

Strengthening South Africa's Voluntary Medical Male Circumcision (VMMC) Training Programme through Clinical Mentorship

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Introduction

In 2010, the South African government embraced Voluntary Medical Male Circumcision (VMMC) as an additional HIV prevention strategy to curb the spread of HIV among men. Their goal was to circumcise 80% of HIV-negative men by 2022, a pivotal step in their comprehensive strategy to achieve epidemic control¹.

The National Department of Health (NDoH) is primarily responsible for ensuring that VMMC services meet the highest standards of safety and quality, per national and international guidelines. The 2021 national EQA assessment identified gaps in clinical expertise related to the VMMC surgical procedure, with over half of the sites (51.6%) flagged for incorrect surgical techniques and poor adverse events management. As such, there was an urgent need to scale up the training of Provincial Clinical Mentors to expand VMMC training mentorship and supervision in healthcare facilities. Since then it has become a national requirement that all healthcare workers who perform the VMMC surgical procedure be trained and equipped on standardised guidelines as well as specialised practical sessions under the supervision of a Clinical Mentor.

In response to this need, the NDoH developed and piloted a two-day **clinical mentorship and supervision training programme** in 2022.

This case study documents the process and outcomes of this initiative, using lessons learnt from the West Rand as a pilot district, while providing helpful implementation practices to facilitate adoption and replication in other districts and provinces.

Overview of the VMMC Clinical Mentorship Programme

A mentor is commonly described as an experienced person who assesses, supervises, and helps a mentee with less experience over a certain period of time².

Within the VMMC programme, a Clinical Mentor is an experienced VMMC clinician³ who equips mentees to establish competency and proficiency in using the Dorsal Slit and/or device circumcision method.

¹ Source: South African National AIDS Council, 2017, South Africa's NSP for HIV, TB and STIs 2017-2022

² Source: Hornby, Albert Sydney. (1995). Oxford Advanced Learner's Dictionary of Current English / [by] A.S. Hornby; editor Jonathan Crowther. Oxford, England: Oxford University Press

³ A VMMC 'clinician' is any qualified health professional who can perform the MMC procedure, i.e. Medical Doctors, Clinical Associates, or Professional Nurses

For this reason, Clinical Mentors must exhibit the following qualities:

Proficiency — Clinical Mentors must be proficient providers in the circumcision programme

Motivation — Clinical Mentors must have a passion and commitment toward preparing the next generation of VMMC providers

Opportunity — Clinical Mentors must have organisational support and commitment (from sub-national DoH teams) to provide an enabling environment, time, equipment/supplies, and other resources to the Clinical Mentor to be successful in their mentoring role

Qualifications — Clinical Mentors must be qualified Medical Doctors, Clinical Associates, or Professional Nurses with valid registration from the relevant Professions Council

NDoH envisions that Clinical Mentors will bridge the knowledge-skills gap of Clinicians who complete the theoretical VMMC training, but have not yet had the opportunity to demonstrate competence in safely and independently performing the procedure. In the long term, Clinical Mentors will improve the VMMC programme's quality performance by ensuring standardised training, mentorship, and supervision are available at all service delivery levels.

Curriculum development

In designing and testing the Clinical Mentorship programme, the NDoH sought the assistance of the World Health Organisation (WHO), MMC SUSTAIN - the programme's Bill & Melinda Gates Foundation-funded technical assistance partner, as well as the Centres for Disease Control & Prevention (CDC).

The training material was developed to suit the local context focusing on mentoring and coaching components of VMMC, particularly on how to evaluate, assess, and communicate findings with mentees. This is due to the extensive foundational VMMC resources that already exist in the country (e.g., the VMMC Online Training Hub (OTH), Regional Training Centres (RTC), Provincial Centres of Excellence, and PEPFAR training partners).

The training material is made available in PowerPoint slides and video format, to accommodate various learning styles.

