

Clinical Mentoring and Provider Support

FOR ABORTION-RELATED CARE



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Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

Ipas is a registered 501(c)(3) nonprofit organization. All contributions to Ipas are tax deductible to the full extent allowed by law.

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International Training & Education Center on HIV (I-Tech). (2008). *Basics of Clinical Mentoring: Facilitator Guide*. Retrieved from <http://www.go2itech.org/HTML/CM08/toolkit/training/index.html>

**The contents of this publication do not necessarily reflect the views and opinions of each individual contributor.*

About Ipas

Ipas is a global nongovernmental organization dedicated to ending preventable deaths and disabilities from unsafe abortion. Through local, national and global partnerships, Ipas works to ensure that women can obtain safe, respectful and comprehensive abortion care, including counseling and contraception to prevent future unintended pregnancies.

We believe that every woman has a right to safe reproductive health choices, including safe abortion care; that no woman should have to risk her life, her health, her fertility, her well-being or the well-being of her family because she lacks reproductive health care; and that women everywhere must have the opportunity to determine their futures, care for their families and manage their fertility.

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About this Training Manual

Description

The purpose of *Clinical Mentoring and Provider Support for Abortion-Related Care* is to

- Orient clinical mentors and Provider Support Team members to the clinical mentoring training program, broader abortion-related care program and health system in which clinical mentoring will occur
- Familiarize them with relevant abortion-related laws, standards, guidelines and protocols
- Outline their roles, responsibilities and areas for collaboration
- Develop their clinical mentoring skills

The intended audience for this training manual is clinical mentors of any cadre, other members of a clinical mentoring and provider support team, program managers and coordinators, technical advisors and others providing clinical and programmatic support to health-care providers offering abortion-related care. The clinical mentoring and provider support team is a group of professionals who are designated to provide individualized support to health-care providers offering abortion-related care to achieve and maintain clinical competence and provide high-quality care according to established standards.

This training manual includes content, activities and materials to improve participants' knowledge, attitudes and skills for clinical mentoring and provider support. The manual includes resources for further study or expansion of skills, depending on participants' needs. The content builds on participants' prerequisite knowledge, attitudes and skills in comprehensive abortion care, including postabortion care, which are listed below.

Clinical Mentoring and Provider Support for Abortion-Related Care is not meant to provide clinical guidance or training.

- Please see Ipas's *Clinical Updates for Reproductive Health* (www.ipas.org/clinicalupdates) for up-to-date, evidence-based clinical recommendations and protocols.
- For clinical training and service delivery guidance on abortion-related care, please refer to Ipas's *Woman-Centered, Comprehensive Abortion Care: Reference and Trainer's Manuals* (2nd ed.) and *Woman-Centered Postabortion Care: Reference Manual* (2nd ed.).

These and more resources can be located on Ipas's website at: www.ipas.org/en/Resources.aspx.

Participant prerequisites

Participants in a clinical mentoring and provider support training program should have undergone abortion values clarification and attitude transformation (VCAT) training and minimally be able to:

- Accurately describe abortion-related laws, policies and practices in their setting
- Demonstrate support for all women's—including young and unmarried women's—right to comprehensive abortion care
- Demonstrate respect for all women in an abortion-related care setting
- Describe the key components of woman-centered, comprehensive abortion care: choice, quality and access

and the importance of prioritizing each woman's needs

- Competently provide or support the provision of all elements of woman-centered, comprehensive abortion care, including postabortion care (as outlined in Ipas's *Woman-Centered, Comprehensive Abortion Care* curriculum)

Training objectives

Upon completion of *Clinical Mentoring and Provider Support for Abortion-Related Care*, participants should be able to:

- Describe the clinical mentoring training program, abortion-related care program and health system in which clinical mentoring will occur
- Discuss abortion data, laws, standards, guidelines and protocols
- Identify Provider Support Team members' roles and responsibilities
- Articulate how the Provider Support Team assists providers in achieving and maintaining desired performance
- Explain the benefits of and evidence on mentoring
- Describe the characteristics of an effective mentor
- Explain the importance of and techniques for building a relationship with a provider based on trust, mutual respect and an understanding of cultural differences
- Assist providers in setting clear goals for learning and improving abortion-related care
- Communicate effectively using various means, including active listening and feedback
- Provide tailored guidance and problem-solving to providers

Training Manual elements

Each module contains trainer instructions and materials, including a module handout for participants that provides a succinct summary of the most important content, and other materials such as activity handouts and worksheets. These can be copied and distributed together as a participant manual.

Each module contains the following elements:

Purpose: The aims of the module

Objectives: The knowledge, attitudes and skills that participants are expected to achieve by the end of each module

Materials: A list of the resources and supplies needed for each module

Materials that are needed for every module and not included in the list in each module:

- PowerPoint presentation slides
- LCD projector, laptop computer and screen
- Flipchart easel and paper
- Markers

Advance Preparations: The planning and actions trainers need to complete before the module session begins. “Label flipchart” means to write the question or title at the top of the flipchart.

Time: An estimate of how long it should take to complete the module. The actual times may vary based on a trainer’s individual style and speed, participants’ grasp of content, language differences, whether interpreting services are being used and other factors.

References are included at the end of Modules 3 and 4 and in the literature review.

Duration of training program

The duration of the training program is estimated to be two to three days, depending on the extent to which all modules are covered in their entirety. The workshop agenda should be tailored to meet participants’ learning objectives and programmatic needs.

Documentation, certification and legal requirements

Trainers are responsible for assessing, documenting and reporting participants’ performance according to their program requirements. A sample Certificate of Completion accompanies this training manual and can be tailored to the program.

Evaluation

Ipas recommends that trainers conduct an informal process evaluation at the end of each day to assess participants’ satisfaction with the topics and activities and inform any changes needed in the agenda for subsequent days. Trainers should also have participants complete a final, written evaluation at the end of the entire training to provide feedback for future training events and the clinical mentoring program. For sample evaluation forms, please see Ipas’s *Effective Training in Reproductive Health: Course Design and Delivery, Reference Manual* and *Trainer’s Manual*.

Accompanying materials and CD-ROM

- *Clinical Mentoring and Provider Support for Abortion-Related Care* PowerPoint presentation (on CD-ROM)
- Module handouts (at end of each module)
- Literature Review (on CD-ROM)
- Sample agenda (at end of manual)
- Sample certificate of completion (as a Word version on CD-ROM for editing)
- Sample tools and resources (at end of manual)

Companion CD-ROM

A companion CD-ROM includes resources that may be used to deliver and supplement the information and materials presented in *Clinical Mentoring and Provider Support for Abortion-Related Care*. The CD-ROM contains the following:

- *Clinical Mentoring and Provider Support for Abortion-Related Care* PowerPoint presentation

- Clinical mentoring and provider support literature review
- Clinical mentor quotes
- Sample certificate of completion

Additional, relevant resources for this training manual on the *Ipas Abortion-related training and service delivery curricula and other resources CD-ROM* include:

- *Effective Training in Reproductive Health: Course Design and Delivery, Reference Manual and Trainer's Manual* (2nd ed.), which offer detailed guidance on training design, planning and delivery.
- *Woman-Centered, Comprehensive Abortion Care: Reference Manual and Trainer's Manual* are for trainers who lead courses for health-care workers delivering all elements of woman-centered, comprehensive abortion care, including postabortion care. The manuals contain all of the instructions and materials needed to help participants develop the knowledge and skills necessary to provide high-quality, abortion-related care.
- *Woman-Centered Postabortion Care: Reference Manual* (2nd ed.) is designed to prepare health-care workers to provide high-quality PAC services. The manual covers all aspects of PAC, including the guiding principles of woman-centered care, counseling and contraceptive services, and performing uterine evacuation with the Ipas MVA Plus® and EasyGrip® cannulae.
- *Abortion Care for Young Women: A Training Toolkit* is designed to provide information and guidance on delivering and ensuring access to appropriate abortion care for young women.
- *Providers as Advocates for Safe Abortion Care: A Training Manual* aims to foster an advocacy perspective in health-care providers who are involved in delivering abortion-related care. The manual will help providers recognize their personal power as advocates and identify different circumstances and means to advocate for comprehensive abortion care.
- **Sustainable supply:** Ipas has developed a knowledge base, tools and guidelines regarding sustainable supply of MVA instruments, medical abortion medicines and contraceptives. Efforts are focused on increasing the availability of reproductive health supplies in health systems and sites, as well as strengthening public health supply systems.
 - Ipas. 2011. MA supply guidance calculator. <http://www.ipas.org/en/What-We-Do/Comprehensive-Abortion-Care/Elements-of-Comprehensive-Abortion-Care/Medical-Abortion--MA-/Medical-Abortion--MA--Supply-Guidance.aspx>
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 - Ipas. 2008. *MVA sustainable supply workbook*. <http://www.ipas.org/Resources/Ipas%20Publications/MVA-sustainable-supply-workbook.aspx>
 - Ipas. 2008. *Stocking facilities with MVA equipment according to caseload*. <http://www.ipas.org/Resources/Ipas%20Publications/Stocking-facilities-with-MVA-equipment-according-to-caseload.aspx>
 - John Snow, Inc. /DELIVER in collaboration with the World Health Organization. *Guidelines for the Storage of Essential Medicines and Other Health Commodities*. 2003. Arlington, Va.: John Snow, Inc. /DELIVER, for the U.S. Agency for International Development. http://deliver.jsi.com/dlvr_content/resources/allpubs/guidelines/GuidStorEsse_Pock.pdf
- *Ipas' Values Clarification and Attitude Transformation (VCAT) Toolkit* is a resource for trainers, program managers and technical advisors who organize or facilitate training events and advocacy workshops in the field of sexual and reproductive health. It provides experienced trainers with the background information, materials, instructions and tips necessary to effectively facilitate abortion VCAT interventions. It is highly recommended that all clinical mentors and Provider Support Team members undergo an abortion values clarification and attitude transformation workshop before being selected and trained.

- *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences* at <http://www.ipas.org/en/Resources/lpas%20Publications/Abortion-attitude-transformation--A-values-clarification-toolkit-for-global-audiences.aspx>
- *Abortion Attitude Transformation: Values Clarification Activities Adapted for Young Women* at <http://www.ipas.org/en/Resources/lpas%20Publications/Abortion-attitude-transformation--Values-clarification-activities-adapted-for-young-women.aspx>

Publications can also be downloaded at **[www.ipas.org/ Publications/Index.aspx](http://www.ipas.org/Publications/Index.aspx)** or by contacting **training@ipas.org**.

Pelvic models, Ipas MVA instruments and other reproductive health commodities required for skills practice can be ordered from WomanCare Global at customerservice@womancareglobal.org.

Ipas has additional training, service delivery and monitoring tools not included in this manual or in the CD-ROM. These materials include the following:

- Provider Baseline Report
- Provider Progress Report
- Site Logbook entry forms
- Site Baseline Report
- Site Progress Report
- Site Set Up Checklist

If you are interested in viewing and adapting these materials for use in your own programs, please contact training@ipas.org.

Ipas online clinical and service delivery resources

- *Clinical Updates in Reproductive Health* (www.ipas.org/clinicalupdates) is a series designed to provide the most up-to-date, evidence-based recommendations and clinical protocols.
- *Ipas University* (www.IpasU.org) offers free, online, on-demand courses for reproductive health professionals on safe abortion care and postabortion care. These courses can be used for self-guided learning or as the online component of a blended learning model. For the IpasUniversity course catalog, see www.ipas.org; to register and take courses, please go to www.IpasU.org.
- *Medical Abortion Matters* is a semiannual email newsletter featuring summaries of the latest medical abortion research, stories of innovative and inspiring efforts to improve women's access to medical abortion, interviews, questions and answers, and highlighted resources and organizations.
- *Service Delivery Matters* is a biannual email newsletter that shares technical news and updates – including training and service delivery strategies and tools, clinical recommendations, programmatic interventions and research results – for health-care providers, trainers, administrators, technical specialists and others who can positively influence how comprehensive abortion care is delivered.

To subscribe to Ipas newsletters, visit www.ipas.org/newsletters

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Module 1: Overview

Module 1: Overview

Purpose

The intended audience for this module is program managers and all members of the clinical mentoring and Provider Support Team providing support to health-care providers offering abortion-related care. The purpose of this module is to introduce the training, orient participants to the clinical mentoring training program and the broader program and health-care system in which clinical mentoring is a component, and familiarize them with relevant abortion laws, standards, guidelines and protocols.

Objectives

By the end of this module, participants will be able to:

- Describe the training goal, objectives and agenda
- Articulate their expectations for the training
- Identify facilitators' and participants' roles and responsibilities
- Agree to monitor themselves according to agreed-upon group norms
- State an intention to provide feedback on the training and facilitators
- Describe the clinical mentoring training program and broader program and health-system goals and objectives
- Discuss global and local abortion data
- Explain local abortion-related laws, standards, guidelines and protocols

Materials

- PowerPoint presentation slides
- LCD projector, laptop computer and screen
- Flipchart easel and paper
- Markers
- Labeled flipcharts: "Training Expectations," "Garden" and "Group Norms"
- Materials needed for icebreakers and energizers
- Participant handout on program, if any
- Participant handout: Module 1: Overview
- Participant handout: Local Clinical Standards, Guidelines and Protocols (To be prepared by training organizer)
- Participant handout: Laws Affecting the Provision of Abortion-related Care in [country] (To

be prepared by training organizer)

- Index cards

Advanced preparation

- Conduct pretraining assessment using established criteria and standards to select appropriate participants and determine participant needs.
- Tailor the training title, goal, objectives and agenda to meet program objectives, participant needs, time constraints and other considerations.
- Customize slides for your training: “Training Goal and Objectives,” “Training Agenda,” “Facilitator Roles,” “Participant Roles,” “Group Norms” and “Training Evaluation Methods.”
- Label flipcharts with “Training Expectations,” “Garden” and “Group Norms.” You may either list some sample group norms to start with or begin with a blank flipchart and allow participants to suggest all of them. Please see *Effective Training in Reproductive Health: Course Design and Delivery, Trainer’s Manual* for suggested group norms.
- Prepare icebreakers and energizers; please see *Effective Training in Reproductive Health: Course Design and Delivery, Reference Manual* or *Trainer’s Manual* for examples.
- Prepare the section and slides for your clinical mentoring training program and the broader program and health system of which clinical mentoring is a component. Possible content to include:
 - Program goals, objectives and key activities to which clinical mentoring and programmatic support team members will contribute
 - Geographic areas and types of interventions
 - Number and types of providers and facilities receiving training, clinical mentoring and other interventions
 - Number and type of services provided by these providers and facilities
 - Indicators of success and expected outcomes
 - Other relevant abortion-related care initiatives
- Prepare the sections, slides, and participant handout on global and local abortion data. Useful resources include:
 - WHO’s *Safe abortion: Technical and Policy Guidance for Health Systems*, 2nd edition: http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/index.html
 - Guttmacher Abortion Resources: <http://www.guttmacher.org/sections/abortion.php>
 - Guttmacher International Data Center: <http://www.guttmacher.org/idc/#>
- Prepare the section, slides, and participant handout on local abortion-related laws, standards, guidelines and protocols. Facilitators need to thoroughly familiarize themselves with local standards, guidelines and protocols. The following are useful resources:
 - Abortion Laws of the World is Harvard University’s bank of actual texts of abortion laws: <http://www.hsph.harvard.edu/population/abortion/abortionlaws.htm>

- The Center for Reproductive Rights' The World's Abortion Laws map: <http://worldabortionlaws.com/>
 - WHO's *Safe abortion: Technical and Policy Guidance for Health Systems*, 2nd edition: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf
 - The *Clinical Handbook for Safe Abortion Care*: http://www.who.int/reproductivehealth/publications/unsafe_abortion/clinical-practice-safe-abortion/en/
 - The Ipas Abortion Guidance Documents Archive is a searchable collection of government-issued documents on abortion-related service delivery and care: <http://www.ipas.org/en/What-We-Do/Comprehensive-Abortion-Care/Standards-and-Guidelines.aspx>
 - United Nations Population Division, *World Abortion Policies 2013*: http://www.un.org/en/development/desa/population/publications/pdf/policy/WorldAbortionPolicies2013/WorldAbortionPolicies2013_WallChart.pdf
 - Skuster, Patty. *When a Health Professional Refuses: Legal and regulatory limits on conscientious objection to provision of abortion care*: <http://www.ipas.org/~media/Files/Ipas%20Publications/CONOBJE12.ashx>
 - Skuster, Patty. *Access to Abortion for reasons of mental health*: <http://www.ipas.org/~media/Files/Ipas%20Publications/ABORMHE08.ashx>
- Facilitators may want to develop locally relevant case studies to help mentors practice guiding providers using the standards and guidelines.

Time: 2.5 hours

Facilitator instructions:

Note to Facilitator:

You must prepare slides and discussion points on these sections in advance:

- Clinical mentoring training program overview
- Global and local abortion data
- Local abortion-related laws, standards, guidelines and protocols

Training introduction

1. Welcome participants and introduce the training. Thank them for their attendance.
 - Introduce yourself and provide some information about your facilitation experience and background working with health-care providers in comprehensive abortion care and clinical mentoring.
 - Introduce the training.
 - Ask participants to introduce themselves by stating their names, where they work, their position or title, and any other relevant information.

Note to Facilitator:

Time permitting, you can lead an icebreaker activity that allows participants to introduce themselves and introduces the training topic in a more creative and participatory way. Please see Ipas's *Effective Training in Reproductive Health: Course Design and Delivery, Reference and Trainer's Manuals* for examples.

2. Introduce the training goal and objectives.

Goal: The goal of this clinical mentoring training program is to enhance the knowledge, attitudes and skills of personnel selected for clinical mentoring to prepare them to effectively guide providers to competently perform abortion-related care according to established performance expectations.

Objectives: By the end of this training, participants will be able to

- Describe the clinical mentoring training program and the broader program and health system of which clinical mentoring for comprehensive abortion care is a component
- Describe local abortion data, relevant laws, clinical standards, guidelines and protocols
- Explain clinical mentors' and Provider Support Team members' roles and responsibilities, including clinical and programmatic support
- Describe clinical mentoring, characteristics and skills of effective mentors
- Describe and correctly use clinical mentoring documentation and service delivery tools
- Describe the importance of establishing rapport, trust and self-awareness
- Demonstrate effective communication, clinical coaching and feedback skills

3. Post flipchart: *Training Expectations*

Solicit participants' expectations. Write the expectations exactly as they express them on the flipchart.

- Post this flipchart on the wall.
- Keep the flipchart up and review it at the end of each day and during the entire workshop to ensure that expectations were met or provisions made for follow-up.

4. Review the main items of the training agenda.

- Discuss which of the training expectations they just named are and are not likely to be met. Discuss possible changes that can be made to accommodate participants' expectations.
- For those that fall outside of the scope of the training, make a plan to provide additional resources or other means to meet participants' needs.

5. Post flipchart: *Garden* (sometimes called "Parking Lot")

Explain that the "garden" will be used to keep discussions on topic without losing important ideas that arise.

- When ideas arise that are not on topic or there isn't time to address at that moment, facilitators or participants "plant them in the garden" (write them on the flipchart).

They are set aside to be discussed later in the training.

- Facilitators will allocate time to periodically review the garden with participants. At that time, the group discusses whether they want to include the topic in the training and, if so, when they would like to address it. Facilitators will make changes to the agenda to include the topics participants have decided to address.
- Due to time constraints, facilitators may have to ask participants to choose one topic over another.

6. Show slide: *Facilitators' Roles*

Share expectations about your roles, including:

- Facilitate discussions and activities
- Provide information and feedback to participants
- Ask and answer questions
- Make sure the group stays on task and on time to attain objectives
- Model effective training techniques
- Maintain a productive learning environment
- Ensure the group follows group norms

Ask participants to share other roles that facilitators should play during the workshop and add them to the slide. Remind participants that you welcome feedback about your facilitation.

- Remind participants that you will not have answers to all the questions that arise. Emphasize that you will facilitate the group working together to find answers to most questions. Participants have valuable skills and experience to share and they will learn a lot from each other during the workshop.

7. Show slide: *Participants' Roles*

Share your expectations about their roles, including:

- Participate fully according to comfort levels
- Take responsibility to ensure personal learning goals are met
- Share knowledge and experiences with facilitators and other participants
- Give constructive feedback to facilitators and other participants
- Follow group norms

Ask participants to share other roles that they should play during the training and add them to the slide.

8. Show slide and post flipchart: *Group Norms*

Explain that group norms are mutually agreed upon and they serve to:

- Set guidelines for how the group will work together
- Create a safe, respectful and productive learning environment for everyone
- Enable tasks to be accomplished efficiently and objectives to be met

Read the norms you have listed as examples. Clarify any norms that participants don't understand and solicit norms to be added or removed from the list.

- Once participants have agreed on the list, ask them to raise their hands if they agree to maintain these norms each time they meet.
- Hang the flipchart on the wall where everyone can see it and explain that it will be posted throughout the training and participants should refer to it as needed. Reinforce that participants have agreed to monitor themselves and raise concerns when they believe participants are not abiding by the norms.

Note to Facilitator:

If at some point during the workshop you detect that a participant is not abiding by the group norms, you can stop the discussion or activity, ask participants to review the group norms, and remind them that everyone agreed in the beginning to abide by these norms.

9. Show slide: *Training Evaluation Methods*

Discuss how the training will be evaluated.

10. Review training logistics such as toilet locations, time and place of lunch and other breaks, hotel and financial arrangements.

Solicit and discuss any outstanding questions, comments or concerns with participants.

Clinical mentoring training program overview

11. Explain why it is important to provide an overview of clinical mentoring and the Provider Support Team.

- In the literature, mentors who receive an orientation or training report that they feel more confident providing mentoring (Aagaard, Teherani & Irby, 2004; Irby, Aagaard & Teherani, 2004; Jinks & Williams, 1994).
- More recent research demonstrates that mentors benefit from preparation and training in their role (Overkeem et al., 2012).

12. Show slides and explain your clinical mentoring training program.

13. Show slide: *Clinical Mentor*

A clinical mentor is an experienced clinician who provides individualized support to a provider as much and as often as needed, provides inputs to the provider and health system to make improvements in the quality of care delivered and determines when the provider is clinically competent and confident in providing services and meeting performance expectations.

14. Show slide: *Provider Support*

Discuss:

- Provider Support = Clinical mentoring + programmatic support
- Provider support ensures that the provider is:
 - Clinically competent
 - Clinically confident

- Serving women and providing services according to established standards of care
- Documenting service delivery and adverse events appropriately

15. Show slide: *Clinical Mentoring and Provider Support Team*

Explain:

- A small group of professionals providing individualized support to health-care providers offering abortion-related care to achieve and maintain clinical competence and provide high-quality care according to established standards.
16. Show slides and explain the broader program and health system of which clinical mentoring for comprehensive abortion care is a component.
17. Explain any other relevant abortion-related care initiatives.

Global and local abortion data

18. Show slides and discuss global and local abortion data.
19. Discuss the importance of integrating comprehensive abortion care, which includes postabortion care, into health systems' services to eliminate inhumane deaths and injuries from complications related to unsafe abortions.
20. Refer participants to WHO guidance and other data sources.

Local abortion-related laws, standards, guidelines and protocols

21. Show and discuss slides on local laws that have a direct impact on clinical mentors, providers and facilities involved with the provision of abortion-related care.
22. Provide a handout with the full text of the relevant sections of the local law or laws governing provision of abortion-related care.

Highlight key points on the slides and in the discussion, such as:

- Indications for a woman to receive a legal abortion (for example, to preserve a woman's life or health, or when the pregnancy is a result of rape)
- Authorized providers and requirements for providers and facilities (if specified)
- Gestational age, if specified
- Any reporting and documentation required by law
- Any other specifications or requirements

23. Show slide: *Laws on Abortion-related Care — Special Considerations*

Discuss any mention in the law about the provision of abortion to certain women, such as young women, unmarried women, survivors of rape or other violence, women living with HIV, women with cognitive or developmental disabilities or mental illness, and any other categories of women singled out in the law. There may not be specific language on this in the law.

24. Show slide: *Standards and Guidelines for Abortion-related Care*

Discuss the following points:

- Definitions of and distinctions between laws, standards, guidelines and protocols.
- The Ministry of Health or other institution that regulates health services for the country sets the standard of care and outline how and by whom services are to be delivered in the health system.
- Health-system administrators, managers and providers must follow these guidelines in carrying out health services. Clinical standards and guidelines are used by health-system officials and staff for planning, training, supervision, monitoring and evaluation.
- Standards and guidelines articulate the responsibilities of different cadres of providers and the level of facilities in abortion service delivery. Discuss how different uterine evacuation services are provided with recommended technologies — in particular, manual vacuum aspiration (MVA) and medical methods.
- Provision of and access to care for women, including young women, are outlined. Providers should know how policies address young women.
- Standards and guidelines can interpret laws in such a way to increase access to care for all women, including young women.
- Protocols are the detailed steps and regimens to be followed in client treatment. Protocols usually need to be updated regularly based on current medical evidence and are not recommended to be included in standards and guidelines documents.
- Clinical mentors need to be familiar with the clinical and nonclinical aspects of applicable laws, standards and guidelines to guide providers correctly.

