CONTENTS

ACKNOWLEDGEMENT

The Federal Ministry of Health of Ethiopia (FMOH) is indebted to the GE Foundation for its continued support for the SaLTS initiative and for the development of the National Mentorship Guideline for SaLTS. The FMOH would also like to acknowledge Jhpiego for the technical support provided through the Safe Surgery 2020 project. The FMOH is grateful for the following individuals and their institutions for their contribution in developing the national mentorship guideline for SaLTS.

FEDERAL MINISTRY OF HEALTH

Dr Hassen Mohammed
Dr Atlibachew Teshome
Dr Samuel Zemenfeskudus

JHPIEGO

Dr Abraham Endeshaw
Dr Tigistu Adamu
Dr Samson Esseye
Dr Tadele Bogale
Sr Teruwork Kebede
Alena Skeels
Supriya D. Mehta

The MOH is appreciates the following individuals and their institutions for their contribution during the finalization workshop of the National Mentorship Guideline for SaLTS.

NAME	ORGANIZATION
Yohannes Letamo	SNNPR Regional Health Bureau
Andargie Atenaf	Amhara Regional Health Bureau
Berihu Mesfin	Tigray Regional Health Bureau
Dr. Abebe Bekele	Addis Ababa University
Dr. Aberra Alemneh	Hawassa University
Dr. Ananya Abate	ESAPA (Ethiopian Society of Anesthesiology Professionals)

Dr. Andualem Deneke	Jhpiego
Dr. Mekdim Tadesse	St Paul Hospital Millennium Medical College
Dr. Mensur Osman	Gondar University
Dr. Reiye Esayas	Mekelle University and Ayder Hospital
Dr. Zebenay Bitew	Bahirdar University
Ephrem Daniel	Jhpiego
Girma Abebe	Jhpiego
Mr. Leulayehu Akalu	Ethiopian Anesthetists Association
Yusuf Gerada	Ethiopian Nursing Association

FOREWORD

The Federal Ministry of Health has launched the SaLTS flagship initiative to ensure equitable access to essential and emergency surgical and anesthesia care for all segments of the Ethiopian population.

The SaLTS strives to reduce preventable mortality and morbidity arising from surgically treatable conditions. The SaLTS strategic plan builds on creating excellence in eight pillars of the health system that have been identified through rigorous consultative process and sound evidence base. Operationalizing the SaLTS initiative requires innovative approaches in building the capacity of the surgical teams at the frontline with skills in leadership to enable them become agents of change.

The experience in implementing SaLTS thus far in some regions in Ethiopia has highlighted the effectiveness of the leadership development and clinical mentorship program. The mentorship program has provided a great opportunity for surgical teams at the lower level to improve skills and confidence to conduct surgical procedures which they were unable to perform prior to the intervention. Additionally, the mentorship process has paved the way for improving functional linkage between the primary and tertiary hospitals and active engagement of senior clinicians in the quality improvement process.

Therefore, the MOH has committed to scale up and standardize the approach of clinical mentorship in safe surgery by launching this national mentorship guideline. The national SaLTS mentorship guideline is an attempt to standardize and institutionalize the mentorship approach to ensure sustainability. The guideline defines mentorship under the Ethiopian setting and outlines strategies to institutionalize the multidisciplinary team based model that has evolved in the Ethiopian setting. It also clearly outlines the roles and responsibilities of the different actors in the mentorship program.

The development of this guideline has been informed by the experience of implementing mentorship in two regions in Ethiopia. The process has been participatory and relevant stakeholders including senior mentors, regional health bureaus as well as partners have been actively engaged. The MOH is very grateful

to the Regional Health Bureaus and their dedicated mentors that have successfully implemented and championed the mentorship process towards improving surgical and anesthesia care in respective regions. The Ministry of Health would also like to acknowledge the technical support of Jhpiego and the Safe Surgery 2020 initiative in the development of this national SaLTS mentorship guideline.

It is my sincere hope that Regional Health Bureaus and hospitals will develop effective mentorship programs in accordance with this guideline for successful implementation of the SaLTS strategy.

Dr Hassen Mohammed
Director, Health Services Quality Directorate
Ministry of Health

BACKGROUND AND INTRODUCTION

The Federal Ministry of Health has committed to make equitable access to quality and safe essential and emergency surgical and anesthesia care to all segments of the Ethiopian population through launching a national flagship initiative-Saving Lives through Safe Surgery (SaLTS). The SaLTS has identified a number of key intervention pillars, which properly implemented, would result in reduction of mortality and morbidity arising from surgically treatable conditions.

The leadership pillar of the SaLTS envisages to create capable surgical team leaders at all levels through a well-organized leadership development program. The leadership development program has been designed to improve the leadership capacity of surgical teams by training them with skills in problem solving, team building and communication.

This enhanced leadership skills with structured mentorship support will result in better performance of the surgical teams as demonstrated by better team spirit and improved communication among surgical teams. This in effect would improve use of standard operative procedures and adherence to safe surgery check list. The overall impact of this enhanced performance of the surgical system would improve access to surgical care, ensuring better adherence to safety and quality standards, ultimately reducing mortality and morbidity.

Mentorship has existed as an approach in surgical training for as long as surgical trainings have existed in academic institutions. Mentorship has been defined as ‘the process where an experienced, highly regarded, empathetic person (the mentor) guides another usually younger person (the mentee) in the development and re- examination of their own ideas, learning, and personal or professional development’.

Both formal and informal mentorship models have been practiced in surgical trainings. Although there have been reports indicating the use of mentorship as an approach to improve quality of care in Ethiopia, structured nationally coordinated approach of mentorship in surgical care is something that has evolved following the launch of the SaLTS initiative and the safe surgery partnership.

