Mentorship tool for EVD Clinical Care Guidance: For CHT/DHTs

CHT/DHT Staff Name	
Position / title	
Mobile Number	
Health Facility Visited	
County	
District	
Date of Visit (mm/dd/yyyy)	_____ / _____ / _____
Assessor's Name	
Assessor's contact	
Start time: _____	**End time:_____**

Capacity Building Experience DHOs, DSOs & Supervisors (in your District)

Have you conducted capacity building activities (e.g. mentorship, supportive supervisions, training, etc.) over the <u>past 3 months</u> in any of the following topics:

	Topic	Yes	No
1.	Hand hygiene	___	___
2.	PPE use	___	___
3.	Safe use and disposal of sharps	___	___
4.	Safe disposal of healthcare waste	___	___

Infection Prevention and Control

1) Describe three steps that you would take to mentor this or any other health facility to ensure that IPC standards are met, given your existing resources

    1. _____

    2. _____

    3. _____

2) As a mentor, describe how you would give feedback to this or any other facility on IPC issues/gaps (e.g., hand hygiene, appropriate PPE use, etc.) (open-ended)

Emergency Clinical Care

3) Describe three steps that you would take to mentor this or any other health facility to ensure that emergency clinical standards are met? (open-ended)

    1.

    2.

    3.

4) As a mentor, describe how you would give feedback to this or any other facility on emergency care issues/gaps (e.g., quick checks, red flags, etc.) (open-ended)

Referral Systems

5) Describe three steps that you would take to mentor this or any other health facility to ensure that an effective referral pathway is in place and actively used? (open-ended)

    1.

    2.

    3.

6) As a mentor, describe how you would give feedback to this or any other facility on referral pathway issues/gaps? (open-ended)

Self-efficacy

7) On a scale from 0-5, please indicate your capacity/ability to mentor health facility staff on EVD clinical guidance for survivor services, given your existing resources: 0= not at all ready, 1=poor, 2= fair, 3=somewhat ready, 4=ready, 5 = fully ready

0 [ ]   1 [ ]   2 [ ]   3 [ ]   4 [ ]   5 [ ]

Please briefly explain why you chose that number: