



Clinical Mentorship Manual for Intergrated Services

January 2011

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

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Foreword

This Clinical Mentorship Manual comes at a time when a renewed focus is being placed on strengthening the delivery and improving the quality of Primary Health Care services, the cornerstone of the national health care system.

The Health Minister's priority is to improve the health status of the entire population and to contribute to Government's vision of "A Long and Healthy Life for All South Africans". To accomplish this vision, government has identified four strategic outputs which the health sector must achieve. These are:

- Output 1: Increasing Life Expectancy
- Output 2: Decreasing Maternal and Child mortality
- Output 3: Combating HIV and AIDS and decreasing the burden of diseases from Tuberculosis
- Output 4: Strengthening Health System Effectiveness

In order to realise these goals, a workforce with the knowledge, skill and attitude necessary to provide high quality Primary Care is essential. Effective training, clinical mentorship and ongoing supportive supervision are critical to ensure consistent application of national treatment guidelines and the provision of high quality care. The national Clinical Mentorship Programme aims to provide the practical on-site support that will ensure a competent and confident workforce.

This manual provides important conceptual clarity on clinical mentorship. It was designed to inform and guide those developing and implementing clinical mentorship programmes – District Health Management Teams.

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This manual includes practical tools that may be used to design, implement and evaluate a clinical mentorship programme.

I would like to thank all of the internal and external stakeholders for their inputs and involvement to the development of this manual.

Ms. M P Matsoso
Director-General: Health

Acknowledgements

This manual was developed from adaptations of various clinical mentorship documents and tools from implementing partners, as well as from policy and guideline documents of the South African Department of Health.

The NDoH wishes to thank all key role players who gave many hours to the development of the Clinical Mentorship Manual for Integrated Services.

Acronyms

AFB	Acid Fast Bacillus
AIDS	Acquired Immune Deficiency Syndrome
ALT	Alanine Transaminase
ART	Antiretroviral Therapy
ARV	Antiretroviral
AST	Aspartate Transaminase
BMI	Body Mass Index
CHAI	Clinton Health Access Initiative
CBO	Community Based Organization
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CPT	Cotrimoxazole Preventative Therapy
DHS	District Health System
DMT	District Management Teams
DNA PCR	DNA Polymerase Chain Reaction
HB/HCT	Haemoglobin/Hematocrit
HIV	Human Immunodeficiency Virus
HR	Human Resources
IMAI	Integrated Management of Adolescent and Adult Illnesses
IPT	Isoniazid Preventative Therapy
IRIS	Immune Reconstitution Inflammatory Syndrome
I-TECH	International Training and Education Centre for Health
M&E	Monitoring and Evaluation
MTCT	Mother to Child Transmission
NDOH	National Department of Health
NGO	Non-governmental Organisation
NSP	National Strategic Plan for HIV & AIDS and STIs 2007-2011
PCP	Pneumocystis Carinii Pneumonia (Pneumocystic Jiroveci Pneumonia)
PHC	Primary Health Care
PLHA	People Living with HIV/AIDS
PML	Progressive Multifocal Leukoencephalopathy
PMTCT	Prevention of Mother-to-Child Transmission
RPR	Rapid Plasma Reagin
RTC	Regional Training Centre
SMS	Short Message Service (or Text Messaging)
STI	Sexually Transmitted Infection
TB	Tuberculosis

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VCT	Voluntary Counselling and Testing
VIA	Visual Inspection with Acetic acid
WHO	World Health Organization

1 Introduction to Clinical Mentorship

As South Africa gears up towards revitalizing the Primary Health Care delivery system and improving access to high quality healthcare in general, the health system still faces a number of challenges, particularly related to human resources for health. Optimization of the existing knowledge and skills of the current health workforce is essential.

Provision of comprehensive quality health care services requires training and mentorship, irrespective of the individual providing services. Clinical mentorship is aimed at improving skills and knowledge of health care practitioners, including nurses, doctors and pharmacists.

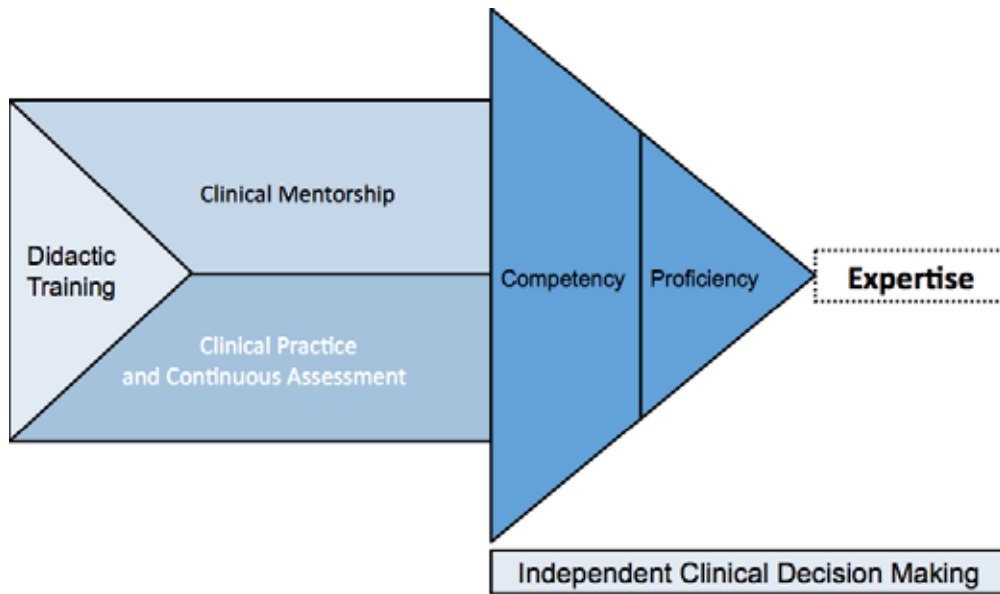
The purpose of this manual is to provide guidance to provinces, district and sub-district management teams (DMTs) in developing and/or integrating a clinical mentorship programme within the District Health System (DHS), to ensure quality healthcare service delivery in all health facilities.

What is Clinical Mentorship?

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development of mentees to deliver sustainable high-quality clinical care. Clinical mentoring should be seen as part of continued professional development required to create competent care providers. Driven by the learning needs of mentees, it occurs in face-to-face consultation, as well as through ongoing phone and e-mail consultations.