This new model of mentorship that has evolved in Ethiopia following the safe surgery partnership is based on a structured approach of team-based mentorship where senior surgeons, recruited initially by Surgical Society of Ethiopia and Regional Health Bureaus have been providing all rounded mentorship support to surgical teams at low level hospitals.

The approach has been received highly by the surgical teams at the lower levels and created opportunities for better synergy between the referral hospitals and the referring primary hospitals.

The confidence and skills of the surgical teams at the lower levels have significantly improved so much so that surgical teams at lower levels have begun performing surgeries which they were unable to perform prior to the leadership intervention. Moreover, surgical teams are increasingly performing surgeries properly and in a safe manner, increasing surgical volumes and reducing complications.

However, the experience in implementing mentorship in two regions in Ethiopia has not been without challenges. There has been attrition of surgeon-mentors over time, and the mentee surgical teams have also expressed desire for a multidisciplinary approach of mentorship to include practitioners other than surgeons. Additionally, the mentorship management would benefit from regularity and standardized approach with clearly defined roles and responsibilities. Measurement is the other area identified for improvement in the mentorship process.

It is therefore the intention of the Ministry of Health of Ethiopia to standardize and institutionalize the approach of mentorship in surgical care in Ethiopia by launching this national mentorship guideline.

The guideline is expected to define the approaches in the national mentorship program and articulates the key elements in developing a national and regional mentorship program for surgical and anesthesia care. Important issues including models of mentorship as well as strategies for making mentorship a culture in the Ethiopian surgical ecosystem will be defined in the guideline. For mentorship to be successful, a concerted effort of key stakeholders in the surgical ecosystem need to be properly mobilized, supported by adequate resources.

Therefore, this national guideline for mentorship is a great opportunity for all stakeholders involved in the national mentorship process to streamline the approach of mentorship in the SaLTS program.

AIM AND OBJECTIVES

AIM:

To standardize and institutionalize the mentorship process in safe surgery with the goal of reducing mortality and morbidity from surgically treatable conditions.

Objectives:

- Improve the personal and professional capacity of the surgical teams at all levels
- Developing a plan of action for mentorship to ensure sustainability
- Identify a network of surgical mentors capable of conducting effective mentorship
- Establish a culture of mentorship
- Strengthen the hospital to hospital linkage established through the Ethiopian Hospitals Alliance for Quality (EHAQ) by including the clinical support component

RATIONAL FOR DEVELOPING THE GUIDLINE

- Introduce mentorship as an innovative approach to build capacity of surgical teams in safe surgery work.
- Standardizing the mentorship approach and institutionalizing the mentorship process
- Introducing formal evaluation in the mentorship process
- Serving as a guide to develop a national and regional mentorship system
- Creating technical and leadership capacity to effectively manage mentorship system in surgical care
- Integrating the mentorship process in the existing Ethiopian Hospitals Alliance for Quality framework.
- Proactive stakeholder mobilization of key actors in the system.
- To strategically mobilize the required resources for mentorship
- Ensuring mentorship sustainability and culture of mentorship in the surgical ecosystem

PRINCIPLES IN ESTABLISHING A MENTORSHIP PROGRAM FOR SALTS

The development of this mentorship guideline has been based on the following important principles:

- All mentors are mobilized from lead or co-lead referral hospitals for their merit, commitment and experience,
- The mentorship program is designed in such a way that it is aligned with the reform initiatives underway in the hospitals and appreciates the context of the Ethiopian health care delivery process.
- The mentorship process should be based on the existing EHAQ arrangement as much as possible utilizing the same cluster collaborative approach.
- The needs of any surgical team members are so varied that it is difficult to be fulfilled by any individual mentor and therefore, a team based mentorship model is recommended.
- As the mentorship work requires role modelling by surgical teams, the mentorship process should be utilized to achieve the key concepts of CRC (Compassionate, Respectful and Caring health workforce)

MENTORSHIP MODELS

A number of mentorship models have been reported in the literature. One could grossly summarize the different models either as informal models or a carefully planned formal mentoring arrangements.

INFORMAL MENTORSHIP

Informal mentoring can be defined as a relationship that is formed of individuals' own volition without any help from the organization. It is said that informal mentorship is usually less successful in including all surgical teams in the mentorship process and doesn't need any formal training. The mentors' selection process is done by the mentee usually through personal linkages. The informal relationship doesn't set any objective targets. Although some professionals utilize it for short term challenges, the recommendation is to formalize the mentorship process.

FORMAL MENTORSHIP

Formal mentorship, on the other hand, requires institutional arrangement to execute the mentorship work. This process would mobilize all stakeholders and assign clear roles and responsibilities. The selection of mentors is based on objective criteria and every effort is made to match the available mentors with the mentees that require the mentorship support. Formal mentorship processes are based on specific goals and targets agreed by both parties and each mentorship visit is well planned in advance to ensure accountability. Due to the organized nature of the formal mentorship process, it requires additional resources including time and logistics.

THE RECOMMENDED MODEL OF MENTORSHIP FOR SALTS

The SaLTS has implemented a formal mentorship model as a suitable approach to institutionalize the national mentorship work. The formal mentorship process for SaLTS has been delivered by senior surgeons who regularly visit the mentees and through distance mentorship using teleconference facilities.

Additionally, one region in Ethiopia has championed a different model of formal mentorship by deploying senior surgeons and obstetricians for a defined period to work alongside the surgical teams at the primary hospitals. Although this new model of in-house mentorship approach is yet to be formally evaluated, it has received huge positive feedback from surgical teams at the lower health facilities. Moreover,

some hospitals have implemented a 'reverse-in house' mentorship model where they made arrangements for junior staff (The Mentees) from lower level health facilities to work at bigger hospitals under the close observation and support of the mentors.

