BACKGROUND
The high burden of communicable and non-communicable disease, which includes late presentation of disease, demands palliative care as an essential component of healthcare in Uganda. Despite significant palliative care development, enabling 75% of districts in Uganda to have access to basic palliative care, lack of coverage and geographical spread limits the availability to approximately 10% of the population. Pivotal to the delivery and leadership of palliative care services are nurses; there are approximately 13 nurses per 10,000 people in comparison to 1 physician per 10,000 people. Reaching out to the population requiring palliative care requires development of existing services which in turn commands competent nurse leadership.

AIM
To develop an effective mentor relationship between Uganda Nurse Fellows and UK palliative care hubs

Definition of a mentor
To support and facilitate personal and professional growth through a reciprocal relationship that has benefits for both sides.

METHODOLOGY
The aim of the Uganda Palliative Care Nurse Leadership Programme is to enable 20 nurse leaders, recruited from different parts of Uganda, to develop leadership skills. Participation in local and national palliative care related projects, in conjunction with 3 one week intensive training modules, forms the essence of the programme.

Providing inpatient, day and outpatient specialist palliative care services, St. Columba’s Hospice in Edinburgh, UK has a strong commitment to share knowledge and research. Two lecturers from the Hospice Education and Research Centre, each with extensive experience as specialist palliative care nurses, assumed the role of mentor to model clinical and organisational leadership with three of the nurse leaders. On-site and remote mentoring from the UK facilitates a multidimensional and interactive learning environment.

RESULTS
Cultural awareness, clinical and organisational leadership development and personal growth are tangible benefits for both mentor and mentee. Relationships have also been built with reciprocal support being provided. Projects that have been implemented and evaluated include:

- Improving community volunteer competence in referring patients for palliative care (Uganda).
- Planning a handover of patients to an outreach service (Uganda).
- Developing palliative care practice in a community hospital (Uganda).
- Supporting a point prevalence assessment of palliative care need in Kalongo Hospital (Uganda).
- Supporting the validation of the Masters in Person-centred Practice: Palliative Care (Edinburgh).

Ongoing work includes support for the national research project on the review of the Curriculum for Nurse Prescribing.

CONCLUSIONS
The multidimensional and interactive experience encourages reciprocal empowerment, capacity building and learning for both the mentor and mentee. An evaluation is needed of the longer term impact of mentoring.