After initial didactic coursework, which imparts knowledge on a particular subject, the clinician responsible for providing quality care and treatment is provided mentoring at facility level to implement clinical standards (guidelines), addressing knowledge, attitudes, and behavior and thereby competency.

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Clinical Mentoring Versus Supportive Supervision *

Clinical mentoring and supportive supervision are complementary activities that are necessary to build the health service delivery systems. They both generally aim at a common set of outcomes but differ in the emphasis and approach given by each.

Supervision tends to emphasise health facility management. It is often more hierarchical and managerially oriented. Supervision is key in many organizational settings, and the goals are pre-determined by the system. It may be more critical and evaluative than the more non-judgmental approach associated with mentorship. Making sure supervision is 'supportive' may moderate this.

Clinical mentorship places more emphasis on the enhancement of the professional skills and competencies of the healthcare provider (mentee). Although clinical mentoring and supportive supervision overlap considerably, the activities are different enough that often they will be implemented by different teams:

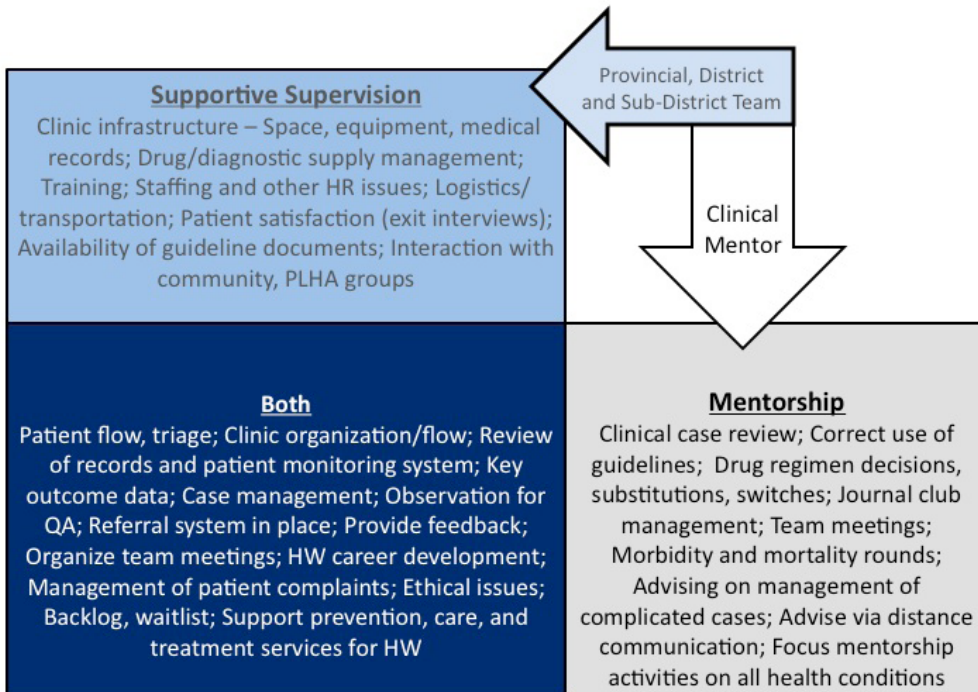
- Clinical mentoring focuses on the professional development of mentees – therefore clinical mentors need to be experienced,

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- competent clinicians;
- District supervisory and management teams often have full-time administrative/managerial duties and do not have the time or experience to be effective clinical mentors.

* Primary Health Care Supervision Manual 2008

Intersection of Clinical Mentorship and Supportive Supervision



2 Goal and Objectives of Clinical Mentorship

Goal

The goal of the clinical mentorship programme is to equip health care providers with the clinical knowledge, skills and attitudes to achieve competence and confidence in provision of quality care.

Objectives

The objectives of clinical mentoring are as follows:

- Improve patient clinical outcomes
- Support decentralization of health care delivery with high quality of care
- Strengthen problem solving and clinical decision making skills of the health care provider
- Build the capacity of providers to manage or refer unfamiliar or complicated cases, as appropriate

3 Development and Implementation of a Clinical Mentorship Programme at (Sub) District Level

Planning and implementation of clinical mentorship programmes will be greatly dependent upon the local context, resources, and involvement of stakeholders. Irrespective of the model, the mentorship programme should be time-bound and sustainable with a clear plan of action.

The design and implementation of district health plans for provision of clinical services should take into consideration the importance of clinical mentorship activities in collaboration with all relevant stakeholders. There is a wealth of knowledge and expertise among non-governmental partners and community based organisations (CBOs), and this expertise should be drawn upon when developing provincial and district-level clinical mentorship programmes to ensure quality, integrated services.

Roles of National, Provincial, District Departments of Health and Health Facilities

National Department of Health will provide normative and strategic guidance, policy formulation, and programmatic support to provinces in implementing clinical mentorship programmes.

Provincial Departments of Health will provide guidance to the (Sub) Districts as they design and implement clinical mentorship programmes. The province will:

- Mobilise resources;
- Disseminate and provide guidance on implementation of the Clinical Mentorship Manual;
- Provide coordination, strategic guidance and programmatic support to

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District Health Teams;

- Identify a provincial focal person who will provide leadership and overall coordination of clinical mentorship in the province. S/he will be responsible for implementing the policy and programmatic guidelines.

(Sub) District Departments of Health will coordinate all clinical mentorship programmes within the district health management team, in collaboration with the sub-districts, programme managers, and health facilities managers. Clinical mentoring should be part of the overall effort to strengthen the health care delivery system and should be complementary to supportive supervision strategies. Each District will:

- Set up a clinical mentoring team at district level, with a focal person who will provide the overall leadership.
- Develop clinical mentorship strategic and operational plans in collaboration with facility managers and NGO partners.
- Identify and train clinical mentors using a standard curriculum, agree on the terms of reference of clinical mentors, develop a database of trained clinical mentors with their competency areas.
- Select mentees and match them with possible clinical mentors.
- Assess what external resources are available, and enlist the support of NGO partners.
- Establish specific objectives, expected outcomes and time line for delivery, agree on the evaluation plan and frequency.
- Identify and agree on the necessary tools to implement the Clinical mentorship plan.
- Evaluate the performance of the clinical mentorship regularly and document best practices.

Health Facilities will assist with planning programmes, ongoing clinical mentorship assessment, selection and allocation of clinical mentors, and identifying and matching both clinical mentors and mentees. All monitoring and evaluation tools will be collected and analyzed at the facility level and shared with district and provincial officials and clinical mentoring partners as appropriate. The facility must ensure that all equipment, drugs and diagnostic tools are available to the clinical mentor and mentee.