Clinical Mentorship Process

The Programme essentially consists of three distinct phases, namely:

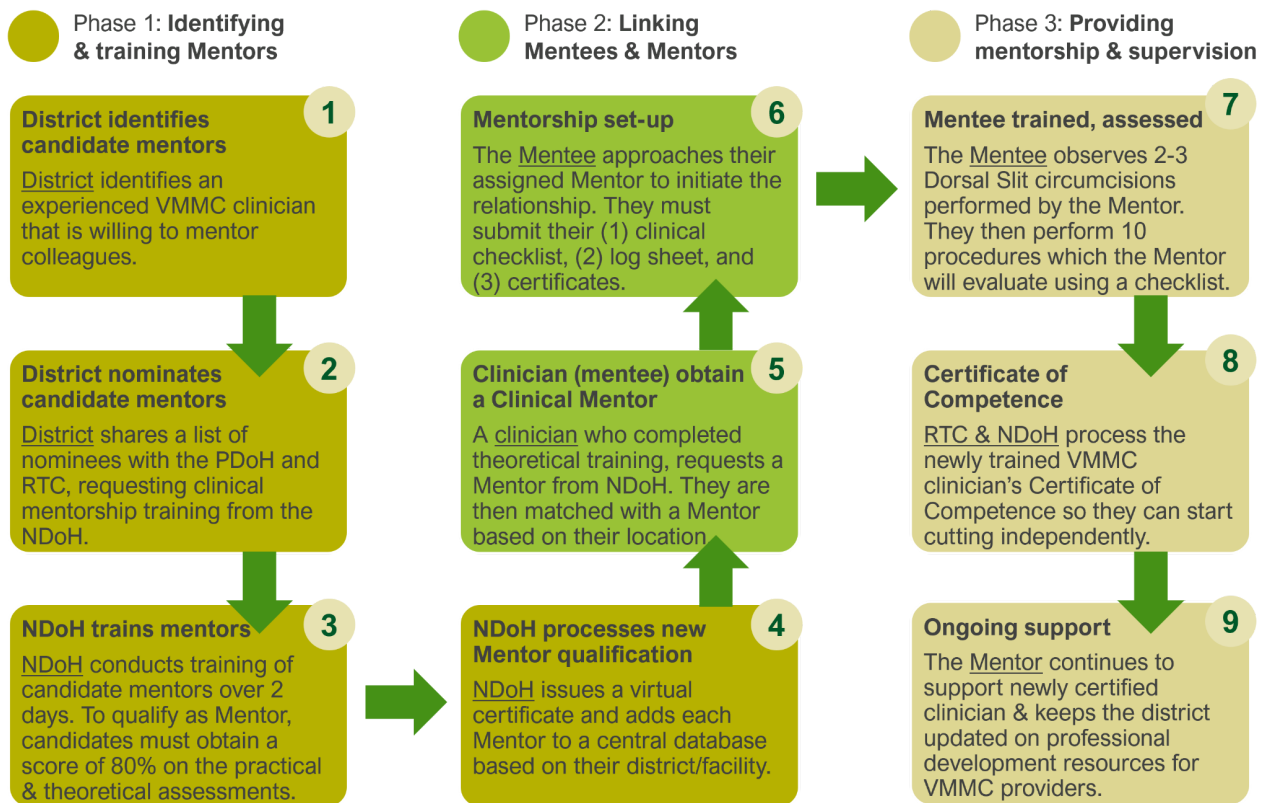
Phase 1: Identification & selection, then training of Mentors

Phase 2: Linking Mentees to Mentors

Phase 3: Certification & provision of mentorship for Certified Providers

Figure 1 documents the end-to-end process of the Clinical Mentorship programme. See below:

Mentorship Process - from Identification to Certification



Phase 1: Identification & selection, then training of Mentors

1. Candidate Mentor Selection

Provinces and Districts are responsible for promoting the upskilling of Clinicians to Mentors in their constituencies. As such, NDoH requests Provinces to nominate qualified and proficiently capable Clinicians who would undergo training to later provide high-impact VMMC training, mentorship, and oversight.

