

**ON-SITE CLINICAL COACHING AND MENTORING  
PROGRAMME, 2078**

**IMPLEMENTATION GUIDELINE FOR ON-SITE  
CLINICAL COACHING AND MENTORING  
PROGRAMME**



**Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
Nursing and Social Security Division  
Teku, Kathmandu**

**ON-SITE CLINICAL COACHING AND MENTORING  
PROGRAMME, 2078**

**IMPLEMENTATION GUIDELINE FOR ON-SITE CLINICAL  
COACHING AND MENTORING PROGRAMME**



**Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
Nursing and Social Security Division  
Teku, Kathmandu**



Government of Nepal  
Ministry of Health & Population

## DEPARTMENT OF HEALTH SERVICES

Tel. : 4261436  
: 4261712  
Fax : 4262238

Pachali, Teku  
Kathmandu, Nepal

Ref. No.



Date:- 2078/10/16

### FOREWORD

Quality Health Care Service through competent and qualified health care workers is the essence of Nepal Health Sector Strategy 2072-77, Public Health Act, 2075 and Public Health Regulation, 2077. Ministry of Health and Population is committed providing quality service through various health facilities and Department of Health Services is responsible for monitoring the health care services provided through these health facilities.

For upgrading the skills of nursing professional working in the hospitals, Nursing and Social Security Division has worked in developing the onsite mentoring package. In the development process of this package, Technical Working Group was formed under the leadership of Nursing and Social Security Division along with the engagement of experts and relevant stakeholders. This mentoring package consists of Implementation Guideline, Reference manual for the mentor and mentee, Facilitator guide for the mentor. This package will guide hospitals. Mentors and mentees to impellent the in-house mentoring program targeting the nurses working in clinical areas. In this package, eight nursing skills have been included for mentoring. These skills have been identified through various stages of assessment of the hospitals and discussions with nursing leaders.

I believe this mentoring package for on-site clinical coaching and mentoring programme will prove to be an important foundation process for providing quality nursing care services to the patients at hospital. It sets the path to enhancing capacity of nursing staffs through continuous on the job mentoring.

I would like to wish for the successful implementation of mentorship programme and scaling up in all the health facilities of Nepal. Also I would like to congratulate Nursing and Social Security Division, experts and stakeholders involved in developing process of this package.

Dr. Dipendra Raman Singh  
Director General  
Department of Health Services



Ref. No.

Government of Nepal  
Ministry of Health & Population

DEPARTMENT OF HEALTH SERVICES

(.....)



Tel. : 4261436  
: 4261712  
Fax : 4262238

Pachali, Teku  
Kathmandu, Nepal

Date: 2078/10/10

PREFACE

Nepal government's priority to improve access and quality of health care services at point of service delivery sites is clearly mentioned in the Nepal Health Sector Strategy (2015-2020). The national Health policy 2076 emphasizes to develop and utilize skilled health workers for providing quality health care services. However, gaps have been observed in the skill of service provider through different assessment program. In response to the gaps in delivering quality routine nursing care services, Onsite Clinical Coaching and Mentoring Programme for nurses was conceptualized to update knowledge and skills of nurses in clinical settings, and also to build relationship and boost-up the morale of nurses. For this program, "On-site Clinical Coaching and Mentoring Programme, 2078", mentoring package has been developed by Nursing and Social Security Division (NSSD) with the support of Nepal Health Sector Support Program (NHSSP).

Mentoring package includes three documents: (i) Reference manual and facilitator guide for Mentor, (ii) Reference manual and handbook for Mentee, and (iii) Implementation guideline for on-site coaching and mentoring programme. It has been developed based on eight selected important nursing skills. They are Hand Hygiene (Alcohol based Hand rub and Hand wash), Pain Management, Postoperative Nursing care, Dressing, Peripheral IV Access/Line Placement, Medication, Patient admission and Oxygen therapy. I believe, this mentorship program will be implemented successfully in six government federal level hospitals in this FY 2078/79 and is planned to be scaled up in other hospitals gradually by next year.

To develop the mentoring package for "Onsite Clinical coaching and Mentoring Programme, NSSD worked through a Technical Working Group (TWG) that includes representatives from MOHP and NHTC, Nursing experts from National Trauma Center, Grande International Hospital and NHSSP (Coverage and Quality). NSSD would like to express its sincere appreciation to each member of TWG for their enormous support in various stages of development the mentoring package.

I would like to thank the Nursing capacity building section and consultant from NHSSP for finalizing the Coaching and Mentoring Package. This package has been finalized through various steps of assessments, discussions, meetings and consultative workshop so I would also like to acknowledge all the nursing directors and nursing staffs of the six hospitals and experts who supported us during various stages of package development process. My special thanks to UKaid for the financial and technical support in development of mentoring package through NHSSP.

2078/10/10

Prof. Goma Devi Niraula  
Director  
NSSD



Ref. No.

Government of Nepal  
Ministry of Health & Population

**DEPARTMENT OF HEALTH SERVICES**

(.....)



Tel. : 4261436  
: 4261712  
Fax : 4262238

Pachali, Teku  
Kathmandu, Nepal

Date:- 2078/10/07.....

**ACKNOWLEDGEMENT**

Coaching and Mentoring in nursing is guiding the nurses by the experienced nurse or mentor. With this essence of mentorship, our division has developed the mentoring package to implement mentorship program in Nepal. Our division believes that this mentoring package will develop mentor and guide them in mentorship process and also act as a reference document to those health facilities who wants to adopt the mentorship program.

