Team Mentoring Program

A GUIDE FOR MENTORS

Modules 3 and 4

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List of Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda Unani Siddha Homeopathy
BP	Blood Pressure
CHO	Community Health Officer
CHW	Community Health Worker
ePMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
HWC	Health and Wellness Centre
IFA	Iron Folic Acid
LMP	Last Missed Period
MCP	Maternal Child Protection
MO	Medical Officer
MPHW	Multi-Purpose Health Worker
NQAS	National Quality Assurance Standard
PHC	Primary Health Centre

Mentoring Module 3:

Shared Responsibilities in Sub-Health Centre (SHC) Teams

Module 3: Shared responsibilities in sub-health centre (SHC) teams

Module 3 has the following

Touchpoint 1 – In person by AYUSH MO

Touchpoint 2 – In person by Nurse Faculty

Touchpoint 3 – Virtual

At the end of this module, mentees will be able to

- Recognize individual work responsibilities within the team.
- Understand the roles, responsibilities, and challenges that other team members face.
- Identify strategies and solutions for how each member can support other team members in their work.

MODULE 3		
MONTH 4 – December 2024		
	Time	**Activities**
TOUCHPOINT 1 Who: AYUSH MO Modality: In-person Duration: 1.5-2 Hours		
Recap of previous module	10 mins	Recap and Reflection from previous touchpoint
Reflection on WhatsApp based activity	10 mins	Mentor led discussions
Clarification questions and solutions	10 mins	Question and Answer session
Concept of Accountability	10 mins	Activity using chart paper
Maternal Health Case Study and Discussion	30 mins	Activity using a case study
Activity on Accountability and work distribution	40 mins	Group activity
WhatsApp activity	10 mins	
TOUCHPOINT 2 Who: Nurse Faculty Modality: In-person Duration: 2 Hours		
Reflection on WhatsApp based	10 mins	Mentor led discussions
Clarification questions and solutions	5 mins	Question and Answer session
Scarecrow puzzle activity and discussion	30 mins	Team activity
Journey Mapping: The "Zero Dose" Child	15 mins	Case study-based discussion
Introduction to the "Team huddle"	10 mins	
Clinical skill session	30 mins	Mentor led demonstration session
WhatsApp activity	10 mins	
TOUCHPOINT 3 To be taken by IPSI team Modality: Virtual Duration: 1 hour		

Touchpoint 1: In person AYUSH MO

Duration: 2 hours

Objectives of the session

For the mentor

1. Understand the current level of responsibility sharing within the team.
2. Introduce accountability principles to mentees.
3. Help mentees analyze a case study and draw actionable lessons for improving accountability.

For the mentee

1. Recognize how lack of accountability within the team can lead to negative outcomes in patient care.
2. Devise strategies to improve shared accountability and teamwork.

Summary of activities to be done

1. Recap of previous module (10 min)
2. Reflection on WhatsApp-based activity (10 min)
3. Clarification questions and solutions (10 min)
4. Concept of shared responsibility (10 min)
5. Maternal Health Case Study and Discussion (30 min)
6. Activity on Accountability and work distribution (40 min)
7. WhatsApp activity (10 min)

Preparation for this session

1. Have copies of Case Studies: Sita (HWC X) and handout on accountability
2. Chart paper, pens and sticky notes

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Session

A. Recap of previous module (10 min)

- Discuss key takeaways from the previous module.
- What worked well, and what needs further discussion.

B. Reflection on whatsapp-based activity (10 min)

- Ask mentees to share their responses to the WhatsApp activity on Communication module how they can be honest and frank in team discussions.
- Discuss examples from their responses.

C. Clarification questions and solutions (10 min)

- Address any questions or concerns raised from the previous session.

D. Concept of 'shared responsibility' (10 min)

Materials needed: chart paper, sticky notes and pen

- Ask each person to write down on the sticky note what do they understand by "shared responsibility". They can write multiple sticky notes with one thought on each.
- Collect all the sticky notes and paste them on the chart paper. Try to group them under different bucket heads while sticking. (honesty, punctuality, responsibility, taking initiative, doing the work even if it is not being monitored)
- We will come back to this chart when we discuss the case study

Responsibility when practiced within a team is called **shared responsibility**. It is when a group of people collectively take responsibility of a task with an understanding that each one's contribution is important and also affects in completion of the task at hand. It fosters collaboration, trust and encourages open communication. It creates a culture within the group/team where each one feels invested in the success or failure of their shared goals

E. Maternal health case study and discussion (30 min)

Use the case study of Savita to discuss the impact of accountability on healthcare outcomes.