- One focal person (usually the facility manager) will be appointed to coordinate all clinical mentorship activities. This person:
 - Maintains communication with the district in order to ensure the clinical mentorship programme is working and successful.
 - Ensures that all evaluation tools are completed at the proper

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time (See Appendix 2).

- Manages the mentee's schedule to allow for sufficient time for clinical mentorship activities.
- Certifies the competence of the mentee, based on the clinical mentor's evaluation.

Who Should Be a Clinical Mentor?

The clinical mentor should have a **minimum of six months clinical experience and proficiency** in the technical area in which s/he is to mentor, (e.g. paediatrics, TB, antenatal care, HIV/AIDS). S/he must routinely participate in clinical updates/continuing professional development activities. The clinical mentor is also expected to have personal characteristics conducive to clinical mentoring, including **leadership** and the **desire to help** mentees and other members of the multi-disciplinary team to improve their knowledge and skills.

There are key skills that a clinical mentor is required to have in order to assist their mentees in obtaining confidence and competence in provision of quality health care. Skills include:

- Clinical proficiency and capacity to make decisions
- Willingness to mentor other clinicians through on-site visits and telephone/email support
- Capacity and desire to motivate the mentee to perform well
- Familiarity with and ability to use clinical standards, e.g. the South African HIV treatment guidelines, to teach and assess technical skills
- Ability to facilitate a case discussion
- Ability to communicate clearly and effectively with staff including provision of constructive, timely, and interactive feedback
- Ability to gather and analyze information

If the clinical mentor is not a part of the South African healthcare system, s/he must be fully aware of:

- The South African district healthcare system, including management structures, functioning of clinical teams, policies, and appropriate lines of communication.

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- Clinical standards, guidelines, and required documentation.
- The availability of diagnostic tests, procedures, and treatments.

Training of Clinical Mentors

The **training** of clinical mentors should utilise adult training principles. A full range of methods and techniques should be used, as individuals learn differently. Blended learning techniques should be considered where feasible, with the use of audio (i.e. podcasts), video (telemedicine), and computer modules contributing to attainment of competencies. These methods may provide complimentary means of transferring knowledge, attitude, and behaviors where resources are scarce (human, financial, logistical).

As a minimum, the Clinical Mentorship Training Programme should include the following:

- Introduction to clinical mentoring
- Relationship building
- Effective communication and feedback
- Adult learning theory and principles
- Clinical mentoring teaching moments
- Clinical mentoring methodologies
- Implementing clinical mentorship programmes
- Systems issues affecting mentoring
- Monitoring and evaluation of a mentorship programme

Additional areas may include stress and burn out in the workplace, conflict management, and facilitation skills.

Stages in a Clinical Mentoring Relationship

*See Appendix 2, Tool VI “Clinical Mentor’s Responsibility Checklist”
See Appendix 2, Tool I “Clinical Mentor Agreement Form”*

Clinical Mentorship Models

Hospital-based clinical mentoring (Off-site clinical mentoring)

One or more clinicians (mentees) from primary health clinics are placed in a district or referral hospital with an experienced clinical mentor or mentoring team. The frequency and scheduling of the clinical mentoring should be determined based on the availability of both the clinical mentor and the mentee and the logistics involved. This model should also include one or more clinical mentor follow-up visits to the mentee’s health facility.

PHC-based clinical mentoring (On-site mentoring)

Clinicians within the district are assigned to mentor healthcare workers in designated facilities. Selection of a clinical mentor is based on the person’s competency in the specified technical task (i.e. initiation of ART). One or more clinical mentoring team(s) may be created whose primary function is to conduct clinical mentoring visits throughout the district. A clinical mentor may be assigned one or two nearby facilities to mentor on a regular basis. Due to differences between clinical mentors’ positions and variations between districts, frequency and length of mentoring visits to assigned facilities vary.

Options for Supplementing Face-to-Face Clinical Mentoring

Telephone conversations and text messaging (SMS)

Telephone conversations and text messaging (SMS) between clinical mentors and mentees should be encouraged for clinical questions, case reviews, and referrals (if mentor provides care at the referral centre). SMS may also be used by clinical mentorship programmes to disseminate ‘clinical pearls’ widely among district clinicians.

Tele-medicine

Clinical mentorship can also be supported through tele-medicine. Internet-based approaches can be effective in certain settings; internet access is increasingly available in facilities and case presentations via web-based sites can be done where there is suitable technology.

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Call centres

Call centres are an important element of mentee support, and all participants in clinical mentorship programmes should be encouraged to use the national phone lines for clinical support. **No question is a bad question. Hotline number: 0 800 212 506.**

Twinning

Twinning is an effective way to provide technical assistance and strengthen the clinical mentorship between two institutions, sharing expertise and experience to the benefit of both over a longer period.

Minimum Timeline of Clinical Mentorship

The amount of time it takes to transfer knowledge, attitude and skills from clinical mentor to mentee will vary greatly depending on personal, clinical, and health system factors, including resource availability. The following is a guide for the minimum duration and frequency of clinical mentorship.

A tiered approach to clinical mentoring is recommended, whereby intensive support is provided for the first month, with fewer visits as time goes on and the mentee develops the knowledge, attitude, and skills required

Each mentee should have **face-to-face contact** with his/her clinical mentor **at least 1-4 times in the first four weeks**, in addition to as-needed telephonic communication. The support will vary according to available resources, for example in extreme cases it may be more efficient to have a nurse working at a remote PHC come to a facility already providing the relevant healthcare service for one week to get hands-on experience, rather than having the clinical mentor travel to the PHC facility on separate occasions (particularly where accommodation can be a major challenge to clinical mentorship).

Clinical mentors must ensure that mentees examine and treat a broad range of patients, across the lifespan, from infants to older adults. The mentees must be deemed competent in all aspects of the specialty area in which they are being mentored. For example, in an HIV/AIDS, STI and TB mentorship programme, the mentee must provide care for adults and children in Pre-ART care, ART Initiation, TB/HIV co-infection, HIV-infected pregnant women, etc., and be certified as competent in all areas. Mentees will keep a logbook of patients seen in consultation with the mentor to assure all patient types are included. (*See Appendix 2, Tool III "Mentee Logbook for Case Management"*).