I would like to express my sincere gratitude to the Director General, Department of Health Services and Director of Nursing and Social Security Division for believing our team of Nursing Capacity Building Section to draft and finalize the mentoring package. During the package development process, we were supported and guided by various experts and respected personnel.

I would like to thank the technical working committee members for their valuable inputs, my team for their continuous support, nursing directors and staffs of six selected hospitals and all the contributors of the workshop organized to discuss on the draft mentorship package. My special thanks to Nursing director and team of Dadheldhura hospital and Bir Hospital for allowing us to conduct a rapid assessment in their hospital to finalize the nursing skills for mentoring.

I would also like to thank Nepal Health Sector Support Programme (NHSSP) for their support and especially Ms. Prati Badan Dangol, Consultant, NHSSP who contributed her effort, expertise and time to develop this package.

  
.....

Ms Bala Rai  
Section Chief  
Nursing Capacity Building Section

## Table of Contents

1. Definition .....	1
2. Introduction.....	1
3. Objective of the program .....	2
4. Intended users of Guidelines.....	2
5. Conceptual Process for On-Site Clinical Coaching and Mentoring Programme .....	3
<b>5.1 Situation Analysis.....</b>	<b>3</b>
<b>5.2 Mentoring Package Development.....</b>	<b>4</b>
<b>5.3 Guideline for mentor development.....</b>	<b>4</b>
<b>5.4 Preparation of Program Implementation .....</b>	<b>4</b>
<b>5.5 Mentees enhancement (day to day onsite coaching and mentoring process).....</b>	<b>5</b>
<b>5.6 Recording and Reporting .....</b>	<b>6</b>
<b>5.7 Review of coaching and mentoring programme .....</b>	<b>6</b>
6. Implementation of the programme.....	7
7. Monitoring and Evaluation process .....	7
8. Roles and responsibilities for programme implementation .....	8
<b>8.1 Role of the federal government. (NSSD).....</b>	<b>8</b>
<b>8.2 Role of hospital (where mentoring programme will be taking placed).....</b>	<b>8</b>
<b>8.3 Role of mentor .....</b>	<b>8</b>
9. Certification to the mentor .....	9
10. Annexes.....	10
<b>Annex 1: Facilitator Guide for Mentor Development Training .....</b>	<b>10</b>
<b>Annex 2: Action Plan Form.....</b>	<b>16</b>
<b>Annex 3: On-site coaching and mentoring reporting form (assessment scores) .....</b>	<b>17</b>
<b>Annex 4: Monthly Reporting Form.....</b>	<b>18</b>
<b>Annex 5: Routine Nursing Care Monthly Recording Form for Mentee.....</b>	<b>19</b>
<b>Annex 6: List of contributors to develop implementation guideline .....</b>	<b>20</b>

# IMPLEMENTATION GUIDELINE FOR ON-SITE CLINICAL COACHING AND MENTORING PROGRAMME, 2078

## 1. Definition

- i. **Onsite coaching:** Extending coaching is one of the effective learning methods to include a focus on an individual's needs and accomplishments, close observation, and impartial and non-judgmental feedback on performance at the bedside or situated at a particular place or site.
- ii. **Mentoring:** It is a sustained, collaborative relationship in which a well-trained service provider performs her/ his duty under the guidance of a highly experienced health care provider
- iii. **Mentor:** Nurses working as Nursing Supervisor/ward in-charge /nursing officer who has received mentor development training program.
- iv. **Mentee:** Healthcare providers (Nurses, Midwives, ANMs, and other health workers) whose skills are enhanced through onsite coaching and mentoring.

## 2. Introduction

### Background

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes. A clinical mentor with substantial expertise/experience who can provide ongoing mentoring to less-experienced nurses by responding to questions, reviewing clinical skills, providing feedback and coaching them when required.

Mentoring must be considered as a mutual learning process, both for the mentor and mentee. Clinical mentors have close relationships with clinical staff, and they often learn about important problems concerning the work environment and system of care that affect the quality of care at a specific facility. Clinical mentors must work closely with nursing supervisors/ in-charges (provincial/district) who are better situated to solve these types of problems while being careful to maintain the mentor–mentee relationship.

Mentoring is seen as part of the continuum of education required to create competent health care providers. A cohort study, On-site clinical mentoring as a maternal and new-born care quality improvement method, (Goyet S, 2020) to improve emergency obstetrical and new-born care (EmONC) in Nepal and assess its effectiveness on nurses' knowledge and skills among 308 nurses including 96 (31.2%), 77 (25.0%) and 135 (43.8%) who participated in all three, two or only one mentoring session, respectively. Clinical assessment scores increased significantly for each participant, and therefore for the group. SBA-trained mentees had better knowledge of maternal and

new-born care and were better able to perform the 12 core clinical skills throughout the program. Clinical assessment scores increased significantly for each participant, and therefore for the group. SBA-trained mentees had better knowledge of maternal and new-born care and were better able to perform the 12 core clinical skills throughout the program. The proportion of nurse-mentees who obtained a knowledge assessment score  $\geq 85\%$  increased from 57.8 to 86.1% ( $< 0.001$ ). The study concluded that on-site clinical mentoring of nurses coupled with health facility management mentoring can improve nurses' clinical competences in and performance of maternity and new-born care. Therefore, clinical coaching/mentoring can provide the educational foundation for the continuing education that follows and should work closely with the clinical mentor to coordinate activities in provincial/district level hospitals.

