

Clinical Mentoring & Supportive Supervision Program



What is a clinical mentoring and supportive supervision?

The World Health Organization defines clinical mentoring as a "systematic process of practical training and consultations that foster ongoing professional development to yield sustainable high quality clinical care outcomes." Supportive supervision is a process designed to improve the quality care and treatment service delivery through joint observation, discussion, direct problem-solving, and mentoring.

A clinical mentoring and supportive supervision initiative was created for Guyana's HIV response to provide ongoing **capacity building** of HIV practitioners to ensure **continued access to new knowledge** and ultimately the **effective functioning of HIV treatment sites** across the country. The mentoring and supportive supervision process used in Guyana's HIV program is outlined in this graphic for replicability across the Caribbean.



How does a clinical mentoring program function?

#1 Identification of mentors and mentees

Clinical mentors are identified as those who have extensive experience in clinical management, including the management of complicated HIV cases. They must also demonstrate the willingness to coach and mentor the younger and less-experienced physicians - mentees.



#2 Face-to-face clinical mentoring

A face-to-face clinical mentoring is delivered between the mentor and mentee through a twelve module two-week curriculum. Guyana found a dual approach methodology of hands-on clinical consultations and didactic classroom sessions works well. The sessions focus on understanding the management of an HIV patient including the use of antiretroviral therapy, monitoring of patients on treatment, and diagnosis and management of opportunistic infections and co-morbid conditions.



#3 HIV Site Mentoring

Clinical face-to-face mentoring continues beyond the intensive two-week mentoring session at the mentee's treatment sites. Mentors are assigned to conduct semi-annual clinical mentoring and supportive supervision visits, every six months, for one-on-one case management with HIV patients. These visits can be strategically planned to coincide with more difficult cases where additional consultations would be helpful between the mentee and mentor. The mentor can also use this time to review charts to determine compliance with the national HIV treatment guidelines.



#4 Refresher Face-to-Face Mentoring

Guyana has learned that mentees that are actively managing HIV patients benefit from additional face-to-face two-week refreshers. The timing and technical focus of this mentoring is determined by the mentor based on their assessment of the mentee's performance.



#5 Ongoing Virtual Mentoring

All mentees should continue to benefit from ongoing clinical mentoring. In Guyana, this is generally initiated by the mentee when they experience challenges in clinical management through phone calls, WhatsApp messaging, and radio communication (in rural regions).



#6 Documentation & Follow-up

In Guyana, documentation of clinical mentoring and supportive supervision is done by the mentor and submitted to the national AIDS program. The report outlines the findings of their visits and makes recommendations that are applicable to the HIV site and at the regional and national levels. The recommendations are used to enhance the functioning of sites and the technical abilities of the mentees.



For more information on Guyana's clinical mentoring and supportive supervision initiative, please contact Dr. Rhonda Moore, Director, National AIDS Programme Secretariat, Ministry of Public Health at rhondamoore2512@yahoo.com.

For additional information, visit the PANCAP website: www.pancap.org June 2018

This graphic is made possible by the support of the American People through the President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) under the Knowledge for Health (K4Health) Project (AID-OAA-A-13-00068). The contents of this graphic do not necessarily reflect the views of the U.S. Government, PEPFAR, USAID, or K4Health.

