



Training the Nurses on

MENTORING METHODOLOGY

THE RISING APPROACH

The Nurse Mentoring Program was designed to perform high-impact interventions and to augment the efforts of the government in reducing maternal, newborn, and child mortality. Strengthening the clinical competencies of staff nurses in the preparedness of the delivery points was the key objective of the program, which could only be achieved through continuous quality improvement processes. Therefore, a comprehensive competency-based plan was needed to enhance the capacity of the new cadre of nursing professionals. Hence, it was mandated that all nurse mentors receive Mentoring Methodology Training to sharpen their mentoring skills to build technical competencies of their counterparts at the health facilities. In addition to the clinical domain of care, UP-TSU introduced the Mentoring Methodology training which focused on quality improvement, and problem-solving skills.



MENTORING METHODOLOGY TRAINING - A PILLAR OF HEALTH CARE SYSTEM

As a backbone of the Nurse Mentoring Program, mentoring methodology training oriented the nurse mentors on the principles of mentoring, adult-learning practices, rapport building, their roles and responsibilities, documentation, record keeping, and other quality improvement initiatives including LaQshya. The duration of the training is three days, formulated in response to meeting the increased training demand across the state, the need to efficiently scale-up the program and effectively use available time and resources to create a cadre of skilled nurse mentors. It is envisaged that high quality capacity building activities will eventually aid the nurse mentors to comprehend their role in the landscape of facility strengthening.

THE TRAINING ADDRESSED THE FOLLOWING KEY MANDATES:



Orientation on the establishment of skill lab and its use for mentoring.



Briefing Nurse Mentors on their role in implementation framework based on LaQshya guideline including quality improvement cycles.

PROCESS OF CATALYZING THE HEALTH CARE SYSTEM



The training was held in classrooms or skill stations as per the need of the theory and practical sessions. The key focus was based on the principle of learning by doing. Audio-visual aids, presentations, videos, demonstrations, group discussions, group work, didactic teaching, role plays, and drills were primarily used as key methods to make the training vibrant and engaging.

The sessions included orienting the Nurse Mentors toward the concept, strategy, and implementation status of the nurse mentoring program, and their roles and responsibilities as per the Terms of Reference (ToR). There were discussions on quality of care initiatives, quality improvement (QI) strategy and tools, LaQshya, Quality circle (QC) meetings, and the role an NM plays as part of the QC circle.



Subsequently, soft skills like adult learning principles, the concept of low-hanging fruits, structured methodology of mentoring, team management, effective communication, and feedback techniques were also discussed. Nurse mentors were also oriented on Mini Skill Lab guidelines, its establishment and use for mentoring. Protocol of OSCEs, LaQshya guidelines including quality improvement cycles, and its implementation framework were also included on the agenda. Sessions on strengthening their documentation skills were focused on emphasizing accuracy in recording and reporting data from various labor room registers, NM register, Newborn Care Corner (NBCC) register and development of facility action plan. The orientation with referral management, case sheet filling and UPHMIS formats was also undertaken. Role plays, group work, and drills on LR/PNC/NBCC organization, QC meetings, and management of cases like PPH and eclampsia gave the nurse mentors hands-on experience.



Monitoring and evaluation framework including NM App, UPHMIS, etc.



Updating on practice of structured mentoring methodology, NQAS checklist, and development of a facility action plan.



Quality Documentation including recording and reporting of data from various labor room registers.





QUALITY VALUATION CONSIDERATIONS

The Pre and Post test conducted for this training helped the trainers to gauge knowledge and skill level prior to the training, informed training methodology and also helped assess overall improvement attained through the training module. Furthermore, this also helps in quality assessment of the teaching methods used.

SUCCESS AND WAY FORWARD

Over a period of five years, several NMs have been posted all across 75 districts and 820 blocks, and mentored designated Staff Nurses and ANMs covering all levels of facilities. Equipped with a robust attrition management system, the program is sustained by rapid nominations of NMs, to facilitate mentoring at vacant sites. To enable this, NMs are trained with Mentoring Methodology as soon as they are nominated. All NMs are well-versed in the nurse mentoring concept, methodology, quality improvement initiatives, hands-on skills and documentation. They are continuously implementing these learnings, while onsite mentoring their staff during mentoring cycles and OSCEs.



The UP-TSU Trainers will transfer training capacity and skills to the government and create a cadre of mentoring methodology trainers through Training of Trainers (ToT) in the near future for the transition and sustainability of the NM program. Mentoring Methodology has become a cornerstone in the landscape of nurse mentoring programs.



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