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As the mentee gains confidence and competence in providing quality care and treatment, s/he will require less face-to-face interaction with the clinical mentor, and may use phone consultation as a primary means of support. It is recommended that the mentee call for consultation as needed and within the parameters agreed upon by the clinical mentor and mentee.

The clinical mentor may determine that the mentee is competent after **evaluation of core competencies** to provide quality care and treatment. If the mentee requires further support, it is recommended that contact sessions continue as required.

4 Monitoring and Evaluation of Clinical Mentorship

There are multiple ways to assess whether clinical standards are being met, and provincial and DMTs should select those means of assessment most feasible to conduct relevant to the local context. It is recommended that a minimum of 2-3 processes are utilised to provide a comprehensive overview of services.

Assessment of Performance of the Clinical Mentor

The clinical mentor should be assessed on his/her competencies by the designated mentorship supervisor/coordinator in the following areas:

Effective and supportive communication with mentee, other clinic staff and patients

- Communicating well-defined performance standards, which are set according to national and/or provincial clinical practice guidelines
- Determining if performance standards are being met
- Identifying barriers preventing achievement of standards and making recommendations to address them
- Implementing interventions to improve performance and quality
- Providing effective feedback to the mentee
- Disseminating clinical practice guidelines and information to enhance patient outcomes
- Conducting routine monitoring and evaluation of mentee and clinical mentorship programme

See Appendix 2, Tool IV "Clinical Mentor Performance Standards"

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Assessment of Performance of the Mentee

The mentee will be assessed by the clinical mentor throughout the clinical mentoring process.

- Clinical practice should be assessed through records review, interviews and client chart review.
- Core competencies may be used to evaluate the mentee's own perception of his/her competence and confidence, as well as by the mentor to evaluate the performance of the mentee. (See Appendix 2, Tool IIA "Clinical Competency Assessment Form: Mentee Self-Assessment" and Tool IIB "Clinical Competency Assessment Form: Clinical Mentor Evaluation of the Mentee").
- The mentee should maintain a logbook of patients examined and treated under the guidance of the clinical mentor. A wide cross-section of patients should be included, varying by age, gender and type of clinic visit. (See Appendix 2, Tool III "Mentee Logbook for Case Management").

Assessment of the Clinical Mentorship Programme

The effectiveness of the clinical mentoring programme should be monitored at facility, district, and provincial levels, and this information should be used to continually improve quality of healthcare services. Monitoring and Evaluation (M&E) systems should measure outputs of the quality of the clinical mentorship programme.

Output indicators that can be used to measure how well the clinical mentoring programme is functioning include:

- Number of clinic service providers successfully completing the mentorship programme, as defined by the district (competency assessment)
- Number of mentees per clinical mentor over a specified period of time
- Number of clinical mentorship encounters for each mentee

See Appendix 2, Tool V "Monthly Reporting Tool"

Clinical Outcomes

It is expected that the outcomes of clinical mentorship will not only lead to improved technical skills, knowledge and clinical decision-making by mentees, but also patient clinical outcomes. Facility managers and DMTs routinely establish indicators of improved quality of care and clinical outcomes and

measure these through data reported in the DHIS. Clinical mentorship programmes can be utilised to identify areas needing improvement, implement changes to improve patient outcomes, and gather the data to measure the impact of those interventions.

5 Conclusion

The right to healthcare is enshrined in South Africa's Constitution. Competent clinical providers are essential to ensuring equitable access to quality care, and competence can only be assured through training and **mentorship**. This manual is relevant to all services offered within the health system, and the principles should be integrated into the functioning of all district health systems.

Mentorship was not formerly considered in the public health system and therefore has not been part of routine planning and budgeting in South Africa. National, provincial and district budgets need to ensure clinical mentorship activities are integrated into all training activities and need to take into consideration the minimum required to ensure clinicians can safely provide quality services learned during didactic trainings. These include salary support and incentives for competent clinicians (clinical mentors) and programme costs including travel & accommodation, communication, and material development / production. Indirect costs associated with improved clinical services must also be considered, for example the potential increase in use of essential medicines.

Universal access to comprehensive healthcare and treatment is possible in South Africa and will require innovative approaches to patient-centred care, including expanded roles within the healthcare team. Open communication and stakeholder consultation should inform the process at (sub) district level to ensure client community-appropriate care.

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Appendices

Appendix I: Practical Steps in Implementing a Clinical Mentoring Site Visit at a Health Facility

Appendix II: List of Evaluation Tools

Appendix III: Certificate of Competency

To order Clinical Mentorship Manuals, complete and mail the form.

Department of Health FAX: (086) 548-4575 Private Bag X 828 PHONE: (012) 395 8270 PRETORIA www.doh.gov.za 0001
CLINICAL MENTORSHIP MANUAL FOR INTEGRATED SERVICES Directorate: Human Resources & Strategic Programmes (Civitas Building, Room 1112, South Tower)
NAME: ADDRESS: PHYSICAL AND POSTAL CODE: TEL NO: EMAIL: NUMBER OF COPIES:

Appendix 1

Practical Steps in Implementing a Clinical Mentoring Site Visit at a Health Facility

Step 1. Observe health worker in practice and reinforce skills

It is important for a clinical mentor to have the opportunity to observe the mentees on a clinical team in the onsite management of typical patients.

- General demeanour
- Body language
- Appropriate dress/physical presentation/ professionalism
- Use of language
- Context: work environment, challenges, privacy issues

Give constructive feedback

Giving feedback generally facilitates learning. Feedback should:

- Be both formal and informal
- Encourage self-assessment and emphasize the positive
- Be specific and constructive, and done at the right time, in the right place

Step 2: Review clinic based records

The clinical mentor should be familiar with the medical records and should review the facility reports prior to the on-site visit. The facility report can indicate the clinical practice that the clinical mentor needs to target, as the report includes treatment outcome.

During on-site visit the clinical mentor should:

- Make sure that the patient record is available when reviewing the management of specific patient with a health care worker or with the

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entire clinical team of the facility.

- Select and review patient medical records at random. This is to help the clinical mentor better understand how to help and mentor the clinical team, not to audit errors. The patient monitoring system used to capture health information for patients are e.g. HIV care/ART card, pre ART and ART registers, ANC register, TB card and registers.
- Reinforce the importance of keeping good patient record: Good patient medical records are essential to ensure continuity of care required in HIV care and treatment.
- Demonstrate to the clinical team how to calculate some of the indicators and use them to monitor and improve quality of care

Step 3: Clinical case review

The next step of a clinical mentoring visit is a review of cases, to provide the mentee with the opportunity for practical learning, as well as to allow the clinical mentor to get a better idea of the clinical competency of the mentee. Clinical case reviews are designed to represent actual patient encounters and are effective tools for demonstrating clinical decision-making. Approaches to clinical case review include: - use of Casebooks, real case presentation and discussion and Logbook of cases. Between clinical mentorship visits, mentees should be instructed to keep a logbook of cases to be discussed with clinical mentor.