The SaLTS has implemented mentorship in selected health facilities in Amhara and Tigray using the formal mentorship model provided by senior surgeons through the support of the Surgical Society of Ethiopia. Senior surgeons recruited from referral facilities in the regions have been providing mentorship and outstanding results have been achieved. The mentee teams have expressed high appreciation for the mentorship process and many hospitals have transformed the provision of surgical care due to the mentorship support. As a results, Regional Health Bureaus have scaled up the approach to all hospitals in the regions. This formal team based mentorship model had also its own drawbacks. Although a team based model provided by senior surgeons, the surgeon-only team has been unable to meet all the needs of the facility surgical teams at the primary hospitals.

Therefore, based on the experience of implementing mentorship in Ethiopia and from findings in the literature, a unique model of multidisciplinary formal mentorship, where mentorship is provided to a team of surgical providers at the lower level by senior multidisciplinary senior surgical mentors is recommended for SaLTS.

MULTIDISCIPLINARY TEAM MENTORSHIP MODEL

This formal mentorship arrangement which evolved in the Ethiopian surgical ecosystem is based on team of senior surgical practitioners recruited from different units of a mentor hospital including surgeons, obstetricians, operation theatre nurses, anesthesia professionals, orthopedic surgeons and others who work together to support surgical teams in a cluster of hospitals. This arrangement has an institutional support and is executed in a planned and coordinated manner with proper oversight by the hospital administration and Regional Health Bureaus.

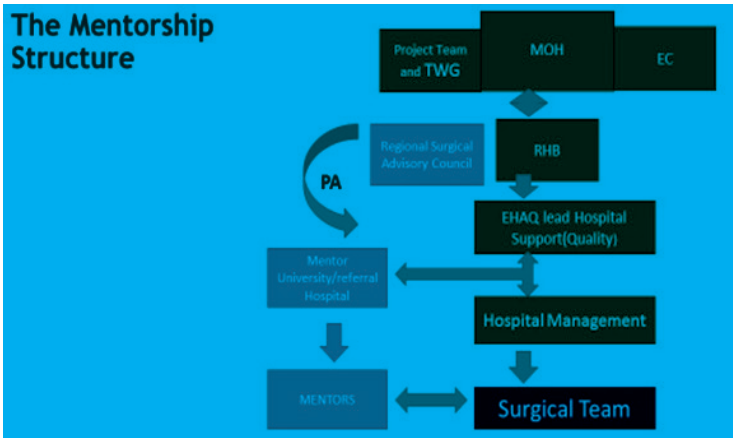
The multidisciplinary mentors would work as a team with a senior surgeon serving as a coordinator. Each mentor assumes a specific role and responsibility for a specific deliverable but the team takes group accountability for the overall effectiveness of the mentorship process. The multidisciplinary team will be selected by the Regional Health Bureaus supported by the Regional Surgical Advisory Council based on clear objective criteria. Standardized tools, operating procedures and formal evaluations are introduced as part of this arrangement.

ESSENTIAL ELEMENTS IN ESTABLISHING A SUCCESSFUL MENTORSHIP PROGRAM

1. ESTABLISHING A LEADERSHIP MECHANISM AND SUPPORT STRUCTURE:

A functioning leadership to strategically lead the mentorship work at all levels is important. The leadership arrangement is properly aligned with the SaLTS leadership structure where at the national level, the SaLTS project team, supported by the SaLTS technical working group and executive committee will continue to provide national strategic guidance for the implementation of the safe surgery mentorship program. As much as facilities need to be supported by the multidisciplinary team of mentors for their clinical needs, the hospitals systems support that flows through the existing Ethiopian Alliance for Quality (EHAQ) arrangement should be complimentary. Therefore, the mentorship support and the administrative systems support provided to the lower level hospitals need to be aligned and coordinated.

The following figure shows the coordinated flow of support for all SaLTS related activities including the mentorship work. The right side provides guidance for the flow of administrative systems support provided by EHAQ lead hospital to EHAQ member hospitals in accordance with the national hospitals collaborative system. Similarly, the mentorship support process is depicted on the left side. This structure is in recognition to the fact that for safe surgery work to properly happen, the whole surgical ecosystem should be activated systematically.



The success of a mentorship program requires dedicated leadership at all levels. SaLTS related structures need to be utilized to develop a regional and national

mentorship plan. Accordingly, the regional structures will work with regional advisory councils to identify committed mentors and establish the necessary system for the mentorship program. This would entail developing a regional mentorship plan, selection and preparation of the mentors using an objective criteria and clustering them in accordance with the EHAQ cluster.

A clear monitoring and evaluation plan for the process need to be developed and implemented. Regional Health Bureaus are expected to carefully select and assign a respected and committed senior mentor as coordinator for the regional mentorship work. Mentorship is resource intensive and required budget need to be mobilized in advance. Besides, the leadership of the Regional Health Bureau and the SaLTS structure are expected to conduct advocacy work to promote mentorship.

2. ESTABLISH CLEAR PURPOSE AND GOALS: The purpose of any national and regional mentorship program needs to be clearly defined in consultation with key stakeholders and efforts need to be exerted to create a common understanding and awareness. Regional SaLTS planning forums are good opportunities to define and articulate the purposes of the mentorship program.

