Assessment of On-site Coaching of Staff Nurses

Dissertation at Columbia Global Centers,
Mahabubnagar District, Andhra Pradesh

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Contents

Introduction

On Site Coaching is an incremental process.

Needs assessment → Identify technical gaps →Targeted skill building.

Skills gained are applied on actual cases with mentorship of the coach so that confidence of the staff can build.

Supportive supervision sustains high quality service delivery and performance is measured through regular monitoring and post training evaluation tests.

Introduction

- In On-Site Coaching model, the coaches and the monitoring team rotate through target facilities.
- The baseline performance skills observed.
- Needs assessment through discussions with the health staff.
- Institute coaching customized to the unique needs of each worker.
- Traditional classroom-based approaches, hands-on demonstrations with mannequins, and most importantly by seeing patients side-by-side with the health workers
- Coaches regularly cycle back through each facility. Rapport development.

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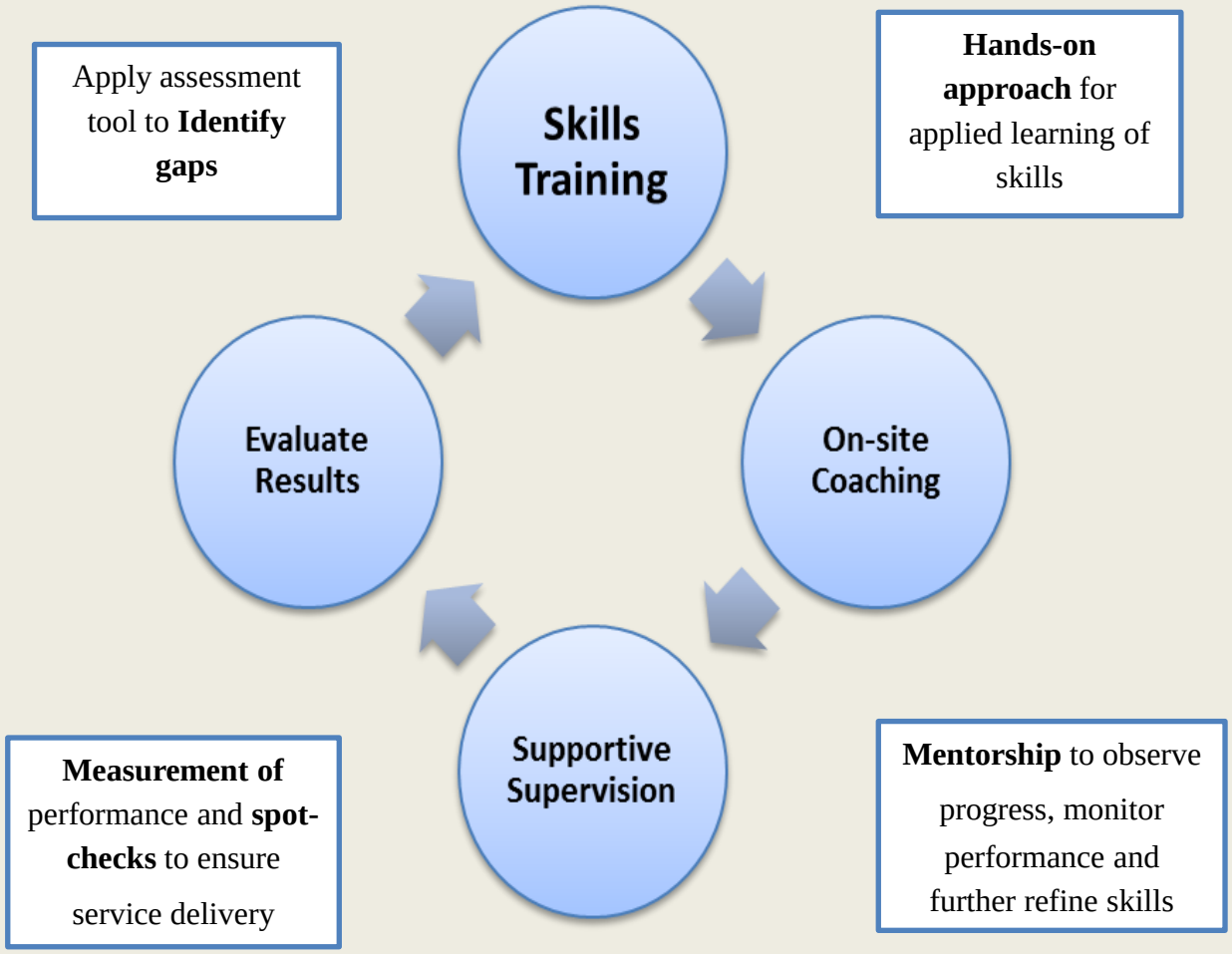

Apply assessment tool to **Identify gaps**
Skills Training
Hands-on approach for applied learning of skills
Evaluate Results
On-site Coaching
Measurement of performance and **spot-checks** to ensure service delivery
Supportive Supervision
Mentorship to observe progress, monitor performance and further refine skills

Problem Statement

- Poor skills and technical knowledge of staff nurses and front line workers who are the usual maternal and child health care service providers have been leading to increased maternal and infant mortality and morbidity.

Rationale

- Limited availability of skilled human resources, especially nurses, Inadequate supportive supervision of front-line service providers, low quality of training and skill building and lack of focus on improving quality of services have been few Key observations from the national level bottleneck analysis that fed into the RMNCH+A strategy

- Mahabubnagar has been identified as a High Priority District (HPD) as both MMR (160) and IMR (56) are much higher than the State average of 134 and 46 respectively. The referral rate is also observed to be very high and access to health care facilities is low.

Research Question:

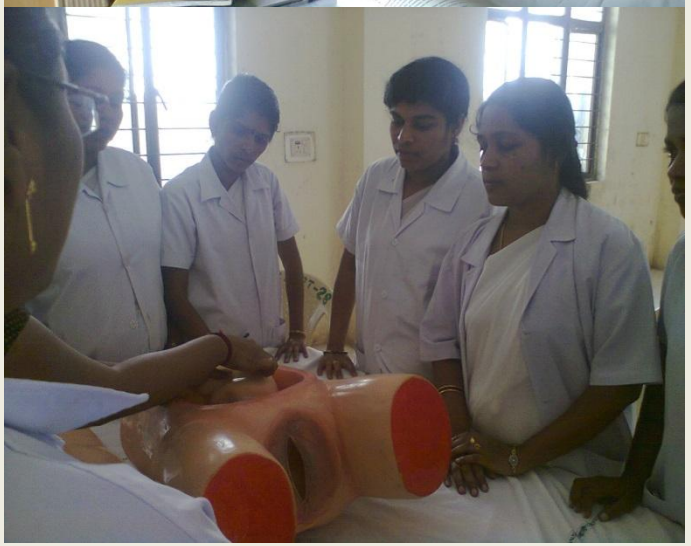
- Can On Site Coaching improve the skills, knowledge and confidence of staff nurses?

Objectives

- To assess the baseline knowledge and needs of staff nurses
- To assess the process of onsite coaching.
- To assess the post coaching knowledge, skills and confidence of staff nurses.

Methodology

- **Study Design:** A longitudinal prospective study was conducted.
- **Study Location:** The study was conducted in four health facilities of Mahabubnagar district- two PHC's and two CHC's.
- **Study Subjects:** All staff nurses of selected four health facilities.
- **Sample size**: A total of 28 staff nurses from the selected facilities
- **Duration/Timeline:** The study was conducted from 1st Feb 2014 to 30th April 2014. Report writing is done in the month of May.



- **Sampling Frame:**

- Purposive sampling was done to decide the health care centers and sample size.
- All staff nurses in the selected four facilities were included in the sample.

