

Additional occasions for the fellows to manage and lead events have evolved, based on feedback from the fellowship participants. For instance, in 2008, a public clinical symposium was entirely planned and led by fellows, with physicians and researchers from many different medical institutions in attendance. Fellows also regularly make clinical case presentations at citywide meetings.

The Mentoring Component
The Role of GHTM Mentors
GHTM Mentors—sometimes referred to as "ward mentors" because they are each in charge of between three to four wards—are expected to provide a model for patient care, as well as procedural skills. GHTM Mentors keep a busy schedule working in wards where there are about 40 patients per ward at any given time. They see between 40 and 60 patients each day. GHTM Mentors are available to help fellows handle difficult cases or to respond

to questions fellows may have. They offer immediate feedback to fellows, and deliver to the Fellow Advisors a monthly assessment on the fellows' performance in clinical care.

The Role of I-TECH Clinical Mentors
Five I-TECH Clinical Mentors—including three clinical trainers, one Medical Director, and one Chief Fellow—act as onsite mentors in the wards. These are I-TECH staff who directly observe the fellows on their rounds at least twice a week and offer guidance, help manage difficult cases, and provide expertise.

Among these mentors is the Chief Fellow, also on location at the hospital, who is a graduate of the program and helps to mentor the next year's fellows on a half-time basis. Like the others, the Chief Fellow is available as a "go to" mentor for the fellows, should they have questions or wish to discuss difficult cases. The Chief Fellow is available every morning, and is on location. The advantage of this liaison person is that he or she has direct experience with the program and understands the programmatic and other demands fellows are facing.

The Role of Fellow Advisors
Top HIV clinical experts are the third type of mentor in this model. Four I-TECH-affiliated individuals serve as Fellow Advisors (two are I-TECH staff, and two are consultants). The Fellow Advisors have extensive public health and HIV experience, and their role is akin to an academic advisor in a university setting. Each Fellow Advisor monitors the development and progress of the four to six fellows assigned to him or her, strives to improve fellows' HIV-related knowledge and critical thinking abilities, and offers expert advice for challenging clinical cases.

I-TECH's Fellow Advisors make use of various resources and methodological approaches to enhance their mentoring. They conduct site visits to observe the fellows in the hospital wards at least once a month, during which time they also solicit feedback on their advisees' performance from the GHTM Mentors (who are responsible for doing monthly

ward assessments of each advisee's clinical performance). The Fellow Advisor meets with his/her advisees once a month to discuss the ward assessments, and is also available in person or via email to discuss clinical, research, and career issues.

Mentoring in the Wards
A unique feature of this mentoring program is that fellows at GHTM learn new ways to take patient histories and conduct examinations. For example, fellows learn how to protect the confidentiality and privacy of the patient, and how to conduct thorough, systematic physical exams based on the patient's symptoms.

Training and Orientation of Mentors

GHTM Mentors are selected annually by the GHTM Superintendent, the fellowship's Program Coordinator, and other members of the management team. The system is an informal one—those who apply to become mentors and who are accepted are expected to have considerable on-the-job experience in the wards. Ward doctors must express an interest in mentoring and be able to guide others in managing difficult cases. Their knowledge as HIV clinicians is not evaluated; however, they are expected to be able to write and present case studies clearly, evaluate them, and offer constructive feedback. Each year, GHTM ward doctors attend 4 days of NACO training, which addresses various aspects of HIV clinical care, including updates on clinical HIV guidelines. In addition, each year GHTM Mentors attend a one-day I-TECH training session covering topics like how to mentor and how to improve professional communication skills.

I-TECH Clinical Mentors and Fellow Advisors are selected on the basis of their skills and expertise in the field of HIV, but no formal assessment is made of their skill level or mentoring ability.

Ongoing Support: How Are Mentors Supported?

Because they function as the head of three or sometimes four wards at a time, GHTM Mentors are ex-

tremely busy. Each ward has about 40 inpatients battling HIV and AIDS and at times other opportunistic infections or disease, such as TB. In addition, although they are government employees, some of these ward mentors maintain private practices in the afternoon, on top of their other commitments. Thus, with such tight schedules, GHTM Mentors seldom find time to share approaches among themselves or receive training on mentoring.