Nursing and Social Security Division (NSSD) is implementing the on-site clinical coaching and mentoring programme, to strengthen the capacity of nurses in performing key clinical nursing skills to improve the quality of care delivered to the people.

### **3. Objective of the program**

The objective of clinical coaching/mentoring is to improve the quality of general routine nursing care through enhancing the competency, changing behavior, and practice of healthcare providers.

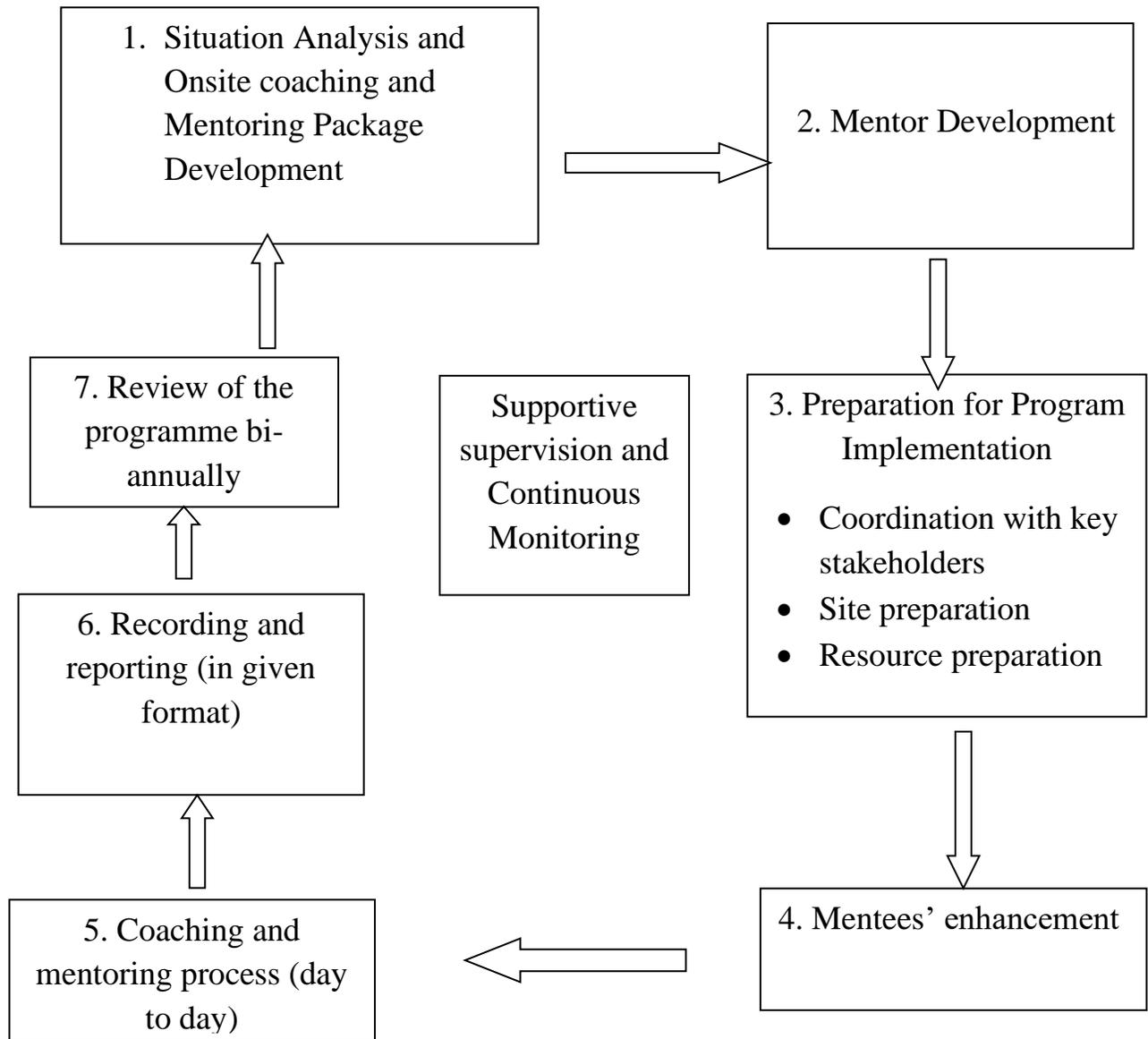
The specific objective of this program is:

- To reinforce existing competencies or provide new competencies
- To prepare competent, confident, and motivated nurses
- To improve enabling environment for service providers including service readiness and quality culture of the health facilities/hospitals.

### **4. Intended users of Guidelines**

This program can be implemented in government and non-government (private hospitals, community hospitals, and teaching hospitals) health facilities. The health facility can utilize this program based on their need an onsite coaching and mentoring program.

## 5. Conceptual Process for On-Site Clinical Coaching and Mentoring Programme



### 5.1 Situation Analysis

The Nursing and Social Security Division had taken the steps to initiate a process for on-site clinical coaching and mentoring for providing quality routine general nursing care. Before developing the Learning Resource Packages (LRPs) for clinical coaching and mentoring, two interactive FGDs (with Nursing administrators/ unit managers and service providers) were conducted. On the basis of FGDs, 20 basic nursing skills were identified and prioritized the 10 skills through polling. Then 10 checklists were developed for on-site assessments and were undertaken in Dadeldhura Hospital and Bir

Hospital. On site assessments analysis results showed, preoperative and suctioning obtained highest scores among 10 core skills. Hence, based on findings, gaps were identified and developed Implementation Guideline and Learning Resource Packages (LRPs) on 8 skills along with TWG member's instructions.