Step 4: Clinical team meeting

This should be a multidisciplinary meeting, including all clinical team members (clinicians, counsellors, pharmacy technicians, data clerk/triage, link with the community). The purpose is to promote the team approach to patient management and care, including the clinical mentor as a part of the clinical team. Clinical meetings can be useful in:

- Identifying potential problem areas, issues or conflicts, and potential recommendations from the group
- Eliciting feedback on the clinical mentoring process

Step 5: Document the on-site visit (including recommendations)

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In addition to requesting that the mentee keep a logbook of cases, the clinical mentor should also keep a record of clinical mentoring visits. This will allow for consistency and continuity between clinical mentoring visits, and will give the clinical mentor a reference to follow-up on advice that was given on the last visit.

How to support the patient monitoring system

The mentor should review the record system used to capture health information for each patient. In many cases, this is a paper-based system using some combination of individual patient records and registers (pre-ART and ART registers) for aggregation.

The registers should be checked against the patient record to make sure that information has been correctly transferred from the individual patient records to the registers.

Steps for group clinical mentoring sessions

Group clinical mentoring involves a group of mentees who engage in a clinical mentoring process to achieve predetermined learning goals. The most common approaches to group clinical mentoring are facilitated group clinical mentoring, peer-group clinical mentoring and team clinical mentoring.

The clinical mentor must have a theoretical and practical understanding of working with content (e.g. the clinical facts about patients, the facts about health systems and contexts, the medical facts about ART, HIV and AIDS) and process (the way in which mentees in a group are relating to one another and the challenges that go with being in a group). If the group process is not handled effectively, it can derail the task and aim of clinical mentoring.

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Appendix 2

List of Evaluation Tools

	Tool	Objective/Purpose of the Tool	Person to Complete	Person Responsible for Collection/Analysis	When to Use and Complete the Tool
I	Clinical Mentoring Agreement Form	This form will be completed and signed by both the clinical mentor and mentee at the beginning of the mentorship relationship. It set down the rules of engagement, expectations from both sides and agreement on the way forward. The tool emphasises commitments from both sides to the mentorship relationship.	Both Clinical Mentor and Mentee	Facility Manager	Beginning of the clinical mentorship relationship
IIA	Clinical Competency Assessment Form: Mentee Self-Assessment	This tool will be used during the clinical mentorship process to assess and monitor competency development of the mentee. <i>This form is specific to HIV/AIDS, TB and STIs.</i>	Mentee	Clinical Mentor	Baseline and weekly thereafter

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	Tool	Objective/Purpose of the Tool	Person to Complete	Person Responsible for Collection/Analysis	When to Use and Complete the Tool
IIB	Clinical Competency Assessment Form: Clinical Mentor Evaluation of the Mentee	This tool will be used during the clinical mentorship process to assess and monitor competency development of the mentee. <i>This form is specific to HIV/AIDS, TB and STIs.</i>	Clinical Mentor	Facility Manager	Baseline and weekly thereafter
III	Mentee Logbook for Case Management	This tool will be used daily by the mentee to register the type and number of cases he / she manages during the clinical mentorship process. In addition to the patient case management notes, the clinical mentor will review the logbook during each visit and use it to monitor and support the mentee in improving performance through a feedback session. <i>This form is specific to HIV/AIDS, TB and STIs.</i>	Mentee	Clinical Mentor	Clinical Mentor to review the logbook during every face-to-face clinical mentorship visit

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	Tool	Objective/Purpose of the Tool	Person to Complete	Person Responsible for Collection/Analysis	When to Use and Complete the Tool
IV	Clinical Mentor Performance Standards	This tool will be used by the facility manager to monitor and assess the performance of the clinical mentor with regard to the set objectives, targets, mentoring process, methodology and approach. Feedback should be provided immediately to the clinical mentor in order to sustain areas of improvement and address the gaps/challenges.	Facility Manager	District Manager	Any time during the clinical mentorship process, preferably at least twice within the first 4 weeks of clinical mentorship process
V	Monthly Reporting Tool	This tool will be used to communicate clinical mentoring activities to district management.	Clinical Mentor	Facility Manager	At the end of each month
VI	Checklist for Clinical Mentor's Responsibility	This tool highlights the role and responsibility of the clinical mentor.	Clinical Mentor	Facility Manager	At the beginning of the clinical mentorship relationship

Appendix 2

Tool CM I

To be completed by: Both Clinical Mentor and Mentee

Submitted to: Facility Manager

Clinical Mentoring Agreement

Instructions: Use this template to outline the mentoring relationship. This plan is to be developed *after* the mentor and mentee complete the Clinical Competency Assessment Form in the specific technical area (e.g. Tools IIA and IIB for HIV).

We agree on the following goals:			
OBJECTIVES	LEARNING TASKS AND PROCESSES	RESOURCES	TARGET DATE

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We agree to meet weekly until we accomplish our goals and competency is achieved. During this period we will look for opportunities and experiences to enhance the mentee’s learning and we will provide weekly feedback after each encounter. Confidentiality of our relationship will be maintained.

At the end of the mentoring period, we will review this agreement, evaluate our progress, and reach a learning conclusion. The relationship will then be considered complete. If we choose to continue our mentoring partnership, we may negotiate a basis for continuation with redefined goals.

In the event one of us believes it is no longer productive for us to continue or the learning situation is compromised, we may decide to seek intervention of the facility manager or conclude the relationship.

