



# Exploring Mentor Perspectives on the Components of a Nationwide Virtual Mentoring Program

Rosalin Keruba, Jachin Velavan, Rajan Srinivasan, Pryzi Priya, Rebekah Zechariah, Pradeep Ninan

Department of Distance Education, Christian Medical College Vellore, India



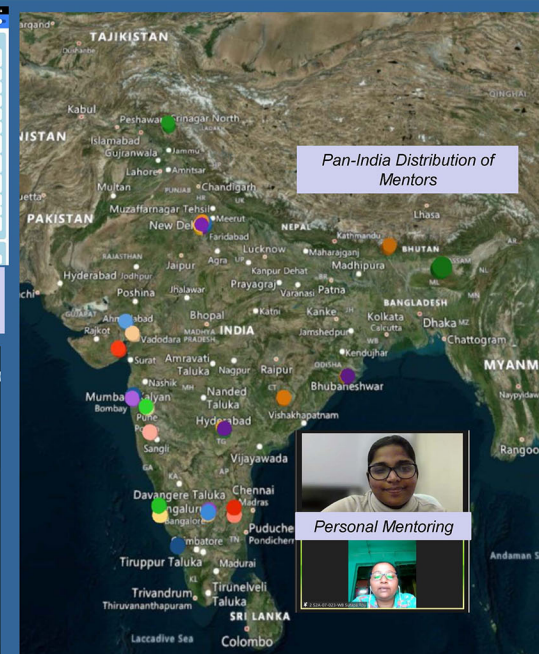
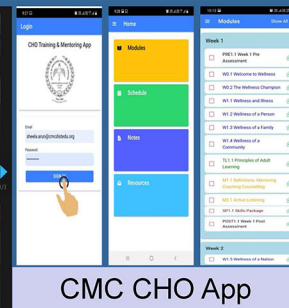
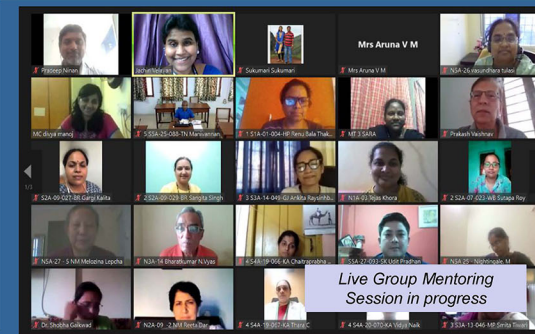
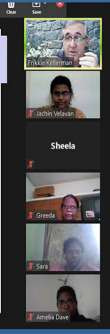
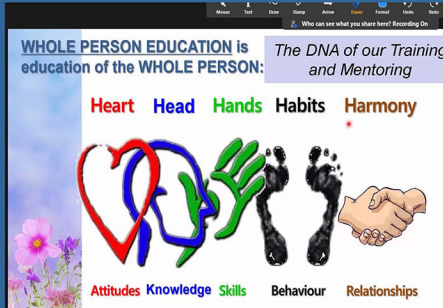
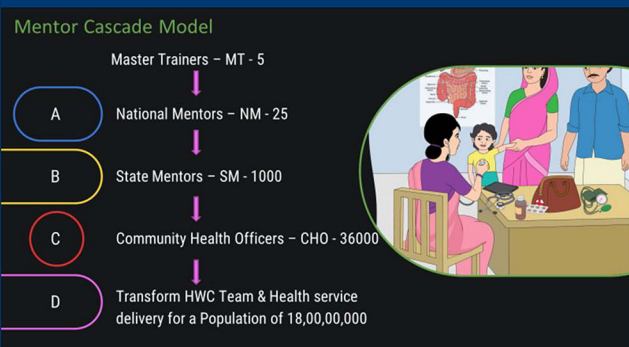
## BACKGROUND

In 2018, the Government of India spearheaded the Comprehensive Primary Health Care (CPHC) initiative by creating Health and Wellness Centers (HWCs) under Ayushman Bharat. Subcenters and PHCs identified as HWCs were headed by the new cadre, Community Health Officers (CHO), predominantly nurses and AYUSH graduates. Leading the team at these HWCs, the CHO was to fulfill the roles of a clinician, public health specialist, and manager. In 2021, a virtual mentoring project was planned to mentor 36,000 CHOs, support their integration into the existing health systems, and improve service quality.

The mentorship cascade consisted of Master Trainers (MTs) who oriented and trained the National Mentors (NM) to complete the CHO curriculum and supervised teaching-mentoring sessions. Each of the NMs was allotted State Mentors (SM), who in turn mentored CHOs assigned to them. The sessions included self-learning module sessions, live group mentoring sessions, and individual personal mentoring sessions between mentors and mentees.