As previously noted, fellows do help GHTM Mentors by taking on about 50% of the patient load, which helps to reduce it for all concerned. Yet GHTM Mentors are still expected to mentor the fellows at the same time as handling their own patients. Despite this challenge, one advantage in this mentoring model is that mentees have others they can also consult with, e.g., the I-TECH Clinical Mentors and Fellow Advisors, who are also available to help the fellows (albeit they too have competing commitments beyond their GHTM responsibilities).

Clinical Society Meetings (CSMs), which are held once a week, were introduced as part of the clinical mentoring component as a mechanism for GHTM Mentors to discuss approaches or bring up interesting cases. The CSMs are led by the fellows, and are seen as useful to all involved. They offer a regular forum for GHTM doctors to share their research findings or discuss unusual and challenging cases. Additionally, ward mentors discuss their mentoring activities informally just before going to

the wards in the mornings and at breaks during the day. Ward mentors rarely find occasion to formally meet among themselves to hone or upgrade their clinical mentoring skills.

In summary, given the three-tiered system of mentoring, an advantage of this system is that fellows have a variety of mentor figures with whom to consult during their clinical practice. Additional means of providing support to mentors are being identified as this program nears completion of its third year.

Monitoring and Evaluation

Monitoring and evaluation (M & E) occurs at different levels within the fellowship program. Feedback is solicited annually from the fellows through focus group discussions that are conducted to assess the fellowship program. These discussions are the main means of gathering perspectives about the quality of mentoring, and identifying areas for improvement. To date, focus groups have reflected positive attitudes towards the program, with fellows stating that their knowledge of clinical HIV care and treatment has greatly improved.

The feedback provided by the focus groups has helped the program managers to adapt the mentoring program as needed. One example is that more mentors were added after the fellows expressed interest in more mentoring. The addition of the category of Fellow Advisors was in part a response to that desire. Moreover, feedback lead to the strengthening of leadership skills building, a programmatic shift to more interactive coursework sessions, as well as expanded course offerings (e.g., sessions on epidemiology, the distance learning course on STIs).

M & E in this mentoring model occurs primarily at the level of the provider, i.e., the fellow. As previously noted, mentors' skills in training and their clinical knowledge of HIV are not formally tested. I-TECH Clinical Mentors and Fellow Advisors are also not assessed. Recently, I-TECH initiated an evaluation to track graduates of the program to learn where they now work, and how the mentoring may have affected them.

Assessing Fellows' Clinical Skills

Mentors monitor the fellows' performance through ward evaluation, a triannual clinical skills assessment, evaluation of their "exposure visits," and evaluation of their level of clinical knowledge and presentation skills, among other indicators, as described below.

Ward Evaluation

GHTM Mentors assess fellows based on their: 1) inpatient ward rotation; 2) outpatient ART ward rotations; and 3) HIV outpatient evaluation (for patients who have not yet started ART regimens). Topics fellows are assessed on include: Professionalism and reliability; communication skills; clinical care, such as OI prevention and management, and knowledge of HIV/TB; ethical practice; teamwork, dedication and leadership; and extent of their clinical HIV knowledge. Fellow Advisors discuss the results of the ward assessments with the fellows on a monthly basis, and fellows are evaluated through a mid-year report card and a final examination at the end of the year.

Tri-Annual Clinical Skills Assessment

Standardized checklists for clinical care serve as useful tools for evaluating fellows. At GHTM, over time, a 13-page checklist evolved to a condensed 4-page assessment tool. Experience shows that these observation tools should not be too cumbersome to use. The purpose of the triannual assessment is to have a practical, hands-on test to evaluate the clinical skills of the fellows. The assessment lasts 40 minutes, and the fellow must examine a case (30 minutes), then make a presentation (10 minutes). Through these and other exams, fellows' skills and knowledge are routinely monitored and evaluated as they develop.

Increased receptivity to the importance of evaluation may lead to more rigorous M & E such that the quality of, and capacity for, mentoring are better assessed. Focus groups are useful as a tool for gauging mentees' levels of satisfaction with the mentoring, and I-TECH's training impact assessment is a step in the right direction. The training assessment will likely shed light on the degree to which these doctors are applying their enhanced skills in the jobs they now hold. This assessment does not, however, assess mentoring skills. In summary, and as is consistent with the goals of the program, this mentoring model emphasizes the individual, hence, the focus is to improve doctors' HIV-related clinical skills so that they can bring that direct experience, training, and expertise with them to hospital and other health care settings.