Name of Mentee _____ Signature _____

Date _____

Name of Clinical Mentor _____ Signature _____

Date _____

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Task / Competency		1 - 4	
All Care	1	Obtain a comprehensive health history in adults, children and pregnant women	
	2	Perform a complete physical exam of adults and children (heart rate, respiratory rate, weight, height, blood pressure, etc.)	
	3	Properly documents history and physical exam in patient record	
	4	Calculate percent weight loss and weight gain	
	5	Treats patients with empathy, dignity, and respect using language terms the patient understands	
	6	Carry out clinical review of patients and present patient cases in a clinical review forum	
Comprehensive Care of Adults and Children	7	Educate patients on HIV/AIDS disease progression, including modes of transmission and how to prevent transmission	
	8	Educate patients on the proper and consistent use of male and female condoms	
	9	Educate patients on signs and symptoms of HIV infection, including opportunistic infections	
	10	Correctly counsel and diagnose HIV in adults, infants, and children with the understanding of the role of antibody vs. virologic HIV tests	
	11	Describe the relationship between HIV and TB and how to diagnose TB	
	12	Order and interpret lab tests according to clinical assessment and with respect to current HIV protocols: rapid and confirmatory HIV antibody tests, DNA-PCR, Hb/Hct, rapid pregnancy test, RPR or other rapid syphilis test, creatinine (calculate), white blood cell count, liver enzymes (ALT, AST), lipids, glucose, CD4 count, viral load, sputum microscopy for AFB, sputum culture, stool exam for ova and parasites, urine dipstick	
	13	Diagnose and manage (treatment/referral) common and severe respiratory diseases: pneumonia, tuberculosis , Pneumocystis Carinii Pneumonia (PCP)	
	14	Screen all patients for TB and provide Isoniazid Preventive Therapy (IPT) as necessary	
	15	Prescribe the correct TB drugs at the correct dose and monitor patients according to National TB Guidelines	
	16	Suspect and manage/refer TB treatment failure	
	17	Diagnose and manage peripheral neuropathy	
	18	Diagnose and manage gastrointestinal diseases and dehydration: acute diarrhoea, persistent diarrhoea, dysentery, etc.	
	19	Diagnose and manage oral candidiasis, esophageal candidiasis, gum/mouth ulcers, oral hairy leukoplakia, oral malignancies	
	20	Recognize and provide appropriate therapy/referral for skin diseases: impetigo, folliculitis, herpes simplex, tinea, varicella zoster, scabies, seborrheic dermatitis, papular eruption, drug reactions, Kaposi's sarcoma, anogenital ulcers, warts, herpes	
	21	Recognize and provide appropriate therapy/referral for neurological diseases: toxoplasma brain abscess, neurosyphilis, cryptococcal meningitis, TB meningitis, progressive multifocal leukoencephalopathy (PML), malignancies, etc.	
	22	Diagnose and manage psychological disorders (treatment/referral), including depression	
	23	Initiate and manage cotrimoxazole at the correct dose at the correct clinical stage, managing adverse reactions and know when to discontinue	
	24	Initiate and manage secondary fluconazole prophylaxis at the correct dose and know when to discontinue	
	25	Explain mechanism of action of ARVs, goals of treatment, and describe what drug resistance means and how it develops	
	26	Identify drug-drug interactions in commonly co-administered medications	
	27	Identify common and serious side effects of each ARV, including laboratory studies used in assessment, and manage/refer appropriately	
	28	Prepare patients for ARVs, including the development of a treatment plan (including anticipating ARV supply needs) and an adherence plan	
	29	Recognize and provide appropriate therapy/referral for immune reconstitution inflammatory syndrome (IRIS)	
	30	Identify treatment failure clinically, virologically, and haematologically	
	31	Make appropriate switches to alternative first-line ARV regimens in appropriate circumstances	
	32	Correctly provide syndromic management of STIs	
	33	Provide PEP in case of sexual assault and occupational exposure	
	34	Determine WHO clinical stage of adults, including calculation of BMI	
	35	Prescribe the correct ARVs for the first line regimen in adults, including pregnant women according to national guidelines	
	36	Prescribe the correct drugs for TB/HIV co-treatment in adults, including pregnant women according to the national guidelines	
Care Specific to Women	37	Assess pregnancy and contraception status in women of childbearing age and provide/link with appropriate interventions based on this assessment	
	38	Demonstrate ability to perform pelvic exam, including pap smear or Single Visit Approach (visual inspection with acetic acid-VIA); Identify gynaecologic deviations from normal and manage/refer	
	39	Diagnose and treat other illnesses in pregnancy as possible sequelae to HIV and/or ART, such as anaemia and TB	
	40	Explain MTCT and current PMTCT interventions, and provide appropriate treatment or prophylaxis	
	41	Provide appropriate therapeutic interventions to women during labour depending on her drug regimen	
	42	Counsel mother on benefits and risks of breastfeeding vs. replacement feeding, including the role of nevirapine prophylaxis in reducing HIV transmission through breastfeeding	
	43	Explain post-partum package of care and follow-up schedule for HIV positive women and their newborns	
Care Specific to Children	44	Correctly document in "Road to Health" card at every visit	
	45	Monitor growth, accurately plot weight, height, and head circumference on a growth chart on every visit	
	46	Demonstrate knowledge of immunisation schedule in HIV positive children	
	47	Determine HIV status of HIV-exposed children, including DNA-PCR (dry blood spot)	
	48	Describe how, when, and why cotrimoxazole prophylaxis is given to HIV-exposed children	
	49	Determine WHO clinical stage of children, including calculation of percent weight loss and weight gain	
	50	Recognize and interpret developmental abnormalities in children	
	51	Diagnose and manage (treatment/referral) common and severe respiratory diseases in addition to those listed above: lymphocytic interstitial pneumonitis	
52	Counsel caregivers to disclose HIV status to children		
53	Prescribe the correct ARVs for the first line regimens in infants and children according to national guidelines		
54	Prescribe the correct drugs for TB/HIV co-treatment in infants and children according to national guidelines		