Inclusion Criteria f Facilities

- Facilities with high average delivery load OPD and IPD.
- Facilities with a minimum number of 4 existing staff nurses and no vacancies.
- Facilities with catchment population as per IPHS standards.
- Facilities with relatively referrals Maternal deaths and Infant deaths
- Geographical location of the facility

S.No	Facility	No. of staff nurses	Catchment population	Avg delivery	Distance from head quarters
1	Balanagar	5	38,539	17	30km NW
2	Marikal	4	34,487	24	50km W
3	Kodangal CH	6	1,60,000	30	70km NE
4	Achampet CHC	13	2,30,728	67	110km S

- **Data collection tool:**

- Both qualitative and quantitative methods to collect information from coaches, staff nurses and medical officer.

- Quantitative data was collected through checklist for FGDs, post test questionnaire.

- Qualitative data is collected through observation and check lists for focused group discussions(FGDs).

- Before coaching – assessment of baseline and skills, knowledge and needs assessment through FGDs, interview sessions and observation.

- Coaching- Four rounds. Four days each round.

  Coaches shuttle between facilities for each round.

  3 months duration.

The coaching programme was monitored to identify and correct gaps and effectively implement the programme.

- Post coaching- assessment of the coachees for clinical skills, knowledge and confidence level through a post test evaluation exam

Theory exam for knowledge levels Practical exam for skills and poster presentation for confidence levels.

Analysis and Results

The study showed that only 60 percent of the regular staff nurses were trained in SBA and NSSK and as less as four percent were trained in IMNCI. Contractual nurses not trained in any of the above.

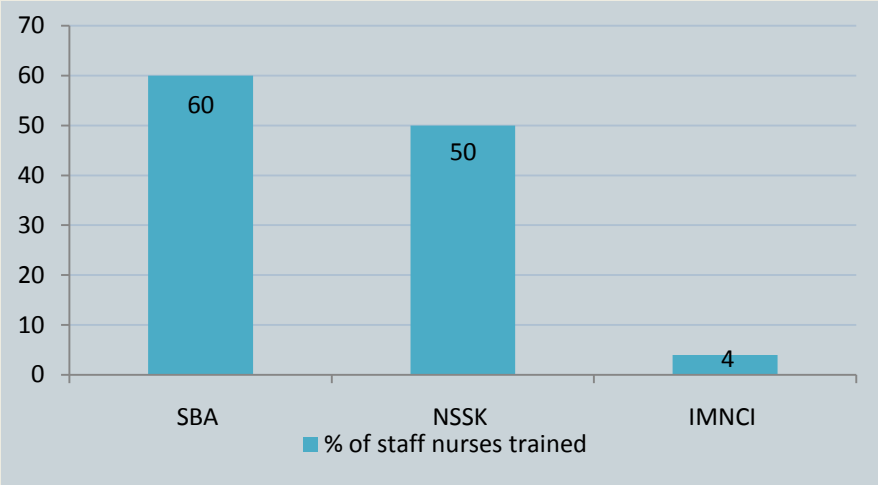


Figure: past trainings of staff nurses(regular)

Even among the trained staff it was quite evident from the study that as less as 30 percent know how to perform regular day-to-day procedures like Episiotomy, maintain APGAR, Partograph or manage complications like Eclampsia.

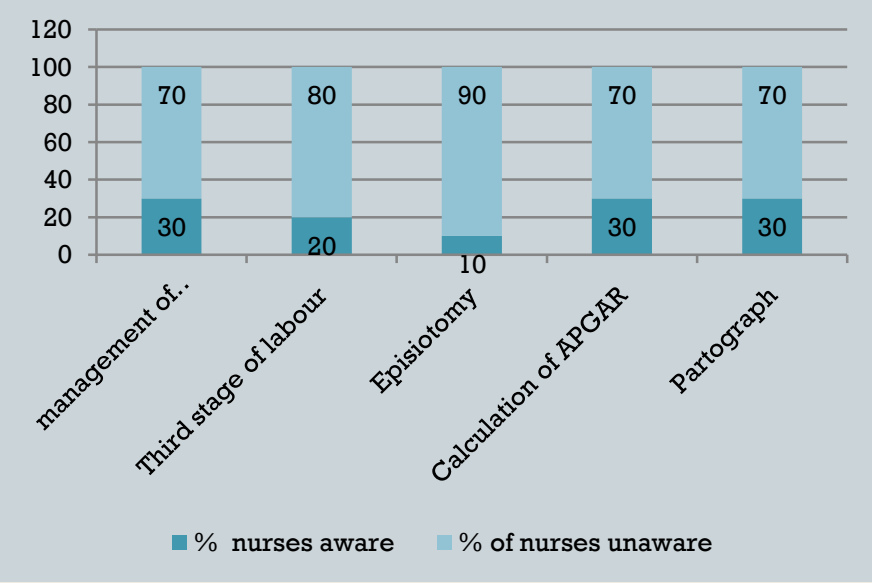


Figure: Awareness of staff nurses about various procedures

Cont..

It was also identified that as high as 70-80 percent of the staff nurses expressed the interest and need to be trained in areas like management of PPH, Eclampsia, conduct a breech delivery, Episiotmy or resuscitate a new born.

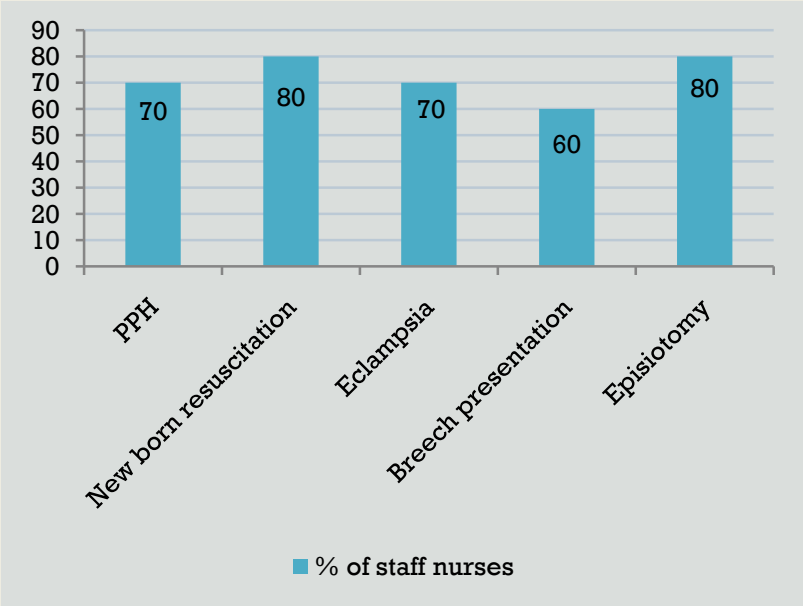


Figure: Need of staff nurses to get trained in the management of few conditions

Activities during monitoring visits:

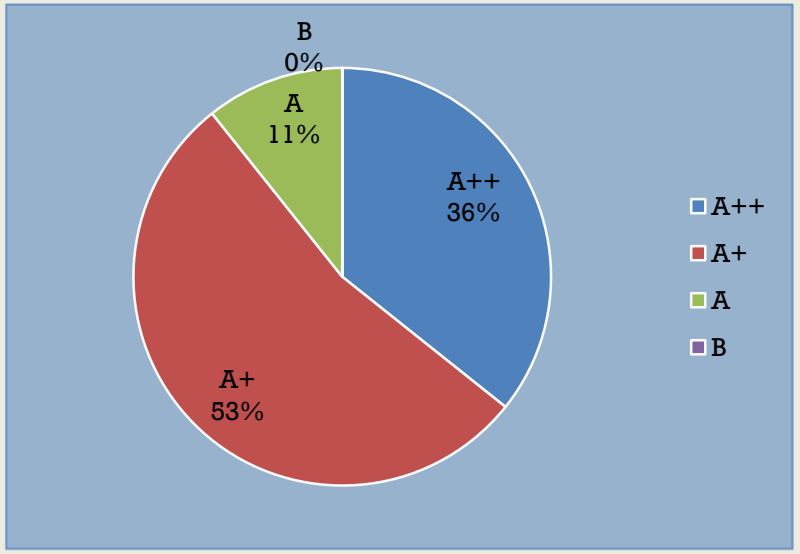
- Maintenance of interest and support in the planning and implementation of the programme.
- Liason with respective SPHO's where necessary for a smooth implementation of the programme.
- Frequent relevant contact with from the medical officers to take inputs on the coaching programme.
- Check for any absenteeism of staff nurses and find out the reasons if any.
- Solve duty roster related issues of staff nurses being coached.
- Take inputs from the staff nurses on the modules taught. Find out the need for any other areas to be included in the coaching programme.
- Observe the willingness and participation of staff nurses in the coaching programme.
- Coordinate with the coaches to identify major skill gaps and correct them.

After the implementation of Coaching

- A post coaching evaluation clearly showed an improvement in the Skills, knowledge and confidence of staff nurses

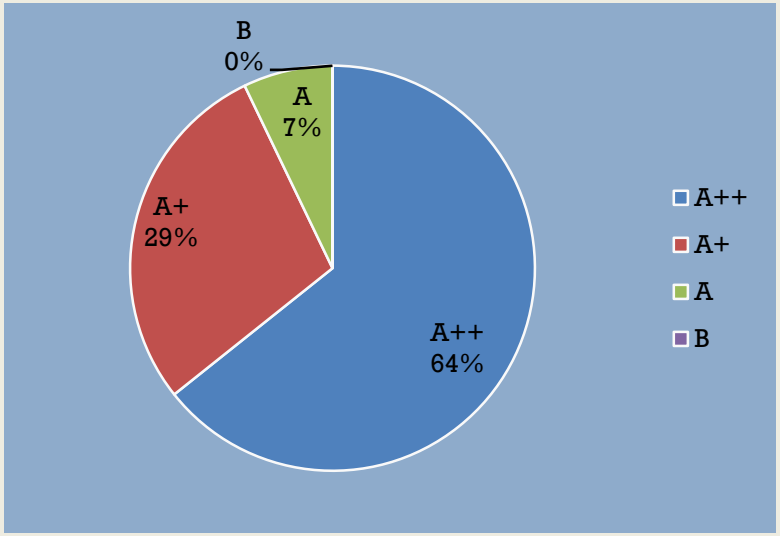
- It included a set of theory questions, set of practical procedures, likert scale questions, poster preparation and presentation.

It was evident that around 36 percent of staff nurses scored an A++ and as high as 53 percent scored an A+ in the theory based questionnaire which indicates improved knowledge levels.



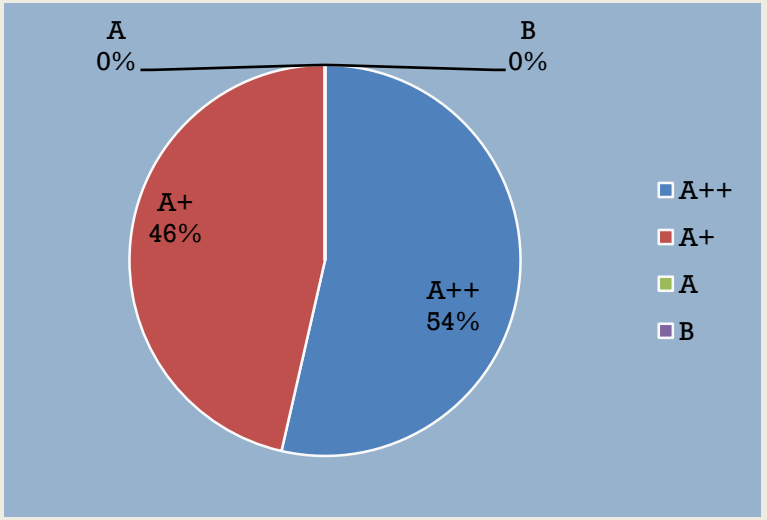
Post test knowledge grades of staff nurses

For practical based skills test, it was observed that 64 percent and 29 percent of the staff nurses scored very well by falling in A++ and A+ category respectively. It was also evident that none of the staff nurses scored poor as grade B was attained by zero percent.



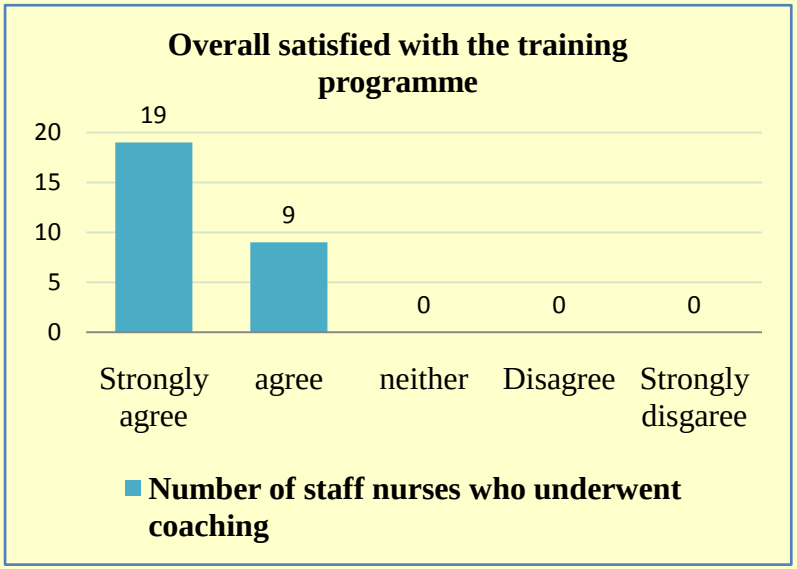
Post test grades for skills of staff nurses

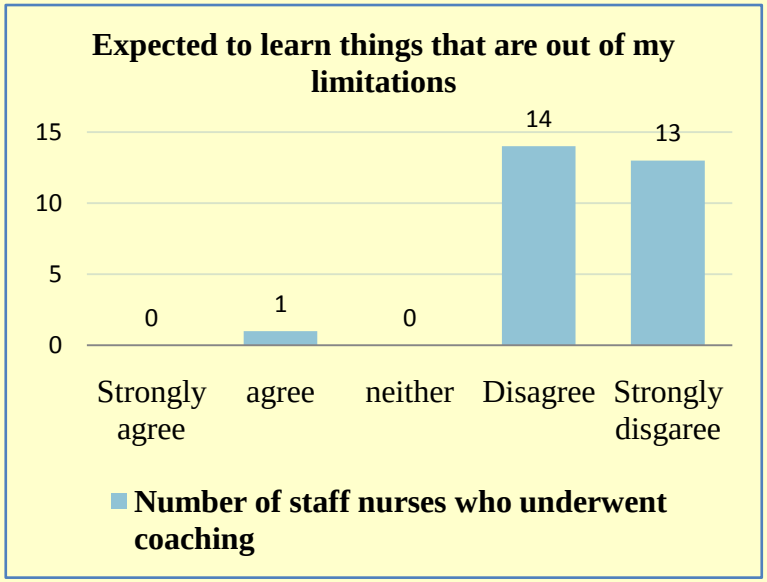
More than 50 percent of the staff nurses scored well with A++ grade and none scored poor with zero percent of staff nurses in A or B grade.

