Mentoring System for Pediatric AIDS Care in Cambodia

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Pediatric AIDS Care in Cambodia
Pediatric AIDS CARE

- Pediatric AIDS Care integrated into CoC package, implemented by pediatric services at RH – introduced 2005.

- Pediatric AIDS Care: As of Dec 2006 = 19 sites
  - 2003: 1 site at NPH (collaboration with Maryknol)
  - 2004: 3 sites (Komar AngKor, AKSH, Maryknoll)
  - 2005: 4 sites (Takeo, KgCham, SRIeng, SHNVille)
  - 2006: 11 sites (C.Neas, NLoeung, BBang, KKong, Kg Speu, SSPhon, Kg Chhnang, SHC/NCHADS, Pursat, Maung Reussey, MAGNA)

- 2006: 1787 HIV inf. children on ART

- 2007 Plan: 7 new sites (Prey Veng, KgThom and Kampot, Romeas Hek, Koh Thom,, Kirivong, Kratie)
I. Rational of Mentoring

- Mentorship by experienced clinicians of less experienced clinicians is an essential element of medical learning.
- Mentorship is an effective alternative to traditionally structured medical education courses and curricula.
- Clinical mentoring is a continuous and on-going process that enables the rapid dissemination of best paediatric HIV management practices to providers in the field. In addition, clinical mentoring is one of the most effective ways to enhance high quality care.
- Mentoring can be accomplished effectively through clinical site visits, via ongoing telephone consultation, and, where infrastructure permits, via the internet.
Why we need mentoring?

- Because the provision of paediatric HIV care and treatment is at a relatively early stage in Cambodia, local clinical expertise is limited and in need of development.

- Clinical mentoring will be critical to building successful networks of trained clinicians for pediatric HIV care and treatment in Cambodia.
II. Objective

- To strengthen the clinical knowledge and skills of paediatricians and nurses involved in the care and treatment of children with HIV in Cambodia.
- An emphasis will be placed on the implementation of best clinical practices.
- Experienced Paediatric HIV clinicians from well-established care sites will assist less experienced clinicians to develop and improve local delivery of Paediatric HIV care.
- It is expected that the mentoring program will be an important component of strengthening the overall quality of Paediatric HIV/AIDS care for children in Cambodia.
III. Program Design

1. Mentoring team

2. Mentoring program activities:
   a. On site mentoring
   b. Warm line

3. Term reference

4. Mentoring Checklist

5. Mentoring report form
III. 1. Mentoring team

- 01 Pediatrician.
- 01 nurse/ counselor of pediatric AIDS care service.
- 01 officer from NCHADS (optional).
III. 1. Mentoring team (cont.)

- Pediatricians/ clinicians
  1. Dr. Ung Vibol (NPH)
  2. Dr. Sam Sophan (NPH)
  3. Dr. Soeung Sethaboth (Komar Angkor Hospital)
  4. Dr. Chea Peuv (BTB RH)
  5. One Pediatrician (Chey Chum Neas RH, Takhmao)
III. 1. Mentoring team (cont.)

- 01 nurse/ counselor of pediatric AIDS care service:
  - National Pediatric Hospital
  - Angkor Komar Hospital

- 01 officer from NCHADS (optional):
  - Data management officer
  - Or coordinator from AIDS care unit
III.2. Mentoring program activities:

a. On site mentoring

b. Warm line
III.2. a. On-site mentoring

- The first site visit will establish the expectation of a formal connection between the mentor team and the local team. The mentors will not provide direct patient care, but rather they will provide on-site mentoring, assistance and technical support.
III. 2. a. On-site mentoring (cont.)

- It is expected that the mentoring teams will observe and assist in the outpatient Paediatric HIV clinics and the inpatient paediatric wards where “rounds” will be made with the local clinicians on HIV infected children.

- Priority will be given to the discussion of “challenging cases” in which the local team will benefit from mentoring to help them to make decisions about important aspects of diagnosis, treatment or clinical care of a patie
The local clinician will make the case presentation, and a discussion of the case will form the basis for mentoring and problem-solving.
III. 2. a. On-site mentoring (cont.)

- Mentoring report:
  - The mentoring report forms will include all relevant observations, interactions and recommendations by the mentoring team.
III. 2. b. Warm line

- Distance-mentoring through telephone contact will supplement on-site mentoring. Telephone contact between the mentor team and the local site provides opportunities for follow-up discussions around difficult cases, and for discussion around new challenging cases requiring problem solving and decision-making.
III. 2. b. Warm line

- The mentor assigned to a local site will provide clinical warm-line support according to a defined schedule. It will be expected that, unless the call is urgent, the mentor will call the local site clinician back within 24 hours of receiving the call.
III. 3. Term reference

- Draft is on process of development
III. 4. Mentoring Checklist

- Component of IO/ART team
- Schedule of the IO/ART service
- Registration and triage
- Laboratory tests available at the site
- OI services providing
- ART services
- Linked response
- Report system
- Drugs and supplies
- Communication with PMTCT and HIV/TB
III. 5. Mentoring report form

- The report of the entire mentoring trip
- Mainly be focused on:
  - Problems are facing
  - Proposed recommendation/ solutions of core mentors.
  - Problems that cannot solve to NCHADS.
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Thank you for your attention!