3. GAIN THE SUPPORT OF SENIOR SURGICAL AND ANESTHESIA PRACTITIONERS: Mentorship would require commitment and buy in from key stakeholders and the commitment of senior surgical and anesthesia practitioners is very key. Regional Health Bureaus need to conduct series of discussions with the senior surgical and anesthesia practitioners on the need for establishing the mentorship program. This process may take time and in no way, practitioners should be forced to become mentors. Traditionally, there have been some challenges in convincing seniors surgeons to support IESOs. However, diligent engagement and respectful approaches have shifted this dynamics. The role of the leadership of professional societies, academic medical institutions and senior surgical professionals should be tapped properly.

4. UNDERSTAND THE RESOURCE IMPLICATIONS OF THE MENTORSHIP WORK AND MAKE NECESSARY ARRANGEMENTS: Mentorship work requires budgetary considerations. Budget requirement for transportation of mentors to visit the mentee hospitals, accommodation, per-diem and lodging costs for the mentors who will be spending considerable time monthly at the mentee hospitals are some of the cost items that need advance consideration. Additionally, provisions should be made in the budget planning for some mentorship related costs including mobile cards for the mentors, costs for conducting some onsite trainings on selected topics. The time requirement by mentors, who are usually academic staff, to travel and visit

the mentee hospitals need to be sorted between the employing academic medical institutions and the respected Regional Health Bureaus.

5. DEVELOP TRANSPARENT CRITERIA AND IDENTIFY MENTORS: This guideline has outlined basic guidance to select mentors and each region is expected to adopt the selection criteria to fit to its need. It is also very important to carefully match mentors and mentees and make arrangements with employing organizations.

6. DEFINE RESPONSIBILITIES OF THE MENTORS AND MENTEES BY DEVELOPING A TOR FOR THE MENTORING PROCESS. : Establish the mentorship learning contract through The TOR which could include issues like agreeing on the frequency, duration of contact and location of any meeting, determine boundaries of their conversation, means of communication as well as the feedback mechanisms.

7. DEVELOP CAPACITY BUILDING PROGRAM : Training and orientation of mentors and mentees. It is imperative that new mentors should undergo mentorship training before being deployed and existing mentors need to receive regular refresher trainings on mentorship.

8. DEVELOP A MONITORING AND EVALUATION PLAN: which include the potential measures to evaluate the effectiveness of the mentorship process

9. ESTABLISH A MECHANISM FOR CREATING A MENTORSHIP CULTURE.
For mentorship to develop sustainably, a number of issues need to be taken in to consideration. Very senior surgical practitioners would commit themselves to conduct the mentorship work even under very demanding circumstances. However, this willingness and commitment should always be nurtured to ensure sustainability. It is therefore wise to conduct regular surveys and discussions with the mentors to identify bottlenecks and motivation factors.

However, research and experience indicate that a recognition system should be instituted at all levels to promote successful mentorship process. The recognition scheme for mentors could include advancement in academic status and clinical leadership as well as mentoring awards. Mentors have to be supported to engage in academic works related to mentorship including developing manuscripts on mentorship and opportunities created for them to share research outputs. Regular capacity building of the mentors-mentee team and refresher trainings are believed to improve the culture of mentorship in the system. Establishing a network of mentors and mentees would create opportunities to discuss mentorship challenges and experiences.

MENTORS SELECTION CRITERIA

The following key attributes should be used as a guide for selection of mentors. Where appropriate, Regional Health Bureau could add additional objective points to ensure the right mentors are selected for the SaLTS activity.

- Mentors are selected by the Regional Health Bureau in collaboration with SaLTS advisory council.
- Mentors should be seniors to the mentees with respect to experience or professional training.
- Mentors should be known as persons of good character by their institutions, professional associations and the community at large
- Mentors should be willing and show commitment to be selected as mentors
- Mentors should be willing to abide by the TOR for the mentorship work.
- Mentors should share the vision and values of the SaLTS initiative

STEPS IN CONDUCTING THE MENTORSHIP PROCESS

The mentorship program need to be carefully planned. Each mentorship visit or contact is an opportunity to ensure that the mentees are developing the rights skills, knowledge and experiences towards achieving the personal and professional goals defined in the terms of reference of the mentorship process.

The approach towards the mentorship visits needs structured and standardized guidance, facilitated and documented with proper mentorship tools (e.g., checklists and assessment tools). Each visit would include adequate preparation on the specific topics to be discussed, specific surgical skills to be shared and discussion on any challenges faced by the surgical team that requires the attention of the mentors. Each visit should be scheduled in advance, with a shared agenda. As much as possible, unplanned mentorship visits must be avoided and proper communication should be made ahead of the mentorship visit. Although mentors could be innovative in the approach of individual mentorship arrangement, the following cyclical events need to happen at a minimum for each mentorship visit.

THE CYCLICAL ACTIVITIES FOR EACH MENTORSHIP VISIT:

The mentorship relationship is longitudinal and needs to mature over a period of time. The approach for mentorship relationship needs to follow a logical model where the initial phase is an opportunity to establish a trusting relationship. The process therefore passes through successive steps of activities identified by specific milestones. Making sure that each step in the mentorship relationship is properly handled would determine the effectiveness of the mentorship outcome. Accordingly, the mentorship process is expected to pass through the following three phases:

STEP 1: ESTABLISH THE RELATIONSHIP

- Take this first encounter to understand each other including defining personal aspirations and professional challenges
- Take time to understand the system the mentee works in
- Internalize the safe surgery work plan of the mentee hospital
- Discuss roles and responsibilities, define boundaries and agree on the TOR
- Set realistic objectives and goals for the mentorship relationship
- Define communication arrangement and preferred timelines and communication channels
- Identify priority issues for subsequent mentorship visits

STEP 2: FOLLOW UP VISITS:

- Follow the steps outlined in the mentorship cycle when conducting the mentorship support
- Review progress and provide continuous feed back
- Identify key challenges and successes to be documented
- Conduct skill demonstrations, patient visits and ward rounds and provide hands-on experience of a particular surgical skill.
- Conduct any surgical campaign and utilize the opportunity to demonstrate some skills for the mentees
- Make presentation on relevant selected topic
- Identify priority issues for subsequent mentorship visits and plan for the next visit
- Provide feedback at all levels and compile and share report to appropriate institutions.

