Skills to Care (STC)/ Nyamekela 4 Care (N4C)

Facilitated Learning and Mentoring for frontline health providers: Paul Cromhout with acknowledgements to One to One Childrens Fund, Positive Action for Children Fund, Prof. David Woods, Perinatal Education Trust, Roseanne Turner and Dr Simone Honikman, Perinatal Mental Health Unit, UCT and Therese Boulle
What we did and how we did it:1

Set up a learning team (in-service and self-learning) at facility level in 49 clinics in the Eastern Cape, SA. Headed by a nurse who coordinates the learning of health workers (HW’s), monitors progress, supports and explains.

Learning team of HW’s and community health workers (CHWs) who gather fortnightly to learn together, discuss the case studies, present their own case studies drawn from experience, plan work for the next two weeks and provide group debriefing and do self-care exercises.
What we did and how we did it.

The learning material was developed by the Perinatal Education Trust (www.bettercare.co.za) and Perinatal Mental Health Programme, UCT. Available in modular form (15 pages/module), simple language, question and answer style learning, case studies and self test.

Given to HW’s for self study for 2 weeks.

Material accredited via Health Professions Council (SA) for continuing professional development credit.
What we did and how we did it.

- Learning sessions
- Takes two hours
- Occur fortnightly
- Each session comprises of:
  - 1. Welcome and Introduction
  - 2. Review of the learning material (module)
  - 3. Exploration of the Case Studies (module)
  - 4. Administration and planning
  - 5. Presentation of CHW case studies (personal case sharing)
  - 6. Debriefing and self care exercises
- Modules for Perinatal Care and Adolescence
- Adolescent Care Module (including Disclosure Counselling)
Challenges

• What are the challenges?
• The work-related challenges faced by HW’s:
  • Poor infrastructure, ineffective management, a lack of supervision and emotional support, inadequate training opportunities, an increasing burden of care, long working hours and low morale.
  • HW’s are required to provide empathic care and do not receive adequate emotional support, leading to a high risk of burnout, compassion fatigue, increased absenteeism and high attrition rates.
  • Traditional ways of training HW’s involve intensive off-site and ‘top-up’ training provided by external ‘experts’ and are focused on the transfer of knowledge, rather than the development of skills. Expensive and often increases HW’s stress.
  • Responses from managers to problems of quality often include disciplinary action, more intensive monitoring, and remedial training and are not acknowledging or building.
  • Employee wellness programmes offered by many organisations are usually reactive, costly, time consuming and off-site.
  • Self-care by HW’s is especially relevant when empathic and collaborative components are included in their work.
Success

The Theory of Change for Skills to Care/Nyamekela4Care
Can provide adequate support and mentorship, as well as training, skills development and encourage self-care. HW’s feel supported and valued, and experience increased levels of job satisfaction, reduced burnout, reduced absenteeism and attrition rates. HW’s able to deliver high quality, informed, holistic and empathic care resulting in improved outcomes for mothers and their children.

Benefits of STC/N4C
• Improved work-related knowledge (96% passed with more than 80% score)
• Improved job satisfaction
• Reduced burnout
• Increased levels of empathy and the ability to engage empathically
• Improved staff mental health
  Reduced mental health stigma

We anticipate that the intervention will lead to the following outcomes:
• Improved staff retention (i.e. reduction in staff turnover)
• Reduced staff absenteeism
  Improved planning and collaboration
• Increased number of clients seen
• Improvement in the quality of interaction with clients seen, and thus improved health and social outcomes for clients
Facilitated learning groups

- These consolidated knowledge learnt at home
- Builds teamwork.
- Helped to build comradery and trust amongst nurses and CHWs.
- Contributed to building confidence
  - **CHW’s comments:**
  - "Since we are getting more knowledge, we have the courage to go to clients and to knock on their doors.”
  - "I now feel so confident to do the education sessions in the clinic. I would never talk in front of the patients before but now I know, I can talk about exclusive breastfeeding, about the newborn baby and the other modules. It has really helped me.”
  - **Nurses comments:**
  - “These CHWs are my eyes and my ears in the community. I rely heavily on these girls. Now they are so knowledgeable. They know warning signs for infants and can refer and tell me too so that we can make sure that infant is treated as a matter of urgency,”
  - “These CHWs they are really learning a lot. They show me what they are learning, and then I make sure that they can apply their knowledge. They are really making a difference in my clinic.”
  - **Patient’s comments:**
  - “These two women (SPF CHWs), they taught me about exclusive breastfeeding. They do house visits. They advise me about the care of myself and my family. ... They told me how to manage my baby. They told me that I need to breastfeed until she is six months.”
  - “Honestly, I don’t know what I would have done without Thandeka(CHW). She is so knowledgeable and has helped me. This is my first baby and it has not always been easy, so she has really helped.”
Key Lessons

• Organisations implementing should have STC/N4C formally ‘launched’ with programme management, as success is dependent on management’s understanding and involvement in the process.
• Need for ‘stewardship’ and ongoing support in the initial phases of initiative until the process can be sustained by itself. The process is very different to the way meetings and training are usually conducted. It is based on Knowledge Creation and Team Building through Action Learning.
• The facilitator needs good empathic skills and be able to guide the process of active learning, without presuming the role of expert. The facilitator should be trained in active listening and empathic engagement.
• Staff often respond to their initial experience of empathic engagement in meetings with a need to ‘offload and talk about’ the many frustrations and challenges that have been building up for months. While this ‘clearing’ may not seem directly related to the meeting schedule, it is important to accommodate this process and adapt the STC/N4C meeting schedule as necessary.
• Facilitators need to prepare themselves by reading through the content prior to each meeting. The manual provides guidelines on how this can be done.
Promising Practice

- STC/N4C is a manualised guide for on-site learning and support. Meetings are intended to be held on a regular (fortnightly or monthly) basis in an easily accessible venue. As many organisations already hold monthly meetings, this format could easily replace these meetings. The manual includes materials for 10 meetings, can be repeated in annual cycles. System is peer driven, responsive to the groups internal needs and acknowledges and uses existing expertise within the group.
- **Meetings include**: 1. A knowledge topic: a syllabus of experiential learning materials which meet the knowledge requirements of most HW’s is included. The material includes modules pertaining to maternal and infant mental health which should be retained.
- 2. An empathic engagement skill: a syllabus which breaks this topic into 10 different components, and includes theory and practical exercises.
- 3. Case sharing: HW’s are required to present challenging or rewarding cases to the group, with the aim of encouraging peer reflection and discussion, thus providing an opportunity to learn from each other and support each other.
- 4. General business: allows time for the usual elements of most monthly meetings, and provides opportunity for effective communication with management and planning.
- 5. Debriefing and Self-care: a variety of simple group debriefing and mindfulness-based, self-care exercises are introduced and practised in the meeting.
- 6. Resources and templates are included which ensure effective reporting of meetings, which allows for improved communication and understanding of the challenges, and reporting by management.
Applicable to your setting?

Provisional data shows that providing Health Workers with in-service learning and study modules for facilitated self-learning is an acceptable method for their continuing education. This method is a cost-effective way to improve the knowledge of HWs and build their resilience. It is a method that can, with relative ease, be rolled out to HWs in many settings.

- For further info: [www.pmhp.za.org](http://www.pmhp.za.org)
- [www.bettercare.co.za](http://www.bettercare.co.za) and [www.spf.org.za](http://www.spf.org.za)
- Thank you!