## **5.2 Mentoring Package Development**

On-site clinical coaching and mentoring package includes:

- Reference manual and guide for Mentors, 2078
- Reference manual and handbook for Mentees, 2078
- Implementation guideline for on-site clinical coaching and mentoring programme, 2078

## **5.3 Guideline for mentor development**

### **Mentor Trainer Selection Criteria:**

The group of subject experts will be the mentor trainers having the additional following criteria:

- Trainers' criteria: CTS trained
- Qualification: Bachelor/master's degree
- Ration of trainers and trainees: 1:4
- The maximum number of participants-14-16.

### **Mentor Selection Criteria:**

The mentor should be:

- Nurses working as a Nursing Supervisor/ward in-charge /nursing officer
- The qualification for the mentor is at least a bachelor's in nursing
- They should be motivated with active leadership skills to improve the capacity of her/his subordinates/staff.

### **Mentee selection criteria**

The clinical mentors at the hospital will select all the participants (mentees) for a mentoring session. They will be: Healthcare providers (Nurses, Midwives, ANMs, and other health workers)

## **5.4 Preparation of Program Implementation**

The mentor will organize the stakeholders' meeting before starting the coaching/mentoring session in their respective hospitals.

**Conduct stakeholders meeting:**

The representatives of the stakeholder meeting will be Medical Superintendent/Executive Director Nursing Chief/Director, Head of the department of the respective unit, Nursing In-charge, etc. Mentors will introduce the programme process with stakeholders in the meeting. It includes an introduction of the program (objective and importance) and its overall process (Resource preparation, Process, Monitoring and evaluation plan, Reporting and recording, etc.)

**Preparation of resources:**

Before starting the mentoring session, mentors will prepare all the required material (articles, equipment, and supplies) for mentoring session based on required list of articles included in the skill assessment checklists. In addition to this, she must prepare and make ready the knowledge assessment questionnaires with skill assessment checklist one set for each participant (Mentees).

**Identify the target group:**

Mentor will select the mentees from selected hospital wards according to the need of enhancing knowledge and skills about selected procedures. The group of mentees will be 8 in one-time coaching/mentoring sessions. The mentor and mentees ratio will be 1:4; it means two mentors will conduct a mentoring session for 8 mentees in a group.

**5.5 Mentees enhancement (day to day onsite coaching and mentoring process)**

Mentors will organize the coaching and mentoring session in their respective hospitals as follows:

**Day 1**

- Mentors will invite the mentees and provide brief orientation about the programme (objective, importance, and process)
- Distribute the questionnaires to the mentees for knowledge assessment
- Analyze the knowledge assessment scores
- Identify the knowledge gaps.
- Update knowledge gaps

**Day 2:**

The real case/client-based day to day coaching and mentoring will be done by in-house mentors during mentees' shift duty in their respective wards and does the following steps:

- At first, mentors will observe the procedures done by mentees in selected skills and give scores (baseline skill assessment).
- After completing the baseline assessment of each procedure, mentors will provide feedback to each mentee based on identified gaps, for bridging those gaps (offside of the patient bed).
- Mentors continue to observe the procedures and provide feedback to mentees for improving quality nursing care as per standard tools and guidelines.
- When completing the first-round assessment (baseline assessment) of all selected skills of each mentee, Mentor will prepare the baseline assessment report in given

- reporting format (*Annex 3*) and send report to the NSSD and share it with the stakeholders during the upcoming hospital monthly meeting.
- After completing the baseline assessment, Mentors will provide routine nursing care monthly recording form (*Annex 5*) to each mentee for their daily/monthly recording of each nursing care procedure done by Mentee under the supervision/observation by Mentor (at least one time for each skill per month).
  - Mentees will provide day-to-day general nursing care using the standard tools (Handbook for mentee) and improve skill practice based on feedback from mentors.
  - Mentors will observe the procedures and provide feedback to mentees from time to time-based on identified gaps (at least one time for each skill per month).
  - Mentor will sign in the routine nursing care monthly recording form for each skill observed during patient care provided by mentee.

### **5.6 Recording and Reporting**

- Mentors will record all the activities in the respective hospital regarding on-site coaching and mentoring programme.
- Mentor provides Routine nursing care monthly recording form for mentee (*Annex 5*) to each mentee for keeping their daily/monthly records on each skill observed/supervised by their mentor.
- Mentor also should have complete record of knowledge and skill assessment of each mentee in skill checklist during baseline (first assessment) and subsequent assessments (6 monthly).
- Mentor will prepare the baseline and subsequent assessment report (6 monthly) using on-site coaching and mentoring reporting form (assessment score) (*Annex 3*) and submit report to NSSD.
- Furthermore, Mentors also will prepare the monthly report in given format (*Annex 4*) based on compilation of routine nursing care monthly recording form of each mentee and submit monthly report to NSSD.
- All the reports need to be sent through mail to the Nursing and Social security division ([nursing2075@gmail.com](mailto:nursing2075@gmail.com)) on time.

### **5.7 Review of coaching and mentoring programme**

- Aligning with annual health review programme, programme implemented hospitals will review the clinical coaching and mentoring programme bi-annually.
- The overall programme specific review also will be conducted at least once a year by federal government (respective Division of DoHS).
- The hospital itself (internal review) prepares the presentation and review the on-site coaching/mentoring programme bi-annually. Presentation can be done within the health facilities and among the health facilities as per plan.
- Plan for improvement and continue implementation is crucial and need to be discussed during review programme.

