



Government of Sierra Leone  
Ministry of Health and Sanitation

# In-Service Capacity Building and Training for Health Care Providers in Sierra Leone

May 2017

## Mentorship and OJT 3 Workshop Sharing and Learning in Practice

## Contents

Introduction .....	4
Benefits of Mentorship .....	4
The Aim of the Mentorship Workshop .....	4
Learning Outcomes .....	4
Lecture 1: Reflection on and in Practice .....	5
Lecture 2: What is mentorship? .....	6
The benefits of mentorship .....	8
General Principles of mentorship .....	9
Lecture 3: Theories of teaching and learning .....	9
Lecture/activity 4: mentor to mentee .....	10
How is mentorship performed? .....	11
The role of the mentor .....	12
The responsibilities of a mentor .....	13
Key Knowledge and Skills of all Mentors .....	13
The responsibilities of the mentee .....	13
Lecture 5: managing the learning environment (SWOT analysis) .....	14
Lecture 6: new and updated sections of the OJT .....	16
Plenary discussion .....	17
Lecture 7: caring for the OJT training equipment .....	17
Teaching in the clinical area .....	18
Breakout session 1: preparing your teaching .....	19
Instructions to facilitator .....	19
Breakout session 2: delivering interactive teaching .....	20
Instructions to facilitator .....	20
Breakout session 3: micro teaching .....	20
Lecture 8: OJT 3 training roll out .....	21
Lecture: OJT 3 documentation .....	21

Bibliography .....	22
Appendix 1: suggested timetable .....	23
Appendix 2: SWOT analysis.....	29

## **Introduction**

A positive learning environment supports the development of health care professionals to deliver safe and effective person centered care. The Centre for Maternal and newborn Health (CMNH) at the Liverpool School of Tropical Medicine (LSTM) with support from Johnson & Johnson is providing technical assistance to MoHS and DHMTs to implement phase 3 of the In-Service capacity building programme. To further support health care workers after training a programme of mentorship is also being trialed across Sierra Leone. The aim of the trial is to determine if mentorship increases the competence and confidence of health care workers post training.

## **Benefits of Mentorship**

The Oxford English Dictionary definition of a mentor is an experienced and trusted adviser in an organization or institution who trains and counsels new employees or students. Mentoring is a learning and development process which allows a mentee to discuss any issues or development needs they may have with a more experienced and senior mentor. As a result of the arrangement the mentee will learn and develop through reflective thinking, benefiting from the mentor's knowledge. The mentor acts as a role model and guide, helping the mentee to move from novice to expert; a good mentor is a nurturing teacher and a knowledgeable friend.

Training people to be good mentors can also encourage them to become more interested in their own development and continuing education, further enhancing the quality of nursing care. This positive learning environment will help practitioners to develop the knowledge and skills necessary to meet healthcare needs of patients. This is true for both students and qualified staff with student mentorship often providing an impetus for the mentors own learning.

## **The Aim of the Mentorship Workshop**

The aim is to provide initial mentorship training to one or two clinical nurses in each area who will be responsible for supervision and assessment of students and creating a good learning environment, thereby enhancing the quality of patient care.

## **Learning Outcomes**

- ❖ Apply theories and principles of teaching, learning, and assessment to support effective learning in the practice setting.

- ❖ Utilize best evidence to devise strategies which actively influence the creation of a quality, challenging, and supportive learning environment.
- ❖ Demonstrate the application of a range of knowledge, skills, and appropriate attitudes to learning.
- ❖ Organize, manage, and evaluate an individual's learning experience.
- ❖ Understand how professional relationships inform and underpin effective mentoring.
- ❖ Provide constructive feedback to facilitate the enhancement of learner performance.

## Definitions

**Mentor** – A person who is directly or indirectly supervising a learner's practice with the aim of maximizing the learning experience of the learner.

**Mentee** – A person being supervised by a mentor who is trying to gain a learning experience in the practice.

## Lecture 1: Reflection on and in Practice

Many of the participants on the In-Service Capacity Building Programme training will be experienced nurses or midwives with many years of working in health care in Sierra Leone. However, no matter how many years' experience an individual may have, it is important that they continuously examine their own practice to help prevent bad habits from forming and to develop new skills and understanding.

Using reflection to look at their practice can help health care workers to maintain good standards of care, understand where there may be gaps in knowledge and skills and to ultimately improve or maintain high standards of patient care.

### Facilitator action

Go through the 'Using reflection to enhance mentorship' presentation and ask the participants to complete the exercise using Gibbs cycle at the end.

### Key learning points

- Reflection can help to highlight the areas of learning which need to be focused on during mentorship.
- Reflection can help to analyze a particular situation which may be of concern.
- Using Gibbs reflective cycle gives some structure to the learning process.

## Lecture 2: What is mentorship?

### Facilitator action

Go through the presentation slides, using discussion to explore some key points.