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Appendix 2 Form 001 (08)		
To be completed by: Clinical Mentor		
Submitted to: Faculty Manager		
Frequency: Baseline and weekly		
Clinical Competency Assessment: Clinical Mentor Evaluation of the Mentee		
Name:	Date:	
<p>Directions for the Clinical Mentor: Assess the specific clinic competencies of the individual whom you are mentoring (mentee). Complete this assessment at baseline and thereafter weekly. Put the number in the box that you feel best shows how competent s/he is as follows:</p>		
1	I am not at all confident; I do not know how to do this task	
2	I am somewhat confident; I can perform the task with support	
3	I am extremely confident; I am capable of doing this task and consider myself somewhat/very competent	
4	I consider myself to have expertise and can teach this task to others	
Task / Competency		1 - 4
All One	1. Obtain a comprehensive health history in adults, children and pregnant women	
	2. Perform a complete physical exam of adults and children (heart rate, respiratory rate, weight, height, blood pressure, etc.)	
	3. Proceed to medical history and physical exam in patient record	
	4. Calculate accurate weight loss and weight gain	
Comprehensive Care of Adults and Children	5. Provide education with a written, graphic, and/or visual learning format to the patient/parent/caregiver	
	6. Carry out clinical review of patients and present patient cases in a clinical meeting forum	
	7. Identify patients on TB/OTC disease progression, multidrug resistance of tuberculosis and how to prevent transmission	
	8. Identify patients on the proper and consistent use of masks and hand hygiene	
	9. Identify patients on signs and symptoms of HIV infection, including opportunistic infections	
	10. Correctly counsel and discuss HIV in adults, infants, and children with the understanding of the role of antiretrovirals, including HIV tests	
	11. Describe the relationship between HIV and TB and how to discuss TB	
	12. Order and interpret lab tests according to clinical assessment and with respect to current HIV protocols: rapid and confirmatory HIV antibody tests, RNA-PCR, HIV-1/2, rapid pregnancy test, RPR or other rapid syphilis test, creatinine (fasting), white blood cell count, liver enzymes (ALT, AST), HbA1c, glucose, CD4 count, viral load, sputum microscopy for AFB, sputum culture, stool exam for ova and parasites, urine studies	
	13. Diagnose and manage (treat/manage/refer) common and severe respiratory diseases: pneumonia, tuberculosis, Pneumocystis Carinii Pneumonia (PCP)	
	14. Assess all patients for TB and provide individualized Preventive Therapy (PT) as necessary	
	15. Prescribe the correct TB drug at the correct dose and monitor patients according to national TB guideline	
	16. Assess and manage other TB treatment failure	
	17. Diagnose and manage peripheral neuropathy	
	18. Diagnose and manage neurological diseases and infections: acute disseminated, persistent, chronic, demyelinating, etc.	
	19. Diagnose and manage oral candidiasis, cryptococcal meningitis, toxoplasmosis, toxocara, and toxocara	
	20. Recognize and provide appropriate therapy/ referral for skin diseases: impetigo, folliculitis, herpes simplex, chlamydia, varicella zoster, scabies, pediculosis, scabies, genital warts, chlamydia, gonorrhea, bacterial vaginosis, bacterial proctitis, syphilis, herpes	
	21. Recognize and provide appropriate therapy/ referral for neurological diseases: toxoplasma brain abscess, neurocysticercosis, cryptococcal meningitis, TB meningitis, a cryptococcal meningitis, cryptococcal meningitis, cryptococcal meningitis, cryptococcal meningitis, etc.	
	22. Diagnose and manage neurodegenerative diseases (Alzheimer's/dementia), including dementia	
	23. Initiate and manage corticosteroids at the correct dose at the correct clinical stage, managing adverse reactions and know when to discontinue	
	24. Initiate and manage secondary immunodeficiency at the correct dose and know when to discontinue	
	25. Describe mechanism of action of ARTs, mode of treatment, and describe what drug resistance means and how it develops	
	26. Identify drug-drug interactions in commonly co-administered medications	
	27. Identify common and serious side effects of each ART, including laboratory studies used in assessment and management/success/failure	
	28. Prescribe patients for ARTs, including the development of a treatment plan (including antiretroviral therapy, needed and an adherence plan)	
	29. Recognize and provide appropriate therapy/ referral for immune reconstitution inflammatory syndrome (IRIS)	
	30. Identify treatment failure clinically, virologically, and immunologically	
	31. Identify appropriate pathway to alternative first-line ART regimens in appropriate circumstances	
	32. Correctly provide therapeutic management of OI	
	33. Provide HIV in cases of sexual assault and occupational exposures	
	34. Describe WHO clinical stage of adults, including estimation of BMI	
35. Describe the correct ARTs for the first line regimen in adults, including treatment success according to national guidelines		
36. Prescribe the correct drugs for "Watch" or "Success" in adults, both with treatment success according to the national guideline		
37. Assess pregnancy and contraception status in women of childbearing age and provide/ refer with appropriate interventions based on this assessment		
Care Specific to Women	38. Demonstrate ability to perform pelvic exam, including pap smear or Single Visit Approach (pelvic inspection with each end-NAU); identify reproductive conditions from normal and manage/ refer	
	39. Diagnose and treat other disease in pregnancy or postpartum according to HIV under ART, such as anemia and TB	
	40. Describe IRT and current PMCT interventions, and provide appropriate treatment or referral	
	41. Provide appropriate immediate interventions to women with acute-onset symptoms of HIV drug resistance	
Care Specific to Children	42. Counsel mother on benefits and risks of breastfeeding, replacement feeding, including the role of exclusive prophylaxis in reducing HIV transmission through breastfeeding	
	43. Describe post-natal regimen of ART and follow-up schedule for HIV positive women and their newborns	
	44. Correctly document in "feed to health" card at every visit	
	45. Identify growth, accuracy and weight, height, and head circumference on a growth chart on every visit	
	46. Demonstrate knowledge of immunization schedule in HIV positive children	
	47. Determine HIV status of HIV-exposed children, including RNA-PCR and blood test	
	48. Describe how, when, and why cotrimoxazole prophylaxis is given to HIV-exposed children	
	49. Determine WHO clinical stage of children, including estimation of percent weight loss and weight gain	
50. Diagnose and interpret chest x-ray abnormalities in children		
51. Diagnose and manage (treat/manage/ refer) common and severe respiratory diseases in addition to those listed above: lymphocytic interstitial pneumonitis		
52. Counsel caregivers to discuss HIV status to children		
53. Prescribe the correct ARTs for the first line regimen in infants and children according to national guideline		
54. Prescribe the correct drugs for "Watch" or "Success" in infants and children according to national guideline		

Appendix 2

Tool CM III

To be completed by: Mentee

Submitted to: Clinical Mentor

Mentee Logbook for Case Management of HIV/AIDS STIs and TB

General Objectives

The logbook is used to document cases that the mentee has reviewed with the mentor. These cases must include patients across the lifespan. The mentor must ensure that the mentee has the opportunity to:

- Diagnose and manage opportunistic infections, including TB.
- Manage HIV positive clients not requiring ART.
- Interpret relevant laboratory investigations.
- Initiate ART, including clinical and psychosocial evaluation and develop a comprehensive treatment plan.
- Manage stable patients on ART.
- Manage side effects of ART.

Minimum Requirements

You are required to see a minimum number of patients in each of the categories listed below in consultation with the mentor (in person or telephonically) throughout the duration of the clinical mentorship. If you are working at a clinic where there is not a high patient load, you could make arrangements to work 1 or 2 days at another ART clinic. Please discuss this with your supervisor and clinical mentor.