## 6. Implementation of the programme

- For the implementation of the programme, the respective division (NSSD) will organize mentor training. The duration of the mentor development training will be 6 days training based on given schedule given in *Annex 1*.
- After completing 6 days of mentor training, mentors will be eligible for conducting coaching/mentoring session in the hospital.
- Coaching and mentoring formal session that includes knowledge and skill assessment of mentees needs to be conducted two times a year (6 monthly) and reporting to NSSD also be done after completing of each formal assessment. However, only one time coaching/mentoring session will be organized in the first year of starting of this initiative (FY 2078/89) in selected hospitals.
- For improving quality routine nursing care practices, Mentors will observe the nursing care procedures day to day and provide feedbacks to the mentees as per gaps identified.
- For continue implementation of on-site clinical coaching/mentoring initiative in the hospital needs implementation budget so hospital administration will allocate annual budget to conduct session by 6 months.

## 7. Monitoring and Evaluation process

- Baseline (first time) knowledge and skills assessment scores will be collected and analyzed.
- Follow-up (second and consecutive time) knowledge and skills assessment scores will be collected and analyzed.
- Baseline and follow-up analyzed scores will be compared to track the improvement of mentees' capacity.
- Formal knowledge and skill assessment and reporting will be done biannually (twice a year).

S.N	Methods	Tools	Indicators
1	<ul style="list-style-type: none"> <li>• Observation</li> <li>• Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Standard checklist</li> <li>• Multiple choice questionnaire</li> <li>• Recording and reporting format</li> </ul>	<ul style="list-style-type: none"> <li>• Number of participants (mentee) who received/involved in coaching/mentoring session</li> <li>• Number of hospital nursing in-house mentors developed</li> <li>• Percentage of the knowledge score of the mentees</li> <li>• Percentage of skill score of the mentees</li> <li>• Number of hospitals implemented on-site coaching/mentoring programme</li> </ul>

## **8. Roles and responsibilities for programme implementation**

### **8.1 Role of the federal government. (NSSD)**

- Facilitation in Mentor development
- Facilitation in onsite coaching and mentoring program implementation
- Continuous supervision and monitoring of the program
- Provide feedback as needed after data analysis and use resource support accordingly.
- Provide mentor refresher and review the programme.
- Mentor mobilization (mentor exchange) from one hospital to other hospital for conducting clinical coaching, monitoring and evaluation for learning and exchange good practices from each other.
- Coordination with hospitals, province gov. and other stakeholders for better strengthening clinical coaching/mentoring programme.
- Nursing and Social Security Division (NSSD) will conduct the mentor training and it will be scaled up based on annual budgeting and planning.
- NSSD will coordinate with province government and training centers for further scaled-up.

### **8.2 Role of hospital (where mentoring programme will be taking placed)**

- Collaborate with the federal government (NSSD)
- Include the coaching and mentoring programme in annual staff developmental programme
- Plan and allocate the budget to implement the programme
- Create an enabling environment
- Preparation of resources (ready all the articles for each procedure)
- Facilitate to run the programme smoothly
- Monitoring and evaluation plan.
- Recording and Reporting

### **8.3 Role of mentor**

- Regular (quarterly) meeting with key stakeholders (Medical Superintendent/Executive Director Nursing Chief/Director, Head of the department of the respective unit, Nursing In-charge etc.)
- Share the progress of nursing staffs in-terms of knowledge and skill improvement with key stakeholders.
- Participate in annual programme planning and advocate for budget especially for continuing on-site coaching and mentoring programme in their respective hospitals.
- Program orientation with key stakeholders and staffs in the beginning of coaching and mentoring process. Mentee selection and coaching and mentoring session conduction.
- Knowledge and skill assessment of the mentee
- Day to day onsite coaching and mentoring to each mentee

- Identifying issues and challenges of the program and discussing with the key stake holders for solving the issues
- Advocating for establishing the enabling environment for coaching and mentoring programme especially for service readiness. Recording and reporting of the programme in given formats.

#### **9. Certification to the mentor**

- All participants enrolled in the mentor development training will be assessed before and after training on knowledge and selected skills.
- First, they will receive a provisional certificate for attendance in the training.
- They will be eligible to get provisional certificate if they obtained >85% knowledge and 100% skill score (in critical steps) in each skill during assessment after training.
- A final certification as a mentor will be provided only after completing a group or a shift of mentorship and submitted complete reports of first assessment to NSSD.
- Mentors will continue coaching/mentoring session regularly and reporting based on formal coaching session (6 monthly)

## 10. Annexes

### Annex 1: Facilitator Guide for Mentor Development Training

DAY 1			
Time	Content	Methodology	Materials
8.30-9 am	<b>Registration and Breakfast</b>		
9.00-10.00	<b>Opening Session</b> <ul style="list-style-type: none"> <li>Welcome and Introduction</li> <li>Overview of the program</li> <li>Group norms, daily activities, and mood chart</li> <li>Identification of learning need(through knowledge assessment)</li> </ul>		
10.00-1.00am	<b>Assessment</b> <ul style="list-style-type: none"> <li>Knowledge</li> <li>List of skills</li> </ul>	<ul style="list-style-type: none"> <li>Written exam for knowledge assessment by using standard tool</li> </ul> <u>Skill Assessment</u> <ul style="list-style-type: none"> <li>Prepare skill station as required (1:4 ratio)</li> <li>Assess the skill of the participant using standard tool</li> <li>Skill station required (demonstration) <ul style="list-style-type: none"> <li>➤ Hand-wash</li> <li>➤ Dressing</li> <li>➤ Oxygen therapy</li> </ul> </li> <li>Role play required <ul style="list-style-type: none"> <li>➤ Pain management</li> <li>➤ Patient admission</li> <li>➤ Medication(Oral)</li> </ul> </li> </ul> Simulation <ul style="list-style-type: none"> <li>➤ Post-operative care</li> <li>➤ Medication (others)</li> <li>➤ Peripheral IV line placement</li> </ul>	MCQs Standard tools Articles for the procedure