This nation-wide project was implemented by the Distance Education Unit, Christian Medical College, Vellore (DEDU-CMC), with technical support from the National Health Systems Resource Centre (NHSRC), and funded by the Bill and Melinda Gates Foundation (BMGF). It uses technology-enabled systems to virtually train and mentor 30 National Mentors and 1000 State Mentors from all the States and Union Territories of the country who would be linked to 36 CHOs each and thus establish a mentoring relationship with 36000 CHOs over a period of two years which is then expected to continue for many years with a strong mentor-mentee bond and support.

Following six months of implementation, we analyzed the NMs' feedback on the project. This paper looks at exploring perspectives of the National Mentors on the 3 main components of this nation-wide Virtual Mentoring Program namely 1) App-based self-study modules, 2) Live group Mentoring Sessions (LGMs) and 3) Personal Mentoring (PM) sessions and support systems of the project.



## AIMS AND OBJECTIVES

### Aim:

To strengthen the nation-wide CHO mentoring project by gathering insights from National Mentors regarding the three key components of the CHO Mentoring Program.

### Objectives:

- To collate perspectives of National Mentors on the 3 main components of the CHO Mentoring Program and support systems available on the project.
- To consolidate learnings and make course corrections

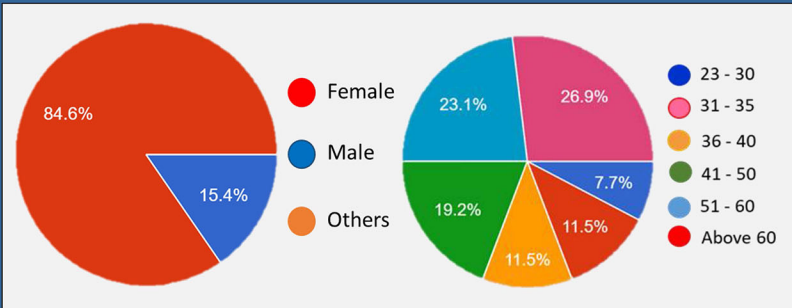
## METHODS AND MATERIALS

In 2022, a purposively designed and piloted electronic, self-administered questionnaire was sent to all the National Mentors and their response was collated and analyzed.

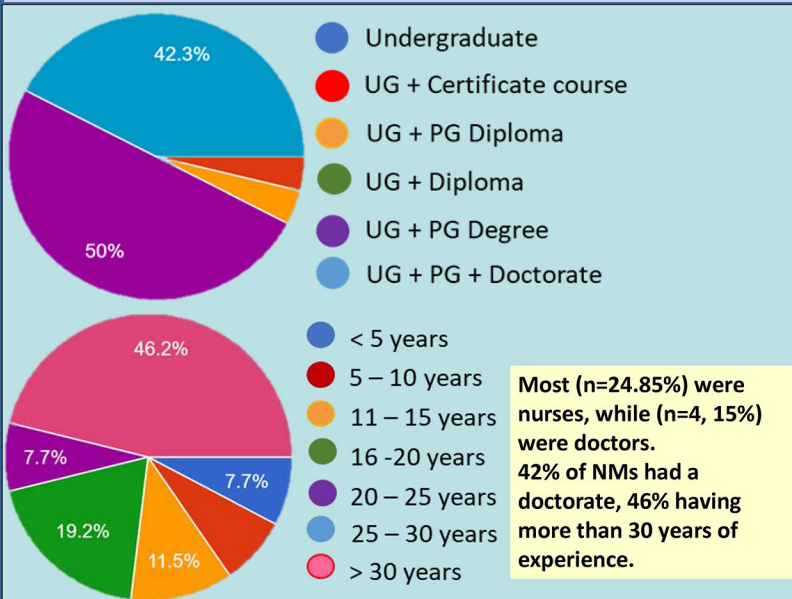
## RESULTS

### NM Profile:

Twenty-eight of the thirty NMs continued with the project, while two left.



A majority (85%) of the NMs were women. 50% of NMs above 50 years of age.



### Perspectives on Curricular components:

95% of NMs agreed that the curriculum was relevant, with an excellent interactive learning experience. Thought for the day, reflective practice, key community skills, health promotion, counseling skills, consultation skills, decision trees, and teaching-learning skills were found to be highly relevant with easy learning interphase by more than 84% of respondents. Regarding interactive live group mentoring sessions, mentoring roleplays, teaching-learning group activities, counseling role-plays, and consultation role-plays were rated by all above 8/10 for quality. Most found the Quiz sessions, scenario discussions, mock LGMs, reflection time, clinical skills, and participant presentations very good. Most found that community stories helped trigger interest in the modules. More than 80% found all forms of summative and formative assessments helpful in teaching the course's curriculum. Over 80% found that formative assessments were good participation and performance indicators. More than 70% found the lesson plans and presentation resources very good.