### Key learning points

- Mentorship can help learners to develop their skills further after a formal training programme.
- Mentorship can benefit the organization, the mentor and the mentee.

Mentoring is a flexible development tool and performance management technique and, when delivered well, is a relatively low cost technique and appropriate learning intervention for difficult or uncertain economic times. (CIPD 2015)<sup>1</sup> CIPD 2015 Learning and development Survey found that 'On-the-job training was considered to be the most effective learning practice, while online learning, mobile learning, external events and instructor-led training off the job were among the least effective'.

Mentorship has benefits for the organisation, mentor and mentee which ultimately can lead to improved clinical practice and patient care (Table 1). Mentorship should be included in a multifaceted approach to providing quality services which includes optimum provision of supplies, drugs and equipment.

A systematic review conducted in 2014 found that when mentoring was part of a multifaceted intervention (educational materials, audit and feedback) it had mixed effects on practitioners, patients and organisations, although none were negative.<sup>2</sup> One of the conclusions was that differences in intervention characteristics – such as mentoring length and frequency, may influence the mixed findings observed in the studies. The researchers compared their findings with other studies evaluating

---

<sup>1</sup> CIPD Factsheet on Coaching and Mentoring. Revised December 2015

<sup>2</sup> Abdullah G., Rossy, D., Ploeg, J., Davies, B., Higuchi, K., Sikora, L., and Stacey, D. (2014) Measuring the effectiveness of mentoring as a knowledge translation intervention for implementing empirical evidence; A systematic Review . *Worldviews on Evidence-Based Nursing* 2014;11:5, 284-300

mentoring within health care, which showed that mentees exposed to mentors consistently increased their knowledge, skills, and use of evidence based practice (Melnyk et al., [2004](#); Sambunjak et al., [2006](#)). Mentoring was also consistently useful for enhancing mentees' personal and professional development (i.e. job satisfaction and productivity), and organizational outcomes (i.e. retention and recruitment; Kashiwagi et al [2013](#); Melnyk, [2007](#)). However, other studies found that the use of mentoring in medical practice had mixed impacts on patients' outcomes (Augestad et al [2013](#); Birch et al [2007](#)).

Consistent with other research, mentoring delivered using individual meetings enhanced practitioners' outcomes (Ploeg et al., [2008](#)). Mentoring involves a selection process to match mentees and mentors but the extent to which the selection processes affected relationships and the uptake of evidence into practice can be difficult to conclude. Despite a key element of mentorship being the relational aspect few studies have looked at this. (LaFleur & White, [2010](#)). Better understanding of how mentor-mentee characteristics affect mentorship could also inform the uptake of evidence into practice.

Personal characteristics may not be the only aspect that could hinder successful mentorship from occurring. Barriers hindering the success of mentor-mentee relationships may include staff resistance and shortage, lack of time, lack of knowledge and skills about guidelines, and inadequate support from mentors (Gifford et al., [2013](#); Melnyk et al., [2004](#); Ploeg et al., [2008](#)). Lack of incentives for mentors and lack of organizational processes to support mentees incorporating their knowledge about mentoring in organizations may also hinder success (Ploeg et al., [2008](#)).

Mentoring has commonly been employed in clinical nursing education and in organizational change efforts (Huybrecht et al [2011](#)). In organizational settings, expert clinical educators and advanced practice nurses are positioned to act as mentors. They frequently provide tailored interaction with nurses via different approaches to enhance staff's involvement, knowledge, beliefs, and skills and to decrease their resistance and turnover rate. A better understanding of mentoring could allow experts to create effective interventions aimed at enhancing the uptake of evidence in clinical practice.

Further research is needed to understand mentoring apart from other interventions, to identify factors used to address individual mentee needs, and to explore the nature of mentor–mentee relationships.

## The benefits of mentorship

Organisational	Mentor	Mentee
<ul style="list-style-type: none"> <li>• Widening of skills base and competencies in line with the organisations goals.</li> <li>• Increased staff morale and job satisfaction.</li> <li>• Reduction in the theory/practice gap.</li> <li>• Improved quality of patient care.</li> <li>• Improves teamwork and cooperation.</li> </ul>	<ul style="list-style-type: none"> <li>• Increases awareness of own learning gaps</li> <li>• Develops ability to give and take constructive criticism.</li> <li>• Helps to develop knowledge of the organisation.</li> <li>• Improves leadership and communication skills.</li> <li>• Develops ability to challenge, stimulate and reflect.</li> <li>• Offers the opportunity to pass on expertise and knowledge.</li> </ul>	<ul style="list-style-type: none"> <li>• Develops learning, analytical and creative skills.</li> <li>• Develops knowledge of the organisation.</li> <li>• Develops own practice.</li> <li>• Develops or reinforces self-confidence.</li> <li>• Develops ability to accept criticism.</li> <li>• May help with professional development.</li> <li>• Develops autonomy and independence.</li> <li>• Increases job satisfaction.</li> <li>• Encourages on going learning.</li> <li>• Develops reflective skills.</li> <li>• Offers help with problem solving.</li> </ul>