Ms. Savita, a 28-year-old woman in her 30th week of pregnancy, was diagnosed with severe anemia (hemoglobin 5 g/dL) during a Village Health and Nutrition Day (VHND) session by ANM Rupa Ben. Recognizing the urgency, Rupa Ben informed ASHA worker Jyoti Ben, who referred Savita to the nearest Health and Wellness Center (HWC). However, Jyoti Ben failed to follow up on Savita's condition. CHO Mehul Bhai, despite being informed of Savita's critical condition, did not refer her to the Medical Officer (MO) at the Primary Health Center (PHC) for urgent care or a blood transfusion. He attributed the decision to oversight and assumed the anemia could be managed locally, which proved detrimental.

MPHW Pravin Bhai, who had the responsibility to help coordinate lab investigations, did not take any initiative to track Savita's progress. He could have ensured follow-up tests or assisted Jyoti Ben in monitoring Savita, but he failed to engage in these duties. The ANM identified the issue but neither took her to ePMSMA (Pradhan Mantri Surakshit Matritva Abhiyan) sessions nor did she escalate it to the PHC-MO, and the ASHA did not perform necessary follow-up visits.

At the same time, the Medical Officer at the nearby PHC was often unavailable and disconnected from daily operations, leaving him unaware of Savita's worsening condition. By the time her case escalated and Savita was finally referred to the district hospital, her hemoglobin had dangerously dropped to 3 g/dL.

Despite the district hospital's efforts to stabilize her, the late intervention and systemic failure across all levels of healthcare led to severe complications and ultimately, Savita's tragic death.

Discussion Questions

- How did the lack of shared responsibility among the healthcare staff at HWC X contribute to the outcome for Savita?
- What key actions could have been taken by the healthcare team at HWC X which would have led to the successful outcome for Savita?
- What strategies can be implemented to improve communication and coordination among healthcare providers in a HWC setting?
- How can HWCs raise a culture of shared accountability to prevent cases like Savita's in the future?
- If you were one of the members of HWC X, how would you handle the situation differently?
- Can you think of a similar experience you have seen or heard of in your work? What happened? Has anything changed since?
- Take the participants to the chart paper and establish a correlation between their understanding of "shared responsibility" and the case study discussions

Conclude the discussion by explaining the handout on Accountability (Figure 1)

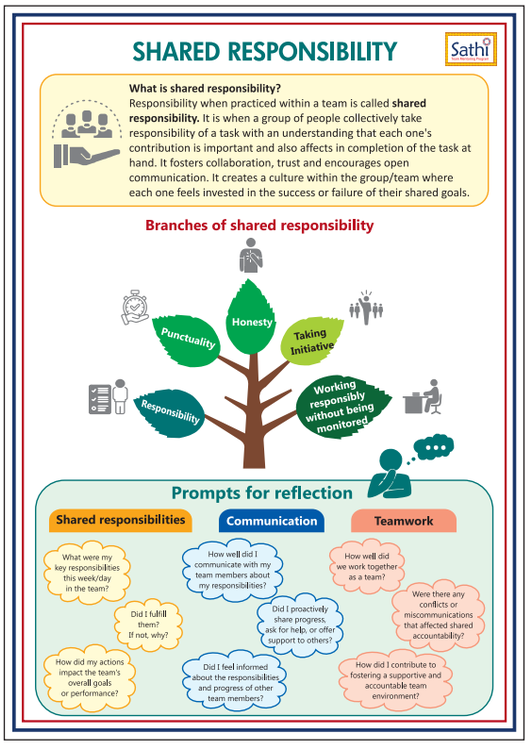

Figure 1: Shared responsibility handout

F. Understanding team members' responsibilities and work distribution (40 min)

Objective of the activity:

1. To help team members clearly understand and assign responsibilities among different cadres (CHO, ANM, MPHW, ASHA).
2. To encourage participation and reinforce shared accountability by mapping out each cadre's role in various real-world healthcare scenarios.

Materials needed:

Chart paper with the scenario, services provided, and cadre names written on it, pen, sticking tape

Explain the purpose of the activity:

"The goal of this activity is to clarify which cadre is responsible for different tasks or situations within the healthcare setting. It will help us understand how responsibility is shared and identify any gaps in accountability."

Steps for conducting the activity:

To discuss how to share the accountability in absence of any particular cadre. **Use the printed sheet for this activity shown below.** (Figure 2)

Understanding team members' responsibilities and work distribution

Sathi

SCENARIO: Anita comes to HWC for her ANC check- up. She is to be given following services

Instructions: Tick the box next to the correct cadre(s) responsible for each activity. You may tick multiple boxes if the responsibility is shared

Services	CHO	ANM	MPHW	ASHA
Early registration, history taking (LMP, complications, systematic illness, allergies, family history)				
Physical examination (oedema, pallor)				
Vitals (BP, RR, temperature, pulse)				
Family counseling (ANC care)				
Nutritional counseling for the mother				
Abdominal examination (fundal height, fetal movements, gestational age)				
Lab investigations (e.g., blood tests, urine tests)				
IFA/ Calcium distribution, Td vaccination				
MCP Card distribution and maintaining records				

Figure 2: Roles and responsibility activity sheet

Step 1: Present the scenario

Read out the scenario to the group and ensure everyone understands it.