1-2	<b>LUNCH BREAK</b>		
2-5.00	<b>Assessment</b> <ul style="list-style-type: none"> <li>• Skills assessment continued</li> </ul>	Assess the skill of the participant using standard tool	
<b>DAY 2</b>			
8.30-9am	<b>BREAKFAST</b>		
9.00-10.30	<b>Onsite coaching and mentoring</b> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Principles</li> <li>• Difference between coaching and training</li> <li>• Clinical mentoring model</li> <li>• Types of mentoring</li> <li>• Advantages</li> <li>• Relationship between onsite coaching and mentoring</li> </ul>	Brainstorming, Interactive Lecture, Discussion	Meta card, Newsprint, PPT
10.30-12	<b>Coaching and mentoring skills</b> <ul style="list-style-type: none"> <li>• Essential skills of coaching and mentoring</li> <li>• Role of coach and mentor</li> <li>• Characteristics of mentor</li> <li>• Facilitation skills</li> <li>• Coaching and mentoring process (workflow)</li> </ul>	Brainstorming, Interactive lecture, Discussion Role play	PPT
12-1	<b>Coaching and mentoring in clinical settings</b> <ul style="list-style-type: none"> <li>• Role play</li> <li>• Skill demonstration</li> </ul>	Brainstorming, Interactive lecture, Discussion Role play	Role play
1-2pm	<b>LUNCH BREAK</b>		
2-3	<b>Coaching and mentoring in clinical settings</b> <ul style="list-style-type: none"> <li>• Clinical simulation <ul style="list-style-type: none"> <li>○ Briefing</li> <li>○ Case scenario</li> <li>○ Debriefing</li> </ul> </li> </ul>	Brainstorming, Interactive lecture, Discussion Simulation	Case scenario, Articles according to procedure, checklist, Reference manual for mentee
3-4	<ul style="list-style-type: none"> <li>• Supervision</li> <li>• Case study</li> </ul>	Brainstorming, Role Play	Case scenario, Checklist, Reference manual for mentee
4-5	<ul style="list-style-type: none"> <li>• Sharing of Implementation Guideline</li> <li>• Recording and reporting formats</li> </ul>	Interactive lecture, discussion	Implementation guideline, Forms and Formats
<b>Day 3</b>			
<b>Time</b>	<b>Content</b>	<b>Methodology</b>	<b>Materials</b>
8.30-9	<b>BREAKFAST</b>		11

9-12	Demonstrate and practice the procedure <ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Medication</li> <li>• Peripheral IV line placement</li> <li>• Patient admission</li> </ul>	<b><u>Demonstration and Skill practice</u></b> <ul style="list-style-type: none"> <li>• Review the procedure and explain updated content of one skill/ procedure</li> <li>• Demonstrate skill by the facilitator</li> <li>• Prepare four skill station</li> <li>• Divide the participants in each station (1:4 ratio)</li> <li>• Assign facilitator in each skill station</li> <li>• Allow all participants to practice in their respective skill station</li> </ul> <b><u>For other skill</u></b> <ul style="list-style-type: none"> <li>• Review the procedure, explain updated content, demonstrate and practice other skills/ procedures in the same manner</li> </ul>	Mannequin, Article, Standard checklist
1-2	<b>LUNCH BREAK</b>		
2-5	Demonstrate and practice the procedure <ul style="list-style-type: none"> <li>• Pain Management</li> <li>• Post-operative care</li> <li>• Oxygen therapy</li> <li>• Dressing</li> </ul>	<b><u>Demonstration and Skill practice</u></b> <ul style="list-style-type: none"> <li>• Review the procedure and explain updated content of one skill/ procedure</li> <li>• Demonstrate skill by the facilitator</li> <li>• Prepare four skill station</li> <li>• Divide the participants in each station (1:4 ratio)</li> <li>• Assign facilitator in each skill station</li> <li>• Allow all participants to practice in their respective skill station</li> </ul> <b><u>For other skill</u></b> <ul style="list-style-type: none"> <li>• Review the procedure, explain updated content, demonstrate and practice other skills/ procedures in the same manner</li> </ul>	Mannequin, Article, Standard checklist
<b>Day 4</b>			
8.30 -9am	<b>BREAKFAST</b>		
9-12	<b><u>Skill and Mentoring practice</u></b> <ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Medication</li> <li>• Peripheral IV line placement</li> <li>• Patient admission</li> </ul>	<b><u>Skill practice and Mentoring</u></b> <ul style="list-style-type: none"> <li>• Divide participants into 4 stations</li> <li>• Assign one facilitator in each stations</li> <li>• In each divided skill station, assign the participant as mentor, mentee and observer respectively.</li> <li>• One participant performs the skill practice as mentee, second participant observes the skill performance of mentee as mentor. Facilitator evaluates the first for skill performance and second participant for mentoring skill using checklist.</li> <li>• Debrief: learner self-reflection and provide constructive feedback to the mentee by mentor and facilitator provides constructive feedback to mentee and mentor.</li> <li>• Rotate the role of participants after completion of the skill.</li> </ul>	Mannequin, Article, Standard checklist