Lessons Learned and Best Practices

Onsite Mentoring Is Critical to Success

The opportunity to provide comprehensive care and treatment in HIV and AIDS under the supervision of experienced mentor physicians is clearly a defining feature of the Clinical and Leadership Training Program on HIV/AIDS in Tamil Nadu. The program emphasizes the doctor-patient relationship and identifies areas for improvement through a regular feedback mechanism. In this program, doctors can go through all the steps of treatment, e.g., receive the patient, give treatment, follow treatment, and see improvement over time, and this is only possible because of the long-term nature of the program. This model of "learning by doing" in a clinical setting is something that can be replicated in other settings.

Flexibility Is Key

A major strength of this mentoring model has been its ability to adapt and even restructure, as warranted. When feedback from focus groups revealed that fellows had a desire for even more mentoring, accommodations were made. Adding the role of the Fellow Advisors and a Chief Fellow to the I-TECH Clinical Mentor and GHTM Mentor roles was a direct response to this perceived need for more mentoring. Likewise, when further emphasis on building leadership skills was requested by the fellows, the fellowship program found more opportunities for them to lead presentations or citywide seminars, and increased their involvement with "exposure visits." The lesson learned is that having some degree of flexibility in adapting the mentoring style, and even being willing to change the mentoring structure itself, can benefit a mentoring

program as it evolves. At the same time, the daily commitments that those selected as mentors face must be realistically assessed to optimize mentors' effectiveness; this remains a challenge at GHTM because of the competing demands on staff.

Field Visits Enrich the Mentoring Experience

A best practice emerged with the addition of more days for "exposure visits." This activity is highly valued by the doctors, as it expands their understanding of the behavioral and socioeconomic aspects of HIV care. In considering clinical mentoring in other settings, planners and trainers are advised to allow for extended stays (ideally of a week or two at a time) at CBOs or NGOs. These site visits outside of a hospital setting enrich the depth of mentees' total experience and should be encouraged in any replication or scale-up of this or similar mentoring programs.

Certification of Mentoring and Training Programs May Be Important

An important lesson learned relates to seeking accreditation or certification of the mentoring at the design phase of the program, so that it is recognized in the medical education system. While the program is recognized by the Government of Tamil Nadu and supported by the Tamil Nadu State AIDS Control Society, the fact that this program is not nationally accredited by the Indian medical education system may have implications for how it is viewed by policy leaders, and could therefore affect any prospects for replication of the program.

Programmatic linkages to the Ministry of Health or the national coordinating body for controlling HIV and AIDS in the country should always be encouraged from the outset to harmonize efforts of response to the HIV epidemic. In India, NACO does complement training and other aspects of medical care; however, GHTM's experience shows that coordination of mentoring programs within the national system of accreditation is also important. Despite the fact that GHTM has developed a reputation as a center of excellence and coordinates training sessions with India's NACO on a regular basis, fellowship program graduates receive no formal certifi-

cation for their participation. A certification process can also lead to greater standardization of training programs, and could perhaps improve career prospects for graduates of the programs. The potential spin-off effects from formal accreditation should not be underestimated.

Build Linkages to Career and Networking Opportunities into the Mentoring Process

To support those who are being mentored as tomorrow's leaders in HIV, there needs to be some kind of assurance that they are sufficiently connected to HIV-related career networks. A somewhat disappointing outcome of the fellowship program has been that, for a variety of reasons, program graduates have not always been placed in positions where their HIV-related skills are put to work. Career and networking opportunities should be incorporated into training programs. For example, I-TECH helped to start an alumni/alumnae group that later spawned a career fair. At the first one, three graduates were hired by the same organization to work directly in the HIV field. Career fairs can support HIV leaders by helping them to improve their resumes and present their professional skills and experience in the best possible light. Similarly, a periodic newsletter—another vehicle supported by I-TECH to enhance career networking—is circulated among the program's graduates and current fellows. The newsletter is aimed at increasing information flow and promoting career-related opportunities for fellows, both past and present.