Ask participants to consider the scenario and think about which cadre (CHO, ANM, MPHW, ASHA) holds responsibility for different actions.

Step 2 Explain the services: describe the services available for ANC, including

- Early registration, history taking (LMP, complications, systematic illness, allergies, family history)
- Physical examination (oedema, pallor)
- Vitals (BP, RR, temperature, pulse)
- Family counseling (ANC care)
- Nutritional counseling for the mother
- Abdominal examination (fundal height, fetal movements, gestational age)
- Lab investigations (e.g., blood tests, urine tests)
- IFA/ Calcium distribution, Td vaccination
- MCP Card distribution and maintaining records.

Assigning Roles: Each team member will review the list of services and decide which services are their responsibility. They will put a tick mark (√) in front of the service they feel should be provided by which cadre.

To keep anonymity, keep the chart in another room or behind the door and ask each one to go and put the tick marks.

Step 3: Group discussion

After everyone has put the tick marks, facilitate a group discussion to reflect on whether the responsibilities were assigned correctly. Use probing questions to ensure clarity:

1. Why do you think the CHO should take the lead in this situation?
2. Could the ASHA also support the CHO? In what ways?
3. What role does the MPHW or ANM play here?
4. If a task is a shared responsibility, how do you differentiate between individual roles within the team?

Step 4: Refining accountability:

Where there are disagreements or uncertainties, clarify the roles and responsibilities of each cadre in such scenarios.

Offer insights into shared accountability: "Even though one person may lead a task, everyone has a role to play in supporting the outcome."

Step 5: Concluding the activity:

Summarize the key takeaways from the exercise.

Highlight the importance of understanding each other's responsibilities to improve teamwork and accountability: "When we all understand our roles clearly, it becomes easier to support each other, and we can avoid situations where tasks fall through the cracks."

G. Whatsapp activity (10 min)

Ask the group to work on immunization and map out the accountability of each cadre of the team. The group has to do this activity together. Share the printed sheet (Figure 3) with the team. Ask them to share a picture of their response on the whatsapp group **(only one picture per group is to be shared)**.

Understanding team members' responsibilities and work distribution

SCENARIO: Immunization session is to be organized in Village X on the coming Wednesday.
Instructions: Tick the box next to the correct cadre(s) responsible for each activity. You may tick multiple boxes if the responsibility is shared

Services	CHO	ANM	MPHW	ASHA
Preparing the due list				
Informing the beneficiary a day prior				
Receiving vaccine				
Maintaining cold chain				
Giving immunization				
Counselling mother/ guardian about the potential side-effects				
Filling MCP cards				
Follow-up of dropouts				
Filling the register				
Uploading data on the portal				

Figure 3: Roles and responsibility whatapp activity sheet

Touchpoint 2: In person by Nurse Faculty

Duration: 2 hour

Objectives of the session

For the mentor

1. Engage the team in activities that demonstrate the importance of taking responsibility in workload distribution.

For the mentee

1. Recognize the impact of lack of responsibility on team productivity.
2. Develop practical solutions for improving accountability through collaborative team efforts.

Summary of activities to be done

1. Reflection on WhatsApp-based activity (10 min)
2. Clarification questions and solutions (5 min)
3. Scarecrow puzzle activity and discussion (30 min)
4. Journey Mapping: The "Zero Dose" Child (15 min)
5. Introduction to the "Team huddle" (10 min)
6. Clinical skill practice session (30 min)
7. WhatsApp based activity (10 mins)

Preparation for this session

1. Carry scarecrow model / jigsaw puzzle.
2. Journey mapping handout

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Session

A. Reflection on whatsapp-based activity (10 min)

Ask mentees to share their reflections on the 'Immunization' exercise on shared accountability.

B. Clarification questions and solutions (5 min)

C. Scarecrow puzzle activity and discussion (30 min)

Activity

Place pieces of a scarecrow jigsaw puzzle (Figure 4) in different corners of the sub-centre. Ask each group member to bring one part of the scare crow at one place. Assign one member with the task of arranging all the pieces to complete the picture. Time the process, then remove one person from the group and have them complete the task again. Continue removing team members and time the task each time.

Figure 4: Scarecrow puzzle

Instructions for the mentors

If the number of puzzle parts is less than the number of participants, the mentor can ask someone to get more than one puzzle piece.

Discussion

- What changed about the efficiency of the process as people were removed?
- How did workload distribution change?
- What does this teach about the importance of sharing responsibility?