## General Principles of mentorship

Teaching adults should be as interactive and dynamic as possible. It has been proven that this approach facilitates the learning process and promotes the application of acquired knowledge to solving problems. Interactive teaching is effective in all cultures. When we learn we retain approximately:

- 10% of what we read
- 20% of what we hear
- 30% of what we see
- 50% of what we see and hear at the same time
- We retain 80% of what we say and 90% of what we say while involved in an activity that requires participation

Training courses should therefore place emphasis on applying knowledge to real life situations either individually or in groups, to stimulate the participants learning as much as possible.

It is now generally recognized that teaching should consider what the learner already knows to reinforce this knowledge and correct any previous misconceptions. This stage is important as misconceptions that are not brought to light and discussed may persist and prevent the acquisition of new knowledge, leading to professional errors.

## Lecture 3: Theories of teaching and learning

Understanding how and why adults learn can help to improve teaching. Adults learn best when they can see a reason for what they are being taught, and in nursing and midwifery, how this applies to their practice. It is important therefore to use participant focused training which does not rely on lectures alone.

### Facilitator action

Go through the 'Theories of teaching and Learning' presentation.

### Key learning points

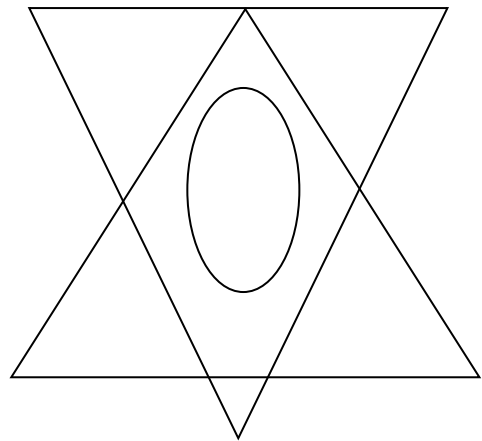
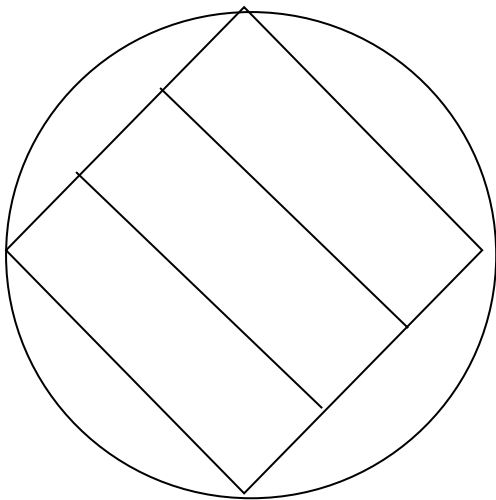
- Individuals have different learning styles
- As a facilitator/teacher you should use different teaching methods to take account of different learning styles.
- Understanding the learning style of your mentee can help them to learn

## Lecture/activity 4: mentor to mentee

This activity will help participants to review some of the principles behind effective teaching and learning.

### Instructions to facilitator

1. Divide the group into pairs.
2. Each pair will be given a paper, a pen, and an image. The image should be very simple to draw, but cannot be described in just one word. Meaning it would entail many instructions before it can be drawn. Some examples are given below.



3. One member of the pair will hold the pen and the paper, while the other holds the picture of the image and making sure only himself/herself sees the image and not the one holding the pen and the paper.
4. The one holding the image will give instructions to the partner on how to draw the image without showing him/her the image. The other draws as instructed by the other.
5. Then they shift places and roles by using another image. Make lots of image available and pairs can just exchange images in the second turn.

## Key learning Points

- Ask 3 or 4 to say something about how they felt while giving instructions and take note of their answers.
- Ask another set of 3 or 4 to express feeling when they were the ones receiving the instructions and drawing the image.
- Ask them if there was an instance that they tried to cheat by letting the other pair see the image.

The feelings expressed when giving instructions are similar to those they may have when mentoring a learner. They might feel annoyed that the learner is hard to instruct showing patience would make them a more effective teacher. The mentor might feel exhausted and tired of instructing the learner, but perseverance and being grounded to the reason why they are teaching can help with motivation to continue mentoring. It may even be tempting to take over and do the drawing themselves because they know better, but that would not help the learner to accomplish the task.

Role playing the part of the learner will remind them of the difficulties in understanding and becoming competent in complex skills; this is especially true in health care.

