

TRAINING IN IMMUNISATION FOR HEALTH CARE WORKERS

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Bela Bela, Limpopo - 11 May 2006

TRAINING IN IMMUNISATION FOR HEALTH CARE WORKERS

- Background
- Consensus workshop on EPI curricula prototypes – Douala, Cameroon
- Prototype developed by WHO, NESI
- University of Limpopo – experience

IMPORTANCE OF TRAINING IN IMMUNISATION FOR HEALTH CARE WORKERS

- The Global Immunisation Vision and Strategy (GIVS) presented to the 58th World Health Assembly -strengthen and improve
- EPI Strategic Plan of Action for African Region 2001-2005 – capacity building and training are “major areas of action”
- Pre-service and in-service training needs to be strengthened

TRAINING NEEDS ASSESSMENTS (TNAs)

- EPI reviews reveal gaps in training, planning and management
- TNAs – 14 countries in Africa reveal poor coverage of EPI topics, outdated curricula, lack of training on current practices and new technologies
- EPI external evaluation – need to link professional education and academics with service realities
- Need for generic curriculum



**Consensus Workshop on EPI Curricula
Prototypes For Medical and
Nursing/Midwifery Schools in the African
Region**

Douala, Cameroon 13 -17 March 2006

OBJECTIVES

- **General objective:**

- To contribute to the reduction of morbidity and mortality due to vaccine preventable diseases in the African Region

- **Specific objectives:**

- 1. to update participants on current immunisation policies and strategies
- 2. to get consensus on the EPI curricula prototypes for medical and nursing schools in the WHO African Region
- To make recommendations for the implementation of the EPI curricula revision process within the African health pre-service training institutions

Consensus Workshop on EPI Curricula Prototypes For Medical and Nursing/Midwifery Schools in the African Region

- Bilingual – English and French
- 49 delegates from 21 countries
- Mainly academics as well as MOH representatives (6)
- Facilitators - WHO, Unicef, NESI





WORKSHOP METHODS

- Presentations
- Group work
 - Anglophone teachers at medical schools
 - Francophone teachers at medical schools
 - Anglophone teachers in Nursing/ Midwifery Schools
 - Francophone teachers in Nursing/ Midwifery Schools

RECOMMENDATIONS OF DOUALA WORKSHOP

To MOHs, EDUCATION and TRAINING INSTITUTIONS

- Put in place consultative platform regrouping representatives of MOH, Education, Training Institutions and partners to assist medical faculties and nursing/midwifery schools in implementation of action plans for revision and updating of the EPI curricula
- Establish / make available centres for EPI practicals within health structures

RECOMMENDATIONS OF DOUALA WORKSHOP

To MOH and EDUCATION

- Training institutions should be supported with training materials and teaching/learning aids esp laptops, printers, photocopiers, LCD projectors incl internet connectivity
- Organise national MLM courses and other courses on EPI for teachers and training supervisors of public and private schools incl paediatricians, public and community health specialists

To PARTNERS

- Support plan of action on revision/ adaptation of EPI curricula in the training institutions by providing technical and financial support in training on MLM courses for teachers and supervisors

RECOMMENDATIONS OF DOUALA WORKSHOP

To DIRECTORS OF TRAINING INSTITUTIONS

- integrate the revision /updating of EPI curriculum in the ongoing reform in the faculties of medicine and nursing/midwifery schools in some African countries by allotting sufficient time for theory and practice for vaccination based on analysis of training needs

To PARTICIPANTS OF WORKSHOP

- create a network of teachers in order to exchange experience and information on EPI
- Provide feedback to national authorities and colleagues on the Douala workshop content related to EPI curricula
- Involve themselves effectively in the process of EPI curricula revision and updating

DOCUMENTS

1. Prototype Curriculum on Immunization for **Medical Schools** in the WHO African Region;
2. Prototype Curriculum on Immunization for **Nursing Schools** in the WHO African Region;

Consensus Workshop on EPI Curricula Prototypes For Medical and Nursing/Midwifery Schools in the African Region



- Prototype Curriculum on Immunisation for **Medical Schools** in the WHO African Region
- Prototype Curriculum on Immunisation for **Nursing Schools** in the WHO African Region
- Dr Lev Arevshatian in collaboration with Dr E Mutabaruka & Prof A Meheus

DOCUMENTS

- Table of contents
- List of abbreviations
- Glossary
- Parts 1-9 (part 3 as the main curriculum)
- List of reference documents
- Attachments