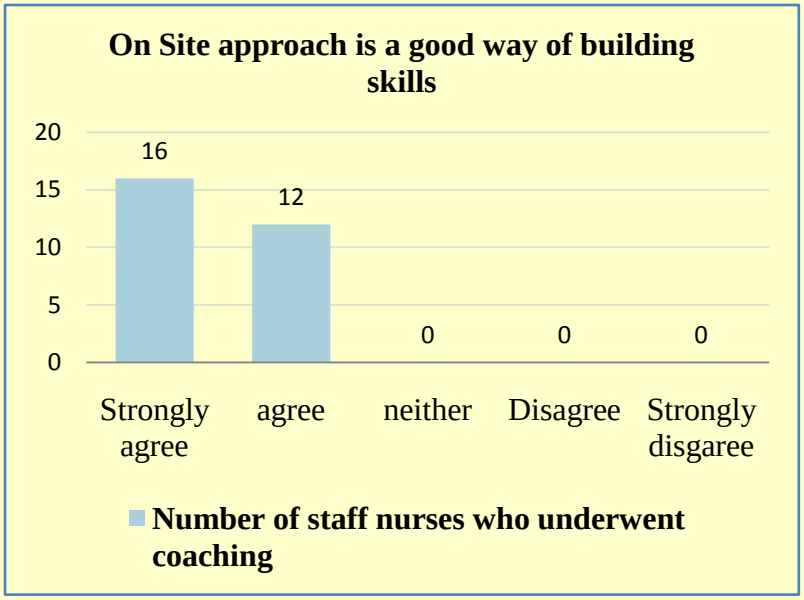


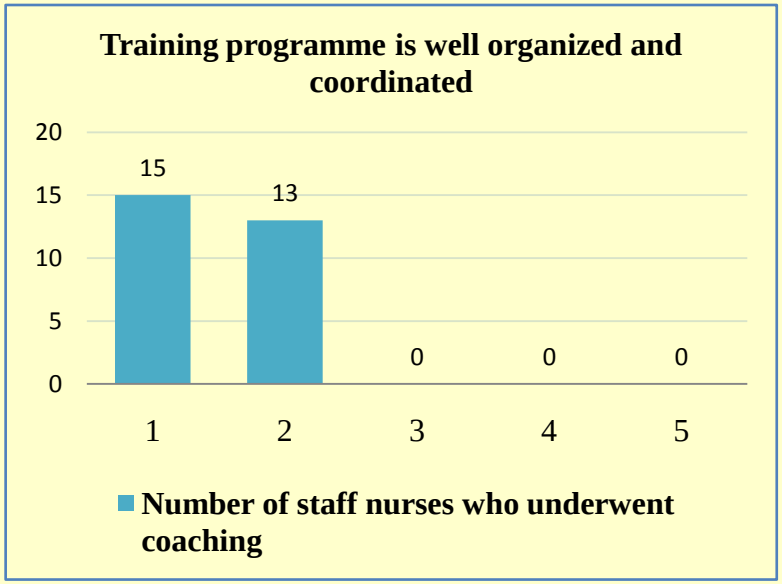
Post test grades for confidence levels of staff nurses

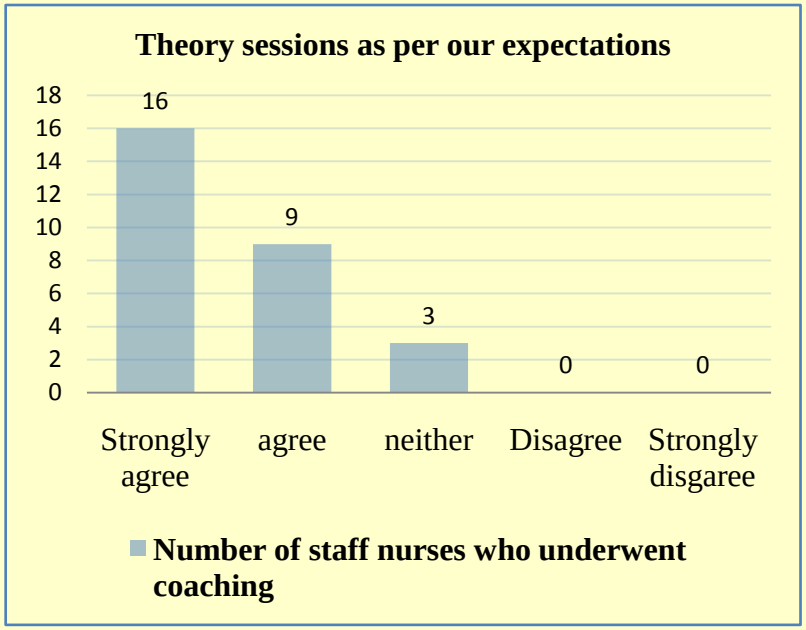
Satisfaction of the Nurses with the onsite coaching










Theory sessions as per our expectations
18
16
14
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Strongly agree
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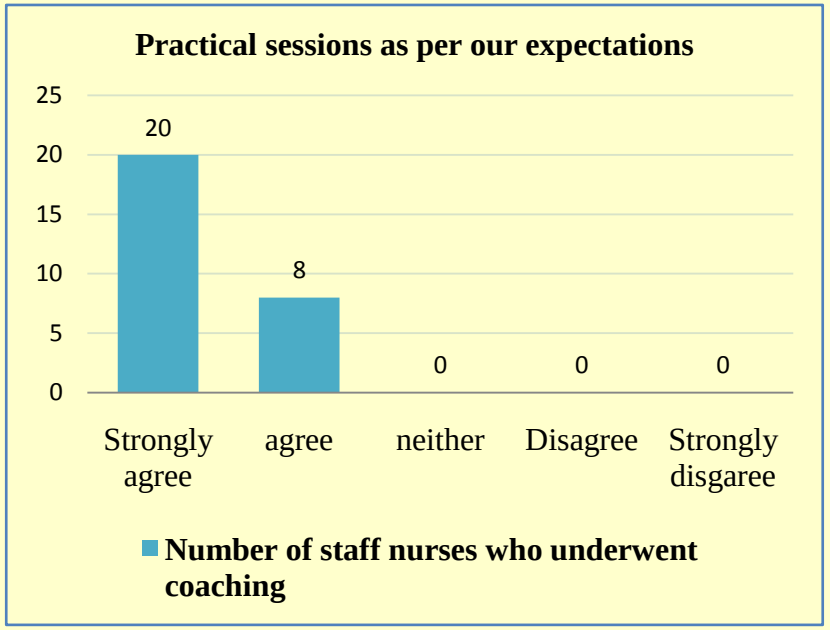
Disagree
Strongly disgaree
Number of staff nurses who underwent coaching


Practical sessions as per our expectations
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Strongly agree
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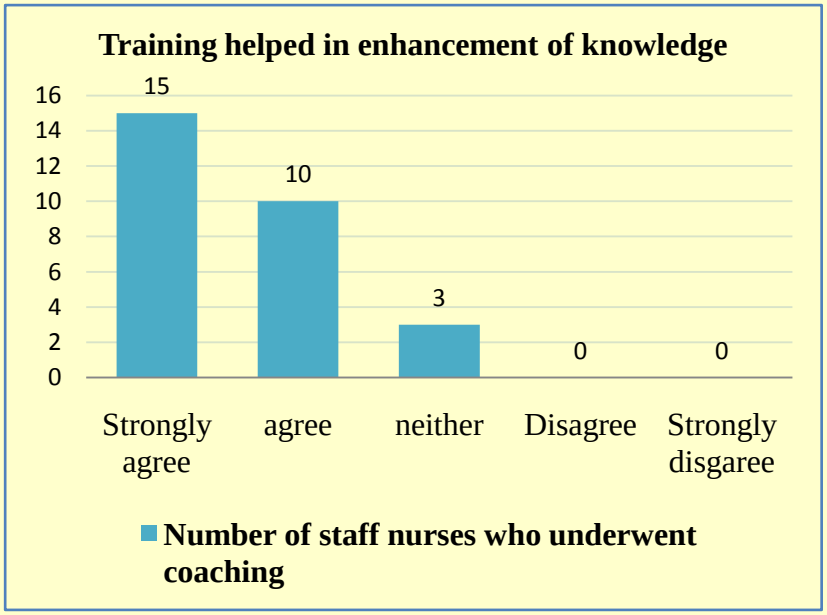
neither
Disagree
Strongly disgaree
Number of staff nurses who underwent coaching