		<p><b><u>For other skills</u></b></p> <ul style="list-style-type: none"> <li>Repeat the above instructions for other skills in same manner.</li> </ul>	
12-1	<b>LUNCH BREAK</b>		
1-5	<p><b><u>Skill and mentoring practice</u></b></p> <ul style="list-style-type: none"> <li>Pain Management</li> <li>Post-operative care</li> <li>Oxygen therapy</li> <li>Dressing</li> </ul>	<p><b><u>Skill practice and Mentoring</u></b></p> <ul style="list-style-type: none"> <li>Divide participants into 4 stations</li> <li>Assign one facilitator in each stations</li> <li>In each divided skill station, assign the participant as mentor, mentee and observer respectively.</li> <li>One participant performs the skill practice as mentee, second participant observes the skill performance of mentee as mentor. Facilitator evaluates the first for skill performance and second participant for mentoring skill using checklist.</li> <li>Debrief: learner self-reflection and provide constructive feedback to the mentee by mentor and facilitator provides constructive feedback to mentee and mentor.</li> <li>Rotate the role of participants after completion of the skill.</li> </ul> <p><b><u>For other skills</u></b></p> <ul style="list-style-type: none"> <li>Repeat the above instructions for other skills in same manner.</li> <li>Prepare the plan for clinical evaluation</li> </ul>	
	<b>DAY 5</b>		
8.30-9	<b>BREAKFAST</b>		
9-1	<p>Evaluate of the skills (In clinical setting)</p> <ul style="list-style-type: none"> <li>Hand hygiene</li> <li>Dressing</li> <li>Peripheral IV line placement</li> <li>Medication</li> </ul>	<ul style="list-style-type: none"> <li>Briefing participants about clinical evaluation.</li> <li>Orientation – Hospital and ward</li> <li>Divide participants into four groups</li> <li>Assign facilitator in each group</li> <li>In each divided group, assign the participant as mentor, mentee and observer respectively.</li> <li>One participant performs the skill practice as mentee in real patient, second participant observes the skill performance of mentee as mentor. Facilitator evaluates the first for skill performance and second participant for mentoring skill using checklist.</li> </ul>	<p>Real patient, articles, checklist</p>

		<ul style="list-style-type: none"> <li>• Debrief: learner self-reflection and provide constructive feedback to the mentee by mentor and facilitator provides constructive feedback to mentee and mentor.</li> <li>• Rotate the role of participants after completion of the skill.</li> </ul> <p><b><u>For other skills</u></b></p> <ul style="list-style-type: none"> <li>• Repeat the above instructions for other skills in same manner</li> </ul>	
1-2	LUNCH BREAK		
2-5	<p>Evaluation of the skills</p> <ul style="list-style-type: none"> <li>• Pain Management</li> <li>• Post-operative care</li> <li>• Oxygen therapy</li> <li>• Admission procedure</li> </ul>	<ul style="list-style-type: none"> <li>• Briefing participants about clinical evaluation.</li> <li>• Orientation – Hospital and ward</li> <li>• Divide participants into four groups</li> <li>• Assign facilitator in each group</li> <li>• In each divided group, assign the participant as mentor, mentee and observer respectively.</li> <li>• One participant performs the skill practice as mentee in real patient, second participant observes the skill performance of mentee as mentor. Facilitator evaluates the first for skill performance and second participant for mentoring skill using checklist.</li> <li>• Debrief: learner self-reflection and provide constructive feedback to the mentee by mentor and facilitator provides constructive feedback to mentee and mentor.</li> <li>• Rotate the role of participants after completion of the skill.</li> </ul> <p><b><u>For other skills</u></b></p> <p>Repeat the above instructions for other skills in same manner</p>	<p>Articles according to the skill, Real patient, Checklist</p>
Day 6			
8.30-9am	BREAKFAST		
9-12	<p>Evaluation of the skills</p> <p style="text-align: center;">Continuation</p>	<ul style="list-style-type: none"> <li>• Divide participants into four groups</li> <li>• Assign facilitator in each group</li> <li>• In each divided group, assign the participant as mentor, mentee and observer respectively.</li> <li>• One participant performs the skill practice as mentee in real patient, second participant observes the skill performance of mentee as mentor. Facilitator evaluates the first for skill performance and second participant for</li> </ul>	<p>Articles according to the skill, Real patient, Checklist</p>

		<p>mentoring skill using checklist.</p> <ul style="list-style-type: none"> <li>• Debrief: learner self-reflection and provide constructive feedback to the mentee by mentor and facilitator provides constructive feedback to mentee and mentor.</li> <li>• Rotate the role of participants after completion of the skill.</li> </ul> <p><b><u>For other skills</u></b></p> <ul style="list-style-type: none"> <li>• Repeat the above instructions for other skills in same manner</li> </ul>	
1-2	LUNCH		
2-3	<ul style="list-style-type: none"> <li>• Discuss on the findings of pretest and post test</li> <li>• Preparing action plan</li> </ul>	<ul style="list-style-type: none"> <li>• Prepare the result in graph paper and discuss the findings</li> <li>• Ask the participants to prepare the action plan for the program implementation</li> </ul>	Graph paper, Marker
3-4	<p>Closing</p> <ul style="list-style-type: none"> <li>• Certification</li> <li>• Closing remarks</li> </ul>		