25. Provide a handout with the full text of relevant standards and guidelines and other relevant implementation documents.

Highlight key points: anything with serious consequences for providers or women, and explanations of the least restrictive interpretation of the law.

26. Explain:

- The circumstances under which a woman can receive a legally permitted abortion, as outlined in the standards and guidelines (the “when”)
- Authorized cadres of providers, and requirements for providers and facilities (the “where” and “by whom”)
- Any specifications on uterine evacuation methods or other clinical details (the “what” and “how”)
- Any specific reporting and documentation required

27. Show slide: *Service Delivery and Clinical Considerations in Standards and Guidelines*

Point out any service delivery and clinical details that are particularly important for mentors to reinforce with providers.

- Clinical mentors must be familiar with these details and ensure that providers are performing according to standards and guidelines.
- Performance assessment checklists and other tools may require modifications to match local standards and guidelines.

28. In a large group, ask participants to name any aspects of the laws and standards and guidelines that they were unfamiliar with before this review. Ask them how this new information will affect the way they mentor providers in delivering abortion-related care.
29. Ask participants to discuss — in a large group or smaller groups — what aspects of the laws and standards and guidelines:

- Will have the most impact on service provision
- Will have the most impact on clinical mentoring

Also ask them to discuss how they can ensure the providers they mentor know and follow the laws and standards and guidelines without making them overly cautious and afraid to provide care.

30. As a review, ask participants to put away their handouts and other materials and describe key points about abortion laws, standards, guidelines and protocols. Write what they say on a flipchart. When you are finished, review the correct information. Ensure they are able to accurately reflect how these laws, standards, guidelines and protocols should guide providers' delivery of abortion-related care.
31. Distribute the participant handout. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and transition to the next section of the training.

Module 1: Participant materials

Participant Handout

Module 1: Overview

Clinical mentoring training program overview

The goal is to ensure that the provider is:

- Clinically competent
- Clinically confident
- Serving women and providing services according to standards of care
- Documenting service delivery and adverse events appropriately

Clinical mentoring + Programmatic support = Provider support

The Clinical Mentoring and Provider Support Team is a small group of professionals who are available to provide ongoing individual support to health-care providers offering abortion-related care during and following training so that they may achieve and maintain clinical competence, provide high-quality care according to established standards and improve services at the provider's facility.

Global and local abortion-related laws, standards, guidelines and protocols

- Laws, standards, guidelines and protocols may be developed at the national or local level.
- Clinical standards, guidelines and protocols are systematically developed statements which assist providers in delivering appropriate care.
 - The provision of abortion care is governed by national or sometimes local laws and policies.
 - Standards and guidelines provide general guidance for implementing abortion laws and policies.
 - Clinical protocols are specific step-by-step procedures for health-care personnel on how to provide services.
 - Clinical mentors need to be familiar with the clinical and nonclinical aspects of applicable laws, standards, guidelines and clinical protocols, in order to guide providers correctly.



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Module 2: Clinical Mentors and Provider Support Team

Module 2: Clinical Mentors and Provider Support Team

Purpose

The intended audience for this module is clinical mentors, program managers and any other people who could serve on a team that provides support to health-care providers offering abortion-related care. The purpose of this module is to identify potential members of a Provider Support Team, outline their roles and responsibilities, and help them work collaboratively to offer providers clinical and programmatic assistance to put their training into practice and achieve and maintain desired performance.

Objectives

By the end of this session, participants will be able to:

- Identify the members of a Provider Support Team and their roles and responsibilities
- Articulate how the Provider Support Team works collaboratively to support providers in achieving and maintaining desired performance

Materials

- PowerPoint slides
- LCD projector, laptop computer and screen
- Participant handout: Provider Support Team Members — Possible Roles
- Participant handout: Considerations for Programmatic Support activity
- Participant handouts: The Five Whys, Fishbone Diagram and the Problem Tree
- Flipchart easel and paper
- Markers

Advance preparation

- Have local staff determine in advance the relative priority in their setting of the issues in the “Considerations for Programmatic Support” activity and substitute any issues that are more of a barrier to service provision.
- Review protocols and tools for improving provider and facility performance and tailor them to your program needs.

Time: 2 hours

Note to Facilitator:

The “Considerations for Programmatic Support” activity should take 30 minutes. It will take more time if there are several groups or if groups discuss more than one issue each.

Facilitator instructions:

Module introduction

1. Show slide: *Module Purpose*

Discuss:

The purpose of this module is to identify members of a Provider Support Team, outline their roles and responsibilities, and help them work collaboratively to offer providers clinical and programmatic assistance to put their training into practice and achieve and maintain desired performance.

Say: *Clinical mentoring will be covered in greater depth in later modules.*

2. Show slide: *Module Objectives*

Discuss:

By the end of this session, participants will be able to:

- Identify the members of a Provider Support Team and their roles and responsibilities
- Articulate how the Provider Support Team works collaboratively to support providers in achieving and maintaining desired performance

Provider Support Team

3. Show slide: *Provider Support Team*

Discuss:

- Offers newly trained providers and facilities a full range of clinical and programmatic support to achieve and maintain performance expectations
- Is comprised of people who are positioned to provide support to providers of abortion-related care
- Are knowledgeable about evidence-based clinical practices, performance expectations, and indicators of success

4. Show slide: *Importance of Provider Support Team*

Discuss:

- Providers do not work in isolation.
- A highly-functioning support team bolsters providers’ confidence and competence to provide high-quality care.
- Support team creates an enabling environment for desired provider and facility performance.
- More people are responsible for ensuring evidence-based practices and high-quality services.

5. Show slide: *Provider Support Team Members*

- May include:
 - Clinical mentor
 - On-site supervisor
 - Facility manager
 - Program coordinator
 - Other health-system or technical-assistance agency staff or consultant
 - Facility, district or regional focal person
 - Community advisory committee
- Unique to each health system and program

6. Show slide: *Provider Support Team Roles*

Discuss:

- Defined by health-system staff, program managers and the team
- Should be clearly outlined
- All team members' contributions should be recognized

Discuss the following in more depth:

- The exact members of the Provider Support Team, their positions, titles, affiliations and roles are unique to each health system and program.
- Additional members and roles may be added and roles changed as the program evolves.
- Roles and responsibilities should be clearly discussed and delineated among team members.
- The entire team should be recognized for their contributions to provider and facility performance, including service delivery results.

7. Distribute and discuss handout and accompanying slides: *Provider Support Team Members — Possible Roles*

8. Show slide: *Clinical Mentor*

Discuss:

- Health-system staff or independent consultant
- Communicates regularly and collaborates closely with on-site supervisor or facility manager to ensure provider has support needed to achieve and maintain desired performance.
- On-site or off-site
- Experienced physician or other provider cadre; may also be clinical trainer
- Provides individualized clinical support
- Provides programmatic support when possible or alerts appropriate Provider Support

Team member

9. Show slides: *On-site Supervisor or Facility Manager*

Discuss:

Communicates regularly and collaborates closely with clinical mentor to ensure provider has support needed to achieve and maintain desired performance

- Provides on-site, continuous programmatic support and oversight
- Provides clinical support, depending on clinical competence; may be designated as clinical mentor
- Ensures compliance with health policies, standards, guidelines and protocols
- Assists in resolving infrastructural, supply and equipment problems
- Uses performance results to implement service delivery changes for quality improvement

10. Show slides: *Provider Support Team Members — Program Coordinator*

Discuss:

- Health-system or technical-assistance agency staff or consultant
- Off-site
- Oversees implementation of clinical mentoring and programmatic support, ensures compliance with program goals and strategies
- Provides technical assistance, tools and resources
- Provides back-up programmatic support as needed
- Ensures appropriate documentation by providers and facilities and data feedback loops
- Clarifies team member roles as needed
- Facilitates communication among team members
- Helps resolve conflicts among providers
- Supports team members

11. Show slides: *Other Health-system or Technical-assistance Agency Staff or Consultant*

Discuss:

- Off-site
- Oversees the training, mentoring and service delivery program
- Ensures that programmatic strategies are being implemented and documented according to standard operating procedures
- Supports program coordinator
- Provides back-up programmatic support as needed

12. Show slide: *Facility, District or Regional Focal Person*

Discuss:

- On-site or off-site
- Ensures consistency with program goals and strategies

13. Show slide: *Community Advisory Committee*

Discuss:

- Involves community in defining and assessing provider and facility performance and quality of care
- Advocates for community needs and priorities
- Ensures compliance with health policies

Clinical mentors

14. Show slide: *Clinical Mentor Responsibilities*

- Assist
- Identify
- Inform
- Engage
- Document
- Follow up
- Discuss clinical mentors' responsibilities:
 - Assisting providers in achieving and maintaining competence and resolving clinical issues
 - Providing clinical support as much and as often as needed to ensure desired provider performance
 - Prioritizing and addressing issues that prevent abortion care from being provided at all, then giving attention to issues that affect quality of care
 - Focusing on issues the provider can actually resolve within his/her responsibilities and that are direct obstacles to service provision, rather than issues completely outside their sphere of influence that don't impact service delivery
- Identifying necessary clinical and programmatic support needs and providing assistance when the clinical mentor has the knowledge and skills to do so
- Informing the Provider Support Team of programmatic needs so that others on the team may assist when the clinical mentor is unable to provide complete support
- Engaging providers and other members of the facility's staff in analyzing and solving their own problems, rather than offering solutions, thereby strengthening their capacity to resolve their own problems
- Documenting inputs, needs, communications and follow-up on the appropriate forms
- Reviewing documentation of prior inputs and following up on past problem areas to ensure problems have been resolved

Please see subsequent modules for further discussion of clinical mentors' qualities, responsibilities and skills.

15. Clinical mentoring considerations

- It is important to ensure that mentors themselves have adequate management support. In one recent study, the authors reported that mentors need support to develop mentoring skills but also in managing a mentee that is struggling (McLaren, Patel, Trafford & Ahluwalia, 2013).
- It can be helpful to include provider mentoring responsibilities in mentors' job descriptions to ensure they have dedicated time to provide mentoring.
- It can be challenging to retain an adequate number of clinical mentors to support the number of newly trained providers. Programs should have an ongoing process of identifying and developing new mentors.
- Program managers should be mindful of appropriate mentor/provider ratios to prevent overburdening mentors and reducing their effectiveness.

Programmatic support

16. Show slide: *Programmatic Support*

High-quality services are bolstered by well-functioning systems:

- Logistics
- Management
- Administrative
- Community outreach and referral

17. Discuss the following:

- Like clinical mentoring, programmatic support should be provided as much and as often as needed to ensure provider and facility performance.

18. Show slide and ask a participant to read it:

"[The most challenging issues in mentoring providers in our setting are] difficulties due to insufficient materials, replacement of medicine ... follow-up in the upper level and coordination with referral sites for complication management." —Clinical mentor, Nepal

Ask: *What does this clinical mentor's quote tell us about some of the main challenges faced by providers and mentors?*

Participants should discuss the range of programmatic challenges providers and mentors face in addition to clinical issues.

Say: *The programmatic challenges may be greater than the strictly clinical ones.*

19. Ask participants to brainstorm about the kinds of problems faced by providers that require programmatic support. List their responses on a flipchart.

Possible responses include:

- Stockouts of commodities
- Lack of support from managers

- Building, room and other infrastructure problems
- Patient flow, service organization issues
- How complications and serious adverse events are handled

Steps to address programmatic issues

20. Ask one or two participants to share steps they took in the past to help a provider address a programmatic issue.
21. Show slide: *Steps to Address Programmatic Issues*

Together with provider and relevant facility staff if appropriate:

1. Identify problem.
2. Assess problem.
3. Check documentation.
4. Determine decisionmakers for that problem.
5. Discuss and determine solution with decisionmakers.
6. Implement the solution.
7. Inform other team members if needed.
8. Follow up and determine if further action is needed.
9. Implement any further actions required.
10. Follow up and determine if further action is again needed.
11. Document inputs and outcomes.

Discuss the following:

- The basic steps taken by a clinical mentor or other members of the Provider Support Team to address programmatic issues are:
 - Together with provider and relevant facility staff:
 1. Identify the problem.
 2. Assess the problem, using root-causes analysis if needed, and determine whether this is a one-time event or ongoing problem.
 3. Check the documentation from previous contacts to determine if it is a new or ongoing problem and what has been done thus far to resolve the problem. Also check that appropriate documentation has been completed, particularly for supply or resource issues or serious adverse events.
 4. Determine who has decisionmaking authority over that problem. If the facility staff does not have the power to resolve the issue, identify who does and contact them.
 5. Discuss the issue and solutions with decisionmakers.
 6. Have the provider and other staff implement the solution. If the issue cannot be resolved by the provider in their facility, and service delivery can continue, consider how to work around it as effectively as possible.

7. Inform team members through the appropriate processes and forms.
 8. Follow up with the provider to determine whether the problem has been resolved. If not, determine what further action is needed.
 9. Implement any further actions.
 10. Follow up and determine whether further action is again needed.
 11. Document all inputs and outcomes, if appropriate to the program's systems.
- Relate the steps listed on the slide to the steps participants said they took in the past to help a provider address a programmatic issue.
 - Different situations require different strategies and may require different levels of attention, resources, creativity and support from the team.
 - Team members will want to coach providers on how to address programmatic issues so the provider can learn how to assess and resolve problems themselves in the future.

Problem-solving steps

22. Show slide: *Problem-solving Steps*

1. Identify the problem.
2. Analyze problem, especially root causes.
3. Identify possible solutions and what's been tried before.
4. Select best solutions.
5. Evaluate solutions.
6. Develop action plan with sequential steps.
7. Implement solution and monitor effectiveness.

Discuss the following:

- Identify the problem.
- Analyze the problem. A root-cause analysis can help ensure the provider has a thorough understanding of the problem. Three simple and effective tools — the Five Whys, the Fishbone Diagram and the Problem Tree — will be described next.
- Identify possible solutions: This can be done in a brainstorming session or the provider can ask others doing similar work for possible solutions.
- Select solutions that meet criteria you have established.
- Determine which of the solutions best meet those criteria, have the most advantages and fewest disadvantages.
- Divide the solution into sequential tasks and determine who needs to do those tasks and what resources are necessary. Develop a back-up plan if it takes longer to implement the solution than expected.
- As the solution is implemented, monitor its effectiveness. If the solution is unsuccessful in solving the problem, carefully re-analyze the problem to check that the root cause has been properly identified.

23. Show slide: *Problem-solving Tools*

- The Five Whys
- Fishbone Diagram
- Problem Tree

24. Show slide: *The Five Whys*

Discuss the following:

- By repeatedly asking the question “Why?” (five times, on average), we can peel away the layers of a problem, just like the layers of an onion, which can lead us to the root cause of a problem.
- We need to avoid assumptions and logic traps (errors in our thinking) that can lead us astray and, instead, continue to drill down to the real root causes.
- Steps to use the Five Whys:
 1. Write down the specific problem. Writing it down helps you formalize the problem and describe it accurately. It also helps a team focus on the same problem.
 2. Use brainstorming to consider why the problem might be occurring. Some basic rules of brainstorming include:
 - All ideas are acceptable; judgment is ruled out until the process is complete.
 - Freewheeling is welcome: the wilder the better. Humor triggers the right brain and helps get original ideas flowing.
 - Quantity counts at this stage, not quality.
 - Each person should build on the ideas put forward by others.
 - Every person and every idea has equal worth.
 3. Review the brainstormed reasons; select the most likely one and write it down.
 4. If this doesn’t identify the root cause of the problem, ask “Why?” again and write that answer down.
 5. Continue to ask and answer “Why?” until the team agrees that they have identified the problem’s root cause. This may take less or more than five “Whys.”

25. Show slide: *Fishbone Diagram*

26. Discuss the following:

- Write the problem in a box on the right-hand side of the page.
- Draw a horizontal line to the left of the problem.
- Decide on the categories of causes for the problem. Useful categories of causes in a classic Fishbone Diagram include People, Processes, Equipment and Materials, Environment, and Management. Another way to think of categories is in terms of causes at each major step in the process.
- Draw diagonal lines above and below the horizontal line (these are the “fishbones”), and label with the categories you have chosen.
- Generate a list of causes for each category.

- List the causes on each fishbone, drawing branch bones to show relationships among the causes.
- Develop the causes by asking “Why?” until you have reached a useful level of detail — that is, when the cause is specific enough to be able to test a solution and determine if it resolves the problem.

27. Show slide: *Problem Tree*

Discuss the following:

- Problem Tree analysis is best carried out in a small focus group of about six to eight people using flipchart paper or an overhead transparency.
- The first step is to discuss and agree on the problem or issue to be analyzed. Do not worry if it seems like a broad topic because the Problem Tree will help break it down. The problem or issue is written in the center of the flipchart and becomes the trunk of the tree.
- Next, the group identifies the causes of the problem — these become the roots — and then identifies the consequences, which become the branches. These causes and consequences can be created on Post-it notes or cards, perhaps individually or in pairs, so that they can be arranged in a cause-and-effect logic.
- The heart of the exercise is the discussion, debate and dialogue that are generated as factors are arranged and re-arranged, which often form sub-dividing roots and branches. Take time to allow people to explain their feelings and reasoning, and record related ideas and points that come up on separate flipchart paper, under titles such as “Solutions,” “Concerns” and “Decisions”.

28. Lead participants in activity: *Considerations for Programmatic Support*

- Divide participants into groups of three to four and ask them to look at the issues in the Considerations for Programmatic Support handout. Have each group select one to two issues to discuss, depending on the amount of time available. They should select problems that are most similar to pressing concerns in their setting.
- Have each group use one of the problem-solving tools (Fishbone Diagram, the Five Whys or Problem Tree) to discuss and analyze the issue. Drawing on their knowledge of the health system, have them answer the following questions for each problem selected:
1. What are possible root causes of this problem?
 2. What solution(s) might you propose?
 3. What additional information do you need to better understand the problem and potential solutions?
 4. Who are the likely decisionmakers for this issue?
 5. Who on the Provider Support Team needs to be involved in identifying and understanding the problem and formulating solutions?
 6. Does this issue actually impede service delivery or access? Or is it a quality-of-care issue? Based on this, does this issue need to be addressed immediately, or can it be addressed in the longer term?
 - Priority should be given to handling issues that prevent abortion care from being provided at all, then attention given to issues that affect quality of care.

- Have each small group present their problems and solutions to the full group.
- After each group has presented their issues and solutions, ask the full group if they have additional solutions.
- As each group presents their assessment of the issue's priority level, ask the full group if they agree with their assessment.

Serious adverse events

Now we will discuss serious adverse events.

29. Show slide: *Serious Adverse Events*

- Rare, and require special attention
- Goal is to support, learn, improve and prevent — not blame

Discuss the following:

- Serious adverse events (SAEs) are rare and require special attention.
- SAEs present opportunities to learn from challenges and improve patient care and safety.
- SAEs should be approached from a “no-blame” perspective, or a “just culture” approach that addresses underlying health-system root causes that contribute to health outcomes such as SAEs.
- Once the woman and her family are cared for, the provider needs care too. The provider has likely had a bad experience. We can assume they feel terrible. The clinical mentor and other Provider Support Team members should talk to the provider and offer to take them somewhere to relax and talk.
- The provider is likely to need support and reassurance after an SAE. The clinical mentor and team should be in close contact and available to address concerns.
- The SAE should be documented using all applicable processes and forms, and discussed to prevent the same problem from occurring in subsequent procedures.
- If the facility's staff holds an internal discussion of the event, the clinical mentor should try to attend to support the provider.
- Many programs and health systems have established provider networks to offer professional development and support. This network might include an email listserv, phone tree, online group chats and in-person meetings. The mentor can encourage the provider to turn to the network for support following an SAE.
- If reckless negligence has occurred, such as the provider being impaired while providing services, then the facility's appropriate disciplinary measures should be taken.
- SAEs will be discussed throughout the clinical mentor training.

Documentation and reporting

30. Show slide: *Documenting Support Inputs and Progress on Performance Expectations*

- To document progress, useful forms may include:
 - Mentor-provider agreement

- Provider progress report
- Facility logbook
- Facility progress report may be useful

31. Discuss the following:

- A mentor-provider agreement can be negotiated (on behalf of the Provider Support Team) at the end of training. It should include expectations about the mentoring relationship, provider's performance and how progress will be measured.
- A provider progress report form can be used to collect information on the support offered to the provider and the provider's progress in meeting expected performance measures. If such a form is being used:
 - This form should be filled out each time a team member has contact with the provider.
 - Team members should review previous progress reports before each contact with the provider to become knowledgeable about previous problems and their status, and follow up any unresolved issues.
- A facility logbook template can be used to collect logbook data if there is no duplicate sheet available. This data can be used to verify the numbers obtained from the provider.
- A facility progress report can record information about abortion services, relevant supplies, recordkeeping, quality improvement efforts and community outreach, and could be filled out quarterly or more frequently.

32. Show slide: *Tools for Programmatic Support*

- Facility setup
- Manual vacuum aspiration (MVA) calculator
- Medical abortion (MA) calculator
- MVA initial supply and resupply chart

33. Discuss the following:

- Ideally, the facility will be set up for abortion-related service provision before the provider's clinical training.
- The team should be familiar with the minimum required equipment and supplies, and note if they are missing, inadequate or nonfunctioning. Any missing items should be brought to the attention of the facility manager and relevant program staff. The team should make contact shortly afterward to ensure that adequate numbers of these items are in place and functioning.
- MVA and MA calculators, as well as the MVA initial supply and resupply chart, can be used to estimate instrument and medication needs. In order to be approved for training, the facility will have had sufficient MA and MVA, but the team will need to check periodically and help the provider work with the person in charge of ordering supplies.

34. Show slide: *Clinical Mentoring Forms and Tools*

- Serious Adverse Event form

- Service delivery checklists

Discuss the following:

- If a serious adverse event occurs, team members should encourage and, when appropriate, facilitate debriefing to understand what transpired, ideally leading to a full analysis of the causes, factors and system weaknesses that contributed to the adverse event. If SAEs are documented, the purpose can be to learn from errors to prevent them in the future, rather than to assign blame.
- Service delivery skills checklists are to be used by the clinical mentor during observation of all aspects of the provider's delivery of services. They are a tool to help the clinical mentor identify areas that are going well or that need improvement. Concerns noted in the checklists should be discussed with the provider, along with possible solutions, and then followed up during the next contact.
- In the sample checklists provided, the overview checklist is the Abortion Care Clinical Skills Evaluation checklist. It can be used to determine whether more detailed monitoring is needed in a particular area. The clinical mentor can use any combination of the following checklists as needed, which are:
 - Counseling Skills Checklist
 - Infection Prevention Skills Checklist
 - Clinical Assessment Skills Checklist
 - Instrument Processing Skills Checklist
 - Uterine Evacuation Procedure with Ipas MVA Plus Aspirator Skills Checklist
 - Post-Procedure Care Skills Checklist
 - Follow-Up Care Skills Checklist
 - Medical Abortion Skills Checklist 1: Mifepristone and Misoprostol Regimen
 - Medical Abortion Skills Checklist 2: Misoprostol-only Regimen
 - Complications Management Skills Checklist

35. Show slide: *Monitoring Success of Mentoring*

Mentoring teams' overall performance should be assessed by:

- Soliciting input from mentors and providers currently being mentored
- Soliciting input from those who have graduated from intensive mentoring
- Review of providers' performance

Problems that arise along the way should be brought to the attention of the team and be dealt with as quickly as possible.

Periodically, a more formal evaluation of the mentoring program is recommended.

36. Distribute the participant handout(s).

Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and transition to the next section of the training.

Module 2: Participant materials

Participant Handout

Module 2: Clinical Mentors and Provider Support Team

Roles and responsibilities of Provider Support Team (PST) members

- Identify
- Document
- Assist
- Inform
- Follow up
- The exact members of the Provider Support Team, their positions, titles, affiliations and roles are unique to each health-care system and program.

