



Republic of Zambia
Ministry of Health

***Guidelines for Clinical
Mentorship of Health Care
Workers in Zambia***

Guidelines intended for all those involved or prospecting to provide clinical mentorship.
Second Edition 2012



Republic of Zambia
Ministry of Health

Guidelines for Clinical Mentorship of Health Care Workers in Zambia

Guidelines intended for all those involved or proposing to provide clinical mentorship.
Second Edition 2012



Foreword

Quality health care provision for all Zambians has remained the government's priority for many years. The Government of the Republic of Zambia (GRZ) further sought to promote improved health care of its people through the health reforms of 1993. At this time, the Ministry of Health (MOH) proposed that the entire health care service be propelled by the vision, "**Provision of quality and cost effective health care as close to the family as possible.**" This vision has remained true to-date. This is exemplified by the numerous developments that have taken place in the health sector in the recent past. Notable are the improvements in the diagnostic and management of non-infectious diseases such as cancer, in which a new cancer hospital has been opened in Lusaka. This, it is hoped, will reduce the cost of sending patients abroad for treatment. Many hospitals have been built across the country in order to bring health services very close to the people. New health training schools have also been opened in order to raise the much needed human resource capital base, thereby contributing towards stemming the existing *human resource crisis* in Zambia.

The priority that the government has placed on human resources in the health sector stems from the recognition that the world has become a global village. As such it is expected that the disease burden shall continue to change with global human interaction coupled with changing life styles. The steadily rising population has also compelled government to ensure that more skilled human resources capable of handling various health challenges are put in place. The approaches for building such resource must also change with time.

The ministry is convinced that while its workforce comprises highly qualified and experienced health care providers, there is need to ensure that this workforce is kept up-to-date with the ever changing approaches in the way patients are managed for various ailments. As such, continuous professional development programmes of an in-service nature have become a priority. One of the continuous professional development strategies is mentorship. This is a workplace, Competence-based Training (CBT) that is principally provided by a highly competent, experienced individual (mentor) to another qualified individual (mentee), based on identified performance needs. The mentee, while qualified in a given area may require to either learn new ways of doing the same task or even improve on performance of existing tasks and procedures. The interaction between a mentor and mentee results in cultivation of not only professional values, but also added knowledge and skills. The focus is on developing improved knowledge, skills and attitudes.

This mentorship curriculum takes cognisance of the fact that while health care providers are experts in their own right in their specialities, most may not be good teachers and mentors with the ability to transfer knowledge and skills to and change attitudes of others. Therefore, the curriculum focuses first on teaching skills that result in a mentor being able to understand the basics of facilitation, communication, conflict management, critical thinking and clinical teaching before s/he can confidently train and mentor others.

These guidelines are meant to be read together with the curriculum manuals to help both mentors and mentees understand the salient aspects of the mentorship programme and processes. The guidelines provide, among other things, the way the mentorship programme is organised in Zambia, eligibility for mentorship (mentor and mentee), roles of mentorship teams and the tools in mentorship. This document may best be described as a mentorship companion for mentors and mentees.

I hope that those that will undergo this training will certainly be accomplished mentors so that ultimately skills development in health service provision may reach desired heights for high impact health service delivery.

The ministry will fully support this programme and recognises it as the most comprehensive mentorship training within the health sector. It is my hope that it will translate into good quality health care services. A skilled and well informed health care provider is certainly a motivated worker, and it is my hope that those that will undergo mentorship under this new curriculum will carry out their work with absolute confidence.

Hon. Joseph Kasonde, MP

Minister of Health

Acknowledgements

The generic mentorship guidelines were developed through the collaborative effort and contribution of the Ministry of Health and its partners and collaborators including the Zambia Integrated Systems Strengthening Programme (ZISSP), Jhpiego, the Health Professions Council of Zambia (HPCZ), General Nursing Council, Zambia Prevention Care and Treatment Programme (ZPCT), World Health Organisation (WHO), John Snow Inc. (JSI), AIDS Relief and Centre for Infectious Disease Research in Zambia (CIDRZ).