When teaching clinical skills in a real life setting with real patients, it is often tempting to take over the skill if the mentee is taking a long time to complete the task. It is obvious that no harm should come to the patient when teaching skills in practice, either because the mentee is taking too long to perform the skills or is doing it incorrectly. Mentees should be stopped from doing any harm to patients, but also be given enough time to master the necessary skills.

## How is mentorship performed?

To facilitate the teaching of new skills, it is important to establish whether the skill requires specific knowledge (intellectual skills), practical skills, professional skills (communication skills), or a combination of all of these.

To make the teaching of tasks easier, we need to determine the area of learning which best suits the task, which may be knowledge (intellectual skills), practical skills, or attitudes (communication skills); each of these calls upon a different teaching method. Two cases can be envisaged:

The task belongs to a particular domain, such as “identifying several factors that contribute to deviations of normal vital signs”; in this case the chosen method will rely on intellectual learning, for example, reading a reference text on normal vital signs and factors that contribute to its deviations.

Or the task belongs to several different learning areas, as is the case of most skills which call for knowledge and practical skills; in this case we need to determine the dominant field to avoid wasting time on teaching things which are not directly relevant to the current task. Example:

“Giving an intravenous injection” applies to the field in which practical skills predominate and the chosen method would be a practical session, if possible using mannequins, before going out into a real-life situation. A short theoretical lesson could, of course, be added.

It is possible that one task could apply to two fields of equal importance in which case the teaching/learning methods applicable to those areas would be followed. Example:

“Persuading a mother to breast feed her child” can be taught in a work group by making a list of arguments in favor of breast feeding. One can also study videos to teach skills and use role play for working solely on communication skills (attitude).

Regarding competences, it is the time spent in real-life situations (in-service training) that has proved to be the best method for enabling health care workers to develop their competencies.

## **The role of the mentor**

Mentorship has an important part to play in enabling learners to gain the greatest benefit from practice placements. The mentor role is designed to:

- ❖ Foster professional growth and development.
- ❖ Facilitate learning strategies to integrate theory and practice.
- ❖ Enable appropriate supervision of learners in clinical placement areas.
- ❖ Provide learners with feedback from learning situations and assess levels of competence against criteria set by NMC/MOHS and school of nursing.
- ❖ Support learners in critical reflection to enhance further learning.

## The responsibilities of a mentor

A mentor is expected to:

- ❖ Create an environment for learning, where practice is valued and developed. Providing appropriate professional and inter professional learning opportunities, maximizing achievement for individuals.
- ❖ Supervising the mentee either directly or indirectly when they are giving direct care in the practice setting.
- ❖ Developing their own knowledge and skills beyond registration.
- ❖ Actively contribute to the learning environment within own clinical area.

## Key Knowledge and Skills of all Mentors

- ❖ Demonstrate effective relationship building skills to support learning for a range of health care workers in practice.
- ❖ Facilitate learning, encouraging self-management of learning opportunities and providing support to maximize individual potential.
- ❖ Demonstrate leadership skills for education within practice.

## The responsibilities of the mentee

- ❖ Taking responsibility for their own learning.
- ❖ Promptly raising any concerns about the practice placement and/or learning experience.
- ❖ Evaluating and providing feedback on their practice placements and/or learning experience.

## Summary

Mentoring can be a rewarding and sometimes challenging activity and relies on commitment from both the mentor and the mentee. No matter how expert a mentor is each mentee will present different challenges depending on their experience, confidence and commitment to learning. Whatever action or inaction the mentor exhibits; affect the learning process of the learner.

## Lecture 5: managing the learning environment (SWOT analysis)

### Introduction

The most important factor in the learning environment is the mentor-learner relationship. Mentors who show empathy for the learners' situation and recognition of their learning needs are constantly evaluated as being the best teachers. Learners feel that they learn more from mentors who are enthusiastic about their role and appear confident in what they do. Ensure that the learner knows what is expected of them and what you can reasonably offer.

The physical environment is important, consider the effects of distractions such as heat, fatigue, noise when trying to teach in the clinical area.

You should try to develop a learning environment where the mentee feels comfortable to ask questions and volunteer when they need help. Reward speculative thinking as well as recall of fact. Recall is important when we are dealing with irrefutable realities but the management of care is based upon far more subtle reasoning processes that also require creativity and the use of intuition.

There are likely to be situations in the clinical area that directly or indirectly impact on the effectiveness of the mentorship relationship. Performing a SWOT (strength, weakness, opportunity, threat) analysis of the clinical area can help to develop a good learning environment.

### Strength

These are situations/aspects of the clinical area that are positive for either or both the learner and mentor. Examples of these are:

- Line managers who are supportive of the mentorship process.
- Empathetic and enthusiastic mentors.
- A mentor who is confident and sets high standards for patient care.
- Clear delineation of position, authority, and boundaries of the mentor-learner relationship.
- Learners are very enthusiastic in learning new skills and acquiring more knowledge.
- Adequate availability of resources/equipment to perform high quality patient care including appropriate staffing levels.

- Availability of learning resources, such as books, training equipment.
- Dedicated time set aside for the mentorship process within the working day.

### **Weakness**

These are situations/aspects of the clinical area which can hinder learning. However, once identified an action plan can be made to resolve the problem and create a more positive learning environment. Examples of these are:

- Lack of enthusiasm from the mentor/mentee to teach/learn.
- Lack of support from line manager for the mentoring process.
- Inadequate resources/equipment for patient care.
- High workload or understaffing
- Lack of materials and equipment for teaching.
- Outdated nursing practice of the mentor and colleagues.

### **Opportunities**

In some instances, a strength or weakness can be used to improve and enhance the learning environment, but these opportunities need to be recognized and acted upon. Mentors should be aware of the opportunities for teaching and learning in their work place and the best way to use these. Examples of these are:

- Patients who require care or treatment which is not commonly seen in the health facility.
- Patients who are critically ill and need frequent nursing care.
- Improvements in infrastructure/availability of equipment.
- Visiting health care workers such as district medical officers, district health sisters.

### **Threats**

These occur when situations arise which are unfavorable to both mentor and learner and to the whole learning process and may even impact on the quality of patient care being provided. Examples of these are:

- Learners rejecting to learn.
- Learners avoiding nursing care to patients.
- Mentor abusing their authority as a mentor

- Presence of hazard in the clinical area and the practice of nursing care.

### **Instructions to the facilitator**

Ask each participant to conduct a SWOT analysis for their future role as a mentor.

This should take about 15-20 minutes. Ask them to then discuss the analysis with one or two other master trainers from their district.

What are the common issues in each area of the SWOT analysis, how do they think they can overcome/use these to benefit their mentorship (15 minutes)? Feedback to the whole of the group 1 key point from each group (15 minutes)

### **Conclusion**

Whatever the setting of the learning environment, strengths, weaknesses, opportunities, and threats to learning will always be present. Developing a good environment where learning is important not just because of the benefits it brings to the individual health care worker, but also because of the positive impact this can have on patient care.

## **Lecture 6: new and updated sections of the OJT**

### **Instructions to the facilitator**

Go through the related lecture slides, explaining the additional modules (SBAR, respectful midwifery) and that all the modules have been updated. In particular, newborn resuscitation has been updated to bring it into line with that used in Sierra Leone, that is 'helping Babies Breathe'. This is to help stop confusion amongst health care workers about the actions that they should take to resuscitate a newborn.

**SBAR:** go through the slides and have a lecture/interactive discussion on communication. Ask participants to get into groups of 4 -5 to discuss the scenario and how they would use SBAR to aid communication. Take highlighted feedback from each group.

**Respectful Midwifery:** This is included to raise awareness of the need for respectful care and the benefits it brings to women, their families and health care workers. There is no separate session timetabled for this during the OJT roll out. Instead facilitators are asked to look at how they can incorporate the elements of respectful care during the 7 training modules. Using role play and large group discussion to explore what the



group understand by respectful midwifery and how they can incorporate these values into the OJT.

**Research in the OJT 3:** Use the PowerPoint presentation to explain the research components of the OJT 3.

### **Key Learning points**

- Effective communication is vital for good patient care.
- Using a systematic approach such as SBAR can improve communication
- All women have the right to respectful care.

## **Plenary discussion**

### **Instructions to facilitator**

Lead a discussion on the lessons learned, what went well and the challenges faced during the implementation of OJT 1 and OJT 2. This can either be done in small groups or one large group.

## **Lecture 7: caring for the OJT training equipment**

### **Instructions to facilitator**

Lead a group discussion on the importance of caring for the training equipment correctly. Also, discuss that a percentage of the training equipment has been replaced due to damage or loss, but that it may not be possible to do this again in the future.

### **Key Learning points**

- Having an equipment inventory at each training site can help maintain the equipment in good working order.
- Equipment is essential for training and therefore needs to be properly cared for.
- It is the responsibility of the facilitator to know how to care for each piece of equipment.

## Teaching in the clinical area

There are many strategies for teaching available including demonstration, observation, attending ward rounds etc. However, before deciding which strategy to use it is important to consider some key aspects:

- ❖ Learners will identify objectives specific to the area that they work in and these may be in addition to what needs to be taught on the course. Discuss these with the health care worker and suggest how they may be achieved during the mentorship.
- ❖ The learner will also have personal or professional objectives to achieve, which may have been identified through previous experience.
- ❖ It is important to encourage learners to identify what they would like to learn, but it is vital that any wish list is tempered by realistic expectations. You are expert in your field and should make clear to the learner what you believe they should focus on.