Possible clinical mentor responsibilities:

- Assisting provider in resolving clinical issues
- Providing clinical technical support
- Prioritizing and addressing issues that prevent abortion care from being provided at all, then attention given to issues that affect quality of care
- Identifying necessary programmatic support needs and providing assistance when the clinical mentor has the knowledge and skills to do so
- Informing the Provider Support Team of programmatic needs so that others on the team may assist when the clinical mentor is unable to provide the programmatic support
- Engaging providers and other facility staff in problem solving rather than simply offering solutions, which will strengthen their capacity to troubleshoot
- Focusing on issues the provider can possibly resolve within his/her responsibilities and that are direct obstacles to service provision, rather than issues completely outside their sphere of influence
- Documenting needs, inputs, communications and follow-up on the appropriate forms
- Examining earlier documentation of issues and inputs by the clinical mentor and Provider Support Team before a facility visit, in order to check whether past issues have been fully resolved

Programmatic support

INTRODUCTION

- Providers may be competent and confident in providing abortion-related care, but lack essential support in their service delivery environment. High-quality services require well-functioning systems:
 - Logistical
 - Management
 - Administrative

- Community referral and outreach
- Programmatic support can include assistance in:
 - Sustainable supply of abortion technologies and commodities
 - Other supply issues
 - Managerial support
 - Infrastructure improvements
 - Patient flow; service reorganization
 - Facilitative supervision
 - COPE for comprehensive abortion-related care
 - Serious adverse events/complications monitoring

STEPS TO ADDRESS PROGRAMMATIC ISSUES

1. Identify problem
2. Assess problem, including whether acute or chronic
3. Check documentation from health system's previous Provider Support Team contacts to determine if it's a new or ongoing problem
4. Determine decisionmakers
5. Discuss and set course of action with decisionmakers
6. Inform team if needed
7. Follow up
8. Implement or work around
9. Document outcomes
 - Different situations require different strategies and may require different combinations of attention, resources, creativity and support from multiple stakeholders.
 - Take programmatic support actions with the provider, so the provider can learn how to approach problems and take those steps themselves in the future. Not all steps are appropriate for all issues.
 - Team members may be consulted earlier in the process if the clinical mentor and provider are not sure how to proceed. Team members may have detailed knowledge of systems and processes, or have personal contacts that can assist with resolution.
 - Not all issues can be resolved by the team, especially those beyond the scope of one facility.

PROBLEM-SOLVING STEPS

1. Define and identify problem
2. Analyze problem
3. Identify possible solutions

4. Select best solutions
5. Evaluate solutions
6. Develop action plan
7. Implement solution
 - This will usually be straightforward.
 - To analyze the problem, there are some simple tools, such as the Five Whys and the Fishbone Diagram, which can be found in the participant reference guide.
 - This can be through brainstorming, or you can ask others for possible solutions, or any process that works for the clinical mentor and provider.
 - Set some criteria and select all the solutions that meet those criteria.
 - Using the same criteria, determine which of the top solutions BEST meet those criteria, and have the most advantages and fewest disadvantages.
 - Divide the solution into sequential tasks and determine who needs to do those tasks and what resources are necessary. Develop a back-up plan if it takes longer to implement the solution than expected.
 - As the solution is implemented, monitor effectiveness. If the solution is unsuccessful in solving the problem, carefully re-analyze the problem to check that the root cause has been properly identified.

Provider Support Team members – possible roles

Provider Support Team members	Possible roles
Clinical mentor (health-system staff or independent consultant)	<ul style="list-style-type: none"> • Experienced physician or other provider cadre; may also be clinical trainer • On- or off-site • Provides individualized clinical support • Provides programmatic support when possible or alerts appropriate Provider Support Team member • Communicates regularly and collaborates closely with on-site supervisor or facility manager to ensure provider has support needed to achieve and maintain desired performance
On-site supervisor or facility manager	<ul style="list-style-type: none"> • Provides on-site, continuous programmatic support and oversight • Provides clinical support, depending on clinical competence; may be designated as clinical mentor • Ensures compliance with health policies, standards, guidelines and protocols • Assists in resolving infrastructural, supply and equipment problems • Uses performance results to implement service delivery changes for quality improvement • Communicates regularly and collaborates closely with clinical mentor to ensure provider has support needed to achieve and maintain desired performance
Program coordinator (health-system or technical-assistance agency staff or consultant)	<ul style="list-style-type: none"> • Off-site • Oversees implementation of clinical mentoring and programmatic support; ensures compliance with program goals and strategies • Provides technical assistance, tools and resources • Provides back-up programmatic support as needed • Ensures appropriate documentation by providers and facilities and data feedback loops • Clarifies team member roles as needed • Facilitates communication among team members • Helps resolve conflicts among providers and support team members
Other health-system or technical-assistance agency staff or consultant	<ul style="list-style-type: none"> • Off-site • Oversees the training, mentoring and service delivery program • Ensures that programmatic strategies are being implemented and documented according to standard operating procedures • Supports program coordinator • Provides back-up programmatic support as needed
Facility, district or regional focal person	<ul style="list-style-type: none"> • On- or off-site • Ensures consistency with program goals and strategies
Community advisory committee	<ul style="list-style-type: none"> • Involves community in defining and assessing provider and facility performance and quality of care • Advocates for community needs and priorities • Ensures compliance with health policies

Considerations for Programmatic Support

INSTRUCTIONS

In pairs or small groups, select a programmatic support issue that is similar to a pressing concern in your setting and discuss the following questions, using the problem-solving tools: Fishbone Diagram, the Five Whys or Problem Tree. Identify a recorder to complete the accompanying worksheet:

- What are possible root causes of this problem?
- What solution(s) might you propose?
- What additional information do you need to better understand the problem and potential solutions?
- Who are the likely decisionmakers for this issue?
- Who on the Provider Support Team needs to be involved in identifying and understanding the problem and formulating solutions?
- Does this issue actually impede service delivery or access? Or is it a quality-of-care issue? Based on this, does this issue need to be addressed immediately or can it be addressed in the longer term?

1. **Staff shortage**

The facility's main abortion service provider is out with a long-term illness and the remaining providers are feeling overwhelmed and unable to fulfill all women's requests for abortion services.

2. **Provider transferred**

A provider has been transferred to another department in the same facility and their new supervisor does not think it is appropriate for them to provide abortion care.

3. **Plumbing breakdown**

The clinic had running water during the facility selection process, but a town plumbing problem has resulted in the clinic not having running water for more than a month.

4. **Supply stockout**

The MVA aspirator just broke, there are no additional MVA instruments in stock and medical abortion drugs are out of stock and cannot be replenished for another week.

5. **Lack of privacy**

Abortion clients are counseled in a room off of the main waiting-room area that has a door but the walls do not extend completely to the ceiling.

6. **Poor record keeping**

Providers who were not trained and mentored by Ipas-supported programs are performing uterine evacuations but are not properly documenting procedures in the logbook.

7. **Low caseload**

Despite community health workers reporting high numbers of women being referred to the facility, very few women are being seen for safe abortion care.

8. **Inadequate linkages to family planning services**

Abortion clients who want a contraceptive method have to walk to the family planning clinic in the other

part of the facility and wait again to receive counseling and services. Logbook data suggest that many abortion clients who wanted a contraceptive method leave without visiting the contraceptive clinic or receiving a method.

9. Complications inadequately addressed

Two women had complications from their abortion procedures in the previous month, but there has been no internal effort to examine the causes or take steps to resolve any problems.

10. Health worker stigma

Abortion caseloads have dropped in previous months. Several clients told a nurse that the receptionist (who was hired three months ago) was rude to them and threatened to tell their family members that they were having an abortion.

11. Uterine evacuation method choice

Despite the fact that medical abortion drugs are available in your setting, nearly all of the abortions are being performed using MVA.

12. Lack of support from senior manager

The manager responsible for overseeing abortion-related services is apathetic or hostile to providing this kind of care.

Considerations for Programmatic Support

Problem	Possible solutions	PST members needed	Solution selected	Follow-up

Possible Responses to Activity: Considerations for Programmatic Support

The following are some possible answers, but participants will likely come up with different or additional answers.

1. Staff shortage

- *Possible solutions*
 - Ask for help from providers in neighboring facilities.
 - Set a certain number of procedures that can be handled per day. The facility may choose to prioritize women coming from farther away and those who have other special circumstances, for whom returning will be more of a burden.
 - Look at ways to make service provision more efficient with available staff and resources.
 - Hire a temporary staff person.
- *Possible additional information needed* — hiring options for the facility; comfort level of staff with service provision in general (uncertainty contributes to feeling stressed); need to determine if the ill provider is likely to come back at all and, if so, by when
- *Can resolve alone* — No, most solutions will require the facility manager's help
- *Barrier to service provision* — Likely yes, if patients are waiting all day and not getting served or are leaving without contraceptives

2. Provider transferred

- *Possible solutions*
 - Ask the facility manager to move the provider back to the original department, noting that the provider recently received very specialized training and it would not be a good use of resources to move them to a department where they cannot implement new skills. Also, if that provider is the only trained abortion-related care provider at the facility, remind the manager of this.
 - If the manager will not move the provider back, ask that the provider be allowed to provide abortion care a certain number of days per week — whatever makes sense in the facility schedule.
 - If the manager is resistant, it may be appropriate to ask the local health health-system's manager for assistance (this will mostly be appropriate for public facilities). This may be district, county, state, regional or central — select the next step up from the facility, if possible.
 - Train another provider at the same facility. This is only the solution if all else fails, and should be discussed with the rest of the Provider Support Team members first.
- *Additional information needed* — Who is the facility manager and is she/he supportive of abortion service provision; and who is the local health-system manager over the facility and is she/he supportive of abortion service provision?
- *Can resolve alone* — No, most solutions will require the help of the facility manager, and it may be more appropriate for the health system to make the request, depending on the facility
- *Barrier to service provision* — Yes, as there is one fewer trained abortion provider available, and possibly none available at all in the facility now.

3. Plumbing breakdown

- *Possible solutions*

- Find another source of water, perhaps a nearby well, and arrange for water to be brought to the clinic and sterilized and stored appropriately.
- Find out whether the facility manager has been in touch with the party responsible for repairing the water supply. If not, encourage them to do so. If so, ask what response they had, and then contact the responsible party yourself or ask a higher level person in the health system to do so.
- *Additional information needed* — When do they anticipate the repair being done, what exactly is the problem, and are there other local sources of water?
- *Can resolve alone* — Probably not. Most solutions will require repairs. Could possibly set up the alternate water source alone, but would make more sense for facility manager to arrange a water source for the whole facility
- *Barrier to service provision* — Yes, if vacuum aspiration is being provided. However, medical abortion could still be provided to take at home.

4. **Supply stockout**

- *Possible solutions*
 - Purchase directly from distributor. The financial specifics will depend on the facility's systems, but provider should not have to pay for supplies him/herself.
 - If medical abortion medications are available at a local pharmacy, find out exactly what is there in what dosage, and provide patients with counseling and instructions on what exactly to buy. Coordinate with the pharmacist or pharmacy worker so they know what to provide as well.
- *Additional information needed* — Where are MVA and/or medical abortion medications available? Does the facility have a mechanism for purchasing supplies itself when the distribution system breaks down?
- *Can resolve alone* — Possibly, but should notify Provider Support Team and coordinate actions with them
- *Barrier to service provision* — Yes, if no method of abortion is available at the facility

5. **Lack of privacy**

- *Possible solutions*
 - Put up curtains, screens or more permanent partitions for visual privacy.
 - Install sound-absorbing materials on the walls and ceiling, such as fabric or acoustic tiles.
 - Find out if there are any spare rooms in the facility, preferably near the abortion service provision area, that could be converted into additional counseling areas.
- *Additional information needed* — Are there other room options nearby?
- *Can resolve alone* — No, will need to get permission from department or facility manager first, and then funds or resources will be needed for some solutions
- *Barrier to service provision* — No, except to the degree that the lack of privacy keeps some women from coming in or staying at the facility to receive services

6. **Inaccurate records**

- *Possible solutions*
 - Post clear, simple instructions beside the logbook.

— With permission of the department manager, the provider can give a brief orientation for all providers who perform or document abortion care.

- *Additional information needed* — What are the reasons for the mis-documentation? Is it one person or multiple people?
- *Can resolve alone* — No, will need to discuss solutions with department manager and coordinate actions with them
- *Barrier to service provision* — No

7. Low demand

- *Possible solutions*
 - Community outreach to let women know about legal indications for abortion and services that are available
 - Advertising in locally appropriate media
 - Ask women who come in for unsafe abortion treatment why they did not come for safe abortion care. If the reasons are something besides not knowing services were available, act on those reasons.
- *Additional information needed* — Why aren't women coming in? What kind of outreach or advertising is appropriate in this cultural context?
- *Can resolve alone* — No, will need to enlist assistance of Provider Support Team members and other colleagues, including local community groups
- *Barrier to service provision* — Yes

8. Inadequate linkages to family planning services

- *Possible solutions*
 - Provide contraceptive counseling and method provision in the abortion-care area, by the abortion-care staff at the time of care. Research shows this approach to have the best results in contraceptive uptake.
 - Arrange for staff from the contraceptive clinic to come to the abortion-care area to provide contraceptive services.
 - Arrange with the family planning clinic in the facility for abortion clients to be seen immediately. Accompany the woman to the clinic. This may require coordination to ensure efficient client flow.
 - Move the abortion-care and contraceptive-care areas closer together or move abortion care into the family planning department.
 - If the method of the woman's choice is not available in the facility, such as tubal ligation, ensure she receives an interim method and provide a referral to the appropriate facility.
- *Additional information needed* — Is there space near the abortion-care clinic to which the contraceptive clinic could be easily moved? Are abortion-care clinic staff trained in contraceptive counseling?
- *Can resolve alone* — No, will require discussion with department and probably facility manager
- *Barrier to service provision* — No, there is not a barrier for abortion care; yes, there is a barrier to contraceptive services

9. Complications inadequately addressed

- *Possible solutions*
 - Initiate a case review with all who were involved in the care of the clients.
 - Ask the department or facility manager to institute facility processes for any serious complications or deaths. Provide with sample forms. Emphasize that there should be a No Blame/Just Culture policy, that the process should be supportive and emphasize learning, improvement and preventing future problems.
- *Additional information needed* — Does a facility or a health-system process already exist but isn't being implemented?
- *Can resolve alone* — No, requires the cooperation of others who participated in the care, and should get permission of department or facility manager
- *Barrier to service provision* — No barrier to service provision, but this is a serious quality-of-care concern

10. Health worker stigma

- *Possible solutions*
 - Provide an orientation on safe abortion care for all staff.
 - If one person is the primary stigmatizer, have a conversation with them — possibly with manager and Provider Support Team members present — and seek to address their concerns as well as explain the importance of providing safe abortion care.
 - Arrange for all staff to participate in a values clarification workshop.
- *Additional information needed* — Is someone available to provide a values clarification workshop or safe abortion orientation, and will facility management allow time for it; is just one person stigmatizing?
- *Can resolve alone* — Might be able to have a one-on-one conversation with the primary stigmatizer, but it is preferable to have support. Cannot arrange workshop or orientation alone — ask for assistance from team members
- *Barrier to service provision* — Yes, as women are leaving before receiving care

11. Uterine evacuation method choice

- *Possible solutions*
 - Ask providers why. If providers favor MVA, ask why and discuss the reasons why women need to be given a choice of methods. If providers say women are selecting MVA over MA, ask what information the women are being given on MA and MVA. Providers may need training in abortion-method counseling.
 - If women seem to be choosing MVA with no influence from providers, ask community partners to look at what messages are provided in the community about MA and MVA. Also, are women accessing MA from local pharmacies and only coming to health-care facilities for MVA?
 - Community outreach providing information on MA and MVA
- *Additional information needed* — Does the discrepancy stem from provider or client preference; what is the information in the community about MA; are women getting MA from local pharmacies?
- *Can resolve alone* — No, will require discussion with other providers; enlist assistance of Provider Support Team and perhaps local community groups

- *Barrier to service provision* — Yes, if providers are insisting on MVA and some women leave without services because they can't get MA. Otherwise, no.

12. **Lack of support from senior manager**

- *Possible solutions*
 - Ask the manager why. If he or she is hostile to providing abortion-related services, suggest (to manager or their supervisor, as appropriate) values clarification or reassignment. If the manager is overextended in too many areas, ask again for the support needed, and/or ask their supervisor to reallocate workload to be more manageable. If the manager does not know how to support abortion-related services, provide training in this module and ask specifically for the support needed.
 - If it seems to be some other reason, inform the manager that you will try to work around him/her — not involve them, and seek support from other senior staff — and then do so.
- *Additional information needed* — What is the root cause of the lack of support?
- *Can resolve alone* — Probably not, need to discuss with the manager and possibly their supervisor and other members of the mentoring team to get support
- *Barrier to service provision* — Yes, if the support is needed to provide high-quality services

The Five Whys

What is it and how can it help me?

By repeatedly asking the question “Why?” (use five as a rule of thumb), you can peel away the layers of an issue, just like the layers of an onion, which can lead you to the root cause of a problem. The reason for a problem can often lead into another question; you may need to ask the question fewer or more than five times before you get to the origin of a problem. The real key is to avoid assumptions and logic traps, and encourage the team to keep working to identify the real root cause.

When does it work best?

By quickly identifying the source of an issue or problem, you can focus resources in the correct areas and ensure that you are tackling the true cause of the issue, not just its symptoms.

How to complete the Five Whys

Write down the specific problem. Writing it down helps you formalize the problem and describe it accurately. It also helps a team focus on the same problem.

1. Brainstorm about why the problem occurs, then, write the answer down below.
2. If this answer doesn’t identify the source of the problem, ask “Why?” again and write that answer down.
3. Loop back to step three until the team agrees that they have identified the problem’s root cause. Again, this may take fewer or more than five “Whys”.

Why use the Five Whys?

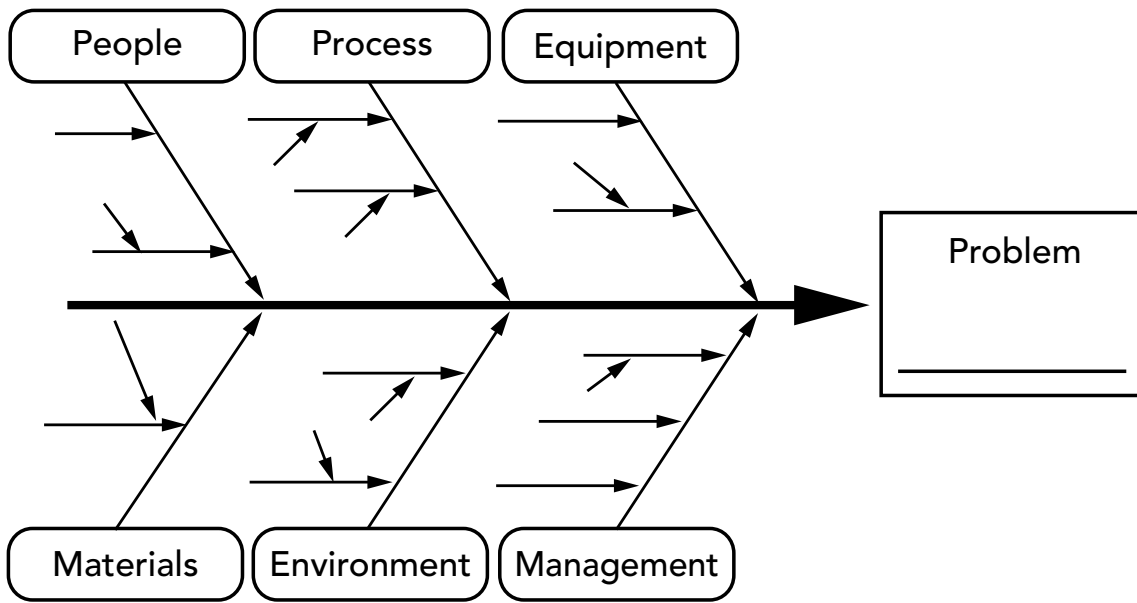
- Helps you to identify the root causes of a problem
- Helps you to determine the relationship between different root causes of a problem
- It is one of the simplest analysis tools as it’s easy to complete without statistical analysis.
- It is easy to learn and apply.

Tips

- Moving into fix-it mode too quickly might mean dealing with symptoms but leaving the problem unresolved, so use the Five Whys to ensure that the cause of the problem is being addressed.
- If you don’t ask the right questions, you don’t get the right answers. A question asked in the right way often points to its own answer.
- Once you’ve identified the root cause of the problem, brainstorm potential solutions and implement the best one.

Adapted from *Quality and Service Improvement Tools*, Institute for Innovation and Improvement, UK National Health Service, 2008. http://www.institute.nhs.uk/creativity_tools/creativity_tools/identifying_problems_-_root_cause_analysis_using5_whys.html

Fishbone Diagram



Adapted from *Cause and Effect Diagram*. 2004. Institute for Healthcare Improvement. Boston, Massachusetts, USA. Available online at http://nciph.sph.unc.edu/mlc/presentations/perf_imp/CauseandEffect1.pdf

INSTRUCTIONS

1. Write the problem in a box on the right-hand side of the page.
2. Draw a horizontal line to the left of the problem.
3. Decide on the categories of causes for the effect. Useful categories of causes in a classic Fishbone Diagram include People, Process, Equipment, Materials, Environment and Management. Another way to think of categories is in terms of causes at each major step in the process.
4. Draw diagonal lines above and below the horizontal line (these are the "fishbones"), and label with the categories you have chosen.
5. Generate a list of causes for each category.
6. List the causes on each fishbone, drawing branch bones to show relationships among the causes.
7. Develop the causes by asking "Why?" until you have reached a useful level of detail — that is, when the cause is specific enough to be able to test a change and measure its effects.

Problem Tree Analysis

Problem Tree analysis is central to many forms of project planning and is well developed among development agencies. Problem Tree analysis (also called Situational analysis or just Problem analysis) helps to find solutions by mapping out the anatomy of cause and effect around an issue in a similar way to a Mind Map, but with more structure. This brings several advantages:

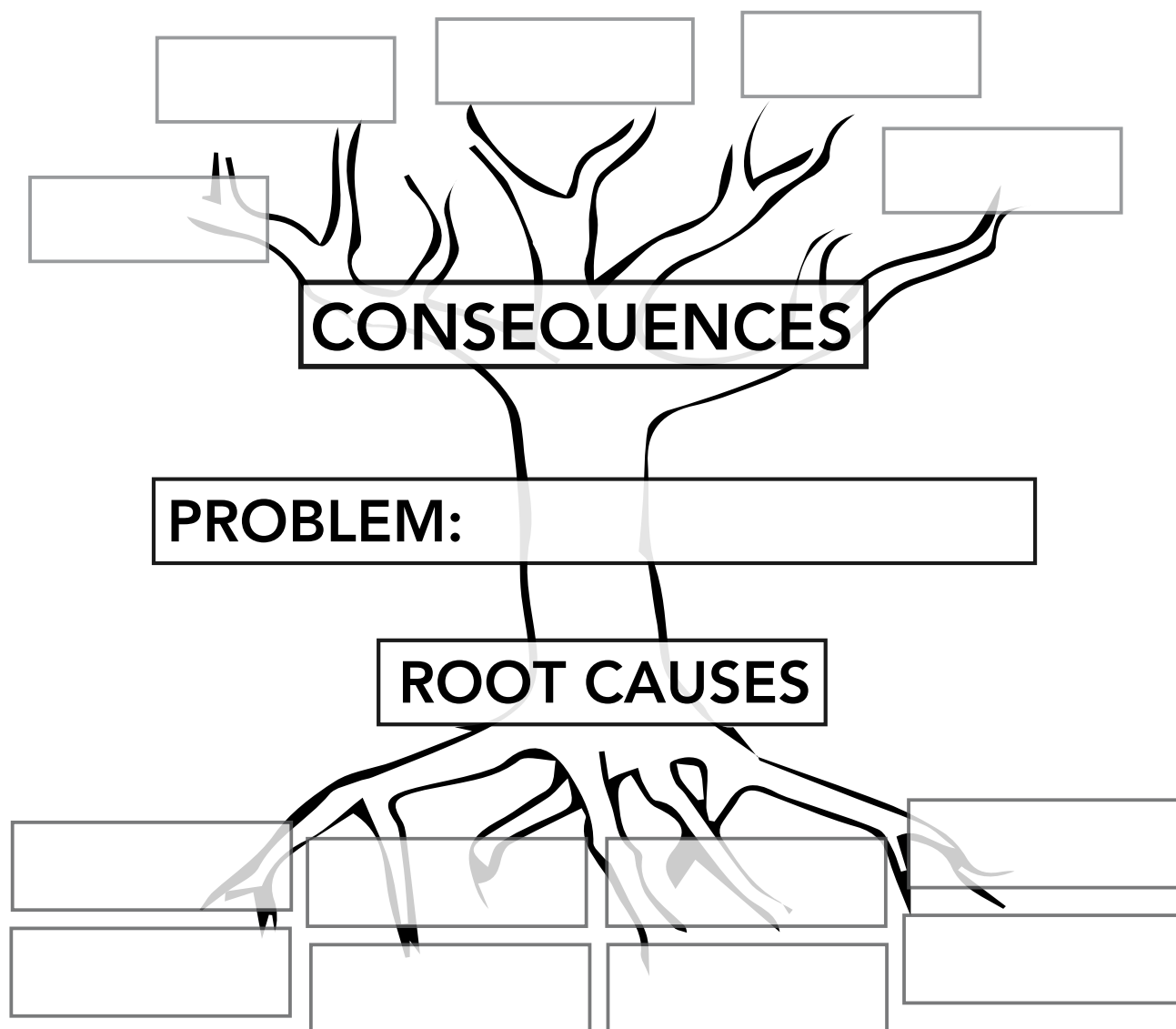
- The problem can be broken down into manageable and definable chunks. This enables a clearer prioritization of factors and helps focus objectives.
- There is more understanding of the problem and its often interconnected and even contradictory causes. This is often the first step in finding win-win solutions.
- It identifies the constituent issues and arguments, and can help establish who and what the political actors and processes are at each stage.
- It can help establish whether further information, evidence or resources are needed to make a strong case, or build a convincing solution.
- Present issues — rather than apparent, future or past issues — are dealt with and identified.
- The process of analysis often helps build a shared sense of understanding, purpose and action.