D. Journey mapping: the "zero dose" child (45 min)

Context: In a rural village, a team of healthcare workers—comprising of an ASHA, an ANM, and a district medical officer—was responsible for ensuring that all children received their essential vaccinations. However, due to miscommunication and systemic issues, a one-year-old child, Arpana, was left unvaccinated, resulting in her becoming a "zero dose" child, meaning she had not received any vaccines by her first birthday.

In small groups, plot the following touchpoints of Arpana's vaccination journey on a timeline:

1. Arpana was born in the PHC but her mother stayed in the PHC only for 2 hours after the delivery. The PHC staff could not administer the at-birth vaccine doses to the newly born Arpana
2. Birth and initial contact with the healthcare system: ASHA visits Arpana's family shortly after birth to register her in local health records, but overwhelming caseload prevents her from conducting proper follow-up.
3. First missed vaccination opportunity (6 weeks): Arpana is due for her first vaccine at 6 weeks, but her mother does not know the date and fails to bring her to the center.
4. Lapse in follow-up and continued gap: No one follows up with Arpana's family to reschedule her vaccines.
5. District medical review: Aggregated immunization is reviewed, but this data hides individual "zero dose" children, making it difficult to intervene early.
6. Arpana's first birthday: Arpana has reached her first birthday having received no vaccinations. Her family, feeling unsupported by the healthcare system, has stopped making efforts to engage.

Journey mapping handout

At each touchpoint, discuss the following questions

- How could the team have shared responsibility and communicated more effectively at each stage to ensure Arpana's vaccination schedule stayed on track? How could they establish a joint system of accountability for tracking unvaccinated children like Arpana?
- Have the mentees discussed the journey of identifying and vaccinating a "zero dose" child. Discuss how can teams and their members ensure this responsibility at each stage (from ASHA identifying the child to the CHO completing the vaccination).

E. Introduction to the "team huddle" (10 min)

Propose to the team the idea of 15-minute team huddle in a fixed frequency - every week. In the team huddle share what you did since the last meeting. Share one good experience and one issue where you are facing difficulty and ask the team for help to resolve the issue.

F. WhatsApp homework

Ask mentees to post photographs of their weekly huddle and share major highlights of their discussion specifically related to Mamta Diwas

G. Clinical skill practice session (30 min)

- Make pairs of mentees and ask them to measure each other's pulse, weight and height. Mentor to provide feedback, clarify any doubts. Mentor to demonstrate correct technique, if needed.
- If the team is of odd number, Mentor can offer to be partner of a mentee. Mentees will be practicing the skills of measuring pulse, height and weight using the skills checklists as below:

Skill: Pulse measurement: 10 minutes

S. No	Steps for pulse measurement
1	Wash hands with soap and water
2	Explain the procedure to the person
3	Ensure that you have a watch/clock with seconds hand
4	Use index and middle finger to locate the radial artery and count accurately for one full minute.
5	Record the finding in the relevant record/card
6	Inform the person about the reading and its interpretation

Skill: Weight recording (10 Mins)

Material required: Adult weighing scale

S. No	Steps for recording weight
1	Keep the weighing scale on a hard, flat surface and check for zero error before taking the weight
2	Ask the person to stand straight on the weighing scale, looking ahead and holding her head upright
3	Read the scale from the top
4	Record the weight to the nearest 100 g
5	Record the findings on the relevant record/ card
6	Inform the person about the reading and its interpretation

Skill: Height recording (10 min)

Material required: Stadiometer or inchtape and scale

S.No	Steps for recording height
1	Keep the stadiometer (height measuring scale) on the floor against wall. Identify how much is each division.
2	Ask the person to stand straight on the stadiometer, looking ahead and holding the head upright.
3	Tell the person to place the legs together, bringing the ankles and knees together
4	Read the scale.
5	Record the height to the nearest 0.1 cm/mm (depending upon the stadiometer used).
6	Inform the person about the reading and its interpretation

Touchpoint 3 – Virtual

To be attended by everyone – all the mentors and mentees

Duration – 1 hour

Objectives of the session

For the mentee

- Understand role of shared accountability in improving quality of services for their population

Summary of the activities to be done

1. This session will be organized by IIPH Gandhinagar
2. All SHC team mentors and mentees will attend the zoom meeting
3. The session will be conducted by District Quality Assurance officer who will talk about role of shared accountability at the level of SHCs to attain NQAS certification.
4. A separate 5 mins video to be prepared by IIPH-G showcasing the first SHC which received its NQAS certification. The role of teamwork during the process of certification is discussed in this video.