Working with a skilled practitioner, becoming increasingly involved and learning through action is of great value but it is important that the health care worker takes responsibility for their own learning.

### Facilitating a Skill

One way to teach a skill is to use a four-part process:

1. Facilitator demonstrates the skill in 'real time' without explanation.
2. Facilitator demonstrates and explains the skill.
3. Facilitator demonstrates the skill and the participants explain it.
4. The participants practice the skill.

### Practicing skills

It is important that health care workers have the opportunity to practice new skills in a safe environment, where they can do no harm to the patient or to themselves. Practicing skills also helps to combine theory with practice and for the health care worker to become independent in performing the skill.

Learners enjoy putting their learning into practice and need to learn to include increasingly sophisticated skills in even routine activities.

When mentoring a health care worker to learn a new skill the mentor should:

- Take note of routine nursing activities in your area that you think learners need to become competent in performing.
- Ask a learner to perform a certain skill while observing his/her deficiencies.
- Offer enough opportunity for practice to promote competence and confidence in performing the skill.
- Provide constructive feedback to the health care worker after performing the skill, unless there is any danger to the patient if the skills is being performed incorrectly.
- Brief the learner to take note of critical important points that the learner should be keenly observing in the procedure.
- Discuss with the learner the observed procedure/activity.

## Breakout session 1: preparing your teaching

Participants have been pre-allocated at registration to a group for this breakout session.

### Instructions to facilitator

Ensure the breakout rooms are set up with enough chairs and appropriate equipment. Each group should discuss the topic allocated to them for 10 minutes and then feedback to the whole group (10 minutes)

**Group A:** Using the facilitator's manual and participant manual effectively.

**Group B:** Preparing the teaching environment (what to do the day before).

**Group C:** How to organize the facility workload to minimize disruption to training.

**Group D:** Time management: time saving tips.

### Key learning points

- Good preparation is essential for teaching to be effective.
- Good time management includes having a timetable for the days teaching and keeping to it.
- Patient care should be given priority over teaching, but planning care to minimize disruptions to teaching is also important.

## Breakout session 2: delivering interactive teaching

Participants have been pre-allocated at registration to a group for this breakout session.

### Instructions to facilitator

Ensure the breakout rooms are set up with enough chairs and appropriate equipment. Participants spend 15 minutes in each room discussing the challenges, top-tips, and optimum way to deliver each of the types of teaching sessions. They should include their experiences from OJT 1 and OJT 2.

**Group A:** Facilitating a skill

**Group B:** Presenting a lecture

**Group C:** Facilitating a role play

**Group D:** Facilitating a scenario

### Key learning points

- Participants learn in different ways and so respond to different styles of teaching
- The style of teaching used will depend on the topic being taught.
- All teaching, including lectures, should be interactive

## Breakout session 3: micro teaching

Participants have been pre-allocated at registration to a group for this breakout session. Randomly selected participants will also have been given a micro teaching topic and the style of teaching to use to teach it on the last day.

### Instructions to facilitator

Ensure that each breakout room has all the equipment needed for each of the micro teachings. In each group, there are two participants who will demonstrate how to teach a skill, two participants who will demonstrate how to teach using a lecture, two participants who will demonstrate how to teach using a scenario and two participants who will demonstrate how to teach using role play.

Each participant should do their micro teaching for 7 minutes with 3 minutes for feedback. Groups rotate around each of the stations twice.

**Room 1:** Delivering a lecture. Start with group A

**Room 2:** Teaching a skill. Start with group B

**Room 3:** Teaching using role play. Start with group C

**Room 4:** Teaching using demonstration. Start with group D

### **Lecture 8: OJT 3 training roll out**

Ideally this session should be presented by a representative of the RCH Directorate as they are responsibly for determining the dates for training. Even if dates are not confirmed the presenter should explain the logistics of the roll out including how the mentorship fits in with this.

### **Lecture: OJT 3 documentation**

PowerPoint lecture and discussion on the documentation used during OJT 3. Emphasise any ongoing issues with correct filling of documentation and the additional documentation needed for the KSRS.

## Bibliography

Abdullah, G. Rossy, D. Ploeg, J. Davies, B. Higuchi, K. Sikora, L. Stacey D. (2014) Measuring the Effectiveness of Mentoring as a Knowledge Translation Intervention for Implementing Empirical Evidence: A Systematic Review. *Worldviews Evidence Based Nursing* Oct; 11(5): 284–300 Published online 2014 Sep 23. doi: 10.1111/wvn.12060.

Augestad KM, Bellika JG, Budrionis A, Chomutare T, Lindsetmo RO, Patel H, Delaney C. Surgical telementoring in knowledge translation—clinical outcomes and educational benefits: A comprehensive review. *Surgical Innovation*. 2013;20(3):273–281.