**Annex 3: On-site coaching and mentoring reporting form (assessment scores)**

On-site coaching and mentoring reporting form (Assessment Scores)							
<b>Name of hospital:</b>							
<b>Hospital ward:</b>							
<b>Date of Assessment:</b>							
<b>Time of assessment (baseline or follow-up):</b>							
<b>Name of Coach/Mentor:</b>							
	Components of Knowledge and skills assessment	Full Mark	Obtained marks of the mentees during assessment				
			Name/post	Name/post	Name/post	Name/post	Name/post
	<b>Knowledge Assessment</b>						
1	Hand Hygiene ABHR						
2	. Handwash						
3	Pain Management						
4	Postoperative Nursing Management						
5	Dressing						
6	Peripheral IV line placement						
7	Medication a. Oral						
	b. IV / IM/ SC						
8	Patient Admission procedure						
9	Oxygen therapy						

Prepared by:

Administrator:

.....

Name of mentor:

Date:

Verified by:

Nursing Supervisor/Nursing

.....

Name

Date:

**Annex 4: Monthly Reporting Form**

<b>Name of hospital:</b>			
<b>Hospital ward:</b>			
<b>Reporting date:</b>			
<b>Report of Month:</b>			
<b>Name of Coach/Mentor:</b>			
<b>SN</b>	<b>Types of Procedures</b>	<b>No. of Mentees mentored in a month</b>	<b>Remarks</b>
1.	Hand Hygiene		
2.	Pain Management		
3.	Postoperative Nursing Management		
4.	Dressing		
5.	Peripheral IV-line Placement		
6.	Medication		
7.	Patient Admission Procedure		
8.	Oxygen therapy		
<b>Total</b>			

**Issues/ challenges**

**faced:**.....  
 .....  
 .....

**Problem solving process**

**used:**.....  
 .....  
 .....

**Coordination done**

**with:**.....  
 .....

**Prepared by**

.....

Name:

Date:

**Verified by**

.....

Name:

Date

### Annex 5: Routine Nursing Care Monthly Recording Form for Mentee

<b>Routine Nursing Care Monthly Recording Form for Mentee</b>								
Name of hospital:								
Ward/unit:								
<b>Name of mentee:</b>								
Routine nursing care observation per Month	Required <b>mentor's signature</b> after observation of each procedure per month							
	Hand Hygiene	Pain Management	Postoperative Nursing Management	Dressing	Peripheral IV line placement	Medication	Patient Admission procedure	Oxygen therapy
Shrawan								
Bhadra								
Ashwin								
Kartik								
Mangsir								
Poush								
Magh								
Fagun								
Chaitra								
Baisakh								
Jestha								
Ashar								

## Annex 6: List of contributors to develop implementation guideline

SN	Name	Designation	Organaization
1	Prof. Goma Devi Niraula	Director	Nursing and Social Security Division
2	Ms. Durga Laxmi Shrestha	Chief, Hospital Nursing Administrator	Bheri Hospital
3	Ms. Roshani Tuitui	Campus Chief	Bir Hospital Nursing Campus (BHNC)
4	Ms. Sangita Shrestha	Chief Hospital Nursing Administrator	Bir Hospital
5	Ms. Binda Ghimire	Registrar	Nepal Nursing Council
6	Mr. Pan Bahadur Chhetri	Senior Drug Administrator	MOHP
7	Ms. Kabita Pandey	Senior Hospital Nursing Administrator	Kanti Bal Hospital
8	Ms. Hira Niroula	Senior Hospital Nursing Administrator	Dadheldhura Hospital
9	Ms. Sochana Sapkota	Sr Hospital Nursing Administrator	National Trauma Centre
10	Ms. Bala Rai	Senior Hospital Nursing Administrator	NSSD
11	Mr. Kunj Prasad Joshi	Section Chief, Skill Development Section	NHTC
12	Ms. Manju Yadav	Nursing Administrator	Koshi Hospital
13	Dr Ishwar Upadhyaya	Integrated Medical Officer	NHTC
14	Ms. Amrita Pahadi	Senior Community Nursing Officer	NSSD
15	Ms. Yashoda Baral	Nursing Officer	NSSD
16	Dr Smritee Mahat	MD	NHTC
17	Ms. Dammer Kumari Khanal	Public Health Nurse Officer	NHTC
18	Ms. Uma Kumari Rijal	Nursing Officer	Curative Service Division
19	Ms. Tika Rawal	Nursing Officer	Mental Hospital
20	Ms. Hira Devi Subedi	Nursing Officer	Bharatpur Hospital
21	Ms. Kalpana Pokharel	Nursing Officer	NSSD
22	Ms. Lal Devi Maharjan	Nursing Director	Grade International Hospital
23	Ms. Ushna Shrestha	ICU incharge	Sahid Gangalal National Heart Center (SGNHC)
24	Ms. Sangita Ghimire	Computer Operator	NSSD
25	Dr Binamra Rajbhandari	Coverage and Quality Thematic Team Lead	NHSSP
26	Ms. Kamala Shrestha	Coverage and Quality (Access) Specialist	NHSSP
27	Ms. Prati Badan Dangol	Nursing Director, SGNHC	Consultant NHSSP
28	Dr Paras Chipalu	Coverage and Quality (Quality) Specialist	NHSSP
29	Ms. Mahalaxmi Prajapati	MNH Technical Officer	NHSSP



Supported by:



*Disclaimer: This material has been funded by UKaid from the UK Government; however, the views expressed do not necessarily reflect the UK government's official policies.*