Preparation for the session

1. Ensure all SHC have the zoom link to join the meeting
2. Ensure all ASHAs are present at the health center to attend the zoom meeting

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Mentoring Module 4:

Resolving Differences in the Workplace

Module 4: Resolving differences in the workplace

Module 4 has the following:

Touchpoint 1 – In person by AYUSH MO

Touchpoint 2 – In person by Nurse Faculty

Touchpoint 3 - Virtual session (To be attended by all)

At the end of the module, mentees will be able to:

- Reflect on instances of differences within the team and how they arise
- Identify strategies for resolving differences
- Establish norms for managing differences within own team

MODULE 4		
MONTH 5 – January 2025		
	Time	**Activities**
TOUCHPOINT 1 **Who:** AYUSH MO **Modality:** In-person **Duration:** 2.5-3 Hours		
Recap of previous module	10 mins	Recap and Reflection from previous touchpoint
Reflection on WhatsApp based activity	10 mins	Mentor led discussions
Introducing differences at workplace	20 mins	Mentor led discussion using flipchart
Understanding the types of differences	40 mins	Activity using flashcards
Targeted resolution	15 mins	Mentor led discussion using flipchart
Reflection activity	15 mins	Quiet reflection by mentees
Team reflection and discussion	20 mins	Team reflection and mentor led discussion
Resolution strategies	25 mins	Mentor-led using table calendar
WhatsApp activity	10 mins	
TOUCHPOINT 2 **Who:** Nurse Mentor **Modality:** In-person **Duration:** 2.5 hours		
Recap of previous module	10 mins	Recap and Reflection from previous touchpoint
Reflection on WhatsApp based	10 mins	Mentor led discussions
Root cause analysis	20 mins	Activity using flipchart
Reflection activity on resolving differences	20 mins	Quiet reflection activity
Setting team norms for resolving differences	30 mins	Group activity led by mentor
Designing of team norms poster	15 mins	Mentee led group activity
Clinical skills session	30 mins	Mentor led demonstration session
WhatsApp activity	10 mins	
TOUCHPOINT - 3 To be taken by IPSI team **Modality:** Virtual **Duration:** 1 hour		

Touchpoint 1 – In person by AYUSH MO

Duration: 2.5-3 hrs.

Objectives of the session

For the mentor

1. Understand instances and types of differences their SHC teams face
2. Provide mentees with strategies to resolve differences in their workplace

For the mentee

1. Reflect on and understand differences at workplace and what triggers them
2. Reflect on your own experience with difference at work and its resolution
3. Reflect on the impact of unresolved differences on team dynamics
4. Understand techniques to resolve instances of differences

Summary of activities to be done

1. Recap of previous module – 10 mins
2. Reflection on WhatsApp based activity – 10 mins
3. Introducing differences in the workplace – 20 mins
4. Understanding the types of differences and targeted resolution – 55 mins
5. Quiet reflection activity – 15 mins
6. Team reflection and discussion – 20 mins
7. Resolution strategies – 25 mins
8. WhatsApp activity – 10 mins

Preparation for this session

Carry with you the following:

1. Types of differences flipchart
2. Flashcards
3. Calendar
4. Root cause flip chart

Session

A. Recap of previous module (10 mins)

- Discuss key takeaways from the previous module
- What worked well, and what needs further discussion.

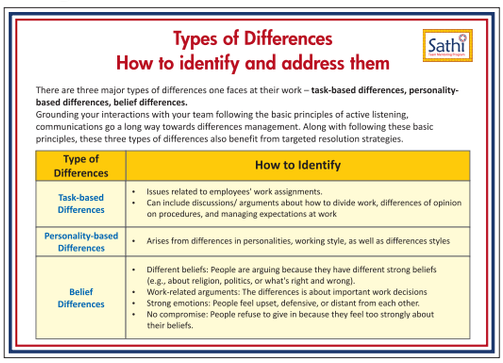
B. Reflection on WhatsApp based activity from previous session (10 mins)

Discuss with the group the WhatsApp responses received from the last session.

C. Introducing differences and its types that can arise in a workplace (20 mins)

Instructions:

1. Mentors start by sharing their experience of friction/differences at work (important to not reveal identities of others). Use an example from your professional workspace.
   - For example – Achieving screening targets may have led to some friction or differences between you and you colleague(s).
2. Explain to the mentees the types of differences that can occur while working in a team using Side A of the laminated flipchart on types of differences. (Figure 5)
   - Task-based differences: Differences around 'Who does what'. These arise from confusion or differences in opinion or competition over roles, work tasks and responsibilities.
   - Personality-based differences: Clashes in 'how people work together' These stem from differences in personal styles or behaviors, like one being more assertive or another being passive.
   - Belief differences: Disagreements in 'what people believe is right or important'. These arise when strong emotions are associated with differing personal values or principles.



Types of Differences
How to identify and address them

Sathi

There are three major types of differences one faces at their work – **task-based differences, personality-based differences, belief differences.**
Grounding your interactions with your team following the basic principles of active listening, communications go a long way towards differences management. Along with following these basic principles, these three types of differences also benefit from targeted resolution strategies.