I also wish to express my sincere gratitude to the team of individuals who individually and as a team provided the most valuable input towards the development of this curriculum. The commitment the respective organizations and individuals put in has resulted into this unique generic document that I am confident will go a long way in improving quality of health care provision in Zambia.

I wish to extend my special thanks to Dr. Pauline Musukwa-Sambo for the final editing and formatting of the manual.

The following is the technical team that developed these guidelines:

Dr. Victoria Musonda	Quality Assurance/Quality Improvement/Clinical Care Team Leader, ZISSP
Dr. Mutinta Nalubamba	Child and Reproductive Health Team Leader, ZISSP
Ms. Diana Beck	Consultant-EmONC, American College of Nurse Midwives (ACNM)
Mr. Daniel Fwambo	Capacity Building Specialist, ZISSP
Dr. Omega Chituwo	Clinical Care Specialist (Lusaka), ZISSP
Dr. Gloria Munthali	Clinical Care Expert, MOH
Dr. Loyd Mulenga	Head-Adult ART, CIDRZ
Dr. Mwangelwa Mubiana	Head Paediatric Clinical Care, CIDRZ
Dr. Chitalu Chilufya	Clinical Care Specialist (Luapula), ZISSP
Dr. Musenge Matibini	Clinical Care Officer, ZPCT
Mr. Griffin Banda	Inspections Officer, HPCZ
Dr. Chris Bositis	Senior Technical Advisor, AIDS Relief
Dr. Mary Katepa	National Professional Officer/Child and Adolescent Health, WHO
Mr. Chikuta Mbewe	Principal Pharmacist, MOH
Dr. Mwila Lupasha	Surgeon, University Teaching Hospital (UTH)
Mr. Peter Lisulo	Senior Public Health Logistics Advisor, JSI
Dr. Jean Desire Kabamba	Paediatrician, UTH
Mr. Justine Mukange	Nursing Officer, Mansa General Hospital
Dr. Aggrey Mweemba	Physician, UTH
Dr. Lawrence Siamuyoba	Physician, UTH

Dr. Chrispin Moyo	Acting ART Coordinator, MOH
Mr. Francis Kapapa	Adolescent Reproductive Health Specialist, ZISSP
Dr. Sweby Macha	Obstetrician/Gynaecologist, UTH
Mr. Davy Nanduba	Deputy Director, Pharmacy, MOH
Mr. Vichael Silavwe	Chief IMCI Officer, MOH
Dr. Robert Chipaila	Clinical Care Specialist (Kasama), ZISSP
Mrs. Mercy Wasomwe	Lecturer, UTH School of Nursing
Mrs. Florence Mukupo	Standards and Compliance Specialist, General Nursing Council
Mr. Emmanuel Mubanga	Principal Pharmacist, Provincial Medical Office, Mansa
Mr. Stanley Patela	Senior Nursing Officer, Chinsali District Health Office
Mr. Clement Phiri	Biomedical Scientist, MOH
Mr. Bernard Kasawa	EmONC Specialist, ZISSP
Mrs. Mary Kaoma	Child Health and Nutrition Specialist, ZISSP

To all, I wish to say well done.

Dr. Peter Mwaba
Permanent Secretary

Abbreviations

ACNM	American College of Nurse Midwives
ART	Antiretroviral Therapy
ARH	Adolescent Reproductive Health
CCT	Clinical Care Teams
CBT	Competence-Based Training
CIDRZ	Centre for Infectious Disease Research in Zambia
DHO	District Health Office
EmONC	Emergency Obstetric and Neonatal Care
GNC	General Nursing Council
GRZ	Government of the Republic of Zambia
HPCZ	Health Professions Council of Zambia
IMCI	Integrated Management of Childhood Illnesses
JSI	John Snow Inc.
MOH	Ministry of Health
NO	Nursing Officer
PMO	Provincial Medical Officer
QI	Quality Improvement
QA	Quality Assurance
UTH	University Teaching Hospital
ZPCT	Zambia Prevention Care and Treatment Programme
ZISSP	Zambia Integrated Systems Strengthening Programme
CCS	Clinical Care Specialist
CCO	District Clinical Care officer
CCT	Clinical Care Teams
HMIS	Health Management Information System
PA	Performance Assessment