STEP 3: EXIT PLAN

Although the relationship between mentors and mentees is longitudinal and sometimes life long, this institutional mentorship arrangement is time bound. Mentees and mentors need to regularly review if the set objectives of this program are progressing as planned. Increasingly, mentees need to assume the role of becoming self-sufficient in the surgical work and upon satisfactory evaluation by the mentors, mentees gradually graduate on becoming skilled surgical practitioners capable of providing quality surgical and anesthesia care. This doesn't mean that the mentees don't need any mentorship support after this, but a different level mentorship program should be planned and instituted following the successful completion of the planned mentorship support. However, the exit strategy needs to be planned ahead and timelines for successful completion of the mentorship work should be carefully defined.

ROLES AND RESPONSIBILITIES

MINISTRY OF HEALTH

- Provide strategic leadership and structure for the national mentorship program
- Support regional health bureaus by providing resources for mentorship
- Build the capacity of mentors and mentorship management
- Develop an M and E plan and track the progress of the mentorship program
- Develop required tools and guidelines
- Conduct regular Supportive Supervision and review meetings on mentorship
- Promote a mentorship culture by nationally recognizing the mentors
- Mobilize senior surgical and anesthesia practitioners by working closely with professional societies
- Carefully document best practices in the mentorship experience and disseminate them as change packages.
- Advocacy about the mentorship program
- Closely works with academic medical institutions for recognition of mentorship as an academic activity

REGIONAL HEALTH BUREAUS

- Develop and implement regional mentorship plan
- Allocate budget and other resources
- Identify mentors in respective region
- Train mentors and mentees
- Provide leadership to the mentorship process.
- Compile mentorship report and share to MOH
- Recognize successful mentorship program and professionals engaged in the mentorship
- Implement innovative ideas to improve in the innovation process.

MENTOR HOSPITAL

- Provide institutional support in accordance with the EHAQ arrangement
- Ensure the clinical mentorship and overall hospitals management support are coordinated
- Identify and carefully assign multidisciplinary mentors to serve in the mentorship process.
- Recognize the mentors time and make necessary arrangement
- Provide some resources for the mentorship work.
- Implement quality improvement programs progressively based on the findings of the mentors' data

MENTEE HOSPITAL

- Exercise leadership and commitment to the mentorship process
- Create opportunities for successful implementation of the mentorship process
- Implement the recommendations of the mentors' team
- Contribute resources to the implementation of the regular mentorship program
- Compile data and utilize for quality improvement.

MENTORS ROLE AND RESPONSIBILITIES

- Provide the required personal and professional support to the mentees
- Make themselves available and accessible
- Mentors should be active listeners, supportive and facilitating the work of the surgical teams they support
- Teach by example and provide inspiration as mentees learn not by what they are told but observing how mentors act-role modelling.
- Mentors role includes encouraging and promoting the surgical teams so that the supported surgical team would assume independence in providing the surgical care.
- Mentors need to respect mentees individualism and input
- They should accept joint responsibility for the success of the mentorship process
- Mentors need to promote balance between professional and personal development of the surgical team. They should rejoice the success of the mentees' development.

- However, in no way, mentors should threaten, take credit, take over or force the mentees during the mentorship process
- As much as mentors should be very close with the mentees, they shouldn't lose critical oversight and need to provide regular feedbacks

MENTEES ROLES AND RESPONSIBILITIES

- The surgical team receiving the mentorship support-the mentees, need to be proactive in taking the initiative and show commitment
- Mentees need to establish clear goals for the mentorship relationship
- Mentees need to accept joint responsibility for the success of the mentorship process
- They should be welcoming in receiving the mentors and implement the recommendation of the mentors
- They need to regard the mentorship support seriously and maximize the benefit out of the relationship
- They need to work hard and demonstrate a passion and commitment
- They should avoid perfectionism and should be open enough to consult the mentors
- Mentees need to provide regular feedback to the mentors.

DEVELOPMENT PARTNERS & PROFESSIONAL SOCIETIES

- Provide technical and professional support to the mentorship process
- Promote mentorship as an approach and model
- Support in advocacy and communication
- Support in capacity building of the mentorship program
- Mobilize resources to support the mentorship work
- Mobilize professionals to support the mentorship work
- Engage in evaluation of mentors and supportive supervises

MONITORING AND EVALUATION

A strong monitoring and evaluation program need to be in place to track the progress of the mentorship program and document some of the salient learnings and challenges encountered during the mentorship process.

The Monitoring and Evaluation needs to follow the logic model to track the different phases of the mentorship process including the different inputs, the dynamic processes happening between the mentors and mentees as well as the outcomes and overall goals of the mentorship process. Some of the tools utilized to monitor the mentorship process are attached as annexes. Additionally, a logbook to keep record of the mentorship activities and regular review meetings are recommended under monitoring and Evaluation.