Birch DW, Asiri AH, de Gara CJ. The impact of a formal mentoring program for minimally invasive surgery on surgeon practice and patient outcomes. *The American Journal of Surgery*. 2007;193(5):589–591.

Gifford WA, Davies BL, Ploeg J, Eldred S, Bajnok I. Moving knowledge to action: A qualitative study of the Registered Nurses' Association of Ontario Advanced Clinical Practice Fellowship Program. *Nursing Leadership*. 2013;26(1):32–57

Huybrecht S, Loeckx W, Quaeysaegens Y, De Tobel D, Mistiaen W. Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today*. 2011;31(3):274–278.

Kashiwagi DT, Varkey P, Cook DA. Mentoring programs for physicians in academic medicine: A systematic review. *Academic Medicine*. 2013;88(7):1029–1037

Melnyk BM, Fineout-Overholt E, Fischbeck Feinstein N, Li H, Small L, Wilcox L, Kraus R. Nurses' perceived knowledge, beliefs, skills, and needs regarding evidence-based practice: Implications for accelerating the paradigm shift. *Worldviews on Evidence-Based Nursing*. 2004;1(3):185–193

Ploeg J, de Witt L, Hutchison B, Hayward L, Grayson K. Evaluation of a research mentorship program in community care. *Evaluation and Program Planning*. 2008;31(1):22–33.

Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: A systematic review. *JAMA*. 2006;296(9):1103–1115

## Appendix 1: suggested timetable

### Day 1: Schedule

Time	Activity	Format	Responsible
	Registration and Prayers		
	Introductions, expectation, aims, objectives and outcomes of the mentorship workshop.	Large group discussion	
	Lecture 1: Reflection on and in practice	<ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Discussion</li> <li>• Individual/group exercise</li> </ul>	
	Lecture 2: What is mentorship?	<ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Discussion</li> </ul>	
	Lecture 3: theories of teaching and learning	<ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Discussion</li> </ul>	
	Lecture/activity 4: mentor to mentee	In pairs, complete activity and feedback	
	Lecture 5: Managing the learning environment-SWOT analysis (with working break)	<ul style="list-style-type: none"> <li>• Individual SWOT analysis</li> <li>• Feedback</li> </ul>	
	Feedback and close of workshop		
	Lunch and close		

## Day 2: Schedule

Time	Activity	Format	Responsible
08:30	Registration and Prayers		
9:00	Welcome and Objectives	<ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Discussion</li> </ul>	
9:30	Update on additional sections of the OJT Manual <ul style="list-style-type: none"> <li>• Respectful Midwifery Care</li> <li>• SBAR - Communication</li> <li>• Research component</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint presentation.</li> <li>• Reference to training manuals.</li> <li>• Discussion</li> </ul>	
<b>10:15</b>	<b>TEA BREAK</b>		
10:45	<b>Plenary discussions:</b> Teaching experiences, challenges and solution from OJT 1 and 2	<ul style="list-style-type: none"> <li>• Small group discussion</li> <li>• Feedback to main group.</li> </ul>	
11:30	How to use and care for the OJT training equipment	<ul style="list-style-type: none"> <li>• Demonstration</li> <li>• Discussion</li> </ul>	
11:45	<ul style="list-style-type: none"> <li>• Signage for clinical Surgery update/ practice</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion</li> </ul>	
12:00	Teaching methods (overview) <ul style="list-style-type: none"> <li>• Effective techniques for teaching adults</li> </ul>	<ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Discussion</li> </ul>	
12:20	Instructions for group work		
12:30	<b>PREPARING YOUR TEACHING</b> Group work for 20 minutes, each group presents + discussion for 10 minutes <b>Room A:</b> Using facilitator's and participant's manuals <b>Room B:</b> Preparing the teaching environment (what to do the day before) <b>Room C:</b> How to organise care delivery to minimise interruptions <b>Room D:</b> Time management - time saving tips	Group work	
13:30	Lunch break		
14:30	<b>DELIVERING INTERACTIVE TEACHING</b> This is done as breakout sessions. Participants spend 15 minutes in each room. <b>Room A:</b> Facilitating a skill <b>Room B:</b> Presenting a lecture	Break out sessions	



	<b>Room C:</b> Facilitating a role play <b>Room D:</b> Facilitating a scenario		
15:40	Feedback and close of day		
15:50	Faculty Meeting		
16: 20	Closure		