Table of Contents

Foreword	i
Acknowledgements	iii
1. Abbreviations	v
2. Clinical Mentoring System in Zambia	1
2.1 Background	1
2.2 Definition of Clinical Mentorship	1
2.3 Clinical Mentoring Versus Technical Supportive Supervision	1
3. National System for Clinical Mentoring.....	3
3.1 Goals of the National Mentoring Programme	3
3.2 Structure and Plan for Decentralization of the Clinical Mentorship Programme	3
4. Module 1.0: Introduction to Clinical Mentorship	4
4.1 Definition of Clinical Care Teams	4
4.2 Objectives of the Clinical Care Teams	4
4.3 Functions of Clinical Care Teams	4
4.3.1 National Clinical Care Team	4
4.3.2 Provincial Clinical Care Teams.....	5
4.3.3 District Clinical Care Teams	5
5. Selection Criteria and Eligibility	7
5.1 Mentor	7
5.2 Mentee	7
6. Gender and Clinical Mentorship.....	8
7. Schedule of Clinical Mentoring and Clinical Processes	9
7.1 Schedule	9
7.2 Site Visits by Mentors	9
7.3 Clinical Processes.....	9
7.4 Format of Clinical Care Team Meetings	10
8. Mentorship Programme Performance Evaluation.....	11
9. Tools for Clinical Mentoring	12

1. Clinical Mentoring System in Zambia

1.1 Background

In Zambia, health care providers at primary health care level, level one hospitals, and level two hospitals usually have little access to experienced clinicians and specialists to call upon for consultation, review cases, solve problems and reinforce clinical diagnosis and decision making. This fact gave birth to the concept of clinical care mentorship. Most health workers at these levels are likely to have limited experience in managing complicated cases. They need clinical mentoring because they are expected to immediately manage very complicated cases. With clinical experience and specific training in mentoring, they can become mentors for fellow health workers at the same level of care or lower levels over time providing ongoing mentoring to less experienced health care providers.

1.2 Definition of Clinical Mentorship

Mentoring is a teaching process where an experienced, highly regarded empathetic person (mentor) guides another individual (mentee) to strengthen her/his knowledge, attitudes and skills through re-examination of her/his own ideas, learning and personal/professional development.

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes. Clinical mentors need to be experienced, practicing clinicians, with strong teaching skills. Mentoring should be seen as part of the continuum of education required to create competent health care providers and to ensure quality performance. It should be integrated with and ideally follow training. Mentoring is an integral part of the continuing education process taking place at the facilities where health care workers manage patients.

1.3 Clinical Mentoring Versus Technical Supportive Supervision

Supportive supervision is one of the most critical components of capacity-building. Supervision and follow-up after training ensure that health care workers can implement the lessons learnt during initial training sessions. Supportive supervision focuses on the conditions required for proper functioning of the clinic and clinical team. For example, are the key requirements for HIV care, antiretroviral therapy (ART) and prevention in place? Is an adequate process of case management in place? Supportive supervision aims to improve the quality of clinical care and service delivery through joint observation, discussion, and direct problem-solving. Mentoring and learning from each of the topics observed, discussed and planning the way forward are also part of the process.

Although clinical mentoring and supportive supervision overlap considerably, the activities are different enough that they will probably be implemented by different teams. Clinical mentoring focuses on the professional development of health care workers; clinical mentors need to be experienced, practicing health care workers. District supervisory and management teams often have full-time administrative duties and do not have the time or experience to be effective clinical mentors. This underscores the need for formation of clinical care teams (CCTs). Clinical mentoring and supportive supervision are complementary activities that are both necessary to build a system of care. Clinical mentors should not discount the importance of supportive supervision and at the very least need to be proficient in the overlapping activities indicated above.