Ensuring strong linkages between the mentoring/ fellowship program and employers is an important strategy for enabling fellows to apply skills and knowledge in HIV care and treatment that they gained through the fellowship program. GHTM managers are beginning to address this gap between recognition of the program and career options by inviting government and private-sector employers to visit the hospital to observe the program in action, and to thereby become better acquainted with it. Another step being undertaken to better understand career options of those mentored is the training impact assessment, the results of which should yield more information about the linkages between the mentoring received and subsequent job placement.

Keep it Interesting: Vary the Methodologies Used
Finally, another basic lesson learned is that different educational approaches enhance the quality of the mentoring and learning. For example, the fellowship program's addition of the UW optional certificate program through distance learning was well received. When mentees expressed interest in having access to more state-of-the-art information above and beyond what they can obtain on websites, the distance learning course helped respond to that need. CSMs were also added to support the mentoring process. The lesson learned— or reinforced—is that adapting the structure of the mentoring to include formal and informal learning methodologies and networking opportunities can improve the total experience, keeping it intellectually lively and relevant for all involved, not just for those who are mentored.

Challenges and Future Plans

Quality mentoring requires time, yet at least for the initial 2 years of the program, GHTM Mentors have found it difficult to juggle their clinical workloads while giving adequate attention to mentoring. They have competing commitments, as do I-TECH Clinical Mentors and Fellow Advisors. Yet because their mentoring skills are not assessed, it is difficult to know how they can improve as mentors. The annual focus groups help to identify areas for im-

provement; nonetheless, expectations of all those involved in clinical mentoring have to be realistic to ensure that those being mentored are getting the support they need.

The fellowship program described here succeeds in developing doctors' HIV clinical expertise, and research and presentation skills. Those participating in this mentoring model learn to deliver quality care and to take on important medical and scientific challenges. Since the time of its inception, the mentoring has become more structured, with more mentors available, yet it is still characterized by a degree of informality. Greater rigor in the process of selecting and evaluating mentors may be warranted. A positive sign for strengthening support to mentors at GHTM is that Fellow Advisors, I-TECH Clinical Mentors, and GHTM Mentors are beginning to plan for periodic (i.e., quarterly) group meetings during the academic year; this may help to foster greater collaboration among mentors.

Another encouraging sign is that I-TECH and GHTM managers are taking steps to explore transforming the program into a 2-year diploma course in HIV, one that could be offered as a post-graduate program (since 2 years are considered the minimum for such accreditation in India). So far, NACO has not yet taken up the proposal, but the GHTM remains committed to gaining more exposure for the program and even replicating it, if possible, in other parts of India. Certification could potentially help this process of garnering greater understanding and recognition of the program in India. In terms of career prospects for those mentored, NACO plans to add several HIV clinical care jobs as part of its scale-up of ART treatment, which, too, should increase graduates' career options within the field of HIV.

In conclusion, with support from I-TECH, Tamil Nadu's main hospital for treating people with HIV has developed a respected, quality mentoring and training program that empowers clinicians to become the next generation of HIV leaders. Participants' have gained new and enhanced skills that they are able to put into use, thereby sparing more people the debilitating

and deadly effects of HIV and AIDS. I-TECH plans to soon apply some of the training and lessons learned about mentoring from the fellowship program to a short-term nursing fellowship program.

These and other changes are going on against the backdrop of a changing Indian health system. Tamil Nadu is in the process of decentralizing HIV care at the same time as it brings on second line ART, which GHTM began using in January 2008. Given the challenges that are widely associated with de-centralization, the task ahead—of scaling up ART to district levels throughout Tamil Nadu—is daunt-ing. Fortunately, this mentoring model enables a growing cadre of HIV clinicians equipped with the skills and know-how to help take on—and lead—HIV care and treatment in this state and elsewhere in the Indian subcontinent.

Useful Resources:

CDC: wwww.cdc.gov
GHTM Hospital website: www.education.vsnl.com/thoracic
I-TECH: www.go2itech.org
NACO: www.nacoonline.org/NACO
UNAIDS: www.UNAID.org

I-TECH

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