

The Effect of Clinical Mentorship on the Providers' Competencies During Directly Observed Clinical Care

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Purpose

Assess the effect of peer led practice, after short facility based training on directly observed care for PPH and birth asphyxia

Target Audience

The target audience of this presentation is principles in nursing and midwifery institutions, medical schools, implementing partners, ministries of health, and ministries of education, national curriculum development centers, and clinical medicine fraternity.

Methods

The study was implemented in 12 districts in two regions of Uganda. The districts in each region were divided into three study arms (4 districts per arm). Each study arm received different interventions. The control arm received training only, the partial arm received training and Clinical Mentors (CMs) support, and the full arm received a combination of training, CMs and mobile phone support. CMs mobilized and facilitated onsite practice sessions for 10-15 minutes each week based on the pre-designed schedule. After one day training, all facilities were left with the birthing simulators (MamaNatalie and Neonatalie), practice session schedules and guides, and practice logs. All providers that attended or assisted during birth were expected to simulate different scenarios for 20 weeks.

Results

- Providers in full and partial arms that had clinical mentors (CMs) practiced more than four sessions after the day of training compared to those in control arm.
- After HMS training, 24% of providers in full arm practiced and practice sessions increased to 59% after HBB training.
- 27% in partial arm practiced post HMS and increased to 58% post HBB training.
- In control arm, only 10% and 12% of providers practiced for HMS and HBB respectively.



Results (Continued)

- The percentage of providers that gave a uterotonic within five minutes of birth increased from 77% at baseline to 95% ($P < 0.001$) at midline in mentored facilities and increased from 59% to 68% ($P = 0.113$) in non-clinical mentored.
- Although there were statistically significant improvements in some indicators across both facility types, facilities with CMs performed better than those without.
- The percentage of providers that gave a uterotonic within one minute of birth increased from 11 to 24% ($P < 0.004$) and 16-34% ($p < 0.0001$) among facilities that did not have CMs and those that had respectively.
- The percentage of providers that placed the baby on the abdomen skin to skin of the mother increased from 34% at baseline to 55% at midline and 33% to 61% among those providers without and those that had CMs respectively.
- The percentage of providers that encouraged mother to breastfeed within an hour of birth increased from 13% at baseline to 53% at midline and from 30-70% in facilities that had no CMs and those with a CM respectively.

Conclusion

Peer led practice sessions should be underscored because of the enormous benefits. Presence of a clinical mentor at the facility increased chances of health providers to practice different scenarios using the birthing simulators. This increased providers' competencies to perform different tasks related to the care of the baby and the mother during birth thereby increasing their chances of survival. This approach to training is a very practical way to achieving both learning and patient care especially in a human resources for health constrained environments in Uganda.

Strengths:

- Onsite training by local District midwives
- Facility based practice led by facility midwives
- Learning and practice onsite results in change in provider performance

Opportunities for Scale in Uganda:

- Partner with the Ministry of Health and other stakeholders to scale approach for impact
- Use built capacity to provide other content area
- Integrate this approach into existing pre-service education and in-service training curricula.
- Use capacity built with District Trainers to spread the approach to other districts.

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