To be deemed eligible for mentorship training, candidates must:

- be qualified Medical Doctors, Clinical Associates, or Professional Nurses with valid registration from the relevant health professions council
- have completed the VMMC Online Training Hub (OTH) or a 5-day classroom classroom-based surgical training
- have a current VMMC certificate of competency, valid for 2 years
- currently work within the VMMC programme

2. Mentor Training

The training of Clinical Mentors is conducted per province by the NDoH and MMC SUSTAIN staff (master trainers) who themselves have undergone the Clinical Mentorship course, and have been certified as competent to train other Mentors.

Training goal — The goal of the mentorship training is to prepare experienced service providers to become skilled clinical trainers who are qualified to conduct competency-based clinical skills courses. Following the course, participants are expected to demonstrate the following competencies:

- Train course participants in new competencies, or reinforce existing ones
- Coordinate training activities in collaboration with other staff
- Document and report training activities conducted
- Provide post-training one-on-one coaching and mentoring support

Training objectives — Following the training, participants are expected to:

- Demonstrate effective facilitation, coaching, and demonstration skills
- Demonstrate the ability to coach and supervise in simulated and clinical situations
- Demonstrate the ability to conduct a clinical skills course

Duration of training — Participants attend an intensive 2-day training workshop covering information on the VMMC programme, guidelines and tools, as well as mentorship and coaching. A mix of theory-based learning, practical sessions, assessments, and oversight is provided. Group discussions and experience-sharing by participants are also highly encouraged.

Methods of assessment — Pre- and post-training evaluations are conducted with participants to guide facilitators on the topics that need more attention. Three additional assessments must also be satisfactorily completed by participants before qualifying as a Clinical Mentor:

- **knowledge assessment** (using standardised pre- and post-assessment tools)
- **skills assessment** (using bespoke facilitation and coaching checklists)
- **practice assessment** (using performance self-assessment tools).

Phase 2: Linking Mentees to Mentors

This phase involves linking Clinicians who have completed their theoretical VMMC training to certified Clinical Mentors based in the same District. This process is coordinated by the Districts and Regional Training Centres (RTCs) as follows:

1. Clinicians who have completed the OTH (KnowledgeHub) course, email the NDoH Training Manager and their local RTC requesting to be linked to a certified Clinical Mentor.

2. A database of high-volume VMMC facilities, available on KnowledgeHub, as well as basic demographic data from the requesting Clinician are used to link suitable Mentors working in the same geographical area.
3. NDoH provides the requesting Clinician with the contact details of the facility where the Clinical Mentor is based.
4. It is then the responsibility of the Clinician to present at the facility, inquire about the availability of certified Clinical Mentors, and initiate the mentorship process.

Phase 3: Certification & provision of mentorship for Certified Providers

Each Clinical Mentor should ideally be assigned a maximum of five Mentees who have completed their theoretical VMMC course. For each Mentee, the Clinical Mentor must:

- a. Conduct clinical skills assessments to ascertain their theoretical knowledge and refresh the memory of VMMC National Guidelines
- b. Provide ongoing coaching and support
- c. Provide mentoring sessions at regular intervals for a period of 6 months after the certification of the new VMMC Clinician

Once the mentor-mentee relationship has been established, the two parties will sign a mentoring agreement (available on the KnowledgeHub) which outlines the goals and required mentorship support to achieve VMMC proficiency. The mentorship support provided may include live demonstrations, direct observation, and one-on-one coaching. The Mentee must then successfully complete **ten** surgical procedures under the supervision of the Clinical Mentor, assessed using the VMMC post-training mentoring tool and documented on their trainee log sheet, in order to be deemed a competent VMMC service provider.

The Mentee must then submit the completed post-mentoring tool and trainee log sheet to their local RTC for validation, who will in turn communicate this to NDoH for the issuance of a Certificate of Competency.

Results to Date

Number of mentors trained

During its inaugural Clinical Mentorship intake, held from December 2022 to May 2023, **the NDoH trained 253 Clinicians** across **five Provinces** to become Mentors.

