

# NURSE MENTOR



## BRIDGING THE GAPS FOR A TRANSFORMATIVE HEALTH CARE SYSTEM

In line with RMNCH+A, the Government of India (GoI) has been committed to improving the quality of maternal and child care by skilled nurses. Nurses have been the most important drivers of the entire healthcare system. This requires them to be proficient in key lifesaving practices to efficiently handle childbirth and immediate postpartum care. The idea of a 'Mentor' was developed to support and build the capacity of their team. As clinically competent providers of labor room and newborn care practices, they are a part of one of the largest cadres of the public healthcare delivery system across the state.

## NURSE MENTOR-A TRANSFORMING FACTOR

The content and process of pre and in-service training of staff nurses was one of the key reasons for their poor abilities which was largely focused on knowledge and limited the opportunities to practice the necessary skills. Staff nurses were in need of concurrent support and hand-holding to provide quality services and deliver best care practices. Therefore, there was a need for a mentor to strengthen intrapartum and immediate postpartum care by equipping the staff nurses with clinical competencies.

Nurse Mentors are a cadre of nursing professionals working as change agents in the landscape of the Nurse Mentoring Program to improve the knowledge, skills, and practices of the staff nurses around mother and newborn care and management of maternal and newborn complications in the intrapartum and postpartum period. They have been equally equipped in performing clinical procedures, ensuring infection prevention, patient rights, building competencies of the service providers, and performing other allocated duties. To enhance the continuum of care for mothers and newborns across block, sub-district, and district women hospitals, the Nurse Mentors have been working closely in coordination with health facility administration, labor room service providers, and outreach ANMs.

## BUILDING THE CADRE OF TRANSFORMING AGENTS



The nomination process of the nurse mentor was formulated keeping in mind the quality norms that delegated great responsibility to this cadre. The Chief Medical Officer (CMO) of the respective district in consultation with the MOIC in the facility nominates staff nurses with a specialization in nursing and midwifery and prior experience working in the labor room as Nurse Mentors.

Broadly the Nurse Mentor had to perform in two large domains. First domain being clinical service delivery which included an initial rapid critical assessment to identify complications, labor monitoring through partograph, active management of the third stage of labor, essential newborn care, and monitoring of the 4<sup>th</sup> stage of labour. The second domain revolves around facility strengthening related to infection prevention, ensuring adequate availability of essential equipment, drug and supply in the labour room. They also aid the referral strengthening through pre-referral management and post-referral follow-up and service integration with the community.



### CAPACITY BUILDING OF NURSE MENTORS

Delivering quality healthcare in a timely manner through this new cadre was once a great challenge. Therefore, to enhance the competencies of nurse mentors who are one of the pillars of quality health care services, a comprehensive and strategic capacity-building plan was prepared and presented. Under this plan, every nurse mentor had to undergo 12 days of training on three different training capsules of DAKSH, MENTORING METHODOLOGY in a package of 9 days (6+3 days) along with DAKSHATA for 3 days. The training capsule consisted of a mix of clinical components, quality improvement initiatives, and mentoring approaches.

### PROGRESS SO FAR

The new workforce of trained nurse mentors was equipped to make a major and enduring contribution to improve quality of care in maternal and child health service delivery. A radical transformation could be seen as a substantial shift in the detection and management of maternal and newborn complications at district hospitals and block-level facilities. The Nurse Mentoring program began in 2014, initially placed one Nurse Mentor in 150 blocks of 25 High Priority Districts, and scaled to 200 blocks by 2016. Currently, the program has been scaled up to all 820 blocks of 75 districts of Uttar Pradesh with the nominated nurse mentoring model. Over a duration of five years, the NMs have mentored over 2400+ Staff Nurses and 800+ ANMs in 25 HPDs, masking several centers, which include 26 District Women Hospitals.



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