Problem Tree analysis is best carried out in a small focus group of about six to eight people using flipchart paper or an overhead transparency. It is important that factors can be added as the conversation progresses. The first step is to discuss and agree on the problem or issue to be analyzed. Do not worry if it seems like a broad topic because the Problem Tree will help break it down. The facilitator draws a tree, including a trunk, branches and roots. The problem or issue is written in the trunk of the tree. This becomes the “focal problem.” The wording does not need to be exact, as the roots and branches will further define it, but it should describe an actual issue that everyone feels strongly about.

Next, the group identifies the causes of the focal problem — these become the roots — and then identifies the consequences, which become the branches. These causes and consequences can be created on Post-it notes or cards, perhaps individually or in pairs, so that they can be arranged in a cause-and-effect logic.

The heart of the exercise is the discussion, debate and dialogue that is generated as factors are arranged and re-arranged, which often form sub-dividing roots and branches. Take time to allow people to explain their feelings and reasoning, and record related ideas and points that come up on separate flipcharts, under titles such as “Solutions,” “Concerns” and “Decisions.”

Problem Tree Analysis



Example: Ghana, 2000



Module 3: Introduction to Clinical Mentoring

Module 3: Introduction to Clinical Mentoring

Purpose

The purpose of this module is for mentors to reflect on their past experiences with mentoring relationships, identify what is clinical mentoring, review the benefits of and evidence on mentoring, and discuss the qualities and skills of effective clinical mentors.

Objectives

By the end of this module, participants will be able to:

- Discuss past experiences with mentoring relationships
- Define clinical mentoring–related terms
- Describe mentor characteristics and roles
- Explain the benefits of and evidence on mentoring
- Describe the characteristics of an effective mentor

Materials

- Participant handout: Introduction to Clinical Mentoring
- Participant worksheet: What is Mentoring?
- Participant worksheet: Clinical Mentor's Provider Contact Checklist
- Participant handout: Clinical Mentoring and Programmatic Support (on CD-ROM)

Advanced preparation

- Familiarize yourself with the literature review findings and citations

Time: 2 hours

Facilitator instructions:

Module introduction

1. Show slide: *Module Purpose*

Discuss:

The intended audience for this module is clinical mentors. The purpose is to reflect on past experiences with mentoring relationships and prepare participants to identify what is mentoring, characteristics of a clinical mentor, and the evidence on and benefits of clinical mentoring.

2. Show slide: *Module Objectives*

Discuss:

By the end of this module, participants will be able to:

- Discuss past experiences with mentoring relationships
- Define clinical mentoring-related terms
- Describe mentor characteristics and roles
- Explain the benefits of and evidence on mentoring
- Describe the characteristics of an effective mentor

What is clinical mentoring?

1. Show slide:

"Clinical mentor is good Observer, yet not 'Inspector'; good Advisor, yet not 'Instructor'; Teacher but not 'Examiner.'" —Ipas-trained clinical mentor, India

2. In this section, we will define mentoring and discuss what clinical mentoring is and isn't. The goal is to create a common vocabulary of mentoring-related terms, challenge possible assumptions and misperceptions about mentoring, and clarify the characteristics and roles of clinical mentors.
3. To prepare ourselves to be effective mentors, it can be useful to reflect on the people who mentored us and what made them effective mentors. Ask participants to think back to a positive experience they had with someone who effectively mentored them. This could be a past teacher, coach, supervisor, senior colleague, older family member or friend. Ask them to form a strong mental image of the person and recall some of their most memorable interactions. Give them a long, silent moment to do this.
4. Ask participants to recall their mentor's unique qualities that best positioned them to be an effective mentor. Invite a few participants to name these qualities and write their responses on a flipchart.
5. Ask participants to recall what they learned from their mentor professionally or personally that was especially helpful. Ask a few participants to share a few examples.
6. Invite participants to think about which of their mentor's qualities they would most like to emulate. Ask a few participants to share their thoughts.
7. Ask participants how it feels to remember their mentor. Take a few responses. Ask what these reflections tell participants about what they should keep in mind while mentoring. Stress the importance of self-reflection when mentoring others.
8. Tell participants that we will now have a discussion about definitions and what mentoring is and isn't. Distribute the What is Mentoring? worksheet, and give participants three minutes to complete the sentence, "My definition of mentoring is ..."

- Ask a few participants to share their definitions. Write key concepts from their definitions on a flipchart. Some possible key concepts you might hear are:
 - More experienced person guiding a less experienced person
 - Role modeling
 - Collaborative learning
 - Achieving goals
 - Supportive relationship
 - Mutual accountability
- 9. Give participants three to five minutes to complete the remaining statements on the worksheet: “a mentor is/does ...”, “a mentor is not/does not ...”, “a mentored provider is/does ...” and “a mentored provider is not/does not ...”. Remind participants to address the emotional and personal as well as the technical aspects of mentoring.
- 10. Ask participants to share their lists. Write their responses on a flipchart.

Some possible responses to each category might be:

A mentor is/does . . .	A mentor is not/does not . . .
Support achievement of goals Provide feedback and encouragement An ally Support emotional challenges Available Problem-solver Knowledgeable Model skills and behaviors Friendly Constructive Approachable Listen Establish trust Clear in instructions	Blame Control Pass judgment Punitive Violate confidentiality Provide misinformation Judge Bully Compete Have all of the answers A replacement for the provider Lose temper Unfriendly Provide feedback in front of others Dismiss feedback
A mentored provider is/does . . .	A mentored provider is not/does not . . .
Need support Not performing but interested in improving Have individualized needs Not exactly the same as others you’ve mentored	As experienced on this issue as you are Your prodigy Your project Going to improve immediately Perfect Emotionless

11. Comment on some general themes that you notice about the responses. For example, many of the responses in the “is not/does not” category likely stem from inappropriate power dynamics, overstepped boundaries or personal insecurities.
12. Facilitate a discussion about the importance of understanding the mentor’s and provider’s roles in the mentoring relationship.
13. Solicit final questions or comments about what clinical mentoring is and isn’t.
14. Show slide: *Mentoring*

A collaborative relationship between two or more individuals who share responsibility and accountability for helping a person work toward achievement of learning and performance goals.

Mentoring:

- Is an ongoing relationship rather than a one- or two-time intervention
- Promotes and enhances personal and professional development over time
- Has been applied in a wide range of contexts, such as industry, commerce, health, human services, politics and education

15. Show slide: *Clinical Mentoring*

A collaborative relationship in which a more experienced health-care provider guides a newly trained provider in making improvements in the quality of care she/he delivers and the health-care system in which she/he works to achieve and maintain the desired performance levels.

16. Show slide: *Clinical Mentoring for Provider Performance*

Discuss:

- Well-trained and highly performing clinical providers are the backbone of health systems and of high-quality provision of abortion-related care
- Training is a necessary but is not always sufficient intervention
- Clinical mentors are a crucial component of a provider support intervention

17. Show slide: *Goal of Clinical Mentoring*

To ensure that providers are:

- Able to put their new skills into practice
- Clinically competent
- Clinically confident
- Performing at desired levels
- Meeting standards of high-quality and woman-centered care
- Properly documenting services

Reinforce that mentoring involves assisting providers with identifying gaps in service delivery or quality of care, assisting with developing solutions, making improvements, and ensuring that services are properly documented.

18. Show slide: *Clinical Mentoring Inputs*

Clinical mentors provide the following inputs to providers and health systems:

- Demonstration of correct techniques
- Instructions
- Coaching
- Observation of service delivery
- Monitoring service delivery data
- Case review
- Recommending performance and service delivery improvements
- Reviewing and providing input on adverse events
- Constructive feedback and joint problem-solving using effective communication
- Facilitative supervision
- Facilitating provision of support by others on provider support team
- Encouragement and motivation
- Supervising peer mentoring/swap visits with other providers and facilities

19. Discuss: *Factors Influencing Provider Performance*

- There are many factors that affect a provider's performance, including:
 - Supportive health system, manager, colleagues, family, friends and community
 - Clearly delineated standards of care, guidelines and protocols
 - Available and functioning technologies, supplies and equipment
 - Clinical and programmatic support
 - Appropriate values and attitudes
 - Adequate infrastructure
 - Other health system, facility and community characteristics that create an enabling environment
 - Broader issues: abortion-related laws and policies, societal stigma
- Clinical mentors should offer providers as much individualized clinical and programmatic support as needed to positively influence the many factors that contribute to an enabling environment for service provision and help them improve their performance.

Benefits of mentoring

20. Show slide:

"Surprised, really. Didn't seem to be a major investment or event, but psychologically yielded a lot of benefits — having someone who understands, is non-judgmental, interested in your goals and reassuring and reconfirming those goals." — Provider in study on effective faculty mentoring in an academic medical center

Ask: What does this quote from a study by Benson, Morahan, Sachdeva & Richman tell us about the benefits of mentoring for providers?

21. Show slide: *Possible Benefits of Mentoring*

- Providers, mentors, service delivery facilities and clients may all benefit from mentoring

Ask participants to name all of the possible benefits of mentoring for providers. Record their responses on a flipchart and then compare the lists when you show the next slide.

22. Show slide: *Possible Benefits of Mentoring for Providers*

Discuss:

- Improved skills and performance
- Possibility of preventing mistakes in newer clinical areas
- Increased confidence and competence
- Career development
- Greater awareness of health system and history of service provision in that setting
- Increased job satisfaction
- Reduced stress due to increased support and competency

Ask participants to name all of the possible benefits of mentoring for mentors. Record their responses on a flipchart and then compare the lists when you show the next slide.

23. Show slide: *Possible Benefits of Mentoring for Mentors*

Discuss:

- Professional development
- Further development of leadership skills
- Recognition of stature and expertise
- Learning from providers about new information and trends
- Positive influence on future providers and service delivery
- Helping providers better serve women
- Personal and professional satisfaction

Ask participants to name all of the possible benefits of mentoring for service delivery facilities. Record their responses on a flipchart and then compare the lists when you show the next slide.

24. Show slide: *Possible Benefits of Mentoring for Service Delivery Facilities*

- Strengthened capacity
- Attraction and retention of providers
- Enhanced leadership within the organization
- Creation of new alliances and partnerships

Ask participants to name all of the possible benefits of mentoring for women. Record their responses on a flipchart and then compare the lists when you show the next slide.

25. Show slide: *Possible Benefits of Mentoring for Women*

Discuss how mentoring may improve:

- Quality of care and health outcomes
- Availability of care
- Acceptability of care
- Satisfaction with care

Say: *The benefits I just listed were reported in the following articles included in the literature review: Bambling, King, Raue, Schweitzer & Lambert, 2006; Anatole et al., 2013; Burritt, Wallace, Steckel & Hunter, 2007; Workneh et al., 2013; Ferguson, 2011.*

Evidence on clinical mentoring for improved performance

26. We've shared our experiences about the benefits of clinical mentoring. Now let's discuss the evidence on clinical mentoring and how it compares with our experiences.

27. Show slide:

"[Being a clinical mentor] helps me improve my knowledge and skills. It also helps improve the skills of the mentee. This idea of mentoring is so good." — Ipas-trained clinical mentor, Nepal

28. Show slide: *Literature on Mentoring and Clinical Mentoring*

Discuss:

- Much of the literature is on mentoring rather than clinical mentoring
- Vast majority of clinical mentoring studies focus on new clinicians in hospitals
- Literature does not currently include mentoring of abortion-related care providers
- Studies from other health areas (especially HIV/AIDS) generalized to CAC

Say: *As explained in one study: "In recent years ... more health-care systems and those invested in improving public health outcomes have shifted to quality improvement initiatives, and clinical mentoring is being re-defined and gaining a level of importance in improving clinical outcomes among other areas. New models are being created, some tailored to a specific skill set or objective." (Franzblau, Kotsis & Chung, 2013). We encourage you to document and publish your clinical mentoring experiences for CAC results to contribute to the evidence in the literature.*

29. Show slide: *Evidence on Clinical Mentoring*

Improved:

- Providers' knowledge, and clinical and research skills
- Providers' reduced time on learning curve
- Providers' self-confidence
- Clinical care for clients: information provision, counseling, listening, correct dosing,

documentation, clinic operations

- Providers' reduced time to complete tasks

30. Show slide: *Evidence on Clinical Mentoring, Continued*

Improved:

- Providers' overall performance
- Providers' respectful attitudes and treatment of clients
- Providers' career potential, job satisfaction, retention and self-reported productivity and confidence
- Client satisfaction, clinical outcomes, sustained client care and reduced costs

31. Show slide: *Evidence on Clinical Mentoring, Continued*

Discuss:

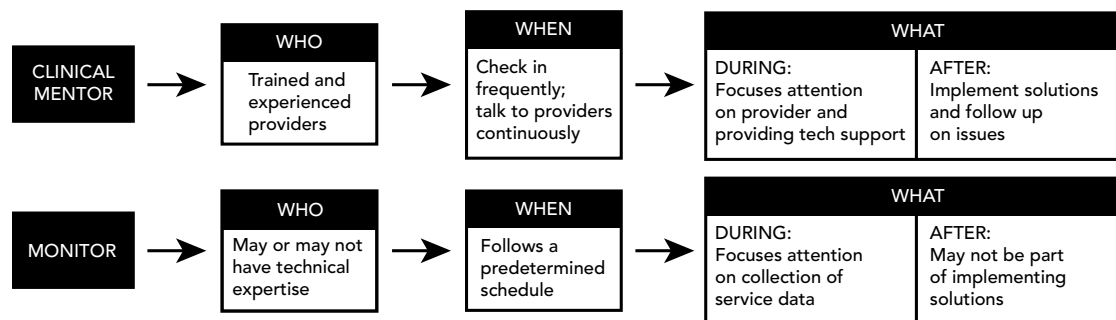
- Mentors who receive orientation or training report feeling more confident
- Providers do not rate mentors of a different race or gender as less effective

Explain that this evidence comes from a comprehensive review of the mentoring and clinical mentoring literature as well as a survey of Ipas-trained clinical mentors involved in comprehensive abortion-care programs. Refer participants to the literature review for more information and references.

32. Distribute the Mentoring and Clinical Mentoring Literature Review handout. Lead participants in a discussion about the evidence and how clinical mentoring may improve the quality of and access to abortion-related care.

Distinguishing clinical mentoring, monitoring and supportive supervision

33. Show slide: *Differences Between Clinical Mentoring and Monitoring*



34. Show slide: *Who Does It*

Discuss:

- Clinical mentors are trained and experienced providers
- Monitors, in contrast to mentors, may or may not have clinical or technical expertise in the services being monitored

35. Show: *When It Happens*

Discuss:

- Clinical mentors check in frequently and are available to talk to and support providers continuously.
- Monitoring, in contrast, typically occurs according to a predetermined schedule.

36. Show slide: *What Happens During an Encounter*

Discuss:

- Clinical mentor's attention is focused on supporting the provider
- Clinical mentors' review of service data is to identify needed areas of support and forms the basis for providing technical updates and on-site training
- Monitoring, in contrast, is focused on collection of service data to determine the status of services

37. Show slide: *What Happens After an Encounter*

Discuss:

- Clinical mentors help providers implement solutions and follow up on issues that pertain to providers' performance
- Monitors, in contrast, may not be part of implementing solutions

38. Show slide: *Supportive Supervision*

Discuss:

Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, and promoting high standards, teamwork and better two-way communication (Marquez & Kean, 2002).

39. Show slide: *Supportive Supervision, Continued*

Discuss:

- Focuses on the conditions required for proper functioning of the clinic and clinical team
- Aims at improving the quality of care and service delivery
- Often carried out by district supervisory and management teams

40. Show slide: *Clinical Mentoring Compared to Supportive Supervision*

CLINICAL MENTORING		SUPPORTIVE SUPERVISION
<ul style="list-style-type: none"> • Demonstration of correct techniques • Clinical instruction • Coaching • Clinical case review • Facilitating provision of support by others on Provider Support Team <p><i>FOCUS IS ON THE PROVIDER</i></p>	<ul style="list-style-type: none"> • Observation of service delivery • Monitoring service delivery data • Recommending performance and service delivery improvements • Reviewing and providing input on adverse events • Encouragement and motivation • Constructive feedback and joint problem-solving using effective communication • Supervising peer mentoring/swap visits with other providers and facilities 	<ul style="list-style-type: none"> • Addressing facility infrastructure issues • Monitoring equipment, supplies and supply chain • Reviewing forms • Reviewing training, staffing and other human resource issues • Appraising client satisfaction <p><i>FOCUS IS ON THE HEALTH FACILITY AND ALL HEALTH WORKERS</i></p>

Adapted from *iTech Clinical Mentoring Toolkit* <http://www.go2itech.org/resources/toolkits>

41. Discuss the following:

- Clinical mentoring and supportive supervision are described in different ways by different people in the literature. In this training, we are distinguishing the similarities and differences between supportive supervision and clinical mentoring in the ways outlined in the chart.
- Although clinical mentoring and supportive supervision overlap considerably, the activities are different enough that they may be implemented at different times, potentially by different people or teams.
- Clinical mentoring focuses mainly on the professional development of individual health-care workers, although the mentor may also provide some supportive supervision in the form of programmatic support. Supportive supervision has a broader focus on the conditions required for proper functioning of the clinic and clinical team.
- Clinical mentors need to be experienced clinicians in their own right.
- Clinical mentors work one-on-one with a provider, while supportive supervision is provided to the facility as a whole.
- Clinical mentors provide as much support as needed, as often as needed, whereas supportive supervision is often provided at scheduled periodic intervals.
- Clinical mentoring and supportive supervision are complementary activities that are both necessary to enhance service provision.
- New research shows that with proper training, an individual can be trained as both a clinical mentor and service delivery improvement supervisor who works at a systems level.
- There are various implementation models for clinical mentoring and supportive supervision. In some models, a person's entire role is as a clinical mentor and programmatic support supervisor who provides clinical and programmatic support to a number of facilities.

Clinical mentors' qualities and skills

42. Act out the following scenario with a participant while you ask participants: *Imagine that, while you're at work, someone comes and stands over you, watches everything you do, frowns, makes disapproving comments and evaluates you by ticking off items on a checklist and writing down everything you do. How do you feel?*

Possible responses may include:

- Nervous
- Upset
- Inconvenienced
- Glad
- Annoyed
- Excited
- Punished
- I might wonder: Who is this person and why are they here?
- I might wonder: What are they writing down? How do I rate?

43. Facilitate a discussion about the following:

- To mentor effectively, observation and assessment of performance is necessary and valuable.
- As mentors, how can we alleviate providers' possible concerns about being mentored and help them experience the benefits of mentoring?
- What can we learn from this activity and apply to our mentoring?

Possible responses may include:

- It is important to establish and maintain a positive rapport with a provider.
- Mentors should create a positive, supportive approach to mentoring so that providers see it as supportive rather than punitive or burdensome.
- Mentors can ask providers how they would like their feedback provided and adapt their behaviors to match this.

44. Ask participants to list clinical mentors' qualities and skills. Note all responses on a flipchart.

Review the responses to the What is Mentoring? worksheet discussed earlier and fill in any missing qualities and skills.

45. Show slides: *Characteristics of Effective Mentors*

Described by mentees as:

- Knowledgeable and respected in their field
- Role model
- Responsive and available to providers

- Interested in the mentoring relationship
- Believes in provider's capabilities and potential
- Strong listening skills
- Able to give positive and negative feedback constructively
- Advocates for providers and high-quality care
- Motivates providers to challenge themselves in appropriate ways

46. Show slide: *Important Qualities and Skills*

Discuss:

- Interpersonal qualities and skills are grounded in values, beliefs and personality
 - Commitment to women's rights and access to CAC for all women
 - Clinical and coaching skills
 - Availability to provide as much support as needed
 - Willingness to fulfill mentoring responsibilities
 - Commitment to assisting providers in achieving performance expectations
 - Ability to create positive working relationships
 - Effective and respectful interpersonal and communication skills
 - Ability to give feedback in a manner that enhances mutual learning
 - Self-awareness and humility
 - Ability to suspend personal preferences and biases

Reinforce how it is vital that clinical mentors model a commitment to women's rights and to ensuring access to CAC for all women, including young and unmarried women.

47. Show slide: *Clinical Skills*

- The clinical and technical skills necessary for successful clinical mentoring include:
 - Clinical mastery in all relevant areas of abortion-related care
 - Adherence to applicable standards, guidelines, protocols, reporting and documentation procedures
 - Commitment to documenting mentoring and programmatic inputs and outcomes in required format in a timely manner



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48. Show slides: *Additional Clinical Mentor Considerations*

Discuss:

- Cadre: Can be physicians or other cadres that correspond with the providers they will mentor.
- Seniority: Experience can command respect, but if providers are intimidated, it may impede learning.

- Public versus private sector: Can be public- or private-sector clinicians, but mentors must be available to fulfill their responsibilities.
- Other professional roles and relationships may influence their mentoring work.

Prospective clinical mentors should be screened for and possess as many of these qualities as possible, with the understanding that these skills may be further developed through training, practice and experience.

49. Show slide: *Other Clinical Mentor Qualities to Consider*

Discuss:

- Geographical proximity
- Familiarity with health system, facilities and providers
- Age
- Gender

Say: *Evidence suggests that clinical mentors' gender is not significant to the provider's experience of mentoring. However, cultural norms on interactions between people of different genders should be considered.*

50. Ask participants to complete the Clinical Mentoring Skills Assessment Form as a self-assessment. Assure them that this is for self-reflection, not for others' assessment of them. For each item where they ticked no, ask them to write notes in the comments section on how they might improve their performance in that area.
51. Ask a few participants to share with the large group what they already conduct well, areas where they need to improve, and how they plan to improve.
52. Optional activity: Divide participants into small groups and ask them to create an advertisement on flipchart paper for the ideal clinical mentor for their setting, bearing in mind the clinical mentor characteristics, qualities and skills that were just discussed. Have groups share and discuss their advertisements with each other.
53. Distribute the participant handout. Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and transition to the next section of the training.

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Module 3: Participant materials

Participant Handout

Module 3: Introduction to Clinical Mentoring

Definition of mentoring and clinical mentoring

Mentoring — A collaborative relationship between two or more individuals who share responsibility and accountability for helping a provider work toward achievement of learning and performance goals.

Mentoring:

- Is an ongoing relationship rather than a one- or two-time intervention
- Promotes and enhances personal and professional development over time
- Has been applied in a wide range of contexts, such as industry, commerce, health, human services, politics and education

Clinical mentoring — A collaborative relationship in which a more experienced health-care provider guides a newly trained provider in making improvements in the quality of care she/he delivers and the health-care system in which she/he works to achieve and maintain the desired performance levels.

- Well-trained clinical providers are the backbone of health systems and of providing safe abortion services.
- Training is necessary but is not always sufficient to ensure that providers are:
 - Able to put their new skills into practice
 - Clinically competent
 - Clinically confident
 - Performing at desired levels
 - Meeting standards of high-quality and woman-centered care
 - Properly documenting services
- Clinical mentors are a crucial component of a provider support intervention.
- Other factors that affect a provider's performance:
 - Supportive health system, manager, colleagues, family, friends and community
 - Clearly delineated clinical standards, guidelines and protocols
 - Technologies, supplies and equipment
 - Clinical and programmatic support and supervision
 - Appropriate values and attitudes
 - Other health-system characteristics
 - Broader issues — abortion laws and policies, social and community environment
- Clinical mentoring is a method to provide clinical (and some programmatic) support.
- To be effective, mentoring requires skills beyond clinical technique, including interpersonal skills.

Benefits of mentoring

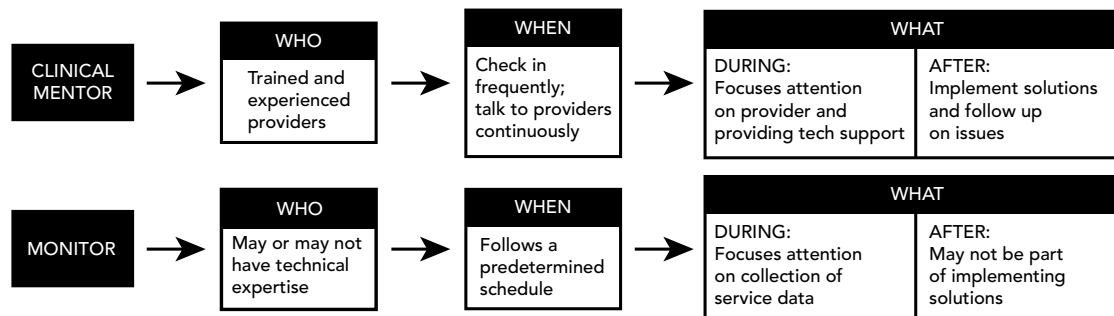
Providers, mentors, service delivery facilities and, ultimately, clients may all benefit from mentoring. There's some evidence to suggest that mentoring increases client satisfaction, career potential, job satisfaction and retention, and self-reported productivity. Other benefits discussed here are believed to be true based on responses to a mentor survey Ipas informally conducted and anecdotal evidence.