Training helped in enhancement of knowledge
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Strongly agree
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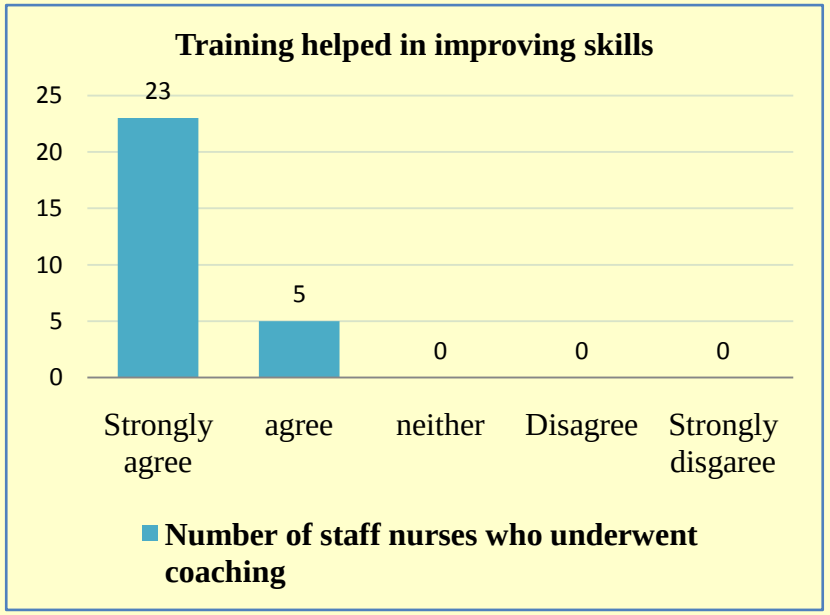
neither
Disagree
Strongly disgaree
Number of staff nurses who underwent coaching


Training helped in improving skills
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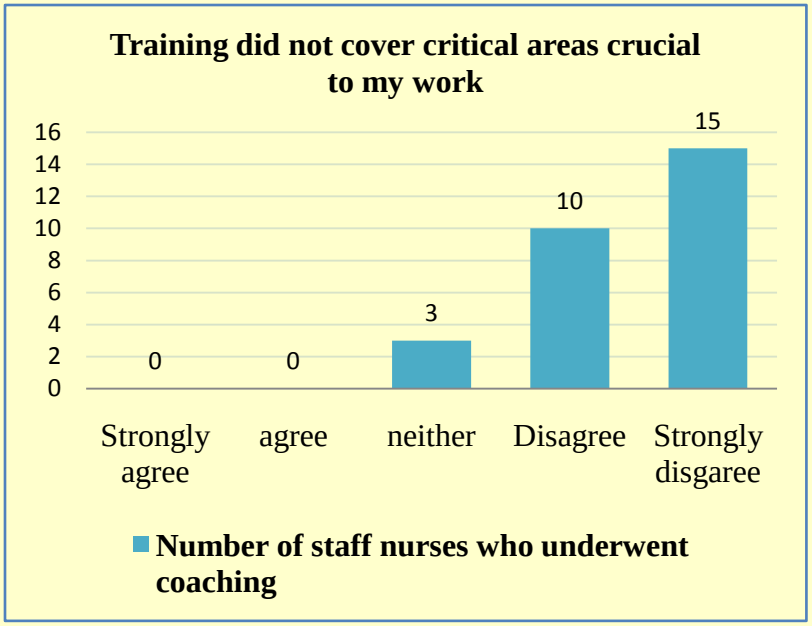
Strongly disgaree
Number of staff nurses who underwent coaching


Training did not cover critical areas crucial to my work
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Strongly agree
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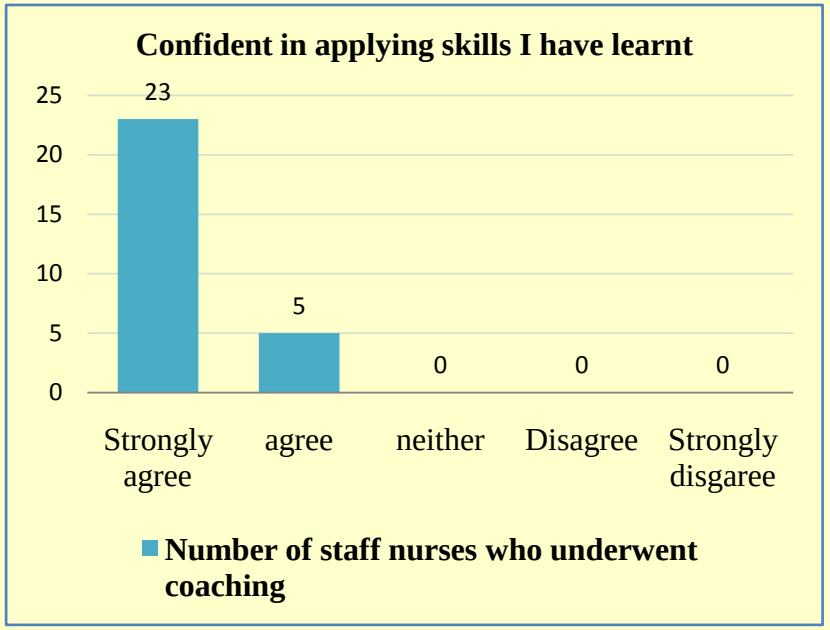
Strongly disgaree
Number of staff nurses who underwent coaching