The way the health facility service is organized and functions affects the ability of individual health care workers to implement clinical care protocols. Ample opportunities exist during clinical mentoring to incorporate supportive supervision activities such as discussing issues including patient flow, workload, organisation of care and treatment services, triage, and data management. Clinicians who do not understand the basics of how the health facility or CCT should function will not be effective as clinical

mentors even if they are extremely knowledgeable about managing patients. At the same time, clinical mentors need to keep in mind that a crucial aspect of mentoring is to promote a nurturing relationship with the mentee. Introducing a programme oversight responsibility can confound this relationship.

When incorporating supportive supervision activities, clinical mentors should take a different approach from the District Health Office (DHO). The clinical mentor should keep in mind that the goal of these activities is to improve the clinical environment rather than to audit or monitor the quality of care. For the same reason, it is generally best to carefully plan how integration of visits by the CCTs for mentoring purposes and DHO supervisors for technical support supervision can be done for logistical purposes, whilst avoiding dilution of either activity.

2. National System for Clinical Mentoring

2.1 Goals of the National Mentoring Programme

The goal of the national mentoring programme is to decentralize high quality comprehensive clinical care in line with the vision of the MOH in Zambia. This will be done by developing clinical mentors with substantial expertise in various disciplines (internal medicine, paediatrics and child health, surgery, and obstetrics and gynaecology, including the sub-specialties). The national mentoring programme involves other specialties and supportive services such as laboratory services, pharmacy, physiotherapy, radiology and administration.

2.2 Structure and Plan for Decentralization of the Clinical Mentorship Programme

The national clinical mentoring strategy anchors on the formulation of multidisciplinary CCTs at national, provincial and district levels. The national level team will provide mentorship for provincial level mentors, who will in turn support district teams to mentor frontline health workers at level one hospital and health centre level. Any experienced mentor will provide mentorship at any level in the health care system. Mentorship will also take place within health facilities and departments, assuming mentors are trained and identified at that level. Health centre staff will provide mentorship to community-based providers.

The national clinical mentorship team will be constituted and coordinated by the Director of

Clinical Care and Diagnostics Services and will draw its membership from the MOH headquarters and third level hospitals including partner organizations. The provincial team will be spearheaded by the provincial Clinical Care Specialist (CCS) and will comprise specialists from the Provincial Medical Office (PMO), third and second level hospitals and partner organizations. Likewise the district team will be led by the District Clinical Care Officer (CCO) and will have members from the district medical office, level two hospital where available, first level hospitals, and high volume health centres. The CCTs at each level are assigned to coordinate clinical mentoring activities.

The programme includes generic clinical mentorship training manuals, general and subject specific mentorship tools. Team formulation, at all levels, followed by orienting the teams in both the generic and subject specific tools will ensue. To ensure that the mentorship is tailored to the gaps at the level of service, mentors will need to review performance reports from lower levels.

Through this cascade of support, skills and knowledge will be transferred from experienced clinicians and specialists working at the various levels of the health care service to less experienced health care workers in a sustainable and cost effective manner.

3. Module 1.0: Introduction to Clinical Mentorship

3.1 Definition of Clinical Care Teams

CCTs are multi-disciplinary comprising competencies necessary for effective quality patient care. CCTs are mandated to run performance improvement processes with a focus on patient case management at all levels of the health care delivery system. The teams are formed at district, provincial and national levels and operate as implementing units under the designated office at each of the levels.

3.2 Objectives of the Clinical Care Teams

1. Support decentralized delivery of quality and affordable comprehensive health care services as close to the family as possible.
2. Support continuous improvement of patient out-comes at all levels of health care delivery.
3. Promote application of class-room learning to clinical settings in all disciplines.
4. Improve the quality of clinical care and patient outcomes within available resources.
5. Build capacity of health care providers at all levels of care to provide comprehensive and integrated care using on-site clinical collaboration, consultation and direct support.
6. Improve health worker motivation by providing effective technical support.

3.3 Functions of Clinical Care Teams

3.3.1 National Clinical Care Team

The national CCT's primary functions include development, review, and dissemination of policy, guidelines, various standards, as well as reviewing routine reports from the provinces to identify problems and provide feedback to the provinces for action. The national CCT also plays an advocacy role for improved quality of services in the health sector and resource mobilization for mentorship. The national CCTs will hold quarterly meetings to discuss and review the Health Management Information System (HMIS), Performance Assessment (PA) and clinical mentorship reports from the provinces, and plan for mentorship in highly specialized fields based on identified gaps. The national CCT will also respond to requests from lower levels for mentorship needs in specialized fields.

The members of the national CCT include:

- Members from Directorate of Clinical Care and Diagnostics, Directorate of Public Health and Directorate of Technical Support Services and the Directorate of Policy and Planning.
- Specialists from tertiary level hospitals from all disciplines, sub-specialties and partner organizations.

3.3.2 Provincial Clinical Care Teams

The provincial CCT primarily provides mentoring to the district's CCT through participating in selected field activities in each district, monthly. In addition, the provincial CCT facilitates provision of technical updates for the district CCTs as well as facilitating provision of technical assistance by the national CCT to the various districts as need arises. The provincial CCT also responds to requests for support by the districts as need arises.

The provincial CCTs will hold quarterly meetings to discuss, review mentorship, HMIS and PA reports from the districts and health institutions, then plan and coordinate mentorship within the province. They will train mentors and build their capacity for mentorship in the field. The provincial CCTs will submit quarterly reports to the national CCT on the mentorship programme in their province and request for mentors from specialised fields as necessary. They will also respond to requests from the district CCTs and health facilities' need for mentorship.

In addition to the CCS who coordinates the programme at national level, the other members of the team will be as follows:

- Communicable Disease Control Specialist
- Practicing clinical specialists for all disciplines and sub-specialties at second level hospitals
- Experienced General Medical Officers
- Provincial Nursing Officer-Standards
- Provincial Nursing Officer-MCH
- Supportive medical staff (e.g., biomedical scientists, pharmacists)
- Nutritionist (PMO and hospital)
- Focal point persons for programmes such as IMCI, malaria, TB, HIV/AIDS, EmONC, etc.

3.3.3 District Clinical Care Teams

The CCTs at district level use mentorship as a performance improvement tool to improve the quality of case management. The team will hold monthly meetings within the district and report to the technical committee. During the monthly meetings, the team will review the mentorship reports and discuss strategies and plans for mentorship. Decisions for selection of areas and facilities for mentorship will be based on review of mentorship and MIS reports, findings of PA and consider recommendations by provincial or national CCTs.

The district CCT will be coordinated by the district Clinical Care Officers (CCOs). The other members of the team will be drawn as follows:

- Medical Officer-in-charge at level 1 and 2 hospitals
- Clinical Care Managers at levels 1 and 2 hospitals
- Senior Nursing Officers at level 1 and 2 hospitals
- Nursing Officers at the DHO
- Supportive clinical staff at district hospitals and health centres (e.g., laboratory technologist, pharmacist/ technicians)
- Nutritionist
- Focal point persons for programmes such as IMCI, malaria, TB, HIV/AIDS, EmONC, etc.
- Experienced practicing clinicians at district hospitals and health centres.

The team identifies specific gaps applicable to each health facility and community and develops mentorship plans to correct such gaps. Clinical mentoring should be an on-going activity intended to produce the desired outcomes. Mentoring activities are level specific.