Benefits for organizations and service delivery facilities	Benefits for mentors	Benefits for providers
<ul style="list-style-type: none"> • Strengthened capacity • Eased transition periods for new providers • Attraction and retention of providers • Creation of new alliances and partnerships • Enhanced commitment of providers to the organization • Creation of a culture of organizational citizenship • Enhanced leadership capacity within the organization • Succession planning: Mentored providers become mentors and leaders • Creation of new alliances and partnerships 	<ul style="list-style-type: none"> • Professional development • Increased confidence • Reflective thinking • Learning from providers about new information and trends • Enhanced managerial skills • Further development of leadership skills • Inspirational and rejuvenating effect of interaction with an enthusiastic provider • Recognition of stature and expertise • Positive influence on future providers and service delivery • Helping providers better help women • Personal and professional satisfaction 	<ul style="list-style-type: none"> • Improved skills and performance • Increased confidence and competence • Possibility of preventing mistakes in newer clinical areas • Establishment of networks • Career development • Greater awareness of health system and history and of service provision in that setting • Reduced stress due to increased support and competency • Increased job satisfaction

Ultimately, mentoring may benefit women by improving:

- quality of care and health outcomes
- availability of care
- acceptability of care
- satisfaction with care

Distinguishing clinical mentoring, monitoring and supportive supervision



- **WHO DOES IT:** Clinical mentors are trained and experienced providers; monitors may or may not have clinical technical expertise in the services being monitored.
- **WHEN IT HAPPENS:** Clinical mentors check in frequently, and are available to talk to providers continuously; monitoring occurs with a scheduled frequency.
- **WHAT HAPPENS DURING ENCOUNTER:** The clinical mentor's attention is focused on the provider and on providing technical support to improve performance, while the monitor's focus is on collection of service data.
- **WHAT HAPPENS AFTER ENCOUNTER:** Clinical mentors help providers implement solutions to any issues and follow up with that provider on issues that pertain to that provider's ability to perform, while monitors may or may not be part of implementing solutions.

Supportive supervision

Supportive supervision is a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, optimizing the allocation of resources, promoting high standards, teamwork and better two-way communication (Marquez & Kean, 2002).

- Supportive supervision focuses on the conditions required for proper functioning of the clinic and clinical team.
- Supportive supervision aims at improving the quality of care and treatment service delivery.
- It is often carried out by district supervisory and management teams.
- Clinical mentoring and supportive supervision have some overlap.

CLINICAL MENTORING		SUPPORTIVE SUPERVISION
<ul style="list-style-type: none"> • Demonstration of correct techniques • Clinical instruction • Coaching • Clinical case review • Facilitating provision of support by others on Provider Support Team <p><i>FOCUS IS ON THE PROVIDER</i></p>	<ul style="list-style-type: none"> • Observation of service delivery • Monitoring service delivery data • Recommending performance and service delivery improvements • Reviewing and providing input on adverse events • Encouragement and motivation • Constructive feedback and joint problem-solving using effective communication • Supervising peer mentoring/swap visits with other providers and facilities 	<ul style="list-style-type: none"> • Addressing facility infrastructure issues • Monitoring equipment, supplies and supply chain • Reviewing forms • Reviewing training, staffing and other human resource issues • Appraising client satisfaction <p><i>FOCUS IS ON THE HEALTH FACILITY AND ALL HEALTH WORKERS</i></p>

Adapted from *iTech Clinical Mentoring Toolkit* <http://www.go2itech.org/resources/toolkits>

- Although clinical mentoring and supportive supervision overlap considerably, the activities are different enough that they will probably be implemented at different times, potentially by different teams.
- Clinical mentoring focuses on the professional development of health-care workers; clinical mentors need to be experienced clinicians in their own right.
- Supportive supervision focuses on the conditions required for proper functioning of the clinic and clinical team.
- Mentoring is one-on-one with a provider, while supportive supervision is provided to the facility as a whole.
- Supportive supervision is often provided at scheduled periodic intervals.
- Clinical mentors will provide some supportive supervision in the form of programmatic support.
- Clinical mentoring and supportive supervision are complementary activities that are both necessary to enhance service provision.

Clinical mentors' qualities and skills

A mentor's personal and interpersonal skills are grounded in their values, beliefs and personality.

CHARACTERISTICS AND SKILLS OF EFFECTIVE MENTORS AS DESCRIBED BY MENTEES INCLUDE:

- Knowledgeable and respected in their field
- Role model
- Responsive and available to providers
- Interested in the mentoring relationship
- Believes in provider's capabilities and potential
- Strong listening skills

- Able to give positive and negative feedback constructively
- Advocates for providers and high-quality care
- Motivates providers to challenge themselves in appropriate ways

Key qualities and skills include:

- Commitment to women's rights and access to CAC for all women
- Clinical and coaching skills
- Availability and willingness to mentor
- Willingness to fulfill mentoring responsibilities
- Ability to create positive working relationships
- Effective and respectful interpersonal and communication skills
- Ability to give feedback in a manner that enhances mutual learning
- Self-awareness, reflection and humility
- Ability to suspend personal preferences

The clinical/technical skills necessary for successful clinical mentoring include:

- Clinical mastery in all relevant areas (for safe abortion care could include: first- and/or second-trimester abortion, postabortion care, contraceptive care and other areas relevant to the specific health system and country's program)
- Adherence to applicable clinical standards, guidelines, protocols, and reporting and documentation procedures
- Commitment to documenting all mentoring and programmatic inputs and outcomes appropriately, in required format, and submitting relevant documentation in a timely manner
- Additional clinical considerations are:
 - Cadre: Clinical mentors can be physicians or other clinical cadres, such as nurses, clinical officers or midwives, depending on the cadre of providers they mentor.
 - Seniority: Experience can command respect, but if providers are intimidated, it may impede learning.
 - Public versus private sector: Clinical mentors can be public- or private-sector clinicians. However, they must be available to fulfill their time-intensive mentoring responsibilities.
 - Other professional roles and relationships: Clinical mentors' other professional roles and relationships in and outside the health system should be considered, as these can influence their work as clinical mentors and their relationships with the providers they are mentoring.

Other factors that may affect clinical mentors are their availability to provide support, such as their age and geographical proximity to providers. Evidence suggests that clinical mentors' gender is not significant to the provider experience of mentoring.

A mentor is/does...	A mentor does not...
Available as needed	Lose temper
Problem-solver	Bully
Knowledgeable	Compete
Model appropriate skills and behaviors	Blame
Friendly	Control
Constructive	Pass judgment
Discrete with feedback and corrections	Punish
Approachable	Violate confidentiality
Good listener	Provide misinformation
Trustworthy and trusting	Act unfriendly
Clear in instructions	Provide feedback in front of others
	Dismiss feedback

What is Mentoring?

Instructions: Please complete the following statements and be prepared to share your responses with the group.

My definition of mentoring is:

A mentor is/does . . .

A mentor is not/does not . . .

A mentored provider is/does . . .

A mentored provider is not/does not . . .

Adapted from Presler, Lindsay Bessick, Robyn Schryer Fehrman, Rivka Gordon and Katherine Turner. 2006. *Mentoring for service-delivery change: A trainer's handbook*. Chapel Hill, NC. Ipas, p.30

Clinical Mentor's Provider Contact Checklist

Instructions: Use this checklist to assess clinical mentors' simulated and actual practice of clinical mentoring contact steps taken with providers.

Clinical mentoring contact steps	Yes	No	Comments
Prior to mentoring contact			
Reviews provider performance to date			
Reviews information from previous support contacts made by mentor or other Provider Support Team (PST) member(s), noting areas of concern, steps taken to address them, status of resolution			
During mentoring contact: Rapport and goal setting			
Greets and establishes rapport with provider			
Asks provider to review and comment on performance to date and previous support contacts			
Asks provider what service delivery areas s/he would like to improve			
Proposes additional areas to improve based on performance and previous inputs			
Works with provider to set specific learning goals for these performance areas			
During mentoring contact: Practice session			
Has provider review correct information and steps in those skill areas, referring to appropriate skills checklists and other resources as needed			
Ensures provider competence during simulated practice before practicing with clients			
If client is involved, ensures client has given consent to participate in mentoring contact practice			
Observes provider performing the skills			
Models respectful interaction and communication with clients			
Refers to skills checklists and notes specific areas for improvement			
Provides positive verbal and nonverbal feedback to provider			
Intervenes with corrective action only when the client's comfort or safety may be compromised			
Is aware of provider's emotional state and asks about provider's feelings			
During mentoring contact: Postpractice feedback			
Provides feedback in sensitive manner: in private, with constructive comments on actions the provider has control over			
Asks provider to evaluate their own performance: steps or tasks performed well and those that could be improved			

Reviews skills checklist results or scores with provider, giving positive reinforcement of steps performed properly and specific suggestions for areas of improvement			
Problem-solves difficult steps or issues with provider			
Ensures provider has understood correct information and procedures by having them repeat information and conduct return demonstrations			
Asks provider to provide feedback about the mentoring contact			
Makes appointment with provider for next contact			
After mentoring contact			
Documents inputs, concerns, steps taken, resolution and follow-up actions needed			
Communicates relevant information to other members of the PST			
Provides resources, referrals or other support as necessary			

Adapted from *Sullivan et al.*, 1998.



Module 4: Clinical Mentoring Skills

Module 4: Clinical Mentoring Skills

Purpose

The intended audience for this module is clinical mentors. The purpose is to build participant knowledge, attitudes and skills needed for effective clinical mentoring.

Objectives

By the end of this module, participants will be able to:

- Explain the importance of building a relationship with a provider that is based on trust, mutual respect and an understanding of cultural differences
- Identify techniques for building rapport
- Describe personal beliefs that a mentor should be aware of and consciously separate while mentoring
- Assist providers in setting clear goals for learning and improving abortion-related care
- Identify potential barriers to effective communication
- Communicate effectively using various means, including active listening and feedback
- Distinguish appropriate means of communication for a given issue
- Provide tailored guidance and problem-solving to providers

Materials

- Flipchart easel and paper
- Markers
- PowerPoint slides
- LCD projector, laptop computer and screen
- Participant handout: Clinical Mentoring Skills
- Participant worksheet: Recognizing Cultural and Other Differences
- Participant handout: Making Affirming Statements Skit
- Participant handout: Affirming Statements role play
- Participant worksheet: Communication Skills checklist
- Participant handout: Part 1: Mentoring on Serious Adverse Events (SAEs) Skit — four copies
- Participant handout: Part 2: Mentoring on Serious Adverse Events (SAEs) cases — one copy per group of three participants
- Participant worksheet: Effective Clinical Coaching: Competency Checklist

Advanced preparation

- Ask two participants to perform the Making Affirming Statements Skit
- Ask two participants to role play constructive and unconstructive criticism
- Ask three participants to perform the Mentoring on Serious Adverse Events Skit

Time: 8.5 hours

Facilitator instructions:

Module introduction

1. Show slide: *Module Purpose*

Discuss:

The intended audience for this module is clinical mentors. The purpose is to build participant knowledge, attitudes and skills needed for effective clinical mentoring.

2. Show slides: *Module Objectives*

By the end of this module, participants will be able to:

- Explain the importance of building a relationship with a provider that is based on trust, mutual respect and an understanding of cultural differences
- Identify techniques for building rapport
- Describe personal beliefs that a mentor should be aware of and consciously separate while mentoring
- Assist providers in setting clear goals for learning and for improving abortion services
- Identify potential barriers to effective communication
- Communicate effectively using various means, including active listening and feedback
- Distinguish appropriate means of communication for a given issue
- Provide tailored guidance and problem-solving to providers

Establishing rapport, building relationships and trust

3. Show slide and ask a participant to read the quote:

"[Mentors should] have a good relationship with clinic managers and their superiors, be humble but firm as not everyone has the same values as you." — Ipas-trained clinical mentor, Zambia

4. Show slide: *Relationships to Facilitate Learning*

Discuss:

The relationship between the provider and mentor should be well established so the provider will be open to learning from the clinical mentor. The relationships with other facility staff and other Provider Support Team members are also important.

5. Show slide: *Relationships Are Important for Successful Mentoring*

Important for mentor to:

- Become well acquainted with mentees
- Develop a bond
- Foster a feeling of being included
- Provide affirmation

Say: *In an article about psychiatric nurses' mentoring experiences, they described these four keys to success in their mentoring relationships.*

6. Show slide: *Establishing Rapport*

- First phase of effective relationships includes:
 - Greeting
 - Welcoming
 - Showing that you care
 - Making time
- Is created verbally and nonverbally
- Builds trust
- Allows mentees to freely share information, concerns and solutions

7. Ask participants to brainstorm: *What are all of the techniques you have used to establish rapport and build trust with others?*

Write all of their responses on the flipchart. Ensure that "use affirming statements" is included among responses. Other possible responses include:

- Greet according to local customs.
- Facilitate introductions among all people involved.
- Mirror language used by others.
- Demonstrate patience.
- Listen. Do not interrupt.
- Make eye contact (if culturally appropriate).
- Focus on the people. Avoid attending to other tasks.
- Use nonverbal gestures, such as nodding your head, to show that you are interested and engaged.
- Give verbal affirmations, such as "yes" or "mm-hmm," to show you are engaged and actively listening.
- Use affirming and encouraging statements, such as "That's a good idea" and "That

makes sense.”

- Use the **SOLER** posture: face **Straight on** rather than at an angle to the person; **Open** body posture; **Lean forward** slightly; maintain **Eye contact**; and be **Relaxed**.

8. Show slide: *Recognizing Cultural and Other Differences*



Say: *When establishing rapport, it is important to recognize how cultural and other differences can affect relationships. Differences in culture, gender, age, social class and other factors need to be taken into consideration.*

9. Show slides: *Managing Differences*

Discuss the following:

- Providers do not rate mentors of a different race or gender as less effective.
 - Differences in ethnicity, language, gender and generation may interfere with relationship development.
 - Where differences are pronounced, it is important to create safety, raise sensitive issues, and note assumptions and emotions.
 - Mentors and mentees can discuss shared fears and concerns.
10. Tell participants that you will now discuss cultural and other differences and how they might affect the mentoring relationship.
11. Ask participants to complete and discuss the questions on the Recognizing Cultural and Other Differences worksheet.
12. Debrief the activity by asking participants the following questions as a large group:
- How might the similarities you noted between yourself and the provider you will mentor affect your mentoring relationship?
 - How might the differences you noted between yourself and the provider you will mentor affect your mentoring relationship?
 - When you notice any discomfort that you believe is due to differences between you and your mentee, what steps can you take to minimize or eliminate the discomfort?
 - Provide a few examples of steps a mentor can take to reduce discomfort:
 - Explain your actions and reasons for doing them so the provider does not make assumptions

- Be open and nonjudgmental about different cultural beliefs and practices
 - Solicit other examples from participants.
13. Tell participants that you will now discuss the use of affirming statements and how they can help establish rapport and build positive relationships.
 14. Show slide and ask a participant to read it aloud:
[What has made the biggest impact on providers' performance is:] "words of encouragement and assurance like 'You have done very well, excellent work, good job, great!'" — Ipas-trained clinical mentor, Zambia
 15. Ask participants for examples of affirming statements. Write their responses on the flipchart. Responses could include statements such as:
 - You are doing good work.
 - You are really improving.
 - I appreciate your effort.
 - That makes sense.
 - I feel your concern.
 16. Show slide: *Affirmations*
Discuss:
 - May differ according to culture and setting
 - Serve to show appreciation for provider's efforts
 - Can facilitate giving and receiving feedback
 17. Have the two participants you asked in advance perform the Making Affirming Statements Skit in front of the large group. Explain that they are performing a skit of a mentor making affirming statements to the provider they are mentoring.
 - Ask participants for their reactions to the skit.
 18. Explain that participants will now practice giving and receiving affirming statements.
 19. Ask participants to write down three important actions they took recently as a health-care provider.
 - In pairs, they will take turns reading their actions to their partner, one at a time. The partner will respond with an affirming statement for each one.
 - Ensure that they have switched roles so each partner has the chance to read their actions and offer affirming statements.
 20. Discuss in the large group:
 - How did it feel to hear affirming statements about your actions?
 - How did it feel to offer affirming statements?
 - How might affirming statements enhance the mentoring relationship?

21. Show slide: *Maintaining Appropriate Boundaries*

- Keep the relationship professional.
- Try to avoid personal issues.
- Limit nonwork situations.

22. Discuss the following:

- It is natural for mentors to experience a feeling of closeness with the providers they mentor.
- Generally, the mentor should keep the relationship professional in order to:
 - Remain objective when providing feedback
 - Ensure providers hear feedback on a professional rather than personal level
 - Avoid personal issues and spending nonwork time with the provider
- It is important that the relationship not become dependent so providers can graduate into self-reliance.

Self-awareness and values clarification23. Show slide: *Effective Relationships Begin with One's Self*

Discuss:

- Self-awareness
- Self-reflection
- Humility

24. Discuss the following:

- Self-awareness, self-reflection and humility are critical for effective relationships and thus are important qualities in a mentor.
- A mentor needs to be aware of their thoughts and actions, and notice personal issues that arise in the mentoring process. They can model self-awareness for providers.
- This awareness can help providers identify any attitudes and behaviors that are not compatible with providing high-quality care.
- Mentors can help providers become more aware of abortion stigma, how it manifests, and how to avoid it in their clinical practices and relationships.
- Humility allows the mentor to approach mentoring as a mutual learning relationship with the provider. Providers already have knowledge and experience, even though they are not as experienced in abortion-related care as the mentor. Humility and self-awareness lead to enhanced learning through reflection and dialogue.
- Mentors can use the opportunity presented by everyday activities like washing their hands or taking a drink of water to be mindful in that moment.

25. Show slide: *Everyday Mindfulness*

Ask participants to describe the types of thoughts and actions they should be aware of while mentoring.

Possible responses may include:

- Judgmental thoughts about providers or clients
- Preferences for one provider over another



26. Lead participants in a mindfulness practice session.

Provide the following instructions to participants: *We're going to do a breathing activity now. This kind of mindfulness exercise, done regularly, is a good way to decrease stress, regulate emotions and increase self-awareness.*

- Assume a comfortable sitting posture.
- Close your eyes, keep your spine straight, lift your shoulders and then let them drop.
- Bring your attention to your abdomen, noticing it rise gently with each inhalation and fall with each exhalation. The rise and fall of your abdomen as you breathe will be the focus of this meditation.
- Keep your focus on your breathing and your abdomen, following each inhalation and exhalation for its full duration, as if you are riding your breath like waves in the ocean.
- Every time you notice that your attention has wandered, notice where your attention has gone, and gently bring it back to your breath.
- If your mind wanders a hundred times, then you simply bring it back, nonjudgmentally, a hundred times. By "nonjudgmentally" I mean you do not harshly judge the fact that your mind has wandered. You gently bring your attention back to your breath without judgment.

Once you have finished with the instructions, let participants sit in silence for 10 minutes as they follow their breath.

When 10 minutes have passed, tell them: *You can now slowly bring your attention back to the room. When you are ready, please open your eyes.*

Ask what came up for them during the mindfulness practice. Have them reflect on how they feel now compared to before. Encourage them to practice this several times a week to increase their self-awareness.

27. Show slide: *Addressing Provider Attitudes*

Discuss:

- Clinical skills are vital, but not enough, to ensure delivery of high-quality care
- Values often operate unconsciously
- Values and attitudes influence behavior
- Without appropriate attitudes, providers may refuse care or provide substandard care
- Mentors can help providers avoid stigmatizing behaviors

28. Show slides: According to WHO:

*“Training should be competency based and **address health-care provider attitudes** and ethical issues. ...”*

*“In addition to skills training, participating in **values clarification** exercises can help providers differentiate their own personal beliefs and attitudes from the needs of women....”*

29. Show slide and have a participant read it aloud:

“The words that have made a difference are that ‘every woman matters to someone and they must matter to us.’” — Dr. Mutinta Lina Muyuni, clinical mentor, Zambia

30. Show slide: *Values Clarification and Attitude Transformation (VCAT)*

- Replace myths with factually correct information
- Clarify values
- Transform attitudes
- Solidify providers’ intention to perform compassionate abortion care

31. Show slide: *VCAT for Mentors*

Discuss:

- Mentors may act upon abortion-related beliefs and attitudes that negatively affect:
 - Treatment of providers they mentor
 - Treatment of clients seeking abortion care
- VCAT allows mentors to identify and separate personal beliefs from professional duties

Discuss the following:

- Mentors should serve as role models in upholding all women’s — including young and unmarried women’s — right to abortion and ensuring services that meet diverse women’s needs.

32. Show slide: *VCAT for Mentored Providers*

Discuss:

- Examine how beliefs and attitudes influence client treatment.
- Focus on professional responsibilities to respect women’s rights and provide high-quality care.
- Uphold young and unmarried women’s right to abortion care.

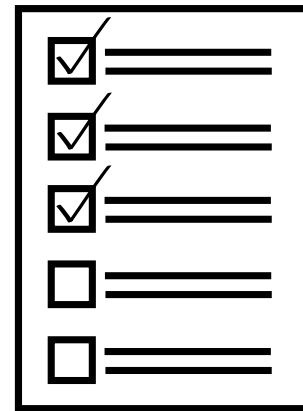
For more on VCAT, please see Ipas’s *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences*.

Goal setting, mentor inputs and roles

33. Show slide: *What is Success?*

Discuss the following:

- The first process step in clinical mentoring is reaching agreement on the definition of success.
- Establishing learning goals has been shown to facilitate the learning process in mentoring situations.
- Success is easier to achieve when it is clearly defined.



34. Show slide: *Setting Clear Performance and Quality Goals*

Discuss the following:

- Agree on provider's performance and quality goals at beginning of mentoring process
- Goals should be SMART
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Timely
- Can be written in a mentoring agreement form

Discuss the mentoring agreement form:

- Can include provider's performance and quality goals, roles of and accountability between clinical mentor, provider and other Provider Support Team members.

Show participants the sample Mentoring and Support Team Agreement form in this manual.

35. Ask: *What inputs would you expect to make to providers?*

Write the participants' responses on the flipchart.

36. Show slide: *Clinical Mentoring Inputs*

37. Discuss the following:

- Clinical mentors and other Provider Support Team members offer as much support to providers as needed to resolve any problems they have.
- Discuss all of the possible inputs that mentors will be expected to make to providers:
 - Instruction

- Demonstration and coaching of correct techniques
- Service delivery observation and facilitative supervision
- Monitoring service data and adverse events
- Case review
- Constructive feedback and joint problem-solving using effective, two-way communication, encouragement and motivation
- Facilitation of professional networking and peer support
- Assistance to ensure adequate infrastructure, supplies and equipment, and other facility-specific needs
- Recommendations for service delivery improvements at the facility level, such as infrastructure changes, client flow and service reorganization
- Facilitation of support from others
- Encouragement and emotional support
- Overseeing supervisory swap visits between providers from different facilities (for those country programs that utilize this method)
- Advice and encouragement on professional development, especially for longtime mentored providers
- Other inputs as needed

38. Show slide and have a participant read the quote:

"[Clinical mentors] should be open to new challenges and changes in their approach as dictated by the situation on the ground." — Ipas-trained clinical mentor, Zambia

39. Discuss the following: Clarity on roles and responsibilities is vitally important in a clinical mentoring relationship.