Type of Differences	How to Identify
Task-based Differences	• Issues related to employees' work assignments. • Can include discussions/ arguments about how to divide work, differences of opinion on procedures, and managing expectations at work
Personality-based Differences	• Arises from differences in personalities, working style, as well as differences styles
Belief Differences	• Different beliefs: People are arguing because they have different strong beliefs (e.g., about religion, politics, or what's right and wrong). • Work-related arguments: The differences is about important work decisions • Strong emotions: People feel upset, defensive, or distant from each other. • No compromise: People refuse to give in because they feel too strongly about their beliefs.

Figure 5: Types of differences flipchart-Side A

D. Understanding the types of differences using flashcard activity (40 mins)

Objective:

- Hand out all the flash cards with scenarios to the mentees and ask them to discuss among themselves and categorize the cards under relevant categories.
- Discuss with your mentees their thought process behind categorization above activity and their learnings.

Probes for discussion:

1. What helped you categorize the examples?

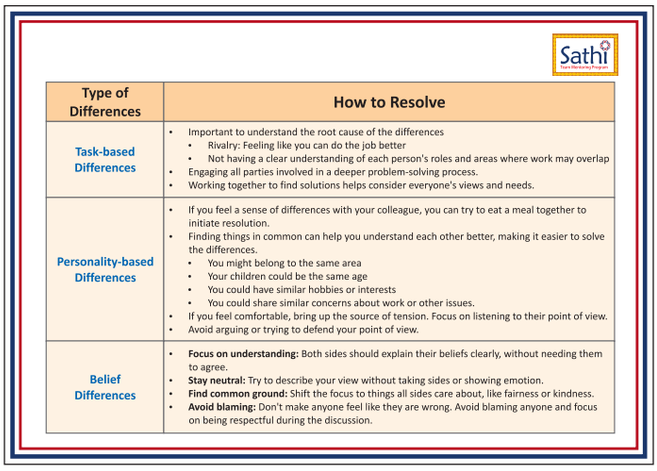
   (This helps them reflect on the key features of each type of difference)
2. Did you find any example difficult to categorize? Why?

   (This can open up discussions on the overlap between the different categories of differences)
3. How might these differences escalate if left unresolved?

   (To consider the importance of early intervention and the potential effects of ignoring differences)

E. Now, discuss targeted resolution strategies with the mentees (15 mins)

Refer to the types of conflict/differences flipchart side-B (Figure 6)



Type of Differences	How to Resolve

Task-based Differences	• Important to understand the root cause of the differences
	  • Rivalry: Feeling like you can do the job better
	  • Not having a clear understanding of each person's roles and areas where work may overlap
	• Engaging all parties involved in a deeper problem-solving process.
	• Working together to find solutions helps consider everyone's views and needs.

Personality-based Differences	• If you feel a sense of differences with your colleague, you can try to eat a meal together to initiate resolution.
	• Finding things in common can help you understand each other better, making it easier to solve the differences.
	  • You might belong to the same area
	  • Your children could be the same age
	  • You could have similar hobbies or interests
	  • You could share similar concerns about work or other issues.
	• If you feel comfortable, bring up the source of tension. Focus on listening to their point of view.
	• Avoid arguing or trying to defend your point of view.

Belief Differences	• **Focus on understanding:** Both sides should explain their beliefs clearly, without needing them to agree. • **Stay neutral:** Try to describe your view without taking sides or showing emotion. • **Find common ground:** Shift the focus to things all sides care about, like fairness or kindness. • **Avoid blaming:** Don't make anyone feel like they are wrong. Avoid blaming anyone and focus on being respectful during the discussion.

Figure 6: Types of differences flipchart-Side B

F. Reflection activity (15 mins)

Ask the mentees to think of a particular workplace difference they have experienced in the past. Ask them to write it down in their diaries and use the flashcard to categorize it.

Use the following prompts to help structure their responses:

1. When did the difference occur?
2. Describe the issue.
3. How did this situation make you feel about it?

Ask them to share only the type of difference with the team.

G. Reflection activity (20 mins)

Ask the team to reflect and discuss how differences can impact the team using the following probes.

1. How do differences affect the team dynamics?
2. How can unresolved differences impact work quality or team goals?
3. Why is it hard to openly address some differences within a team?

NOTE:

As it's a delicate topic, reassure your mentees that this conversation is only to develop their skills and abilities to handle and resolve differences at their workplace.