### Day 3: Schedule

Time	Activity	Format	Responsible
08:30	Registration and Prayers		
9:00	Recap of day one	Discussion	
9:15	Group practice in cycle (In each session, one TOT presents for 10 minutes followed by 5 min discussion) <b>Room A:</b> Role Play <b>Room B:</b> Scenario/Discussion <b>Room C:</b> Skill <b>Room D:</b> Lecture	Breakout sessions	
10:15	Break		
10:45	Group practice in cycle (In each session, one TOT presents for 10 minutes followed by 5 min discussion) <b>Room A:</b> Role Play <b>Room B:</b> Scenario/Discussion <b>Room C:</b> Skill <b>Room D:</b> Lecture	Breakout sessions	
13:45	Lunch break		
14:45	Update on plan roll out of OJT phase 3 including M&E, supportive supervision, mentorship	<ul style="list-style-type: none"> <li>• PowerPoint</li> <li>• Discussion</li> </ul>	
15:30	Documentation: pre and post-test, questionnaires	<ul style="list-style-type: none"> <li>• Demonstration</li> <li>• Group work</li> <li>• Discussion</li> </ul>	
16:00	Feedback and close of day		

### Allocation of practice sessions for day 3

Session	Topic	Participant
<b>Role Play</b>	Implementing the essential elements of ANC	Participant 1 in group 1
	Counselling the adolescent client 1 Role play card is on page 191	Participant 1 in group 2
	Counselling for maternal Infant and young child feeding	Participant 1 in group 3
	Addressing adolescent sexual and reproductive health needs See Role Play Cards on page 193	Participant 1 in group 4
<b>Scenario/ Discussion</b>	Brainstorming: Adolescent Reproductive Rights	Participant 2 in group 1
	Gender based violence in children and adolescents	Participant 2 in group 2
	Supplemental feeding programmes and OTP programmes	Participant 2 in group 3
	Postpartum haemorrhage	Participant 2 in group 4
<b>Skill</b>	ANC visits: Head to toe examination	Participant 3 in group 1
	Manual vacuum aspiration	Participant 3 in group 2
	Demonstration on use of bed net (LLITN)	Participant 3 in group 3
	Resuscitation and care of the newborn	Participant 3 in group 4
<b>Lecture</b>	Non-hormonal contraception and managing side effects and complications of contraceptives	Participant 4 in group 1
	Maternal, Infant and Young Child Nutrition	Participant 4 in group 2
	Maternal and newborn postpartum care and danger signs	Participant 4 in group 3
	Identifying and managing abnormal labour	Participant 4 in group 4

Session	Topic	Participant
<b>Role Play</b>	Counselling patients for contraceptive use	Participant 5 in group 1
	Counselling the adolescent client 2 Role play card is on page 192	Participant 5 in group 2
	Providing adolescent sexual and reproductive health services	Participant 5 in group 3
	Managing side effects and complications of contraception	Participant 5 in group 4
<b>Scenario/ Discussion</b>	Management of an eclamptic fit in a BEmONC	Participant 6 in group 1
	Postpartum danger signs	Participant 6 in group 2
	Newborn sepsis	Participant 6 in group 3
	Brainstorming: Resources required for PNC and how to improve compliance	Participant 6 in group 4
<b>Skill</b>	Manual vacuum aspiration	Participant 7 in group 1
	ANC visits: Fundal height estimation	Participant 7 in group 2
	Basic Life support-ABC demonstration and CPR	Participant 7 in group 3
	Infection prevention and STI management	Participant 7 in group 4
<b>Lecture</b>	Obstetric haemorrhage	Participant 8 in group 1
	Pre-Eclampsia/Eclampsia	Participant 8 in group 2
	Newborn sepsis	Participant 8 in group 3
	Counselling the adolescent client	Participant 8 in group 4

## Appendix 2: SWOT analysis

The Mentors role is to support the health care worker to develop their practice after the on the job training workshop. The Mentor will act within an agreed range of confidentiality and in the best interests of the health care worker and patients.

Remember that the Mentors role is there alongside other support services. The mentor is not a teacher, a counsellor, a social worker

The Mentor can:

- Provide support for individuals who might be isolated or lack support and self-confidence.
- Provide support in getting to know rapidly changing environments and the use of new technologies and/or treatments.
- Offer appropriate advice and guidance to help the mentee develop their clinical practice.
- Give and receive constructive feedback
- Help mentees to manage time, plan and prioritise work, set goals and action plan, gain a better understanding of their work
- Help the mentee to complete a SWOT analysis to better understand their learning needs.

To help you to prepare for your role as a mentor please complete the SWOT analysis below.

You will also need to keep a record of the number of mentorship meetings that you have with each mentee. Understanding what went well and what could be improved in the mentorship process is also important. We therefore would like you to keep a record of this throughout the mentorship period.

## Mentoring SWOT analysis

**What do you think are the strengths that will help you be a mentor?**

(e.g. your experience, the variety of patients in the facility, support from colleagues)

**What are the weaknesses or challenges you may face in being a mentor?**

(e.g. lack of experience, travel time, coordinating visit with mentee)

**What opportunities are available in the work area to help you with the mentorship?**

(e.g. expertise of colleagues, availability of teaching equipment)

**What threats might there be to developing successful mentorship?**

(e.g. lack of enthusiasm of mentee, lack of support from management)