40. Lead participants in a brainstorm: *What are the mentor's roles and responsibilities?*

41. Show slides: *Clinical Mentor Roles and Responsibilities*

Discuss:

- Offer clinical support soon after completion of clinical training
- Observe and assess provider performance and service delivery
- Develop plans for needed improvements
- Respond to provider requests for support in a timely way
- Discuss and resolve issues that affect performance
- Provide support and guide learning when adverse events occur
- Document inputs and performance indicators in timely manner
- Help provider assess her/his confidence
- Determine when the provider achieves clinical competence

- Support provider in maintaining competence
42. Ask participants to brainstorm: *What are the provider's roles and responsibilities?*
Write participants' responses on the flipchart.
43. Show slides: *Provider Roles and Responsibilities*
Discuss:
- Provide services to the best of her/his abilities and qualifications
 - Refer women to other providers and facilities when necessary
 - Work with clinical mentor as agreed
 - Receive guidance from other Provider Support Team members
 - Implement improvements by agreed-upon dates
 - Keep accurate service records and share with Provider Support Team
 - Report and discuss with Provider Support Team any adverse events
 - Initiate contact with the mentor when clinical support is needed
 - Provide mentor with changes in contact information
44. Show slide: *Clinical Resources*



Discuss the following:

- These are some of Ipas's clinical resources to which clinical mentors can refer:
 - *Woman-Centered, Comprehensive Abortion Care: Reference Manual* (2nd ed.)
 - *Woman-Centered Postabortion Care: Reference Manual* (2nd ed.)
 - *Medical Abortion Study Guide* (2nd ed.)
 - *Clinical Updates in Reproductive Health*
45. Show slides: *Emotional Support*
- Providers are clinicians, but they are people, too
 - Important to address providers' emotional as well as clinical needs

- Providers may experience stigma for providing abortion-related care
- If we address clinical needs only, we have missed the human side of the service delivery equation
- Mentors should provide information on support resources to providers

46. Now that we have discussed clinical mentor inputs, we will discuss an important skill for making those inputs: effective communication and feedback.

Effective communication and feedback

47. Show slide: *Communication*

- Effective communication is needed in mentoring
- Communication is verbal and nonverbal
- Nonverbal cues can have a stronger impact than verbal cues

48. Discuss the following:

- Nonverbal communication includes:
 - Body positions and movements, including gestures
 - Facial expressions
 - Eye contact
 - Tone and volume of voice
 - Silence
- In studies, nonverbal signals
 - Have been found to represent more than half of the communication received (estimates range from 60 percent to 93 percent of all communication)
 - Can have a stronger impact than verbal cues in some situations
- Show slide: *Communication in Mentoring*
 Discuss:
 - Mentor or provider may be communicating nonverbally
 - Nonverbal communication is important in establishing rapport
 - Verbal communication is essential for providing feedback and clinical knowledge

49. Ask participants to give specific examples of when nonverbal communication is important in clinical mentoring.

Possible examples include:

- If a mentor frowns at a provider while the provider is trying to ask a question, the provider may not ask further questions because she feels uncomfortable or intimidated.

Means of communication

50. Show slide: *Means of Communication*

- In person or virtual
- In person is important for establishing rapport
- Certain clinical inputs (such as observation of a procedure) are most effective in person

Discuss the following:

- Once the initial, in-person mentoring visit is made to a provider, within a few weeks after training, some mentoring support can be provided virtually.
- However, some things, such as observation of a procedure or counseling visit, are most effective in person.
- Mentors should be mindful about providers' questions and issues and whether they are best addressed in person or can be managed remotely.
- Mentors should visit providers in person periodically to observe service delivery and verify that it is occurring as it should.

51. On the flipchart, write the different kinds of clinical mentoring inputs. For each one, ask participants if it would be appropriate to address via telephone, email or SMS. Does the whole group agree? Why or why not?

Effective listening

52. Show slide: *Active Listening*

An active listener pays full attention to the person talking and avoids interrupting or thinking of a response until the person has finished speaking.

53. Discuss the following:

- Active listening is an essential communication skill.
- Often, instead of truly listening to what the other person is saying, we're thinking about what our response will be to what they're saying, or what we want to say next or something else entirely.
- If you sense that a person is not actively listening, you can say something like: "It seems like you're busy right now. We can set another time to talk."

54. Ask participants to think of a time when they were talking to someone who was a poor listener and wasn't really paying attention. Ask several participants to share what made that person a poor listener and how it made them feel.

55. Ask participants to name some indications that someone is actively listening.



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Write responses on a flipchart. Possible responses include:

- Facing the speaker
- Focusing all attention on the speaker
- Not doing or thinking about other things at the same time
- Making encouraging comments to indicate to the speaker that you are listening

56. Lead participants in the first of three effective-communication activities on active listening.
57. Ask participants to divide into pairs. They will work in these pairs for each of the activities.
58. Ask each person to think of any topic they can talk about easily in three minutes. Select something that is not related to clinical mentoring.
59. Ask one person in each pair to talk without interruption for three minutes while the other person actively listens.
60. The active listener can use nonverbal communication, encouraging words and open-ended questions to encourage the talker to continue, but they should not turn the topic to themselves.
61. After three minutes, ask participants to switch roles. The other person should then talk uninterruptedly for three minutes while the other actively listens.
62. Lead a large-group discussion by asking:
 - How did it feel to have someone actively listen to you?
 - How did it feel to actively listen to someone?
 - How often do we actively listen to each other in our everyday lives?
 - How could active listening impact a provider's mentoring experience?

63. Show slide: *Reflective Listening*

The process of verbally reflecting what someone said

64. Discuss the following:

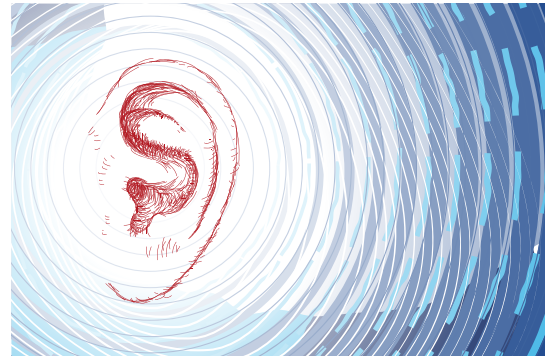
Reflective listening

- Helps the mentor check whether she or he understood the provider
- Helps the provider feel understood and respected
- The mentor can include the word "you" to emphasize that she/he is actively listening and reflecting back what the provider has said.



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- It is natural to mix reflection with other skills, such as active listening and summarizing.
 - The following is an example of reflective listening:
 - Provider: “I always feel so rushed with my clients. I barely have enough time to do even basic contraceptive counseling because there are always more clients waiting for me.”
 - Mentor: “So you feel like you don’t have enough time to provide comprehensive contraceptive counseling.”
65. Lead participants in the second of three effective-communication activities on reflective listening.
66. Have participants get in the same pairs as for the active listening activity and choose a first speaker and listener. When it is their turn to speak, participants speak again on the topic they selected in the active listening activity.
- The speaker talks for two minutes, while the listener responds only with reflective listening statements.
 - After each has had a turn, ask participants:
 - How natural did it feel to be a speaker?
 - A reflective listener?
67. Show slide: *Summarizing*
- Summarizing — the process of synthesizing and stating what a person has said in order to capture key concerns and issues. Also called paraphrasing.
68. Discuss the following:
- Effective listening includes summarizing, also called paraphrasing.
 - Summarizing helps ensure that the message sent is the message that has been received.
 - It is particularly useful when:
 - Changing topics
 - Closing discussion
 - Clarifying something
 - Summarizing is also used to:
 - Check the mentor’s comprehension
 - Indicate that the mentor has heard and respected the provider’s point of view
 - Pause for the mentor to collect her or his thoughts
69. Lead participants in the third of three effective-communication activities on summarizing.



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70. Have participants get in the same pairs as for the reflective listening activity and choose a first speaker and listener. When it is their turn to speak, participants speak again on the same topic as in the previous two listening activities.
 - After a minute to think about what they will say, the speaker talks for two minutes, while the listener practices active listening. After the speaker is finished speaking, the listener should summarize what the speaker said, taking around 30 seconds. They then switch roles.
 - After each has had a turn, ask the group:
 - As a listener, was it difficult to summarize?
 - As a speaker, did the listener summarize correctly?

Approaching issues with a solution orientation

71. Show slide: *A Solution Orientation*

A mindset in which the person focuses on what is needed to strengthen that which is not yet optimal rather than believing something is broken.

Ask: When you are confronted with a challenge, do you focus your attention on the problem or the solution?



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72. Discuss the following:

Solution-oriented mentors

- Identify what is being done well
- Help strengthen what is not yet optimal
- Spend more time solving problems than identifying them
- Encourage providers to be appropriately confident
- Demonstrate positive expectations of providers
- Facilitate positive provider feelings, better learning and performance improvement

73. Ask participants to watch two skits in a row and identify which is of a mentor offering a provider unconstructive versus constructive criticism. Ask them to justify their responses.

"You were so focused on filling out the chart that you ignored the client. You asked if she had questions, but instead of listening, you rushed to give her more information. Your voice is too deep and intimidating." **Unconstructive criticism**

"You were very thorough and covered all of the important steps. When you asked the client if she had any questions, however, I noticed that you were still filling out her chart and were not looking at her. If you stopped what you were doing and made eye contact with her, she might feel more comfortable asking questions." **Constructive criticism**

74. Show slide: *Criticism Versus Constructive Criticism*

Criticism — the act of passing judgments on the merits of something, often done negatively

Constructive criticism — the process of offering valid and well-reasoned opinions about the work of others, usually involving both positive and negative comments, in a constructive and compassionate manner

75. Discuss the following:

Constructive criticism

- Addresses the performance, not the person
- Only addresses things the person has the power to change
- Is compassionate and intended to assist the person
- Is focused on a specific action, not generalizations or global statements (does not use the phrase “You always” or “You never”)
- Offers ideas for improvement, allowing the provider to determine which solutions are most appropriate. Allowing the provider input and control increases the likelihood that the provider will make and retain the change.
- Does not overwhelm the provider with items they need to change, but focuses on the most important issues
- Is an important way to provide feedback, which will be covered later in this module

Barriers to effective communication

76. Ask participants to brainstorm: *What are all of the possible barriers to communication?*
Possible answers may include:

- Lack of trust
- Lack of privacy, especially when giving feedback
- Frowning or other negative facial expressions
- Lack of eye contact
- Body positioned away, crossed arms or legs
- Distractions such as interruptions, looking at telephone or watch
- One person dominating the conversation
- Being critical or judgmental rather than providing constructive criticism with solutions
- Laughing at or humiliating provider
- Arguing with provider
- Being disrespectful of provider’s beliefs, way of life, or method of providing care
- Conflict between verbal and nonverbal messages

77. Show slide: *Barriers to Effective Communication*

Say: *Ineffective communication means that the message did not go from the sender to the receiver successfully— that is, it did not go in the way the sender intended it and with the desired outcomes.*

Show slide: *What is Needed for Effective Communication*

Discuss:

- Messages are not always received accurately.
- Many things can occur to disrupt communication.
- Effective communication requires sender and receiver to:
 - Listen
 - Pay attention
 - Perceive what the other is trying to say
 - React verbally or nonverbally
 - Consider whether reaction indicates that message was sent successfully

Note to Facilitator:

A list of effective verbal and nonverbal communication techniques is included in the participant handout.

Conflict management skills

78. Show slide: *Conflict Management*

- An important part of mentoring
- Some conflict is inevitable
- People have different comfort levels with conflict
- Mentor and provider differences can make conflict more difficult
- Need structured process to manage conflict

79. Discuss the following:

- Sometimes mentors will need to provide feedback that is difficult to communicate.
- If handled well, conflict can be an effective vehicle for learning and growth.
- Gender, age and other differences between mentor and provider can make conflict more difficult to resolve.

80. Show slide: *Conflict Management Skills*

- Active listening and clarifying questions
- Reflecting or summarizing feelings and thoughts
- Revising your understanding as needed

81. Provide an example of this:

- Preface your response with “I think I’ve shown that I understand what you are saying, and now I would like you to understand what I am saying...” (in your own words if desired)

- Restate what you need in the situation or what needs to be changed in order to achieve high-quality care
- If they understand what you have said, seek a joint solution. If they not seem to understand, repeat the “Listen” and “Say” steps again until they understand what you are trying to say.

82. Show slide: *To Find a Joint Solution (Win/Win)*

- Share and listen to perceptions.
- Commit to working together.
- Identify what each person needs.
- Focus on interests.
- Have them create options they are willing to implement.
- Set goals so both people’s needs are met: “A good solution will have ____.”
- Write down agreements.

83. Show slide: *Avoid Self-Defeating Behaviors*

- Paralysis
- Distancing
- Provocation
- Sabotage

Discuss the following:

- Paralysis is failing to respond to conflict.
- Distancing is passively responding to conflict.
- Provocation is venting anger or frustration through accusation.
- Sabotage is intentional or unintentional destruction of provider’s status or performance.

84. Discuss: *Additional conflict-management tips*

- Slow down: Take time to reflect on what is occurring rather than responding impulsively.
- Engage in critical self-reflection: Honestly and critically evaluate personal contributions to a conflict.
- Consider ethical and professional obligations: Maintain professional roles so neither the mentor or provider is exploited or caused personal/professional harm.
- Be proactive: Take the initiative to prevent situations from escalating into conflict.
- Seek consultation: Draw from the experience of others when needed (ensuring confidentiality is maintained).
- Document: Keeping notes can help identify progress or deterioration of the mentoring interactions.

Giving and receiving feedback

85. Show slide: *Feedback*

Comments that reflect opinions about or reactions to a person's performance, to evaluate or modify a process, or to provide useful information for future decisions and development



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86. Discuss the following:

- Feedback should occur with the ultimate goal of improving performance.
- The process of giving and receiving feedback involves giving the provider information about the performance and listening receptively to their responses.
- Feedback should be given using a strengths-based approach: Identify the provider's strengths, praise them and develop strategies together to draw upon those strengths to address any areas of service provision that are not yet up to protocol.
- The literature shows that mentors must provide adequate support and feedback to promote transfer of knowledge and skills into the workplace and optimize high standards of care.

Giving feedback includes:

- Providing people with information about what they do well
- Identifying aspects of their performance that need improvement
- Offering realistic suggestions for helping their performance

87. Ask participants to brainstorm good feedback practices, then provide this information.

Feedback is most constructive when it is:

- **Specific.** Feedback is most useful when it helps learners identify specific behaviors that they do well or need to improve, as well as specific changes they need to make in their behavior.
- **Realistic.** Directed towards a behavior that the learner can realistically change. Feedback is not helpful when it focuses on issues such as a learner's accent or the sound of their voice.
- **Timely.** Feedback is most useful when it is given during or immediately after a learner practices a new skill or procedure.
- **Strengths-based.** Feedback is more likely to be received positively by the provider when it acknowledges her or his strengths and how those might be used to improve service provision.
- **Delivered using "I" statements.** Mentors should use their own observations and suggestions when delivering feedback to learners ("I" statements include: "I

think...," "I noticed...," "I observed...")

- **Descriptive, not judgmental.** Feedback should describe the consequences of learners' behavior, rather than judging learners' skills or intentions.

What we say, how we say it, and when we say it are all critical to whether feedback is effective. Ask permission or identify that you are giving feedback.

Basic principles of feedback include:

- Give feedback in a "feedback sandwich" (see explanation below).
- Use the first person.
- Describe what you observed — specifically, and not opinions, interpretations or judgments — and address feedback to what you observed only.
- Avoid judgment or labels.
- When making suggestions for improvement, use statements like, "You may want to consider..." or "Another option is..." as people are more swayed by open-ended suggestions than finite ones.
- Provide feedback at any time: during the clinic visit, immediately afterwards, or after you leave the clinic premises, depending on what seems most appropriate. However, feedback given soon after the actual event is more likely to be remembered by the provider.
- Some feedback requires immediate timing, so if it is necessary to provide feedback in front of a patient, be calm and put both the patient and the provider at ease while explaining your recommendation.

Giving feedback as a "sandwich" increases the likelihood that the person can accept the constructive criticism:

- Compliment something the provider did or said well (the bread).
- Offer the constructive criticism about something that was lacking (the filling), preferably suggesting a means to address it that plays to the provider's strengths/"bread."
- Compliment a different aspect of the provider's performance that they did well (the bread).

88. Lead participants in a brainstorm: *"What needs to be considered by the mentor when giving feedback to the provider, especially in a health-care setting?"* Possible answers include:
- The presence of patients — the clinical mentor must not embarrass the provider in front of a patient, but also must not allow the provider to do anything that endangers the health or well-being of the patient; thus some feedback should be held until a private conversation is possible, while other feedback must be given immediately in a diplomatic and supportive, yet honest, way.
 - Content and style of communication with the patient — for example, a mentor's feedback could be "The information you gave on the procedure was accurate, but I'm not sure the patient was following you."
 - Consideration of the scope of responsibility of the provider — for example, if the mentor has concerns about the quality or availability of supplies that may not be within the provider's power to change.

89. Show and discuss slide: *Giving Negative Feedback*

If the issue is health threatening, feedback must be firm and clear.

90. Discuss the following:

- In addition to using the sandwich technique to give negative feedback, clinical mentors should consider whether the issue is a threat to the health of patients. If it is, the feedback must be firm and as clear as possible.
- Do not raise your voice or make statements about the provider's overall ability or personality, instead, stay focused on the particular issue.
- If the health of the woman is imminently threatened, it may be more effective for the clinical mentor to take over the procedure and give feedback afterwards.
- If it is not health threatening, decide whether the negative feedback is a priority. If it is a priority, say it but with softeners like "I noticed," "you might consider," "I wonder if you might try," and such phrases.

91. Show slide: *Receiving Feedback*

Mentors must also be skilled in asking for and receiving feedback from providers and other members of the Provider Support Team.

92. Discuss the following:

- When mentors solicit feedback, they should listen carefully to suggestions and thank both providers and fellow mentors and team members for their opinions.
- By doing this, mentors show that they value others' perspectives and are willing to examine and improve their own performance.
- To receive feedback, mentors should:
 - Ask for specific and descriptive feedback.
 - Ask clarifying questions to understand the feedback.
 - Accept feedback. Do not defend or justify behavior. Listen to the feedback and thank participants or fellow trainers for sharing their perspectives.
 - At a later time, reflect on the feedback and use relevant feedback as information to improve performance.

93. Lead participants in an activity on communication and feedback skills practice using the Communication Skills Checklist and Giving and Receiving Feedback role-play scenarios.

- Ask each group of four participants to split into two pairs and role play providing feedback in each of the two scenarios.
- After one participant has played the clinical mentor in both scenarios, they switch roles to let the other participant be the clinical mentor in both scenarios.
- Remind them to incorporate listening and affirmation skills into the practice. They should use the Communication Skills Checklist to evaluate the scenarios presented in the activity.
- Ask participants to discuss in their group of four how it felt to give and receive positive and negative feedback.
- Ask participants as a group to discuss: What were the differences between providing

negative and positive feedback, if any? Receiving it? Other thoughts?

Clinical coaching

94. Show and discuss slide:
Clinical Coaching

Clinical coaching is both an approach to training and a specific activity that is carried out by mentors.



95. Discuss the following:

- Coaching helps learners develop new clinical skills using a combination of
 - Active listening
 - Questioning
 - Positive feedback
 - Problem-solving techniques
- Through coaching, knowledge is transferred from the mentor to the learner in a manner that builds learners' self-esteem, as well as their skill set.

96. Show slide and ask a participant to read the quote:

"The most important responsibilities [as a clinical mentor] are to ensure my mentees never feel orphaned or alone. They must have confidence that I will be there when they need me even when complications or challenging cases arise, and that they will be competent in time. My other responsibility as a mentor is to ensure that the standard of care is maintained for all patients without discrimination." — Ipas-trained clinical mentor, Zambia

97. Show slide: *Three Phases of Coaching*

- 1) Observation and demonstration
- 2) Practice
- 3) Evaluation (assessment of competency)

100. Discuss the following:

- Transfer of information takes place during three phases of coaching.
 - 1) Observations and demonstration — In the first phase, the clinical mentor performs the skill while the learner observes the demonstration.
 - 2) Practice — During the second phase, the provider practices the skill while the mentor provides supervision and support.
 - 3) Evaluation — In the final phase, the mentor assesses the level of competency with which the provider can perform the skill. Mentors should use service delivery skills checklists to assess providers' performance.

- Because providers have already been trained in these skills and clinical mentoring is reinforcing them, it may be possible to skip phases one and two for some skills, if the provider is confident in performing them and no issues are seen in phase three with that skill.

101. Show slide: *Phase One: Observation and Demonstration*

102. Discuss the following:

The demonstration phase is important to:

- Correctly model the clinical procedure by an experienced clinician following a standardized performance protocol
- Give providers a clear depiction of what the expected performance is when conducting the skill
- Allow providers to observe and ask questions about the skills prior to practicing it themselves.

To demonstrate effectively, the mentor needs:

- Proficiency in the skill being taught
- To conduct the demonstration in a clear way that follows the standard procedure and allows enough time for providers to observe and understand each step of the skill
- To demonstrate the skill in a realistic manner using actual materials
- To discuss the demonstration afterwards and allow enough time to answer questions

103. Show slide: *Phase Two: Practice*

104. Discuss the following:

During the practice phase, the clinical mentor should:

- Help the provider set competency-based learning goals
- Provide support and encouragement to the provider in practicing new skills learned in training
- Actively listen to the provider and ask questions to clarify and further learning
- Provide timely, specific feedback before, during and after observed services



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- Help the provider learn to problem-solve difficult situations in clinical settings
105. Show slide: *Phase Three: Evaluation*
106. Discuss the following:
- Mentors and providers can evaluate progress in new skills by:
- Establishing realistic learning goals and assessing progress during the clinical mentoring process
 - Giving the provider specific, helpful feedback throughout the mentoring process
 - Using competency-based clinical checklists to measure provider performance



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Problem solving

107. Show slide: *Problem-Solving Steps*
- 1) Identify problem
 - 2) Analyze problem, especially root causes
 - 3) Identify possible solutions and what's been tried before
 - 4) Select best solutions
 - 5) Evaluate solutions
 - 6) Develop action plan with sequential steps
 - 7) Implement solution and monitor effectiveness
108. Ask participants to summarize the three problem-solving tools discussed in detail in Module 2 — the Five Whys, the Fishbone Diagram and the Problem Tree — and answer any questions.

Managing Serious Adverse Events

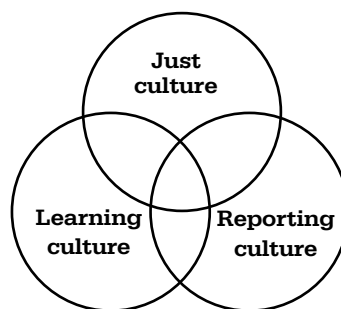
109. Show slide: *Serious Adverse Events*
- Serious adverse events (SAEs) are rare and require special attention.
110. Show slide: *Just versus Blame Culture*
- **Just culture:** Human actions are judged fairly and viewed within the complexity of the system factors.
 - **Reporting culture:** Staff feel safe from retribution and report information about



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safety concerns even when it involves human error.

- **Learning culture:** Active improvement efforts are directed at system redesign.



111. Discuss the following:

- The provider is likely to need support and reassurance after an SAE, so the clinical mentor should be in close contact and available to address concerns.
- In addition to addressing the provider's emotional needs, the SAE should be documented, using the facility or health system's form and process, and discussed to prevent a reoccurrence.
- A sample Complication Report for Uterine Evacuation and Contraceptive Care Form is included in this training manual.
- If there is an internal discussion of the event at the facility, the mentor should be there, if possible, to be supportive of the provider.
- At least one member of the Provider Support Team should be identified to be available to help with any emotional distress a provider may have following a complication.
 - Once the woman and her family are cared for, the provider may need reassurance also.
 - Providers may look to their peer network for support.
 - The clinical mentor can put the provider in contact with another provider who could offer support.

112. Have participants perform the two Mentoring on Serious Adverse Events Skits using the script.

- In a large group, discuss the differences between a "blame" culture and a "just" culture in how serious adverse events (SAEs) are handled.

113. Lead participants in a role-play activity on mentoring on SAEs.

- Ask participants to divide into groups of three. Have them role play an SAE situation, rotating the roles of provider, mentor and observer. Practice asking about and discussing cases using a "just culture" approach.

114. Explain that participants will now practice clinical coaching skills.

- Separate participants into small groups of three to four people.
 - Participants should practice an advanced skill such as performing a uterine evacuation with MVA. They should be comfortable enough with the procedure so they can stay focused on clinical mentoring skills without concentrating on each step.

Note to Facilitator:

Health-care providers should be grouped according to similar clinical training experience. Trainers will need to prepare in advance a Clinical Skills Assessment Checklist for the chosen clinical procedure. Please see Ipas's *Woman-Centered, Comprehensive Abortion Care: Trainer's Manual* for clinical skills checklists.