Confident in applying skills I have learnt
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Strongly agree
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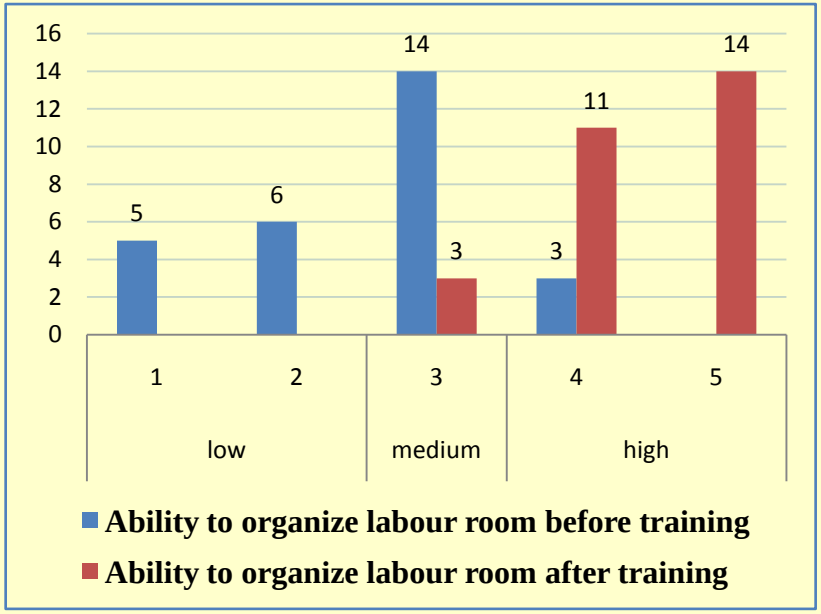
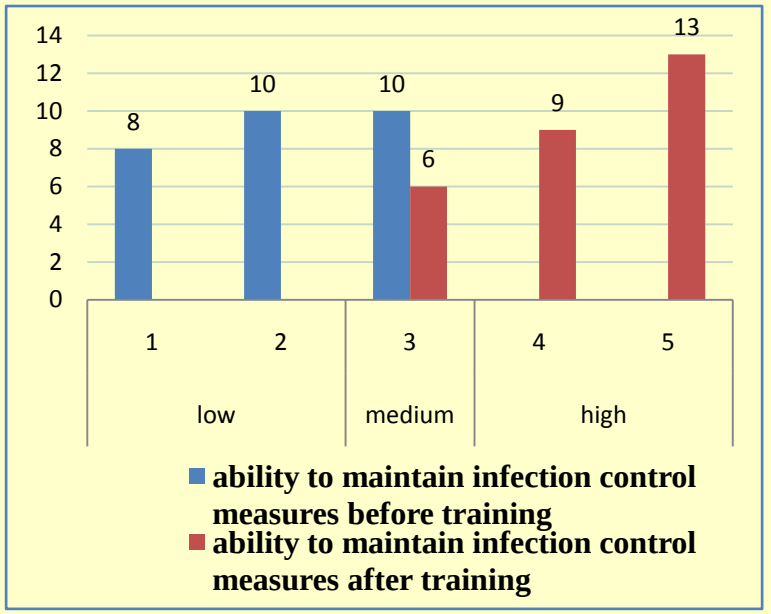
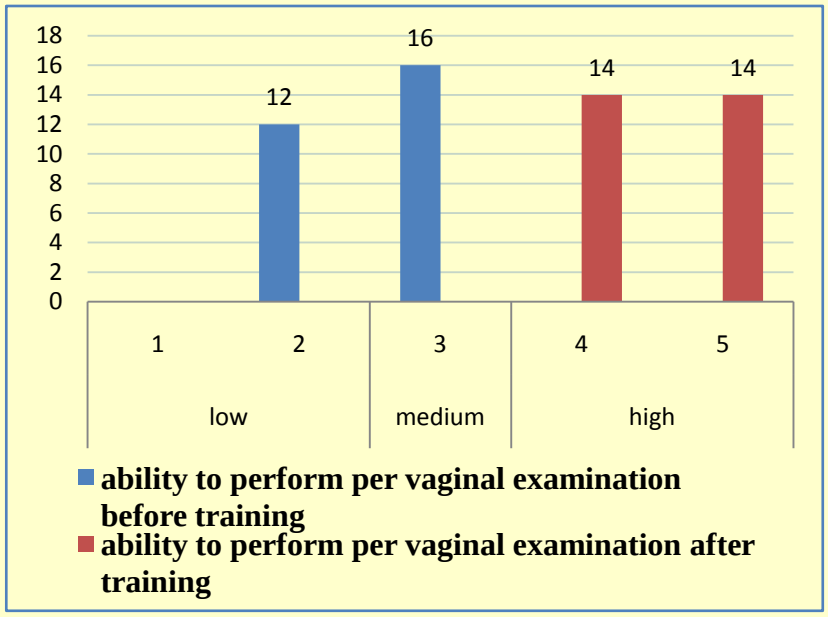
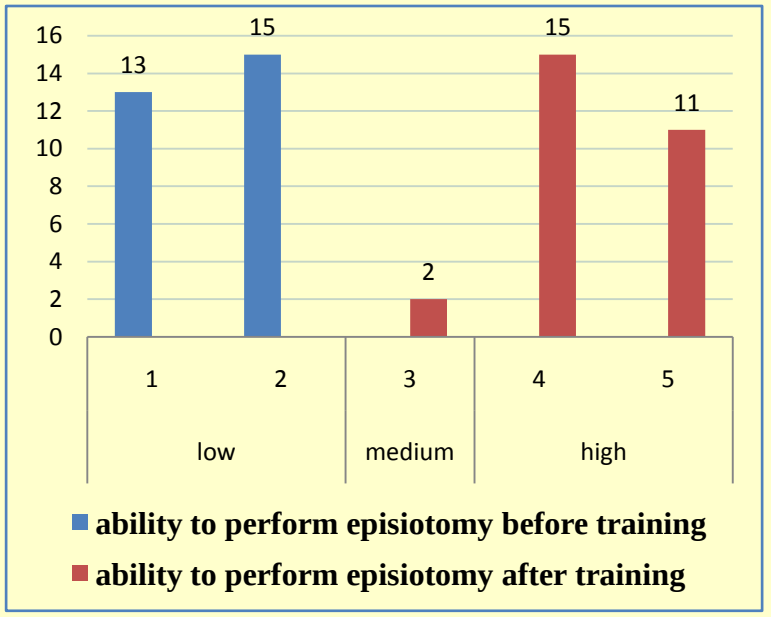
Disagree
Strongly disgaree
Number of staff nurses who underwent coaching

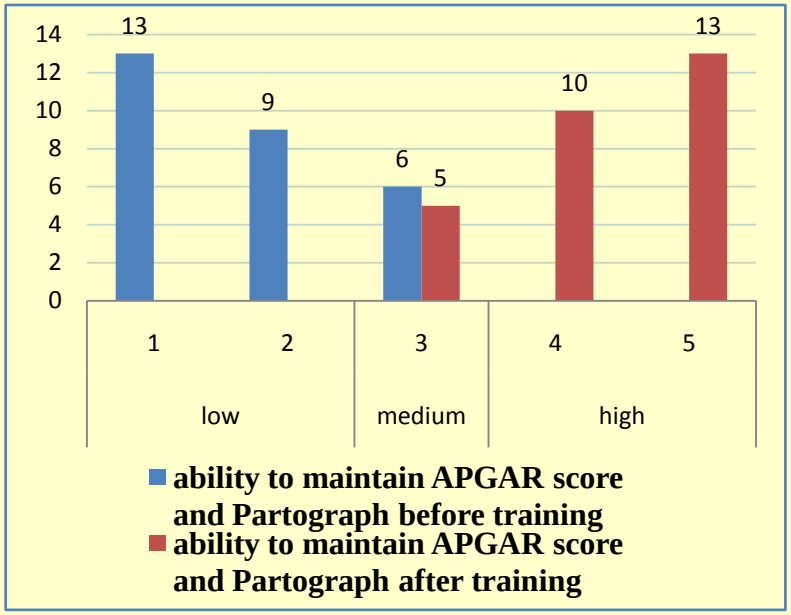
Self administered likert questionnaire (2)