4. Selection Criteria and Eligibility

4.1 Mentor

In order for an individual to qualify as a mentor, the following are the desired attributes:

1. Qualified, competent and experienced in own specialty area
2. Respected by peers and other members of the health care team
3. Demonstrated ability to transfer knowledge and skills
4. Interested in mentorship

4.2 Mentee

In order for an individual to qualify as a mentee, the following are the desired attributes:

1. Is a qualified health worker (including Community-Based Volunteers)
2. Works and has interest in the specific area

5. Gender and Clinical Mentorship

Gender differences have an impact on mentoring relationships and the pros and cons of same sex matching versus cross gender matching in establishing these relationships continues to be debated. However, it has been noted that both the mentor and the mentee need to understand and be sensitive to differences in the roles that societies have assigned to each gender, the backgrounds, communication styles, and learning styles. Differences in gender can be a factor in one's professional development and is therefore an important subject to discuss with a mentor and to consider when selecting a mentor. Same gender matching may expedite development of trust, but it does not guarantee a successful mentoring match because the qualities of the mentor rather than gender are what matter the most. It has also been observed that mentors and mentees in same-gender and cross-gender matches were almost equally likely to form strong effective relationships. Therefore, the use of multiple mentors as a strategy for resolving this quandary, for example having one mentor in the clinical area with similar demographic characteristics (age, race, gender and culture) and others who are in the paramedic or nursing category be part of a multi-disciplinary CCT. Female and male mentors can operate differently according to different their different styles.

Females tend to be more supportive, which apparently appeals more to female mentees, and male mentors apparently are more willing to challenge technical competence, which seems to appeal more to the male mentees. The absence of women in senior positions makes this system work in favour of the newly appointed men. The situation is made worse sometimes by the fact that some women who are in a position to act as a mentor or role model may have a deterring effect on younger women entering the profession. Management should therefore seriously consider gender when selecting multi-disciplinary CCTs to be trained as mentors and when assigning mentors for the actual mentoring process

6. Schedule of Clinical Mentoring and Clinical Processes

6.1 Schedule

Clinical mentoring should be done monthly at all levels of health care. Ideally, a mentorship session will last as long as it will take to meet the objectives of the specific mentorship. Objectives should be agreed upon by both the mentor and the mentee at the beginning of the mentoring programme. Site visits have traditionally lasted two to five days, however, mentorship can last a shorter or longer period depending on the identified gaps or needs. In addition, the exact duration of clinical mentoring will depend on the cadre being mentored and the resources available. At a small primary health centre where a small clinical team is providing basic health care, a shorter duration may be enough while mentoring a larger clinical team at a hospital may take longer.

6.2 Site Visits by Mentors

Intensive clinical mentoring is an ongoing activity which offers an opportunity for continuous medical education at health facility level. Site visits by clinical mentors are particularly important immediately after the initial training. Site visits are a time for the mentor to quickly reinforce the skills learnt in the initial training and also to start building a relationship with the members of the clinical team. However, health care workers working in a particular service area can also be mentored in that area whether or not they have received in-service training in that area provided they are already providing the specified service(s). At a small primary health post where only one health worker is targeted, the mentor may consider taking along another health service provider who could ensure there is no disruption of service delivery while mentorship is going on for the local staff.

Clinical mentorship was previously systemically conducted within the ART programme. However, mentoring applies to all areas of clinical service delivery. Mentorship may be necessitated by identified gaps during the bi-annual performance assessment, through performance reviews by the DHO or higher level teams and review of HMIS reports.

6.3 Clinical Processes

The following are the processes undertaken during clinical mentorship:

- One-on-one case management observations in order to strengthen history taking, physical examination skills, clinical reasoning and rational drug use
- Medical record reviews in order to strengthen history taking, physical examination skills, clinical reasoning and rational drug use
- Review of support systems intended to foster improved linkages from clinical services to diagnostic and pharmacy services as well as appropriate and rational use of these systems
- Multidisciplinary team meetings to elicit feedback: identifying potential problem areas, issues and recommendations
- Clinical case review: this includes reviews of patients recently attended to and review of routine and challenging or difficult cases and/or deaths
- Development of case studies for group discussions
- Undertaking grand ward rounds on site

- Engaging local site and district managers in addressing system weaknesses that compromise quality of case management
- Documentation and report writing of the visit.