- Participants take turns playing the mentor, provider, client (or use a pelvic model, if MVA is the chosen procedure) and observer until everyone has had a chance to practice coaching.
 - Mentors need to coach on both clinical and interpersonal skills and can use the appropriate clinical skills assessment checklist (found at the end of this manual) to provide feedback to the provider as part of the coaching process. The person playing the trainee can deliberately make mistakes to allow the person playing the coach to practice making corrections and giving constructive feedback. Observers will use the Effective Clinical Coaching: Competency Checklist to assess the coach's skills.
 - Tell them: *As you practice coaching, remember to coach providers by using a combination of effective listening, questioning, feedback and problem-solving techniques to help trainees develop confidence and competence in new clinical skills.*
 - At the conclusion of each coaching practice, the person playing the coach will self-evaluate, and then the people playing the provider, client and observer (in that order) will refer to their Effective Clinical Coaching Checklists to give feedback on the coaching skills and make suggestions for improvement.
- Facilitators should allow participants to give all of their feedback first, but remain on hand to provide additional feedback missed by participants.
 - Optional: If resources are available, facilitators can videotape participants while they coach and then play the video back to allow them to see and hear themselves before they self-assess their coaching techniques.
- Process the coaching practice activity by leading a discussion about the clinical coaching practice:
 - *What happened in your small group?*
 - *What did you experience as the provider? Mentor? Client? Observers? If optional actual clinical practice activity was conducted: What differences did participants note between coaching in simulated and actual clinical practice settings?*
 - *What are some of the key lessons from this activity that we should bring to our work as clinical mentors?*
 - *What might you do differently as a clinical mentor as a result of this session? How might you act differently when you mentor health-care workers in the future?*

Documentation

- All provider support needs, inputs, factors affecting performance, and performance results should be documented.
- This information will be used to measure individual provider progress and analyze the types and frequency of inputs by clinical mentors and other members of the Provider Support Team that led to improved performance.
- Many health systems have their own processes and forms.

115. Ensuring proper documentation of services

- Emphasize to providers the importance of accurately recording service delivery information in logbooks.

116. Distribute the participant handout(s). Solicit and discuss any outstanding questions, comments or concerns. Thank the group for their participation and transition to the next section of the training.

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Module 4: Participant materials

Participant Handout

Participant Handout: Module 4: Clinical Mentoring Skills

Establishing rapport, building relationships and trust

“[Mentors should] have a good relationship with clinic managers and their superiors, be humble but firm as not everyone has the same values as you.” — Ipas-trained clinical mentor, Zambia

The relationship between the mentor and the provider should be well established so that the provider will be open to learning from the clinical mentor. The relationships with other facility staff and other Provider Support Team members are also important.

It is important for the mentor to:

- Become well acquainted with mentees
- Develop a bond
- Foster a feeling of being included
- Provide affirmation
- Allow mentees to freely share information, concerns and solutions

Some techniques for establishing rapport and building trust with others:

- Greet according to local customs.
- Facilitate introductions among all people involved.
- Mirror language used by others.
- Demonstrate patience.
- Listen. Do not interrupt.
- Make eye contact (if culturally appropriate).
- Focus on the people. Avoid attending to other tasks.
- Use the **SOLER** posture: face **Straight on** rather than at an angle to the person; **Open** body posture; **Lean forward** slightly; maintain **Eye contact**; and be **Relaxed**.

RECOGNIZING CULTURAL AND OTHER DIFFERENCES

Differences in ethnicity, language, gender and generation may interfere with relationship development. Where differences are pronounced, it is important to create safety, raise sensitive issues, and note assumptions and emotions. Mentors and mentees can discuss shared fears and concerns.

Questions to consider:

- How might the similarities between yourself and the provider you will mentor affect your mentoring relationship?
- When you notice any discomfort that you believe is due to differences between you and your mentee, what

steps can you take to minimize or eliminate the discomfort?

AFFIRMING STATEMENTS CAN HELP ESTABLISH RAPPORT AND BUILD POSITIVE RELATIONSHIPS.

“[Mentors should] have a good relationship with clinic managers and their superiors, be humble but firm as not everyone has the same values as you.” — Ipas-trained clinical mentor, Zambia

Affirmations serve to show appreciation for the provider’s efforts and can facilitate giving and receiving feedback. Examples of affirming statements:

- *You are doing good work.*
- *You are really improving.*
- *I appreciate your effort.*
- *That makes sense.*
- *I feel your concern.*

MAINTAINING APPROPRIATE BOUNDARIES

It is natural for mentors to experience a feeling of closeness with the providers they mentor, but it is important to:

- Keep the relationship professional and remain objective when providing feedback
- Try to avoid personal issues
- Limit or avoid spending nonwork time with the provider

Self-awareness and values clarification

According to the World Health Organization (WHO):

“Training should be competency based and address health-care provider attitudes and ethical issues. ...”

“In addition to skills training, participating in values clarification exercises can help providers differentiate their own personal beliefs and attitudes from the needs of women....”

Self-awareness, self-reflection and humility are critical for effective relationships and thus are important qualities in a mentor. Mentors need to be aware of their thoughts and actions, and notice personal issues that arise in the mentoring process. They can model self-awareness for providers.

This awareness can help providers identify any attitudes and behaviors that are not compatible with providing high-quality care:

- Mentors can help providers become more aware of abortion stigma, how it manifests and how to avoid it in their clinical practices and relationships.
- Humility allows the mentor to approach mentoring as a mutual learning relationship with the provider. Providers already have knowledge and experience, even though they are not as experienced in abortion-related care as the mentor. Humility and self-awareness lead to enhanced learning through reflection and dialogue.

ADDRESSING PROVIDER ATTITUDES

“The words that have made a difference are that ‘every woman matters to someone and they must matter to us.’” —Dr. Mutinta Lina Muyuni, clinical mentor, Zambia

Clinical skills are vital, but not enough, to ensure delivery of high-quality care. Values and attitudes influence behavior and often operate unconsciously. Mentors may act upon abortion-related beliefs and attitudes that negatively affect:

- Treatment of providers they mentor
- Treatment of clients seeking abortion care

Mentors should serve as role models in upholding all women’s — including young and unmarried women’s — right to abortion and ensuring services that meet diverse women’s needs.

VCAT (values clarification and attitude transformation) allows mentors to identify and separate personal beliefs from professional duties:

- Replace myths with factually correct information
- Clarify values
- Transform attitudes
- Solidify providers’ intention to perform compassionate abortion care

For more on VCAT, please see Ipas’s *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences*.

Setting clear goals for learning and improving abortion-related care

The first process step in clinical mentoring is reaching agreement on the definition of success. Success is easier to achieve when it is clearly defined.

Setting clear performance and quality goals:

- Agree on provider’s performance and quality goals at beginning of mentoring process
- Goals should be SMART:
 - **S**pecific
 - **M**easurable
 - **A**ttainable
 - **R**elevant
 - **T**imely
- Can be written in a mentoring agreement form, which can include provider’s performance and quality goals, roles of and accountability between clinical mentor, provider and other Provider Support Team members.

Clinical mentoring inputs that mentors will be expected to make to providers can include:

- Instruction
- Demonstration and coaching of correct techniques
- Service delivery observation and facilitative supervision

- Monitoring service data and adverse events
- Case review
- Constructive feedback and joint problem-solving
- Facilitation of professional networking and peer support
- Assistance to ensure adequate infrastructure, supplies and equipment, and other site-specific needs
- Recommendations for service delivery improvements at the facility level, such as infrastructure changes, client flow and service reorganization
- Overseeing supervisory swap visits between providers from different facilities (for those country programs that utilize this method)

Clinical mentor roles and responsibilities include:

- Offer clinical support soon after completion of clinical training
- Observe and assess provider performance and service delivery
- Develop plans for needed improvements
- Respond to provider requests for support in a timely way
- Discuss and resolve issues that affect performance
- Provide support and guide learning when adverse events occur
- Document inputs and performance indicators in a timely manner
- Help provider assess their confidence
- Determine when the provider achieves clinical competence
- Support provider in maintaining competence

EMOTIONAL SUPPORT

Providers are clinicians, but they are people, too. It is important to address providers' emotional as well as clinical needs — they may experience stigma for providing abortion-related care. Mentors should provide information on support resources for providers.

Ipas clinical resources to which clinical mentors can refer include:

- *Woman-Centered, Comprehensive Abortion Care: Reference Manual* (2nd ed.)
- *Woman-Centered Postabortion Care: Reference Manual* (2nd ed.)
- *Medical Abortion Study Guide* (2nd ed.)
- *Clinical Updates in Reproductive Health*

Effective communication and feedback

Effective communication is needed in mentoring. There is both verbal and nonverbal communication. Nonverbal cues (facial expressions, tone of voice, body positions, etc.) can have a stronger impact than verbal cues.

The **means of communication** can be in person or virtual:

- In person is important for establishing rapport. Mentors should visit providers in person periodically to observe service delivery and verify that it is occurring as it should.
- Once the initial, in-person mentoring visit is made to a provider, within a few weeks after training, some mentoring support can be provided virtually. However, mentors should be mindful about providers' questions and issues and whether they are best addressed in person or can be managed remotely.

EFFECTIVE LISTENING

Active listening is an essential communications skill. An active listener pays full attention to the person talking and avoids interrupting or thinking of a response until the person has finished speaking. Elements of active listening include:

- Facing the speaker
- Focusing all attention on the speaker
- Not doing or thinking about other things at the same time
- Making encouraging comments to indicate to the speaker that you are listening
- Using nonverbal communication, encouraging words and open-ended questions to encourage the talker to continue, without turning the topic to yourself

Reflective listening is the process of verbally reflecting what someone said. It involves synthesizing and stating what a person has said in order to capture key concerns and issues. It helps the mentor check whether she or he understood the provider. The following is an example of reflective listening:

- Provider: "I always feel so rushed with my clients. I barely have enough time to do even basic contraceptive counseling because there are always more clients waiting for me."
- Mentor: "So you feel like you don't have enough time to provide comprehensive contraceptive counseling."

APPROACHING ISSUES WITH A SOLUTION ORIENTATION

A *solution orientation* is a mindset in which the person focuses on what is needed to strengthen that which is not yet optimal rather than believing something is broken. Solution-oriented mentors:

- Identify what is being done well
- Help strengthen what is not yet optimal
- Spend more time solving problems than identifying them
- Encourage providers to be appropriately confident
- Demonstrate positive expectations of providers
- Facilitate positive provider feelings, better learning and performance improvement

CRITICISM VERSUS CONSTRUCTIVE CRITICISM

Criticism — the act of passing judgments on the merits of something, often done negatively

Constructive criticism — the process of offering valid and well-reasoned opinions about the work of others, usually involving both positive and negative comments, in a constructive and compassionate manner

Constructive criticism:

- Addresses the performance, not the person
- Only addresses things the person has the power to change
- Is focused on a specific action, not generalizations or global statements (does not use the phrase “you always” or “you never”)
- Offers ideas for improvement, allowing the provider to determine which solutions are most appropriate. Allowing the provider input and control increases the likelihood that the provider will make and retain the change.
- Does not overwhelm the provider with items they need to change

Barriers to effective communication may include:

- Lack of trust
- Lack of privacy, especially when giving feedback
- Distractions such as interruptions, looking at telephone or watch
- One person dominating the conversation
- Arguing with provider
- Being disrespectful of provider’s beliefs, way of life or method of providing care

CONFLICT MANAGEMENT SKILLS

Managing conflict is an important part of mentoring. Some conflict is inevitable. If handled well, conflict can be an effective vehicle for learning and growth.

To find a joint solution (win/win):

- Share and listen to perceptions.
- Commit to working together.
- Identify what each person needs.
- Set goals so both people’s needs are met: “A good solution will have ____.”
- Write down agreements.

Additional conflict-management tips:

- Take time to reflect on what is occurring rather than responding impulsively.
- Honestly and critically evaluate personal contributions to a conflict.
- Maintain professional roles so neither the mentor or provider is exploited or caused personal/professional harm.
- Take the initiative to prevent situations from escalating into conflict.
- Draw from the experience of others when needed (ensuring confidentiality is maintained).
- Keeping notes can help identify progress or deterioration of the mentoring interactions.

GIVING AND RECEIVING FEEDBACK

The process of giving and receiving feedback involves giving the provider information about the performance and listening receptively to their responses. Feedback is most constructive when it is:

- **Specific.** Feedback is most useful when it helps providers identify specific behaviors that they do well or need to improve, as well as specific changes they need to make in their behavior.
- **Realistic.** Directed towards a behavior that the provider can realistically change. Feedback is not helpful when it focuses on issues such as a provider's accent or the sound of their voice.
- **Timely.** Feedback is most useful when it is given during or immediately after a provider practices a new skill or procedure.
- **Strengths-based.** Feedback is more likely to be received positively by the provider when it acknowledges her or his strengths and how those might be used to improve service provision.
- **Delivered using "I" statements.** Mentors should use their own observations and suggestions when delivering feedback to providers ("I" statements include: "I think...", "I noticed...", "I observed...")
- **Descriptive, not judgmental.** Feedback should describe the consequences of provider's behavior, rather than judging provider's skills or intentions.

Mentors must also be skilled in asking for and receiving feedback. They should listen carefully to suggestions and thank both providers and fellow mentors and team members for their opinions. They also should reflect on the feedback and use relevant feedback as information to improve performance.

Clinical coaching and problem-solving

Clinical coaching is both an approach to training and a specific activity that is carried out by mentors. It helps participants develop new clinical skills using a combination of

- Active listening
- Questioning
- Positive feedback
- Problem-solving techniques

There are three phases of coaching:

- **Observation and demonstration:** The clinical mentor performs the skill while the provider observes the demonstration. Conduct the demonstration in a clear way that follows the standard procedure and allows enough time for providers to observe and understand each step of the skill. Demonstrate the skill in a realistic manner using actual materials.
- **Practice:** The provider practices the skill while the mentor provides supervision and support. Actively listen to the provider and ask questions to clarify and further learning. Provide timely, specific feedback before, during and after observed services. This will help the provider learn to problem-solve difficult situations in clinical settings.
- **Evaluation (assessment of competency):** The mentor assesses the level of competency with which the provider can perform the skill. Mentors should use competency-based clinical checklists to measure provider performance.

Note: Because providers have already been trained in these skills and clinical mentoring is reinforcing them, it may be possible to skip phases one and two for some skills, if the provider is confident in performing them and no issues are seen in phase three with that skill.

Problem-solving steps:

1. Identify problem
2. Analyze problem, especially root causes
3. Identify possible solutions and what's been tried before
4. Select best solutions
5. Evaluate solutions
6. Develop action plan with sequential steps
7. Implement solution and monitor effectiveness

Use the three problem-solving tools discussed in detail in Module 2 — the Five Whys, the Fishbone Diagram and the Problem Tree.

MANAGING SERIOUS ADVERSE EVENTS

Serious adverse events (SAEs) are rare and require special attention. The provider is likely to need support and reassurance after an SAE. At least one member of the Provider Support Team should be identified to be available to help with any emotional distress a provider may have following a complication.

- Once the woman and her family are cared for, the provider may need reassurance also.
- The clinical mentor can put the provider in contact with another provider who could offer support.

If there is an internal discussion of the event at the facility, the mentor should be there, if possible, to be supportive of the provider.

-
- ***Just culture: Human actions are judged fairly and viewed within the complexity of the system factors.***
 - ***Reporting culture: Staff feel safe from retribution and report information about safety concerns even when it involves human error.***
 - ***Learning culture: Active improvement efforts are directed at system redesign.***
-

SAEs should be documented, using the facility or health-system's form and process, and discussed to prevent a reoccurrence.

Recognizing Cultural and Other Differences

Instructions: Complete the column for yourself, the mentor. Complete the next column based on what you know about the provider(s) you will be mentoring. Discuss the following questions in pairs:

- How might differences between yourself and the providers you mentor affect:
 - Your interactions
 - Your communication
 - Your mentoring relationship
 - Your assessment of providers' abilities
 - Your resolution of any differences of opinion or conflicts that arise
- Where there are differences, what steps can you take to overcome any discomfort, lack of trust or other potential challenges?

	You, the mentor	The provider(s) you will mentor
Gender		
Race/ethnicity		
National/regional origins		
Religion/spiritual beliefs		
Language(s)		
Professional cadre		
Education level		
Level of authority in health system		
Other: _____		
Other: _____		

Making Affirming Statements Skit

Provider: I almost forgot to make time for contraceptive counseling.

Mentor: But then you remembered. You are really improving in that respect.

Provider: That client didn't seem to trust me at first, but when I was counseling her, I was able to make a connection. She seemed to relax after that.

Mentor: Your gentle manner put her at ease.

Provider: When I was counseling her, I was unsure how to respond to that one question she asked. I was completely surprised by it. I hope I was able to control my facial expression and provide a good response.

Mentor: You looked a little surprised, but I liked how you answered in a neutral, non-judgmental way.

Provider: I felt anxious that she still seemed to feel so much pain. Even after I had taken all of the steps to manage her pain, she was still crying about it.

Mentor: You paid close attention to her needs and offered her a lot of comfort and reassurance. She really calmed down after that.

Provider: I wasn't sure how to help her when she started to cry. I tried everything I knew, but nothing was successful. I felt embarrassed that you had to step in and help me.

Mentor: There is no need to be embarrassed. You are doing well but need more practice to become fully competent. Let's keep working on those skills.

Affirming Statements role play

Adapted from Basics of Clinical Mentoring (i-Tech)

Scenario 1: The clinical mentor observes a provider's postabortion contraceptive counseling session with a client who is 14 years old. The provider interacts with her thoughtfully and listens carefully to her responses to questions to help her select the contraceptive option that will work best for her.

Scenario 2: The clinical mentor observes a provider's postabortion contraceptive counseling session with a patient who is 14 years old. The provider interacts with her using a judgmental tone and only presents her with one contraceptive method, although the facility has several methods in stock.

Communication Skills Checklist

For each item described below, write a check (✓) in the Yes column if the person demonstrates each effective communication skill or in the No column if the person does not. In the comments column, record specific examples or suggestions to be shared in the feedback session.

Skills	Yes	No	Comments
Summarizes Restates provider's comments to indicate active listening			
Nonjudgmental Remains neutral and nonjudgmental; validates everyone's experiences and opinions			
Body Language & Voice Uses body posture, gestures, facial expressions and vocal qualities that are natural, interesting and reinforce subject matter			
Articulate Remarks are clear and easy to remember; presents one idea at a time; summarizes			
Culturally Sensitive Respects participants' cultural background and perspectives			
Feedback Provides feedback that emphasizes the provider's strengths, in a positive-negative-positive sandwich; addresses the most important issues			
Aware of Needs Checks in regularly with providers to ensure that needs are being met			
Constructive Criticism Gives both positive and negative comments, in a constructive, strengths-based and compassionate manner			
Solutions Approach Offers suggestions and solutions to any problem identified			

Adapted from the American Red Cross, Basic HIV/AIDS Program: Fundamentals Guide for Training Instructors. Falls Church, VA: American Red Cross; 1997.

Mentoring on Serious Adverse Events (SAEs) Skit

CLINIC #1

Mentor: What happened here?

Staff (pointing at the provider): *S/he caused the perforation!*

Mentor: Why did you perforate that woman's uterus? Didn't you learn anything at that training we sent you to? I hope you haven't reported it yet. This will make us look really bad at our annual review.

Provider: Well, let me just say that I'm feeling really bad...

Mentor (sharply cutting off the provider): I don't want to hear your whining or excuses. Never mind...you're clearly incompetent. We'll just transfer you to some little place in the country where we won't have to worry about you.

CLINIC #2

Mentor: I understand there was a uterine perforation during your case this morning. How is the woman doing?

Provider: Yes, there was. Thankfully, it seems to be a minor perforation and the woman is doing well. We think it should heal fine on its own with time without any further procedures.

Mentor: Great, I'm glad to hear she is improving. Can you tell me what you think happened that may have contributed to the perforation?

Provider: Well, I had already started the procedure when I realized I was going to need a larger size cannula. When I asked for the larger size, my assistant informed me that we only had one of each size, and unfortunately, the larger sizes had been used earlier and had not yet been cleaned and high-level disinfected. So I proceeded to use the smaller size, but of course had to make many more passes with the smaller cannula to complete the procedure. I tried to be careful, but I guess not careful enough.

Mentor: OK, yes, we've heard of that happening before. It sounds like there could be a variety of causes that may have contributed to this, like instrument supply, processing schedules, preparation before procedures, etc. Let's gather the whole clinic team and think together about some ideas that may help prevent this from happening again. We can also begin the reporting process for your facility.

Provider: That sounds great. I really appreciate this support and the chance to think about ways that I and our team can improve the quality of our services.

Mentor: Good. And when we're finished with the team meeting, I also would like to talk more with you about how you're feeling about this.

Mentoring on Serious Adverse Events (SAEs) Cases

CASE #1

A 19-year-old woman pregnant as a result of rape presents for an abortion. By her LMP she is 10 weeks pregnant. She is very anxious and tearful during the exam but her uterine size seems consistent with her LMP. Her uterus is noted to be retroverted on exam. Dilation is difficult due to patient anxiety and cervical stenosis, but she is eventually dilated to allow a 10 mm cannula. The cannula is inserted through the cervix into the uterus with some difficulty and to a greater depth than expected from the gestational dating. When the assistant inspects the POC after the procedure, she is concerned that she sees some fat in the POC, but she does not mention it to the doctor. After the procedure, the patient has continued abdominal pain, but her vital signs are stable. The staff discharge the woman so they can go home. Three days later the woman comes back with fever, abdominal pain and marked abdominal distension. She has an emergency laparotomy which shows a small bowel perforation. The bowel and uterine perforations are repaired. Her recovery after surgery is prolonged due to infection, but she is discharged from the hospital in good condition after a two week stay.

CASE #2

A 19-year-old woman pregnant as a result of rape presents for an abortion. By her LMP she is about eight weeks pregnant, although she has been having some spotting. She is very tense and tearful during the exam and complains of pain on palpation on her left side. The provider thinks her uterine size is slightly smaller than expected for gestational age. The woman chooses medical abortion and is supplied with the medications and instructions to follow up in two weeks. In two weeks, she sees a clinic assistant. She tells the assistant that she did have some bleeding after the misoprostol, but it seemed lighter than a period, and she is still bleeding. She reports feeling some pain on her left side. The assistant is concerned about an incomplete abortion since she didn't have very heavy bleeding after misoprostol. She wants to get an ultrasound to be sure but the ultrasound in the clinic is not working. The woman is discharged from the clinic with instructions to go to the local hospital for an ultrasound. However, the woman presents three days later to the clinic complaining of severe abdominal pain and dizziness. She is transferred immediately to the local hospital where she undergoes surgery for a ruptured ectopic pregnancy. She is transfused two units of blood during the surgery and is discharged home after a one week stay.

Effective Clinical Coaching

COMPETENCY CHECKLIST

Coach: _____ Trainee: _____ Date: _____

Coaching Skills	Yes	No
<i>Pre-practice goal-setting</i>		
Greets trainee		
Asks trainee to think about and comment on previous performance and practice sessions		
Asks trainee what steps or tasks s/he would like to work on for this practice session		
Reviews these steps or tasks in the appropriate clinical skills checklist		
Works with trainee to set specific learning goals for practice session		
<i>During the practice session</i>		
Observes trainee performing the clinical skill		
Provides positive support (verbal and/or non-verbal) to trainee during the session		
Provides specific suggestions for improvement as trainee practices the skill		
Refers to clinical skills checklist and notes comments about performance during the observation		
Shows sensitivity to trainee when providing feedback during session		
Makes corrective action only when the comfort or safety of client is in question		
<i>Post-practice feedback</i>		
Asks trainee to reflect upon practice session and share feelings about it		
Asks trainee to identify steps or tasks performed well		
Asks trainee to identify any steps or tasks that could be improved		
Reviews clinical skills checklist assessment with trainee, giving positive reinforcement to steps performed properly		
Provides specific feedback suggestions regarding areas that can be improved		
Problem-solves with trainee about difficult steps or issues		
<i>CLIENT RIGHTS in actual clinical practice</i>		
Ensures trainee competency with simulated practice before practicing with client		
Ensures client consent before conducting practice		
Models respectful interaction and communication with clients		

Adapted from Sullivan, et. al. 1998. *Clinical training skills for reproductive health professionals*. Baltimore, MD, JHPIEGO.