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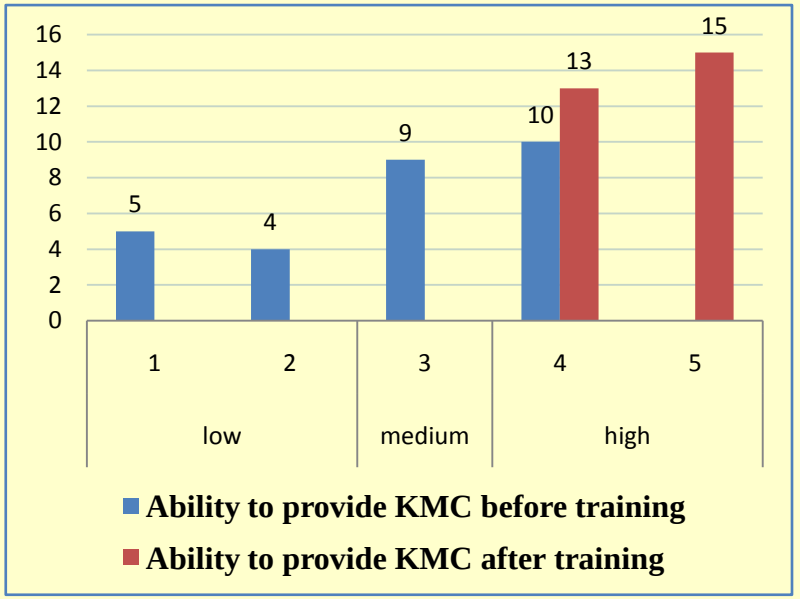
ability to maintain APGAR score and Partograph before training
ability to maintain APGAR score and Partograph after training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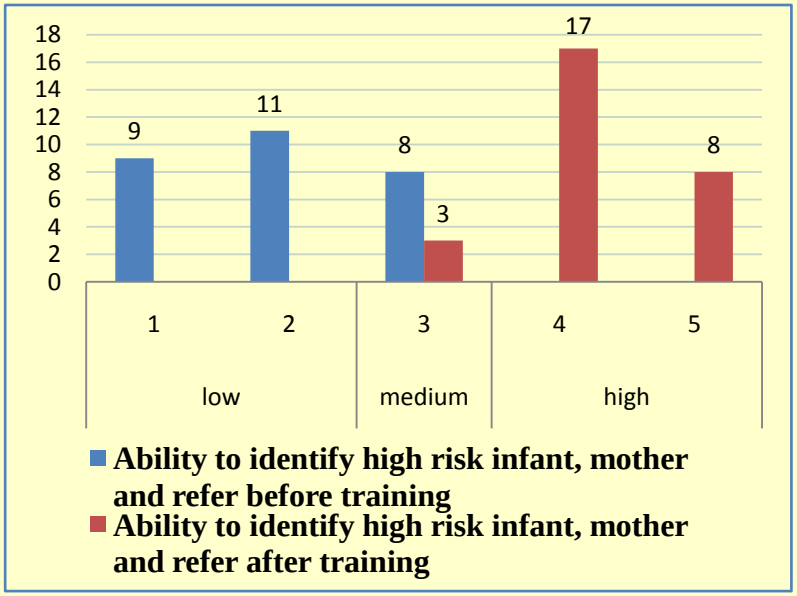
Ability to provide KMC before training
Ability to provide KMC after training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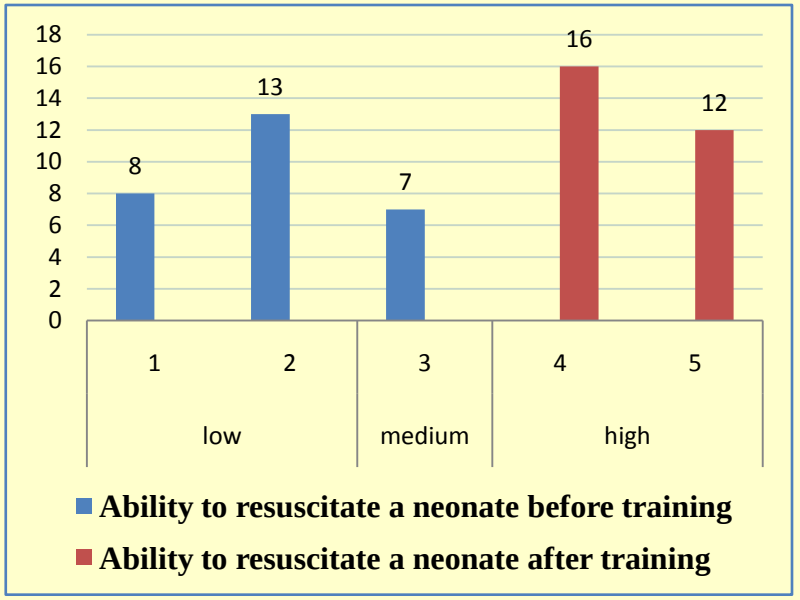
Ability to identify high risk infant, mother and refer before training
Ability to identify high risk infant, mother and refer after training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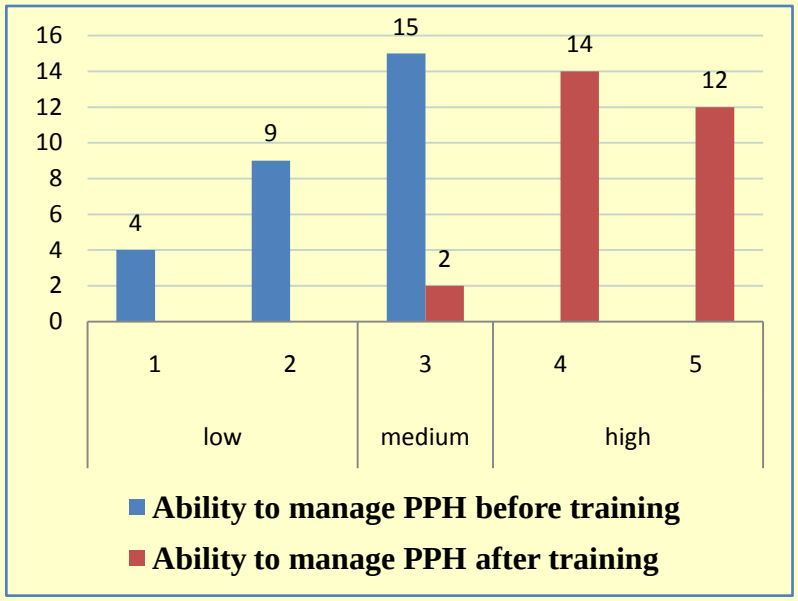
Ability to resuscitate a neonate before training
Ability to resuscitate a neonate after training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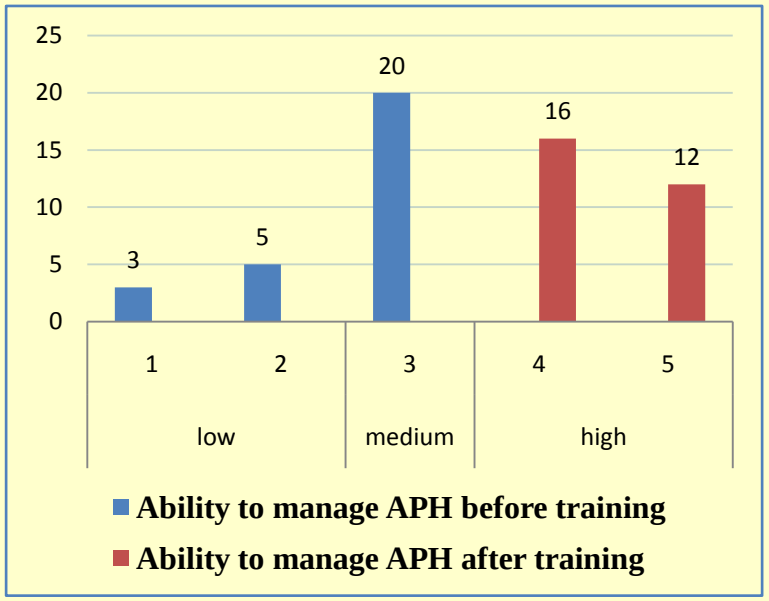
Ability to manage PPH before training
Ability to manage PPH after training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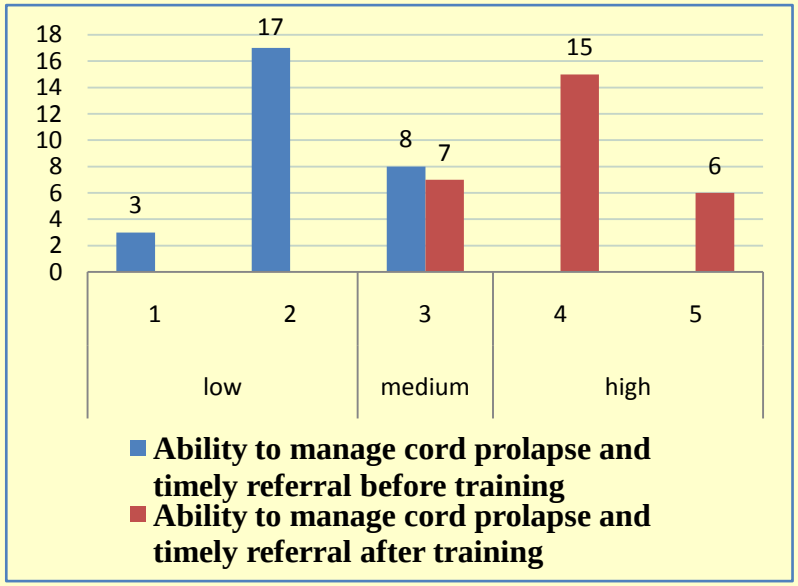
Ability to manage APH before training
Ability to manage APH after training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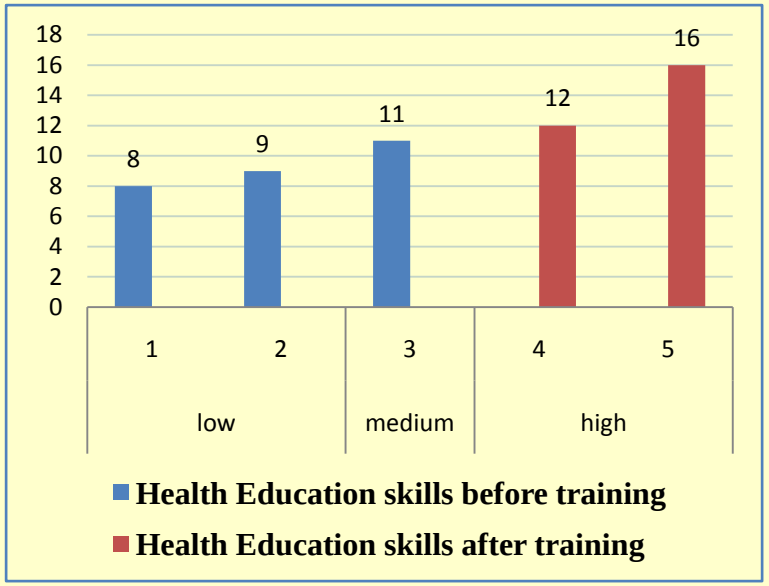
Ability to manage cord prolapse and timely referral before training
Ability to manage cord prolapse and timely referral after training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Health Education skills before training
Health Education skills after training