H. Use the table calendar to explain the different types of resolution strategies (25 mins)

- Use the table calendar (Figure 7) to discuss the five types of resolution strategy
- Underscore the importance of learnings from effective communication and shared responsibility modules for effective resolution

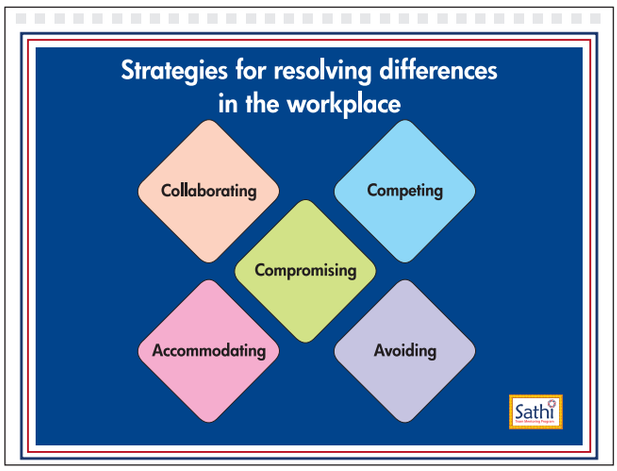


Figure 7: Calendar - Strategies for resolving differences

I. WhatsApp homework (10 mins)

Ask the mentees to think of the root cause of the conflict/difference present in Scenario 1 (Figure 8) and share their answers in 1-2 lines. You may post this image in your whatsapp group for easy reference.

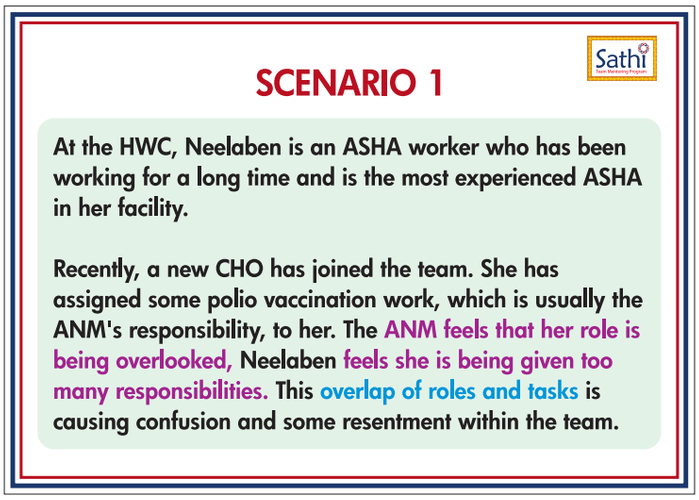


Figure 8: Root cause activity-Scenario 1

Touchpoint 2 – In person (In person by Nursing staff)

Duration- 1.5 – 2 hours

Objectives of the session

For the mentor

1. Understand each other's strategies to manage and settle unresolved differences at work.
2. Learn tools to arrive at root cause of instances of differences at work
3. Establish norms as a team to minimize differences at work

For the mentee

1. Work with mentees to agree upon norms for resolution
2.. Preparation for this session:
3. Carry with you one chart paper and some color pens/ crayons

Summary of activities to be done

1. Recap of previous session – 10 mins
2. Reflection on WhatsApp based activity – 10 mins
3. Demonstrating root cause analysis – 20 mins
4. Team reflection and discussion – 20 mins
5. Setting team norms for resolution of differences – 30 mins
6. Using poster to agree upon team norms for resolution – 15 mins
7. Clinical skills session – 30 mins
8. WhatsApp based activity – 10 mins

Preparation for this session

Carry with you the following:

1. Root causa scenario flipchart
2. Chart paper, Markers, Sticky notes

Session

A. Recap of previous touchpoint (10 mins)

B. Reflection on WhatsApp based activity from previous session (10 mins)

Instructions:

Discuss with the group the WhatsApp responses received from the last session.

C. Use the laminated scenarios to demonstrate root cause analysis for resolving differences (20 mins)

- Mentors will guide the team through scenario 1 to identify the root cause of the conflict/ difference.
- Discuss if there was any difference compared to the whatsapp response.
- After identifying the root cause, ask the mentees to choose the most appropriate resolution strategy.
- For the second scenario (Figure 9), allow the teams to work independently to arrive at a root cause and a relevant resolution strategy.