CHARACTERISTICS OF A SUCCESSFUL MENTORSHIP PROGRAM

- A successful mentorship program is evident when the set objectives of the mentorship relationship have been achieved.
- It is characterized by the following key attributes
  - o Reciprocity benefiting both sides
  - o Mutual Respect
  - o Clear expectations which are outlined from the onset and revised over time.
  - o Has created a personal connection beyond the mentorship time
  - o Has established a shared values for clinical care, research and personal life between the mentor and mentee

CHARACTERISTICS OF A FAILED MENTORSHIP PROGRAM

- Mentorship is said to be failed when the objectives set in the mentorship arrangement have not been met for both sides
- There could be a number of factors contributing to the failed mentorship process but the following are some characteristics of a failed mentorship relationship:
- Poor communication
- Lack of commitment from both sides
- Perceived or real competition
- Conflict of interest
- Personality differences and lack of mentorship experience and skills of the mentors

ANNEX

ANNEX-1 MENTORSHIP TOOL

SALTS MENTORSHIP TOOL

INSTRUCTION: -

The objective of this mentorship tool is to assist the mentors in their approach to systematically conduct the mentorship process. It will also serve as a tool to capture critical information of the mentorship process for decision making by relevant stakeholders. Additionally, the mentorship tool will assist in ensuring accountability of the mentorship interaction between the mentors and the mentees.

This tool should be used by mentors during each mentorship visit to the hospitals. Before the mentor makes site level visit, there should be advance communication with surgical team members and the mentee hospital about the planned visit and to ensure availability of team members. At the end of the mentorship visit, the mentors are expected to provide constructive feedback at all levels to the hospital leadership and surgical team in accordance with the national SaLTS mentorship guideline.

Once data is collected through a tablet or hardcopy, it needs to be transferred to regional health bureaus or Federal Ministry of health as appropriate within three days after the end of the mentoring session

It is therefore very imperative that mentors need to carefully utilize the mentorship tool when conducting each mentorship session. At the same time, relevant stakeholders are expected to act on the reports of the mentorship tool timely and effectively.

SALTS MENTORSHIP VISIT TOOL

SR.NO	QUESTIONS	RESPONSES (PLEASE CIRCLE THE NUMBER CORRESPONDING TO YOUR CHOICE)
1.	Date (please record as MM-DD-YY)	
2.	Region	
3	Hospital	
PART I: SURGICAL SYSTEM (TO BE COMPLETED BY INTERVIEWING SURGICAL TEAM MEMBERS OF THE HOSPITAL)		
	Which of these activities have you implemented in the last month within the Quality improvement plan?	
5.	Sensitized administrators about the SaLTS initiative	1 = Yes; 2 = No; 3 = Already complete; 9 = Not currently part of project plan
6.	Established team	1 = Yes; 2 = No; 3 = Already complete; 9 = Not currently part of project plan
7.	OR team sensitization	1 = Yes; 2 = No; 3 = Already complete; 9 = Not currently part of project plan
8.	Has there been a change in team membership over the past 4 weeks?	1 = Yes; 2 = No [If no, go to 13]
9.	If “Yes”, were members lost, added, or both?	1= Members lost; 2 = New members added; 3= Both member losses and additions
10.	Hospital management own the goals of this project?	1 = strongly disagree; 2 disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree
11.	Do you have action plan since the last visit?	1 = Yes; 2 = No
12.	If yes, how much have you accomplished?	1.

13.	What other activities within the project plan have you implemented in the past month that were not listed here?	Open
	Which actions did not occur in the last month? If "did not occur" please explain why not.	
14.	Meetings conducted every week	1=Occurred [go to 26]; 2=Did not occur; 9=Not currently in plan [go to 26]
15.	Reason why not?	Open
16.	Clinical audits	1=Occurred [go to 28]; 2=Did not occur; 9=Not currently in plan [go to 28]
17.	Reason why not?	
18.	Are there any other actions that did not occur, and if so, please explain?	Open
	Did you face any of the following challenges in the last month in implementing the Safe surgery project plan?	
19.	a. Staff shortage - nurses	1 = Yes; 2 = No [Go to 37]
20.	If "Yes", was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
21.	Staff shortage –surgical practitioner	1 = Yes; 2 = No [Go to 39]
22.	If "Yes", was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
23.	Staff shortage – anesthesia Professional	1 = Yes; 2 = No [Go to 41]

24.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
25.	Lack of or limited OR equipment	1 = Yes; 2 = No [Go to 43]
26.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
27.	Lack of or limited anesthetics	1 = Yes; 2 = No [Go to 45]
28.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
29.	Lack of autoclave Service	1 = Yes; 2 = No [Go to 47]
30.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
31.	Lack of laundry service	1 = Yes; 2 = No [Go to 49]
32.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
33.	Lack of or limited availability of blood	1 = Yes; 2 = No [Go to 51]
34.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
35.	Lack of complete basic laboratory service	1 = Yes; 2 = No [Go to 53]
36.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
37.	Lack of or limited antibiotics or pain medicines	1 = Yes; 2 = No [Go to 55]
38.	If “Yes”, was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution

39.	Lack of or limited staff protection (e.g., gloves, masks, ability to test for HIV)	1 = Yes; 2 = No [Go to 57]
40.	If "Yes", was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
41.	Lack of other surgical consumables?	1 = Yes; 2 = No
42.	If "Yes", was this challenge resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved, No actions for resolution
PART_II SAFE SURGERY PRACTICE (TO BE COMPLETED BY THE MENTOR AFTER OBSERVING SERVICE DELIVERY BY THE SURGICAL TEAM)		
43.	How do you rate utilization of Safe Surgery checklist?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
44.	How do you rate patient informed consent completion?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
45.	How do you rate the process of informed consent?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
46.	How complete is the data for decision making in the operating theater registers?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
47.	How do you rate the quality of the data for decision making in the operating theater registers?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
48.	How complete is the data for decision making in the anesthesia theater registers?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
49.	How do you rate the quality of the data for decision making in the anesthesia records?	1=Excellent; 2= Very good; 3=good; 4=Fair; 5=Poor
50.	What was the surgical volume for the Bellwether procedures and elective surgeries in the past month?	Review records and provide feedback on record completeness and accuracy