### Perspectives on Mentorship:

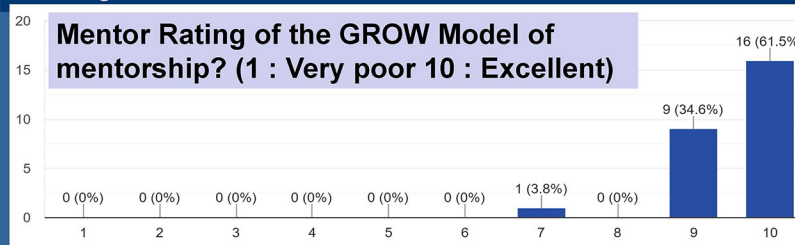
60% of NMs rated themselves as  $\geq 9/10$  in mentoring skills. A majority (96%) rated  $\geq 9/10$  for the GROW model method to enhance the quality and effectiveness of mentorship. More than 90% found it easy to attend the personal mentoring sessions with their MTs. Majority of NMs found their MT facilitation during the LGM very good. More than 70% of NMs said that their MTs followed the mentoring principles during LGMs and during PM calls with the SMs and were prompt in organizing and resolving issues identified.

### Perspectives on support systems

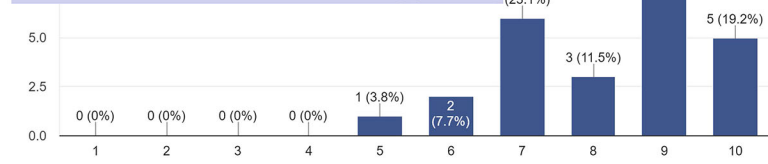
Half the responders found that Technical support during the sessions was excellent. At the same time, more than 73% found the administrative support extended very helpful in navigating challenges in this innovative program.

### Perspective on the program

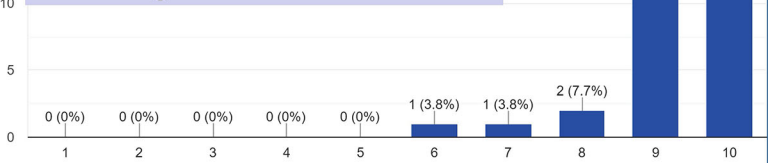
Most NMs expressed that this kind of Virtual Mentoring Program can bring about transformation expected in the CHOs and prepare them for their 3 main roles of Clinician, Public Health Specialist and Manager.



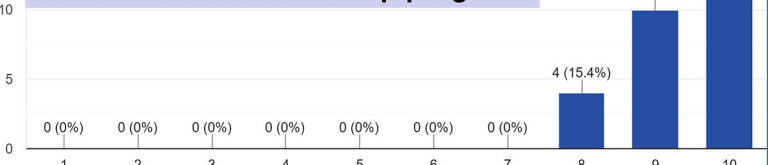
### Mentor Rating of the Self Learning Modules on the CMC CHO App



### Mentor Rating of the Live Group Mentoring sessions



### Mentor Rating of the Transformation Potential of the Mentorship program



## CONCLUSIONS

The perspectives of National Mentors (NMs) after mentoring the first batch of State Mentors (SMs) validated the curriculum of the CHO mentoring project as they found that it covered the essential components required to equip the SM for effective mentoring of the Community Health Officers (CHOs) to help them function efficiently in their 3 roles: Clinician, Public Health Specialist and Manager of the Health & Wellness Team. They also found the methodologies used to deliver the curriculum through the virtual platform were simple enough to be adopted by everyone with internet access. While learning to deliver the curriculum through virtual methods took some practice, most could quickly adapt to the tools. The mentorship cascade was efficient and offered adequate personal interaction to make the mentorship functional and practical. The feedback session provided a continuous feedback loop, which could help iterate the mentorship process to adopt more effective and personalized techniques. This nation-wide virtual CHO mentorship project is the first of its kind in India and globally, and lessons learned from this could provide valuable lessons in implementing similar mentorship models for different levels of staff within the Indian health sector and beyond.

## REFERENCES

Learning for Health: What works - A global review of accredited post-qualification training programs for health workers in low and middle income countries. [http://www.lidc.org.uk/\\_assets/DL4H%20Report%20Full.PDF](http://www.lidc.org.uk/_assets/DL4H%20Report%20Full.PDF)