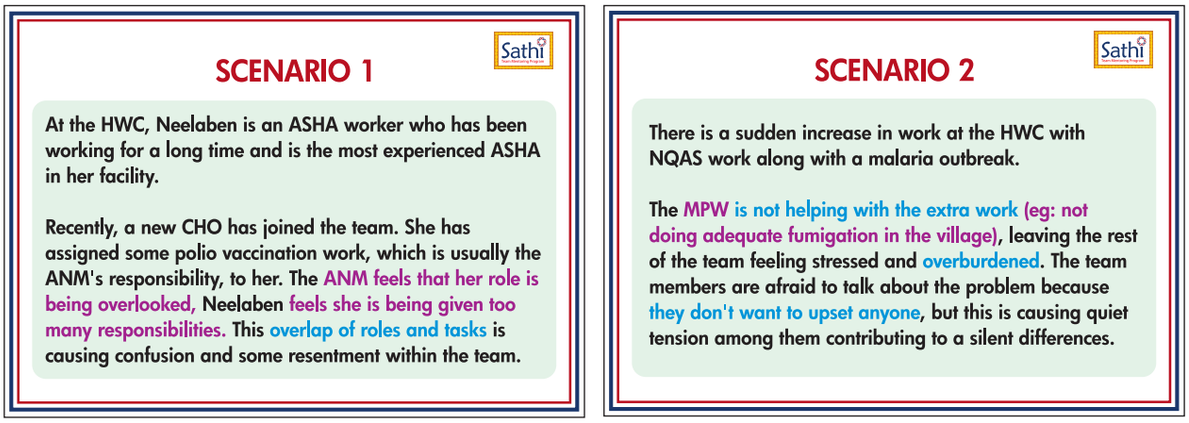


Figure 9: Root cause activity-Scenario 1 and 2

D. Reflection activity (20 mins)

Once the mentees are familiar with root-cause analysis, ask them to go back to the example of the difference or conflict they wrote in their diaries during the last session.

- Ask mentees to identify the root cause: 'What was the main reason behind this issue?'
- Ask them to reflect on a suitable strategy for effective resolution and share it with the team. (This can also be a combination of strategies)

E. Our team norms (30 mins)

Establishing team norms and steps for effective resolution of differences

Objectives:

To set norms as a team to deal with differences and disagreements if they arise.

Materials required:

Chart paper, colored sketch pen, crayons

Instructions:

1. Divide your mentees into two teams (heterogenous).
2. Ask each team to write the word Differences on one sheet of paper and the word Resolution on another.
3. Instruct them to tape the sheets of paper about some distance apart on a nearby wall.
4. Ask both the teams to brainstorm the norms necessary to get from 'Differences' to 'Resolution'.
5. These norms will then be grouped as 'I' norms and 'We' norms.
6. In the next step, ask the teams to discuss and agree upon norms that each member should follow during the disagreement/difference and while in resolution (use probes to initiate and guide discussion)

Prompts

1. What are some respectful ways to behave and respond when disagreements happen?
2. What collective action can we take as a team to make sure everyone feels heard?

Examples -

1. I will not raise my voice
2. Will give each other time and space to share our viewpoint

3. Will not ignore/ exclude any member of the team if we have a differing view
4. Will ensure that we meet as a team every week to discuss our work and plans so that there is cohesion and minimal chance of differences.

F. Make sure the team writes all these norms agreed upon on a chart paper and sticks it on the wall of the SHC (15 mins)

G. WhatsApp homework (10 mins)

In 1-2 sentences, write three key things that you have learnt in the last two touchpoints.

In addition, a video can be shared on the WhatsApp groups which explains how differences can be resolved.

H. Clinical skill development – Handwashing (30 mins)

- Materials required: liquid handwash, water, handwashing poster
- Show the poster on handwashing and explain each steps
- Demonstrate each step of handwashing
- Ask the mentees to return demonstrate the steps
- SUMANK will help them to remember the steps
  - S=Samane
  - U=Upar
  - M=Mutthi
  - A=Angutha
  - N=Nakhun
  - K=Kalai

S.No	Steps
1	Take out jewellery/bangle/watch etc removed before handwashing.
2	Wet hands with water.
3	Apply liquid or bar soap to a cupped hand.
4	Lather well.
	All 6 steps followed for hand washing procedure.
5	Rub palm to palm.
6	Rub back of left hand over right palm and vice versa.
7	Rub backs of fingers on opposing palm with finger interlocked.
8	Rub around right thumb with left palm and vice versa.
9	Rub fingertips on palm for both hands.
10	Rub both wrists in a rotating manner.
11	Rinse hands well.
12	Dry hands with a procedure (air drying).

Take the mentees to the handwashing area to observe if it is functional. If not ask them to work as a team to fill the gap (availability of liquid handwash, running water, elbow tap, handwashing poster above the washbasin)

Touchpoint 3 – Virtual

To be attended by everyone – all the mentors and mentees

Duration – 1 hour

Objectives of the session

Take stock for the last 5 months. This will be the online session where a recap of what the mentees have learnt over the last 6 months will be summarized.

Preparation for the session

1. Ensure all SHC have the zoom link to join the meeting
2. Ensure all ASHAs are present at the health centre to attend the zoom meeting

Summary of the activities to be done

1. This session will be organized by IPSI team
2. All SHC team mentors and mentees will attend the zoom meeting
3. The session will be conducted by a faculty member from IPSI team.

Session

A. What is our understanding of teams

B. What are good teams

C. What are norms for team communication

D. As a team, how do we resolve differences and disagreements

E. What is our shared accountability as a team