51.	Number of Cesarean deliveries	Numeric
52.	Number of laparotomies	Numeric
53.	Number of open fracture management	Numeric
54.	Number of elective surgeries	Numeric
55.	In the past one month, how many peri- operative complications were there?	Numeric
56.	If greater than “zero”, were the peri-operative complications documented?	1 = Yes; 2 = No
57.	In the past one month, how many referrals were there? (Pertaining to Bellwether procedures)	Numeric
58.	In the past one month, how many surgical site infections occurred?	Numeric
59.	In the past one month, how many deaths prior to discharge occurred?	Numeric

ANNEX-2 SUPPORTIVE SUPERVISION TOOL

SALTS SUPPORTIVE SUPERVISION AND EVALUATION CHECKLIST

INSTRUCTION:

This tool should be used by supervisors during supportive supervision visits to facilities and the form has six parts with steps. Once data is collected, aggregated and analyzed at regional level and it needs to be forwarded to Federal Ministry of Health for reporting purposes.

GUIDE FOR CONDUCTING SUPPORTIVE SUPERVISION
1. Brief with the senior management of the hospital, SaLTS & Quality teams of the hospital
2. Track the pervious SS feedback (If available)
3. Meet the surgical team and fill SS tool
4. Conduct site visits & review relevant document review
5. Provide verbal feedback & debrief the hospital management in the presence of surgical team
6. Provide written feedback to the hospitals
7. Compile and document the SS report and share to the relevant stakeholders

PART I: BASIC INFORMATION		
Supervisors name & Organization		
Hospital visited		
Supervisory visit date		
Hospital Management and Surgical team members contacted	Name Responsibility	Name Responsibility
	Name Responsibility	Name Responsibility
	Name Responsibility	Name Responsibility
	Name Responsibility	Name Responsibility
	Name Responsibility	Name Responsibility

PART II SURGICAL INPUTS	
Questions	**Responses**
1. In the past one month, how many HCW in the surgical unit?	
a. Surgeon	Numeric
b. Gyn/Obs	Numeric
c. IESO	Numeric
d. Anesthesiologist	Numeric
e. Anesthetist	Numeric
f. OR Nurses	Numeric
2. Do you have the necessary support in terms of budget or financial resources?	1 = strongly disagree; 2 disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree
3. How many functional operation tables are there?	Numeric
a. Are they clean?	1=Yes; 2=No
b. Well lighted?	1=Yes; 2=No
c. Appropriately zoned and marked	1=Yes; 2=No
4. Do the hospital have adequate and consistent access to blood service?	1=Yes; 2=No
PART III SAFE SURGERY ACTIVITY	
6. Has the hospital established the SaLTS team?	1=Yes; 2=No; 3=Previously done
7. Does the team have an action plan to improve surgical services?	1=Yes; 2=No; 3=Previously done
8. On average how many times did the surgical team meet each week?	1=Everyday; 2=5-6 times per week; 3=2-4 times per week; 4=1 time per week; 5=Less than once
9. What were the issues discussed in these team Meetings:	
a. Time management and surgical time to incision	1=Yes; 2=No

b. Sterilization and Infection prevention techniques	1=Yes; 2=No
c. Surgical Waiting list	1=Yes; 2=No
d. OR supplies or materials	1=Yes; 2=No
e. Surgical care Knowledge and skill	1=Yes; 2=No
g. Perioperative safety and safe surgery checklist utilization	1=Yes; 2=No
f. Other, if "Yes" specify	Open
11. Please review completeness and quality of at least 5 randomly selected patient medical records. Please include Surgical note, anesthesia notes, surgical registry, consent form, Admission note, Safe surgery checklist in review.	1=Review Done; 2=Review Not Done
a. Number of Records Complete	Numeric
b. Number partially complete	Numeric
c. Number Incomplete	Numeric
12. Since the last visit, how many clinical audits did the surgical team complete?	Numeric
a. If at least one, how is the result of the clinical audit used?	Open
b. If zero, please discuss the reasons and plan for establishment of regular clinical audits.	Open
13. Do you have a mechanism in place to prevent medical errors from happening?	1=Yes; 2=No
a. If "Yes", please describe the prevention mechanism.	Open
14. Do you have a medical error reporting mechanism in place?	1=Yes; 2=No
a. If "Yes", please describe the reporting mechanism.	Open
15. Do you have a mechanism in place to learn from medical errors?	1=Yes; 2=No

a. If “Yes”, please describe the learning mechanism.	Open
was there any incident in the OR in the past Quarter?	1=Yes; 2=No
a. If “Yes”, please describe.	Open
PART IV SURGICAL OUTPUT	
16. In the past Quarter, what is the number of Cesarean deliveries?	Numeric:
17. In the past Quarter, what is the number of laparotomy	Open
procedures?	Numeric:
18. In the past Quarter, what is the number of fracture management procedures?	Numeric:
19. In the past Quarter, what is the number of elective surgery procedures?	Numeric:
20. What is the current waiting time for elective surgical admission?	Numeric:
20. In the past Quarter, how many peri-operative complications were there?	Numeric: _____
a. If greater than “zero”, how many of these peri- operative complications were registered?	Numeric: _____
21. In the past Quarter, how many referrals outs were there?	Numeric: _____ (Surgical Patients)
22. In the past Quarter, how many surgical site infections occurred?	Numeric: _____ Specify if unknown
23. In the past Quarter, how many deaths in surgical patients prior to discharge?	Numeric: _____ Specify if unknown
PART V GENERAL CHALLENGES FACE IN PROVIDING SURGICAL CARE	
24. Lack of or limited availability of blood	1=Yes; 2=No [Go to 34]
25. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
26. Shortage in critical OR materials	1=Yes; 2=No [Go to 36]

27. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
28. Lack of or shortage in functional operating theatre	1=Yes; 2=No [Go to 38]
29. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
30. Anesthesia drugs inconsistent or not all available	1=Yes; 2=No [Go to 40]
31.If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
32. Laundry	1=Yes; 2=No [Go to 44]
33. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
34. Autoclave	1=Yes; 2=No [Go to 46]
35. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
36. Documentation challenges	1=Yes; 2=No [Go to 50]
37. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
38. Inconsistent lab capacity to run a CBC?	1=Yes; 2=No [Go to 52]
39. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
40. Inconsistent lab capacity to run a chemistry panel?	1=Yes; 2=No [Go to 54]
41. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolution
in progress; 3 = Not resolved	1=Yes; 2=No [Go to 46]

42. Inconsistent lab capacity to run a blood group & RH factor?	1=Yes; 2=No [Go to 56]
43. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
44. Electricity supply	1=Yes; 2=No [Go to 58]
45. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolutionin progress; 3 = Not resolved
46. Lack of or inconsistent running water	1=Yes; 2=No [Go to 60]
47. If “Yes”, has this been resolved?	1 = Yes, resolved; 2 = Not resolved but resolution in progress; 3 = Not resolved
48. Other, Specify	Open

ANNEX-3 MENTORS EVALUATION TOOL

SALTS TEAM MEMBER EVALUATION OF MENTORING AND LEADERSHIP

These questions about leadership and mentoring are regarding only SaLTS Mentor. Please answer the questions below to the best of your ability. Please be as honest as you can. There are no right or wrong answers. Your responses are anonymous and individual responses will not be used in reports or feedback. Reports and feedback will use only grouped or averaged responses. For each of the 12 statements below, please circle the number that reflects your thoughts about the statement. "0" reflects "Not at all", "1" is "Slight extent", "2" is "Moderate extent", "3" is "Great extent", and "4" is "Very great extent". Thank you for your time.

NAME OF HOSPITAL:-_____

PROFESSION:_____

DATE :_____

	Not at all	Slight Extent	Moderate Extent	Great Extent	Very Great Extent
1. Our mentor has established a clear approach /standard for the mentorship of process	0	1	2	3	4
2. Our mentor has developed a plan to facilitate Safe Surgery implementation.	0	1	2	3	4
3. Our mentor has removed obstacles to implementation of Safe Surgery.	0	1	2	3	4
4. Our mentor communicates clearly when it comes to Safe Surgery.	0	1	2	3	4
5. Our mentor is knowledgeable about Safe Surgery.	0	1	2	3	4
6. Our mentor is able to answer staff questions about Safe Surgery.	0	1	2	3	4

7. Our mentor supports employee efforts to use Safe Surgery.	0	1	2	3	4
8. Our mentor supports employee efforts to learn more about Safe Surgery.	0	1	2	3	4
9. Our mentor recognizes and appreciates employee efforts toward successful implementation of Safe Surgery.	0	1	2	3	4
10. Our mentor perseveres through the ups and downs of implementing Safe Surgery.	0	1	2	3	4
11. Our mentor carries on through the challenges of implementing Safe Surgery.	0	1	2	3	4
12. Our mentor reacts to critical issues regarding implementation of Safe Surgery by openly and effectively addressing the problem(s).	0	1	2	3	4

13. How do you rate the overall mentorship process? 1.poor 2.fair 3.good 4. Very good 5.Excellent

14. Do you have any suggestion to improve the mentorship process?

1._____

2._____

3._____

ANNEX-4 MENTORSHIP LOGBOOK

SALTS MENTORSHIP ACTIVITY LOG BOOK

Health Facility Name: _____

Date: _____

Duration of mentorship contact time:_____

Name of Mentee	Profession	Signature

Name of Mentors	Profession	Signature

Training/demonstration topic provided by mentors	Surgical/Anesthesia/Nursing skill shared by mentor (Practiced by Mentee)	Other activity done during mentorship	Comment of Mentors	Comment of mentee	Follow up for next visit

ANNEX-5 SAMPLE TOR FOR MENTORS-MENTEE AGREEMENT

SAMPLE TERMS OF REFERENCE FOR SALTS MENTORSHIP AGREEMENT

This mentorship agreement TOR is intended to assist in clearly outlining roles and expectations of each party in the mentorship process and define boundaries and modalities of the interaction to avoid unrealistic expectations. This is only a sample and it could be modified to fit the context of each region and the mentorship arrangement.

MENTORS TEAM MEMBERS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

MENTEES TEAM MEMBERS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

PREFERRED MEETING DAY: _____

FREQUENCY OF MEETING: _____

DURATION OF CONTACT: _____

BEST AGREED WAY TO CONTACT MENTORS: _____

BEST AGREED TIME TO CONTACT MENTORS: _____

CONFIDENTIALITY: Mentors and mentees may discuss sensitive issues during the mentorship interaction and if the issues are determined confidential, they shouldn't be shared to others without prior permission of both parties.

MENTOR TEAM'S COORDINATOR: _____ SIGNATURE _____

MENTEE TEAM'S REPRESENTATIVE: _____SIGNATURE_____