

Title: Mentoring of Mentors: A Critical Component of the Clinical Mentoring Strategy in MCH in Mozambique

Authors: Leonardo CHAVANE¹, Lídia CHONGO¹, Flavia PORTO², Ivonne BUTLER², Fernanda FREISTADT², Molly ROBERTSON², Orlando DE JESUS², Elsa HUNGUANE², Conceição RODRIGUES³, Esmeralda KARAJEANS⁴.

Affiliations:

¹Ministry of Health, Maputo, Mozambique;

²International Training and Education Center on HIV Mozambique, Maputo, Mozambique (I-TECH);

³International Training and Education Center on HIV, Seattle, Washington (WA) USA (I-TECH);

⁴International Center for AIDS Care and Treatment Program (ICAP), Mozambique;

⁵Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

Background

Despite growth in prevention of mother to child transmission services (PMTCT) (approximately 70% of health facilities offered PMTCT services in 2008), scale-up of PMTCT services in Mozambique continues to be a challenge. In 2008, only 42% of pregnant women (about 64,100) were tested for HIV at a health facility offering PMTCT services¹.

Recognizing that a 1-week in-service PMTCT training was insufficient to support 1) the application of clinical skills in maternal and child health (MCH) nurses' own clinic settings and 2) successful integration of PMTCT services in routine MCH services, the Mozambique Ministry of Health (MOH), in collaboration with implementing partners, developed an MCH Nurse Clinical Mentoring Program. The program is an integral component of the MOH's comprehensive training strategy, which includes pre-service education and in-service training on MCH, including PMTCT services. Nurse mentees are mentored for 6 months by experienced MCH nurses on critical MCH-related clinical competencies, such as HIV counseling and testing; routine antenatal care services; safe delivery for all women; care of at-risk children, including HIV-infected and exposed children; care of HIV-infected women; and peer support, among others.

In collaboration with the MOH, the International Training and Education Center on HIV (I-TECH) developed a training package that aimed to build Mozambican MOH nurses' clinical mentoring skills.

Analysis Design and Methods

In 2008 and 2009, three mentor trainings were implemented in collaboration with ICAP and EGPAF. The 3-day training focused on key components of clinical mentoring, such as the mentor-mentee relationship, monitoring mentees' progress and identifying areas of improvement, responsive coaching, modeling best practices, and the use of teaching tools for mentoring. Participatory training methods, like using role-play activities, clinical teaching simulations, and case studies, as well as applying teaching tools developed for the mentoring program were evaluated.

¹ *Impacto Demografico do HIV/SIDA em Moçambique: Actualização - Ronda de Vigilância Epidemiológica 2007.*

The training package includes the following:

- A **reference manual** for the mentor to use as a resource, which describes key components of clinical mentoring and tips for effective teaching and systems-strengthening activities to support the application and delivery of MCH services.
- A **rotation guide** for the mentor with detailed instructions to guide her during onsite training in the different sectors of MCH and during the follow-up of nurse mentees in their own clinic settings.
- **Observation instruments** for each MCH sector were developed, which consisted of a list of MOH-defined competencies that should be achieved during the clinic rotation at each sector of MCH services. Competencies complement learning objectives of the pre-service and in-service trainings for MCH nurses. This instrument helped the mentors focus their teaching during clinical practice and identified areas for mentees' improvement.
- Other teaching materials developed include **teaching and learning aids** for mentors and mentees on clinical skills; **job aids** for mentors and **follow-up tools**.

Results:

- Sessions that had practical application components, such as role plays and modeling of best practices using the mentoring tools, were effective methods for learning.
- Revising the observation tools with the group of future mentors proved to be effective in educating the mentors and assuring that they fully understood the use and purpose of the tools, including how to fill them out and compile the data to assess progress of each mentee.
- The mentors had some difficulty using the observation tools on a daily basis due to their other duties at the clinics which included maintaining other data-collection tools under their purview as part of routine MCH consultations.
- The mentors demonstrated gaps in essential clinical knowledge and skills needed to provide quality MCH care.
- The rotation guide was a useful resource in orienting and guiding the mentors during onsite teaching and ensuring consistency with the learning objectives of the in-service training.

Recommendations and Conclusion:

The success of this program depends entirely on the clinical and teaching/mentoring competencies of the MCH nurse mentors and the time they have available to dedicate to this role and to implementing activities. The selection criteria for nurse mentors should be more rigorous and increased effort could be placed on upgrading the clinical and mentoring skills of those selected as mentors, in addition to creating conditions where they can fully assume the mentoring role.

A more comprehensive training approach is needed for nurse mentors to include an upgrade of clinical skills and a "mentoring of mentors" strategy, based on the same training methodology used for mentoring nurse mentees. The MOH's partners can be an important resource to facilitate the implementation of such strategies, as they already count on experienced clinical mentors who can devote their time and resources to build mentors' skills and mentor future Mozambican MCH nurse mentors.