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

	Baseline Care ¹	A T Initiation	ART Follow-up	Initiate A T in TB	TB/HIV Follow-up	Total
Children 0-1 years	2	2	2	2	2	10
Children <3 years	2	2	2	2	2	10
Children >3 years	2	2	2	2	2	10
Pregnant Women	4	4	4	4	2	18
Adult Men	4	2	2	4	2	14
Women of Childbearing Age	4	2	2	4	2	14
TB/HIV Co-Infected Patients	4					4
Total	22	14	14	18	12	80

¹ Baseline Care = WHO staging, CPT, CD4 count, screen for TB, health education, management of OIs, etc

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Clinical Logbook for _____ (Name of Mentee)

Reviewed by _____ (Name of Clinical Mentor)

Date	Client Initials	Age	M / F	Pregnant? Y / N	TB/HIV Co-Infected? Y / N	Visit Type*	Reason for Visit; Symptoms	Diagnosis (including WHO Clinical Stage)	Treatment/ Management Plan (including A T)

* Visit Type: Baseline Care (RHV) ART Initiation (AI) ART Follow-up (AF) Initiate ART in TB (IAT) TB/HIV Follow-up (THF)

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Appendix 2

Tool CM IV

To be completed by: Facility Manager

Submitted to: District Manager

Clinical Mentor Performance Standards

Name of Evaluated Clinical Mentor	
Training Site (Name, Place)	
Date	
Individual Evaluating (Name, Title)	

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Instructions: Place a number 1 - 3 for each criteria; 1 – Needs improvement, 2 – Satisfactory, 3 – Fully competent

Performance Standard	Verification Criteria	1 - 3	Notes
Clinical practice is arranged to ensure clinical mentees have safe and adequate practice with clients	Observe the clinical practice session for mentees and verify that:		
	The clinical mentor communicates pertinent information with facility staff, including topics, time, and dates of planned clinical mentorship visits		
	The clinical mentor ensures that clinic staff involved in supervision of the mentee are adequately informed and roles have been discussed and documented		
	Clients rights are respected during the clinical practice (bodily privacy, confidentiality, knowing the role of each person in the room)		
	Clinic practice is structured to ensure maximum exposure to clients		
	Clinical mentor – mentee ratio is sufficient to ensure clients are not harmed		
	The plan for clinical activities allows mentees to move from supervised to independent practice		
	The clinical mentor identifies which clinical skills may be completed by which mentees independently		

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Performance Standard	Verification Criteria	1 - 3	Notes
<p>The clinical mentor is effective at coaching / mentoring</p>	<p>Observe while the clinical mentor is working with the mentee(s): Clinical mentor greets the mentee and reviews previous performance as applicable Clinical mentor works with the mentee to set specific goals for the session and answer questions prior to seeing clients During the visit, the clinical mentor observes the mentee, providing positive reinforcement and constructive feedback as s/he practices the procedure Clinical mentor is sensitive to the client when providing feedback to the mentee Clinical mentor intervenes if the client's safety is in question After completion of seeing clients, the clinical mentor holds a post-clinical practice meeting to assess progress in learning and present cases during the day Clinical mentor asks the mentee to identify skills performed well and those in need of improvement while providing positive reinforcement and constructive feedback Clinical mentor works with the mentee to establish goals for the next clinical mentorship visit</p>		

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Performance Standard	Verification Criteria	1 - 3	Notes
The clinical mentor effectively demonstrates types of skills	Observe a session during which the clinical mentor is demonstrating a skill for the mentee(s) and verify: Describes the skill to be discussed / demonstrated Ensures the clinical mentee is able to see / hear clearly Maintains eye contact with the mentee and client Communicates with the client during the session Demonstrates proper infection prevention practices Uses questions to assess participants understanding and progress –encourages mentee to ask questions Explains rationale in making a clinical decision Provides opportunities for mentees to practice the skills under direct supervision		
	Verify by observation or interviewing mentees that the clinical mentor: Uses questions during clinical practice to help learners develop clinical decision making skills Uses client record review to provide feedback on clinical decision making skills Uses provided assessment tools to determine if the participant has mastered the required content Communicates regularly about mentee progress with clinic staff supervisors Develops a plan for achieving competency for mentees who do not meet the requirements for safe practice		

Tool CM V

To be completed by: Clinical Mentor
Submitted to: Facility Manager

Monthly Reporting Tool

Purpose: To communicate monthly mentoring activities to district management.

Reporting Period (month/year): _____ / _____ Facility Name: _____
Name of Clinical Mentor: _____

No.	Mentee Name	Cadre/Position	Facility Name	Time Spent Mentoring (in minutes)	Facility Manager Signature
1					
2					
3					
4					
5					
6					
7					
8					
Total					

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Key Challenges	Plan to Address
1)	
2)	
3)	

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Appendix 2

Tool CM VI

To be completed by: Clinical Mentor

Submitted to: Facility Manager

Checklist for Clinical Mentor’s Responsibility

Facility Name: _____

Name of Clinical Mentor: _____

Purpose: Clinical mentor to indicate timelines to facility manager. Please enter date of completion of each item and any relevant comments.

Checklist for the Clinical Mentor	Date Completed	Comments
Approval obtained from District Manager, Sub-District Manager and/or Facility Supervisor for proposed mentorship activities		
Introduce clinical mentorship to facility supervisor and mentees		
Set meeting schedule for clinical mentorship activities		
Complete baseline clinical competency assessment of each mentee		
Have mentees complete baseline self assessment for clinical mentorship (Tool IIA)		

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Checklist for the Clinical Mentor	Date Completed	Comments
Develop a plan for clinical mentorship encounters, based upon identified gaps (see template)		
After scoring all 3-4's on the Clinical Competency Assessment Form, mentee is deemed competent		
Compete and distribute Clinical Mentorship Certificate to mentee		
Submit completed mentee feedback form		

Clinical Mentor's signature: _____ **Date:** _____

Facility Manager's signature: _____ **Date:** _____



The Republic of South Africa Department of Health

HEREBY AWARDS THIS

Certificate of Clinical Competency

To _____

In the specific field of _____

 **health**
Department:
Health
REPUBLIC OF SOUTH AFRICA

Clinical Mentorship Guidelines for Integrated Care and Treatment Services

Department of Health

242 Struben Street Pretoria 0002

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