The number of Clinical Mentors trained between December 2022 and May 2023

PROVINCE	MENTORS TRAINED
Eastern Cape	49
Free State	25
Gauteng	32
KwaZulu-Natal	109
North West	38
TOTAL	253

Mentorship support at work

Seven newly trained Free State Clinicians had the opportunity to receive a post-training mentorship visit from NDoH and MMC SUSTAIN. The purpose of the visit was to ensure that the knowledge, attitudes, and skills acquired during training had translated into improved performance and better care for clients. Each participant was observed conducting the pre-/post-operation examinations and performing the Dorsal Slit procedure.

Of the seven Clinicians assessed, two were certified as proficient to provide mentoring for other Clinicians, based on their Dorsal Slit technique and willingness to assist other colleagues; three were deemed competent in the VMMC procedure but lacked the bedside manner to become Mentors. The remaining two Clinicians did not correctly perform the VMMC procedure and therefore could not qualify as Mentors.

Measuring impact

The impact of the Mentorship programme has been measured anecdotally through the accounts of Mentors providing mentorship and supervision, as well as the self-reported confidence level of Mentees.

Case Study: West Rand District



Clinical Mentorship training for Districts in Gauteng Province (group A)

In 2022, the West Rand District participated in the Clinical Mentorship programme to ensure that their 30 VMMC-trained DoH health workers had sufficient skills to perform the VMMC surgical procedure. This was made easier by the availability of the district-based MMC SUSTAIN Project Manager, who was certified to provide mentorship support and oversight for Clinicians seeking VMMC mentorship.

This support included a rigorous training and mentorship plan to ensure consistency and high-quality standards - appropriate for VMMC providers and in line with the latest NDoH guidelines. The Project Manager routinely collected participant information through standardised NDoH registration forms, attendance registers, evaluation forms, trainee log sheets, and post-training mentoring tools (the latter of which are filled in on the last day of the training session). Data points were collated, captured, and submitted to the NDoH and Provincial Regional Training Centres.

| Anecdotal accounts of the impact of the Clinical Mentorship programme indicate that there has been a notable change in the quality of VMMC services in the District, as evidenced by an increase in client follow-ups following the mentorship support. Mentees have attributed this improvement to a boost in their self-confidence upon receiving individualised instruction, supervision, and support.

Programme Best Practices

Individualised

The Clinical Mentorship programme is an innovative approach to bridging the gap between theory and practical training and addressing issues of competency. The individualised focus has proved to be beneficial to those who have gone through the mentorship programme.

Benefits of an individualised model

- Peer-to-peer mentorship
- Longer contact time with mentee
- Personalised individual supervision to ensure quality

Comprehensive

Over two days, trained facilitators meticulously take participants through comprehensive VMMC training content. This serves as a detailed refresher of the VMMC programme's norms and standards while introducing new knowledge and skills in terms of mentorship and coaching.

Sustainable

Historically, VMMC training has been conducted by PEPFAR implementing partners. To ensure sustainability and ownership of the programme, the mentorship course is designed with a focus on DoH personnel. In addition, the training is being provided by NDoH through the capacitation of Provincial Clinical Mentors. This is to mitigate potential capacity challenges in the implementation of VMMC training arising from the loss of donor-funded support.

Conclusion

The Clinical Mentorship programme offers a way to bridge the gap between the theoretical and practical training of VMMC providers. Additionally, the Mentorship programme ensures the provision of high-quality, standardised VMMC training on all levels of VMMC service provision.

A focused, one-on-one clinical mentorship approach ensures that each Mentee can reach a level of competency that they are confident and comfortable with. Each Mentee has a set of strengths and weaknesses that can be leveraged as well as improved upon, respectively. Deploying a cohort of reliable, credible, and competent peers to provide consistent mentoring and in-service support to Clinicians not only strengthens local health systems, but creates an enabling environment for continuous quality service provision of the VMMC programme.

Resources

Access the following resources by clicking on the links below:

1. [About VMMC and South Africa's HIV prevention strategy \(NSP 2017-2022\)](#)
2. [VMMC Online Training Hub \(OTH\) information & resources](#)
3. [VMMC OTH course - sign up](#)
4. [VMMC External Quality Assurance \(EOA\) Tools](#)
5. [VMMC Client Intake, Surgical Register Receipt Form and Instructions](#)