Discussion

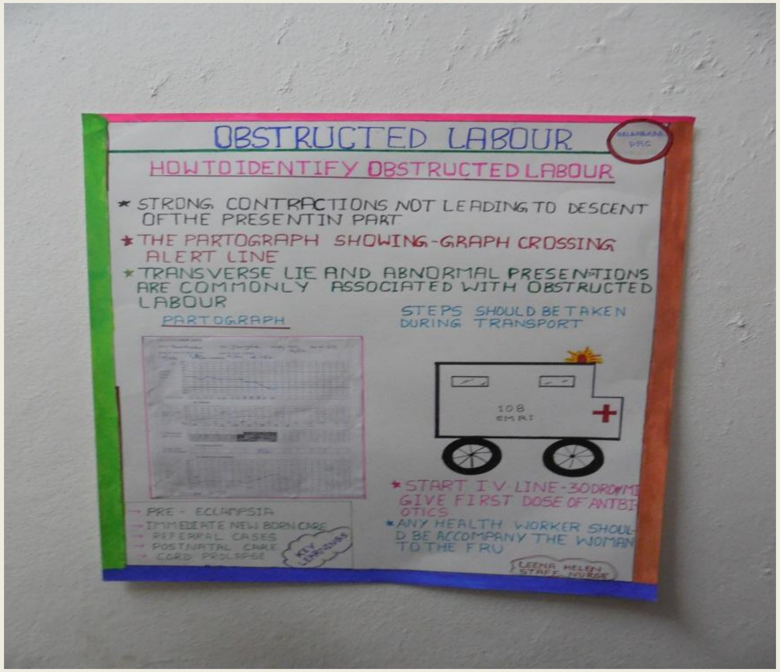
- An On Site training system of health staff has few advantages over the existing style
- Coaches come to home-facility. Hence home facility services do not suffer with lack of staff and the staff gets trained in their facility and not in a higher facility.
- Individual attention to trainees and hands-on skill strengthening with focused guidance
- Takes on form of supportive supervision and mentorship.
- Practical training with case handling, managing, mannequins/laptop, flip charts and other tools

- Examinations conducted post the intervention and feedback show that there has been a marked improvement in the knowledge and skills levels of nurses to conduct complex procedures. (with majority of the staff nurses score A+ and A++ grade)

- The nurses have also stated that they finds these training to be very useful and practical as it takes into account the strengths and limitations of the specific facilities .

POST PARTUM HAEMORRHAGE
GIVE BIMANUAL COMPRESSION → IF BLEEDING CONTINUES AND UTERUS SOFT → TRANSFER TO FRU
ADD 20 UNITS OXYTOCIN TO 500 ML RL OR NS - 40 TO 60 DROPS PER MINUTES
START IV LINE RL OR NS
MASSAGE THE UTERUS
FIND OUT THE CAUSES
CHECK VITALS EVERY 15 MIN & ESTIMATE BLOOD LOSS
EVALUATE GENERAL CONDITION
CAUSES
ATONIC UTERUS
RETAINED PLACENTA
TRAUMATIC CERVIX
RUPTURE OF UTERUS
BIMANUAL COMPRESSION
M.RADHIKA
STAFF NURSE

HOSPITAL
KEY LEARNINGS



OBSTRUCTED LABOUR
HOWTOIDENTIFY OBSTRUCTEDLABOUR
* STRONG CONTRACTIONS NOT LEADING TO DESCENT OFTHE PRESENTIN PART
* THE PARTOGRAPH SHOWING-GRAPH CROSSING ALERT LINE
* TRANSVERSE LIE AND ABNORMAL PRESENTATIONS ARE COMMONLY ASSOCIATED WITH OBSTRUCTED LABOUR
PARTOGRAPH
STEPS SHOULD BE TAKEN DURING TRANSPORT
108
EMRI
* START I.V. LINE-30DROP/MI
GIVE FIRST DOSE OF ANTBI-OTICS
* ANY HEALTH WORKER SHOUL-D BE ACCOMPANY THE WOMAN TO THE FRU
→ PRE - ECLAMPSIA
→ IMMEDEATE NEW BORN CARE
→ REFERRAL CASES
→ POSTNATAL CARE
→ CORD PROLAPSE
KEY LEARNINGS
LEENA HELEN
STAFF NURSE

Conclusion and Recommendations

- The main objective of the coaching programme , which was to assess baseline and post coaching skills, knowledge and confidence of staff nurses and to monitor the coaching programme was achieved.
- An overwhelming majority of participants felt that their expectations of the level of training were met. Some of them felt that their expectations were even exceeded.
- Inclusion of the concept ‘Coaching On-Site’ proved to be very useful and similar concept should be retained in the future coaching programmes.
- The project was well appreciated by the District Collector and proposal to scale it up to the whole district in a phased manner is under process.
- Budgeting for scale up included in the 2014-17 DHAP

Limitations

- No quantitative data from pre test.
- Sustained support from district medical and health officer

THANK YOU