6.4 Format of Clinical Care Team Meetings

Regularly scheduled multidisciplinary clinical team meetings can be a good way to perform ongoing mentoring. The CCT at a facility may meet weekly. This meeting may last one to two hours. The following topics and activities may be covered and conducted in the clinical meeting:

- Discussion of case studies
- Review and discussion of existing guidelines and treatment algorithms
- Lectures on topics of interest given to staff and supplemented with pertinent articles from literature and journals; this should take into account the mix of competencies and job profiles of the CCT members at the health centre
- Development of oral presentation and communication skills
- Team building activities
- Addressing systems issues (such as clinic or hospital organization, triage and patient flow).

Preliminary experience has shown that these team meetings should preferably take place in the afternoons, as the mornings are often completely booked for patient consultation. It is best to make these meetings multidisciplinary and interactive whenever possible.

7. Mentorship Programme Performance Evaluation

The mentorship programme performance shall be evaluated at two levels. The first is the mentee evaluation of the mentorship programme at the end of its full duration using a specific evaluation tool. They shall assess both the mentor as well as the programme inputs as the basis for future programme improvement. The second is an evaluation by the mentor who will assess the entire mentorship process using a tool designed in an end report format. This report will be submitted to facility management, the MOH and relevant cooperating partners.

8. Tools for Clinical Mentoring

Below is a list of the tools to be utilized by clinical mentors to efficiently mentor health care workers and produce final reports. These tools are found in module seven of the training manuals for clinical mentoring. Because the modules that precede module seven provide general concepts on mentorship, the training package may be used to train mentors in other technical areas whose tools may not be currently included here such as nutrition, paediatric ART, human resource management, etc. The tools developed for those technical areas can be the main focus when reviewing the discipline specific tools but the general mentorship tools will still be applicable in this instance.

Mentorship training tools:

- Daily evaluation tool
 - This tool is used during the training by participants to evaluate the day's proceedings. Rapporteurs for the day summarize the entire group's feedback and provide a brief five minute presentation the following morning.
- Trainee mentor skills/competency checklist
 - This tool is used during training by the facilitator to assess a trainee mentor's competence to be an effective mentor. It is to be used at the end of the mentorship training after the facilitator has observed the trainee mentor conducting a practice mentorship during the practicums. Feedback is provided to each trainee mentor based on the facilitator's assessment.

General mentorship tools:

- Mentoring Procedure Checklist
 - This tool provides the steps to be taken by the mentor during a mentorship visit including the protocols to be observed.
- Mentorship Visit Evaluation Tool
 - This tool is to be used during a mentorship visit by the mentee to provide feedback on the mentorship visit as a whole and evaluate the mentor.
- Mentoring Visit Report
 - This tool is used by the mentor; it provides the format for writing the end report.
- Coaching Skills Checklist
 - This tool is to be used by the mentor during a mentorship visit; it provides a guide to coaching a mentee, doing demonstrations and return demonstrations and conducting a case study during a mentorship visit.
- Mentee Skills Acquisition Summary
 - This tool is used by the mentor during mentorship as a companion to the technical area specific tools; it summarizes the acquisition of skills by the mentee over a single mentorship visit or across several mentorship visits.

Technical/discipline-specific mentorship tools:

These tools are used by the mentor to assess the competency of a health care worker in the technical area of focus.

- Pregnant adolescent
- Focused antenatal care and gynaecology
- Family planning
- Intra-partum care and neonatal resuscitation assessment
- Internal medicine
- Surgery
- IMCI
- Laboratory assessment
- Tools for nurses and midwives
- Paediatric care
- Pharmacy
- Nutrition
- The well child
- ART mentorship tool
- Advanced HIV care