Training and program tools

Modules at a Glance

MODULE 1: Overview	Total time: 2 hours, 15 minutes
<p>Training introduction</p> <ul style="list-style-type: none"> Welcome and introductions (15 min.) Training goals, objectives and expectations (5 min.) Training agenda (5 min.) Garden (5 min.) Facilitator's and participant's roles (5 min.) Group norms (5 min.) Training evaluation methods (5 min.) Training logistics (5 min.) 	50 minutes
<p>Clinical mentoring training overview</p> <ul style="list-style-type: none"> Explain clinical mentoring training program (5 min.) Provider support and Provider Support Team (5 min.) Broader program and health system, and other abortion-related care services (5 min.) 	15 minutes
<p>Global and local abortion data</p> <ul style="list-style-type: none"> Slides and discussion about global and local abortion data (5 min.) Importance of integrating comprehensive abortion care into health system's services (5 min.) Refer for more information (5 min.) 	15 minutes
<p>Local abortion-related laws, standards, guidelines and protocols</p> <ul style="list-style-type: none"> Local laws impacting clinical mentors, and distribute handout (5 min.) Special considerations (5 min.) Standards and guidelines discussion and handout (10 min.) Key points: consequences for providers or women, explanations of least restrictive interpretation of the law, service delivery considerations (10 min.) Discussions: aspects of the law or standards and guidelines that are unfamiliar, will have most impact on service provision, will have most impact on clinical mentoring; find the balance with providers they mentor to follow the laws and standards and guidelines but not be overly cautious (15 min.) Review (10 min.) Distribute the participant handout(s). 	55 minutes

MODULE 2: Clinical Mentors and Provider Support Team	Total time: 2 hours, 35 minutes
Module introduction <ul style="list-style-type: none"> Purpose and objectives (5 min.) 	5 minutes
Provider Support Team <ul style="list-style-type: none"> Importance of Provider Support Teams and who it may include (5 min.) Provider Support Team roles (10 min.) 	15 minutes
Clinical mentors <ul style="list-style-type: none"> Responsibilities and considerations (10 min.) 	10 minutes
Programmatic support <ul style="list-style-type: none"> Importance and challenges of programmatic support, and discussion (10 min.) Brainstorm problems faced by providers that require programmatic support (10 min.) 	20 minutes
Steps to address programmatic issues <ul style="list-style-type: none"> One to two participants share steps they have taken to help a provider address a programmatic issue and steps to address programmatic issues (10 min.) Discussion of steps taken by a clinical mentor or Provider Support Team member to address programmatic issues (15 min.) 	25 minutes
Problem-solving steps <ul style="list-style-type: none"> Steps and discussion of how to problem solve and problem-solving tools overview (5 min.) The Five Whys (5 min.) Fishbone Diagram (5 min.) Problem Tree (5 min.) Considerations for programmatic support activity (30 min.) 	50 minutes
Serious adverse events <ul style="list-style-type: none"> Overview of Serious Adverse Events (10 min.) 	10 minutes
Documenting and reporting <ul style="list-style-type: none"> Review and discuss forms to document progress, i.e., provider progress report, facility logbook (5 min.) Review and discuss tools for programmatic support (5 min.) Review and discuss clinical mentoring forms and tools, i.e., Serious Adverse Event form, service delivery checklists, skills checklists (5 min.) Monitoring success of mentoring and addressing problems (5 min.) Distribute the participant handout(s). 	20 minutes

MODULE 3: Introduction to Clinical Mentoring	Total time: 2 hours 5 minutes
Module introduction <ul style="list-style-type: none"> Purpose and objectives (5 min.) 	5 minutes
What is clinical mentoring? <ul style="list-style-type: none"> Overview and recall of a personal mentor (5 min.) What is Mentoring? worksheet, group share and discussion (20 min.) Overview of mentoring, clinical mentoring, clinical mentoring for provider performance and goal of clinical mentoring (10 min.) Factors influencing provider performance (5 min.) 	40 minutes
Benefits of mentoring <ul style="list-style-type: none"> Group discussion of possible benefits of mentoring for providers (5 min.) Review benefits for providers, mentors, service delivery sites and women (5 min.) 	10 minutes
Evidence on clinical mentoring for improved performance <ul style="list-style-type: none"> Overview of evidence on clinical mentoring (5 min.) Literature Review handout and discussion (10 min.) 	15 minutes
Distinguishing clinical mentoring, monitoring, and supportive supervision <ul style="list-style-type: none"> Review of who does it, when it happens, what happens during an encounter, what happens after (5 min.) Review supportive supervision (5 min.) Clinical mentoring compared to supportive supervision (5 min.) 	15 minutes
Clinical mentors' qualities and skills <ul style="list-style-type: none"> Facilitator demo and group brainstorm (10 min.) Facilitated discussion and brainstorm on effective mentoring, qualities and skills (15 min.) Review clinical skills and other clinical mentor qualities (5 min.) Clinical Mentoring Skills Assessment Form (5 min.) Participant handout and any outstanding questions, comments or concerns (5 min.) 	40 minutes

MODULE 4: Clinical Mentoring Skills	Total time: 7 hours
Module introduction <ul style="list-style-type: none"> Purpose and objectives (5 min.) 	5 minutes
Establishing rapport, building relationships and trust <ul style="list-style-type: none"> Review relationships between provider and mentor (5 min.) Brainstorm and review establishing rapport and building trust (5 min.) Review cultural differences, introduce and have participants complete Recognizing Cultural and Other Differences worksheet, large group discussion (15 min.) Review, mini-brainstorm and participant skit Making Affirming Statements, followed by large group discussion (15 min.) Review and discuss maintaining appropriate boundaries (5 min.) 	45 minutes
Self-awareness and values clarification <ul style="list-style-type: none"> Review self-awareness, self-reflection and humility (5 min.) Review and practice session for everyday mindfulness (10 min.) Review addressing provider attitudes, and values clarification and attitude transformation (5 min.) 	20 minutes
Goal setting, mentor inputs, and roles <ul style="list-style-type: none"> Review defining success and setting clear performance and quality goals (5 min.) Discuss Mentoring and Support Team Agreement form (10 min.) Brainstorm and discussion about inputs clinical mentors and Provider Support Teams make to providers (10 min.) Brainstorm and review clinical mentor roles and responsibilities (15 min.) Brainstorm and review provider's roles and responsibilities Review Ipas's clinical resources Discuss emotional support for providers 	40 minutes
Effective communication and feedback <ul style="list-style-type: none"> Review and interactive discussion about verbal and nonverbal communication (5 min.) 	5 minutes
Means of communication <ul style="list-style-type: none"> Review of various means of communication and a group brainstorm about appropriate issues to address via various methods (10 min.) 	10 minutes

Effective listening <ul style="list-style-type: none"> Review of effective listening skills (active and reflective listening, summarizing), personal reflection (10 min.) Activities on effective communication (40 min.) 	50 minutes
Approaching issues with a solution orientation <ul style="list-style-type: none"> Review and discussion about mentors' responsibilities, positive expectations of the provider related to their feelings, better learning and improved performance (5 min.) Role play (positive/negative demonstration) (5 min.) Discussion of constructive criticism (10 min.) 	20 minutes
Barriers to effective communication <ul style="list-style-type: none"> Group brainstorm, and review of barriers to communication and accuracy of messages received (10 min.) [Optional] Review a list of effective verbal and nonverbal communication techniques (5 min.) 	15 minutes
Conflict management skills <ul style="list-style-type: none"> Review skills to effectively manage conflict and awkward situations between mentor and provider (10 min.) 	10 minutes
Giving and receiving feedback <ul style="list-style-type: none"> Review of a strength-based approach for providing feedback (5 min.) Review three elements of providing feedback: what they do well, aspects that need improvement, realistic suggestions for improvement (5 min.) Review of what makes feedback most constructive, and basic principles: specific, realistic, timely, strength-based, "I" statements, descriptive and nonjudgmental, what/how/when we give feedback (15 min.) Review the sandwich approach to giving feedback (10 min.) Brainstorm and review what needs to be considered by the mentor when giving feedback (10 min.) Review giving negative feedback and how to manage situations that may endanger patients (10 min.) Review skills for mentors to receive feedback (5 min.) Effective communication and feedback skills practice using the Communication Skills Checklist (30 min.) 	1 hour and 30 minutes
Clinical Coaching <ul style="list-style-type: none"> Review what it is (approach and an activity), what it consists of and what it can accomplish (5 min.) Review three phases of coaching and transfer of information (10 min.) 	15 minutes

Problem-solving <ul style="list-style-type: none"> • Review problem-solving steps (5 min.) • Participants summarize three problem-solving tools from a previous module (The Five Whys, Fishbone Diagram and Problem Tree) and answer questions (5 min.) 	10 minutes
Managing Serious Adverse Events (SAEs) <ul style="list-style-type: none"> • Review importance of documentation and support from mentor (5 min.) • Explain steps the mentor and/or Provider Support Team should take to provide support after a SAE (10 min.) • Mentoring on Serious Adverse Events (10 min.) • Mentoring Serious Adverse Events Role Play (20 min.) • Clinical coaching using the Effective Clinical Coaching Competency Checklist (90 minutes) 	2 hours and 15 minutes
Documentation <ul style="list-style-type: none"> • Review importance of accurately recording service delivery information and answer questions (5 min.) • Distribute the participant handout(s). 	5 minutes

Sample Agenda

The modules included in this curriculum were designed to allow trainers to tailor a workshop agenda to participants' needs. Below is a suggested two-day training schedule. Alternatively, the training may be delivered one module at a time over several weeks, or trainers may select from the modules they determine are most relevant to participants' needs. Lastly, trainers could combine online learning with Ipas University (www.ipasu.org) with a short face-to-face workshop and clinical practicum.

For more assistance with designing a clinical mentoring workshop to meet your needs, please feel free to contact training@ipas.org.

DAY 1

Time	Activity
8:30–9:00	Registration
MODULE 1: Overview	
9:00–9:50	Workshop introduction
9:50–10:05	Clinical mentoring training overview
10:05–10:20	Global and local abortion data
10:20–10:35	Health break
10:35–11:35	Local abortion-related laws, standards, guidelines and protocols
11:35–12:00	Discussion, questions, comments
12:00–13:00	Lunch
MODULE 2: Clinical Mentors and Provider Support Team	
13:00–13:20	Module introduction Provider Support Team
13:20–13:45	Clinical mentors Programmatic support
13:45–14:10	Steps to address programmatic issues
14:10–14:30	Problem-solving steps <ul style="list-style-type: none"> • Steps and discussion of how to problem solve and problem-solving tools overview (5 min.) • The Five Whys (5 min.) • Fishbone Diagram (5 min.) • Problem Tree (5 min.)
14:30–14:45	Health break

14:45–15:15	Considerations for programmatic support activity (30 min.)
15:15–15:25	Serious adverse events
15:30–15:50	Documenting and reporting
MODULE 3: Introduction to Clinical Mentoring	
15:50–16:00	Module introduction
16:00–16:40	What is clinical mentoring?
16:40–16:50	Benefits of mentoring
16:40–17:00	Day 1 Evaluation

DAY 2

Time	Activity
8:30–8:45	Review previous day's activities and preview Day 2 agenda
8:45–9:10	Evidence on clinical mentoring for improved performance Distinguishing clinical mentoring, monitoring, and supportive supervision
9:10–9:50	Clinical mentors' qualities and skills
9:50–10:00	Health break
MODULE 4: Clinical Mentoring Skills	
10:00–10:50	Module introduction Purpose and objectives Establishing rapport, building relationships and trust
10:50–11:10	Self-awareness and values clarification
11:10–12:00	Goal setting, mentor inputs and roles
12:00–12:30	Lunch
12:30–13:35	Effective communication and feedback Means of communication Effective listening
13:35–14:20	Approaching issues with a solutions orientation Barriers to Effective Communication Conflict Management Skills
14:20–14:30	Health break

14:30–16:00	Giving and receiving feedback
16:00–16:25	Clinical coaching Problem-solving
16:25–16:45	Managing serious adverse events <ul style="list-style-type: none"> • Review importance of documentation and support from mentor • Explain steps the mentor and/or Provider Support Team should take to provide support after a SAE Documentation
16:45–17:00	Questions, concerns Summary and closing End of Workshop Evaluation

*Note: The following activities were omitted from this two-day training:

- Mentoring on serious adverse events
- Mentoring on Serious Adverse Events (SAEs) cases
- Adverse events role play
- Clinical coaching using the Effective Clinical Coaching Competency checklist

Additional Forms and Worksheets

Clinical Mentoring and Provider Support for Abortion-Related Care End-of-Course Evaluation

Dates _____ Location _____

Trainers _____

TRAINING OBJECTIVES

At the end of this training course, participants will be able to:

- Describe the clinical mentoring training program, abortion-related care program and health system in which clinical mentoring will occur
- Discuss abortion data, laws, standards, guidelines and protocols
- Identify Provider Support Team members' roles and responsibilities
- Articulate how the Provider Support Team assists providers in achieving and maintaining desired performance
- Explain the benefits of and evidence on mentoring
- Describe the characteristics of an effective mentor
- Explain the importance of and techniques for building a relationship with a provider based on trust, mutual respect and an understanding of cultural differences
- Assist providers in setting clear goals for learning and improving abortion-related care
- Communicate effectively using various means, including active listening and feedback
- Provide tailored guidance and problem-solving to providers

Please rate the course on each item below using the following scale. Please use the comments section to provide more information about the rating and suggestions for improvement.

4 = strongly agree	3 = agree	2 = disagree	1 = strongly disagree	Rating
1. The course fulfilled its objectives (see above).				_____
Comments:				
2. The course was well organized.				_____
Comments:				

3. The trainers were responsive to participants' needs. _____
Comments:

4. The trainers used effective training methods. _____
Comments:

5. The training materials (slides, handouts, worksheets, etc.) were effective. _____
Comments:

6. There were adequate opportunities for discussion. _____
Comments:

7. The physical facilities were conducive to learning and sharing. _____
Comments:

8. The travel, lodging and other logistical arrangements were satisfactory. _____
Comments:

9. Because of this course, I have a better understanding of clinical mentoring for providers offering abortion-related care. _____
Comments:

10. Because of this course, I will provide more effective clinical mentoring for providers offering abortion-related care. _____
Comments:

Name at least three specific things you will do differently as a result of this course to provide effective clinical mentoring to providers offering abortion-related care.

1.

2.

3.

What suggestions can you offer to improve this course in the future?

General comments and suggestions:

Mentoring and Support Team Agreement

Instructions: Clinical mentors, support team members and providers will discuss and complete this agreement at the beginning of the mentoring period.

The goal of clinical mentoring is to ensure that the provider receives the full range of clinical and programmatic support needed to achieve and maintain performance expectations. The clinical mentor, support team members and provider will work together to ensure the provider is:

- Clinically competent
- Clinically confident
- Meeting performance expectations of quality of care
- Documenting service delivery and adverse events appropriately

The purpose of this agreement is to ensure that the clinical mentor, support team and provider discuss and agree on:

- Performance expectations
- Specific learning goals and target dates
- Terms of the mentoring and support team relationships, mutual accountability, roles and responsibilities
- Processes for coaching, monitoring, feedback and communication

PERFORMANCE EXPECTATIONS

Performance expectations will be established by the health system and/or program. Specific, measurable indicators may be set for each performance area.

Provider _____ (name) will:

- Provide care to the established standards of care
- Provide care to all women who seek it, irrespective of age or marital status
- Use recommended, appropriate technologies in at least _____% of cases
- Provide pain management in at least _____% of cases
- Provide contraceptive counseling and method provision for women not desiring to become pregnant in _____% of cases
- Document all services provided in the logbook or other appropriate system
- Other performance indicators as established

The provider will achieve these expectations by _____ (date) and maintain them thereafter.

The provider will:

- Provide services to the best of her/his abilities or refer women as appropriate
- Agree to be followed up by the clinical mentor or support team member within three (3) weeks of completion of clinical training to receive monitoring and guidance in high-quality service provision

- Maintain accurate records of all services provided, report any adverse events per the reporting system and share those records with the clinical mentor, support team members and appropriate health-system personnel when requested to do so
- Implement improvements recommended by the clinical mentor or support team member by mutually agreed upon dates and record them in the appropriate reporting system
- Initiate contact with the mentor and support team members when support is needed
- Provide the mentor with any changes in contact information prior to leaving the current location

The clinical mentor will:

- Make contact with the provider within three (3) weeks of completion of clinical training to provide clinical support for service provision
- Assess the provider's performance using established service delivery tools
- Develop plans with the provider to make needed improvements, record all inputs to the provider in the appropriate reporting system and follow up to ensure improvements were made
- Provide as much clinical support as often as needed for the provider to achieve performance expectations
- Respond to provider requests for support in a timely and facilitative way
- Facilitate contact between the provider and support team
- Determine when the provider achieves clinical competence and help the provider determine when she/he feels clinically confident
- Observe the provider's service delivery and review records to determine when the provider is meeting performance expectations

Provider Support Team members will:

- Provide as much programmatic support as often as needed for the provider to achieve performance expectations
- Respond to provider requests for support in a timely and facilitative way
- Facilitate contact between the provider and mentor
- Work closely with other support team members to ensure seamless programmatic support
- Forward to the appropriate person any concerns and questions from providers and mentors
- Record all inputs to the provider in the appropriate reporting system

I understand that the agreement contained here will not be shared with any person other than the provider, mentor and other support team members.

Successful implementation of my performance improvement plan and achieving performance expectations renders me eligible for:

- A certificate of recognition for services to women
- Materials to further support my work
- Presentation of my successes, challenges and innovative approaches at trainings, meetings or conferences
- Potential sponsorship to trainings, meetings or conferences

Provider name	Signature	Date
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Mentor name	Signature	Date
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Support Team Member name	Signature	Date
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(Signatures are optional)

Clinical Mentoring Standard Operating Procedures

1. Establish the Provider Support Team

The team may consist of:

- a. Clinical mentor
- b. On-site supervisor
- c. Facility manager
- d. Program coordinator
- e. Other health-system or technical-assistance agency staff or consultant
- f. Facility, district or regional focal person
- g. Community advisory committee

The team is unique to each health system and program.

2. Train mentors

Select providers who meet clinical mentor criteria and train them using Ipas's *Clinical Mentoring and Provider Support for Abortion-Related Care* training manual to enhance their knowledge, attitudes and skills to effectively guide service providers to perform abortion-related care competently.

3. Match providers, mentors and support team

At clinical training events, match providers needing more clinical practice with a clinical mentor. Consider geographic proximity and other relevant factors to ensure a successful match. All providers from a given facility should be matched with the same mentor. Providers and mentors should also be informed who is on the Provider Support Team.

4. Complete performance expectations and other agreements

Providers, clinical mentors and support team members should discuss and agree upon provider performance and other expectations and complete the Mentoring and Support Team Agreement at the beginning of the mentoring period.

5. Conduct clinical mentoring

Using service delivery skills checklists, the clinical mentor observes and assesses clinical skills, gaps and challenges, works with the provider to determine improvements needed, and provides coaching and problem-solving to help the provider achieve performance expectations.

6. Document inputs and progress

Documentation is an important part of a successful clinical mentoring program. Clinical mentors and support team members should document all of the inputs they make to the provider, facility and health system, and providers' progress towards achieving and maintaining performance expectations.

7. Use data to improve performance

Clinical mentors should review providers' service delivery data with them to help them see where they are meeting or failing to meet performance expectations. Along with the support team, clinical mentors should provide as much support as often as needed to help providers make improvements and achieve and maintain performance expectations.

8. Adjust level of clinical mentoring provided

Adjustments in the level of clinical mentoring provided should be made based on provider performance. Providers who achieve and maintain performance expectations no longer need intensive clinical mentoring. All providers should be given clinical mentors' contact information in case of a serious adverse event or other clinical emergency.

9. Evaluate clinical mentoring and provider support

Providers, clinical mentors and support team members should all be engaged in program evaluation to determine which clinical mentoring and support team inputs led to greater provider performance improvements. Program staff should solicit their recommendations on ways to increase efficiency and reduce costs. Information in clinical mentors' and support teams' reports should be checked against provider feedback on the support they are receiving. Any issues consistently identified as relating to gaps in training should be used to adapt future training plans. All of this information should be reviewed regularly to inform program improvements.

Please contact training@ipas.org for provider and site baseline and progress reports and other service delivery forms not included in this manual.

Clinical Mentoring Skills Assessment

Instructions: Review and rate each skill using the scale below. For each skill for which the mentor is rated a 2 or a 3, please write comments on how the skill can be improved. This form can be used for self-assessment or by an observer to determine readiness to conduct clinical mentoring.

1 = Highly skilled 2 = Somewhat skilled 3 = Not at all skilled

Rating

1. Clinical mastery
(Use appropriate skills checklists to assess)

Mentor has the clinical skills and expertise necessary to clinically mentor providers.

Comments:

2. Coaching

Mentor is able to provide clinical coaching that is facilitative and responds to provider's identified needs.

Comments:

3. Problem-solving

Mentor is able to assist provider in identifying problems and developing appropriate solutions.

Comments:

4. Upholding standards, guidelines and protocols

Mentor is fully versed in and upholds relevant clinical standards, guidelines and protocols.

Comments:

5. Establishing positive relationships _____

Mentor is able to initiate positive working relationships with providers.

Comments:

6. Building and maintaining relationships _____

Mentor is able to build and maintain positive working relationships with providers over time.

Comments:

7. Setting appropriate boundaries _____

Mentor is able to maintain professional ethical standards with providers and does not allow personal feelings to inappropriately influence interactions and communications.

Comments:

8. Managing conflict appropriately _____

Mentor is able to establish a safe environment in which different points of view are openly and respectfully expressed, and to resolve conflict when it arises.

Comments:

9. Listening _____

Mentor is able to actively listen to and understand others' communication.

Comments:

10. Communicating _____

Mentor is able to express him/herself effectively in written and verbal communication.

Comments:

11. Setting performance expectations _____

Mentor is able to work with providers to set clear, attainable performance expectations.

Comments:

12. Facilitating/guiding _____

Mentor is able to help mentees identify their strengths and ensure those abilities are utilized in achieving performance expectations.

Comments:

13. Encouraging _____

Mentor is able to provide positive and motivating feedback to providers.

Comments:

14. Providing and receiving feedback _____

Mentor is able to give and receive observations and constructive suggestions in an appropriate manner.

Comments:

15. Self-awareness

Mentor is aware of his or her own strengths and limitations.

Comments:

16. Self-reflection and assessment

Mentor is self-aware and accurately assesses her/his own behaviors and motivations.

Comments:

17. Learning from others

Mentor is open to gaining knowledge and insights from others.

Comments:

Clinical Mentor Selection Criteria

Selection criteria for clinical mentors for comprehensive abortion care may include:

- Clinical mastery in all relevant areas (could include: first- and/or second-trimester abortion, postabortion care, contraceptive care and other areas relevant to the specific health system and clinical mentoring program)
- Commitment to facilitating delivery of and access to comprehensive abortion care for all women of any age and regardless of marital status
- Strong clinical coaching, guiding and problem-solving skills (see Clinical Mentoring Skills Assessment form)
- Available and willing to mentor and monitor providers as much and as often as needed to help them achieve competence, confidence and performance goals
- Adherence to applicable clinical standards, guidelines, protocols and reporting and documentation procedures
- Commitment to documenting all clinical mentoring inputs and outcomes appropriately in required formats and submitting relevant documentation in a timely manner
- Commitment to fulfilling agreed-upon responsibilities
- Ability to initiate and maintain positive working relationships, respecting appropriate personal and professional boundaries
- Effective and respectful interpersonal and communication skills
- Ability to exchange feedback in a manner that enhances mutual learning
- Maintains self-awareness, self-reflection and humility to allow continuous learning from others and past experiences
- Ability to suspend personal preferences to be able to maintain objectivity and provide open, unbiased feedback
- Respects privacy and confidentiality
- Other characteristics to consider: gender, age and geographical proximity to providers

Complication Report for Abortion/Uterine Evacuation and Contraceptive Care

Patient information

Female_____ Male_____ Age_____

Patient unique identifier (medical record #; date of birth, serial #, etc.):

Total number of pregnancies _____ (for female clients)

Number of live births _____ (for female clients)

Date of onset of complication: mm/dd/year ____ / ____ / _____

Facility information

Name _____

Address _____

City & State/Region _____

Country _____

Contact information of person filling form

Name _____

Title _____

Phone # _____

Email _____

Date: mm/dd/year ____ / ____ / _____

Complications

List the complications (see list on back of this page and list all that apply):

1. Describe the client's clinical condition prior to the procedure:

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- Training and program tools*

6. Was the client referred to another facility for treatment of complications?

a. YES

Facility name & location _____

b. NO

7. **TEAM MEETING/CASE REVIEW**

To be completed with all relevant facility staff, conducted in the spirit of learning for improvement

a. What happened?

Summarize the precise chronology of the event and any associated unsafe actions or omissions.

b. Why did it happen?

Ask "Why? Why? Why?..."

c. What can be changed to prevent similar events in the future?

Definitions of serious adverse events and complications (for uterine evacuation and/or contraception)

A serious adverse event (SAE) results in death, life-threatening injury, permanent impairment, or necessitates medical or surgical intervention to preclude permanent impairment.

A complication is a problem requiring intervention or management beyond what is normally necessary that is related to a procedure, anesthesia or a client's contraceptive method.

The following are examples of serious adverse events (SAEs) and other complications (this is not an all-inclusive list):

ABORTION/UTERINE EVACUATION

Vacuum aspiration or medical abortion

- bleeding requiring a blood transfusion
- infection requiring intravenous antibiotics and/or hospital admission
- unplanned aspiration (for example, for heavy bleeding or pain)
- unintended intra-abdominal surgery
- ongoing pregnancy and woman decided not to terminate
- ectopic pregnancy unrecognized at time of procedure or when medical abortion given
- death

Vacuum aspiration only

- perforation
- anesthesia-related complication requiring hospitalization or causing seizures

Medical abortion only

- reactions to medications requiring emergency treatment

Contraceptives

Hormonal contraceptives

- thromboembolism

Implants

- Infection at insertion site
- Difficult removal resulting in tissue injury, impairment or scarring beyond the small incision scar

IUDs

- Uterine perforation

Female/Male sterilization

- Infection/abscess of wound
- Severe scrotal/testicular pain lasting months to years
- Scrotal hematoma