PART 1: INTRODUCTION

1.1 Training on immunization in the AFR

1.2 Justification & rationale for curriculum development

- **Programme needs**
- **Perceived needs** expressed through TNAs

1.3 Objectives of the curriculum

- **General:** strengthen the teaching/learning on immunization
- **Specific:** revising technical content; upgrading technical knowledge and skills of teachers and learners; ensuring appropriate balance of theory/practice; ensuring appropriate teaching/learning resources & tools

PART 2: COMPETENCY PROFILE OF IMMUNIZATION SERVICE PROVIDERS

- 2.1 Exit profile and core competencies of a **Medical Doctor** for immunization activities at District Level
- 2.2 Exit profile of a **Nurse/Midwife/Community Health Nurse** for immunization activities
- 2.3 Job descriptions of **NIP Core staff**

PART 3: EPI PROTOTYPE CURRICULUM

Introduction describes curriculum structure:

- **Curriculum content elements (CE):** 17 CEs in 3 groups (on general, operational, managerial issues)
- **Specific topics** under each CE
- **Time required** to cover each CE
- **Learning objectives** for each CE
- **Type/location of the training session**
- **Teaching/learning methods**
- **Reference sources**
- **Student assessment** referring to exercises

PART 3: FIELD VISITS & HOW TO ORGANIZE THEM

Field visits: presented with the following items:

- **Objectives of the visit**
 - **Allocated time**
 - **Prerequisite knowledge**
 - **Teacher's tasks** (e.g. Inform HF; Assign tasks; Arrange transport; Seek HF support; Observe students; Discuss problems if any; Share assessment results with students; Summarize the visit giving an effective feedback)
- Five F/Visits** are proposed on priority operational topics with 3-6 hours per visit
- Sample checklists** for student assessment are also provided for some F/visits

PART 3: FIELDWORK PLACEMENT OF THE STUDENTS

Issues to be considered for F/Placement:

- **Objectives** of the F/Placement (as per CE)
- **Duration** (1/2 to 2 weeks per placement) [Part 3:](#)
- **Criteria for selection** of HF for F/Placement
 - Type of HF and distance from the training school
 - No. of sites to be selected
 - Availability of qualified/trained staff on EPI
 - Coaching skills of HF staff responsible for students
 - Their experience in formative supervision
 - Availability of EPI equipment/supplies
- **Projects** to be conducted by students (see samples)

PART 3: STUDENT ASSESSMENT / EVALUATION OPTIONS

- **Diagnostic Evaluation** at the beginning of the course (informal/verbal test?)
- **Formative Evaluation/Assessment** (samples and answers included):
 - Assessment checklists
 - Sample Examination Questions
 - Exercises from training modules
 - Short studies and projects
 - Student Record Book
- **Summative Evaluation** (post-tests)

PART 3: SAMPLE EXAMINATION QUESTIONS AND EXERCISES

This section of part 3 includes:

- Specific Content Element (CE)
- Learning/Teaching Objectives
- Questions/Tasks/Exercises
- Proposed answers to each question or exercise

Part 9: MONITORING and EVALUATION of the CURRICULUM

- **Monitoring using process indicators-** looking into:
 - Content, context (conducive environment), teaching process (e.g. use of updated modules or modern techniques), immediate outcome of teaching;
- **Mid-Term and Final Evaluation (using results indicators)-** looking into:
 - Teaching Process (e.g. changes made in teaching)
 - Outcome (e.g. level of student competence and skills)
 - Effectiveness (ability of graduates to apply knowledge)
 - Impact (improvements in health status: e.g. DPT coverage)
- **Methods used for M&E:** discussions, interviews, observing sessions, exam results, surveys, operational research, etc.

RESULTS OF MEDUNSA MEDICAL CURRICULUM EVALUATION

Gaps identified in preclinical years:

- Immunology has insubstantial content on immunisation, and EPI is not taught
- Vaccine constituents, reconstitution, mode of administration, and bioavailability not taught

Gaps identified in clinical years:

- Immunisation content not updated in some teaching programmes
- No immunisation taught in 5th year
- Immunisation teaching fragmented between departments with no standard teaching tool being used

POSTGRADUATE DIPLOMA IN PUBLIC HEALTH (INFECTIOUS DISEASE CONTROL)

- 1 Summer School, 1 Winter School
- Research Methods in Public Health (RMPH701). Exit point: Research essay
- Principles of Epidemiology (EPID701)
- Principles of Biostatistics (INBI701)
- Principles of Public Health Education (PPHE701)
- Principles of Infectious Disease Control (PIDC701)
- Principles of Vaccinology (PVAC701)

MASTER IN PUBLIC HEALTH (INFECTIOUS DISEASE CONTROL)

- 1st year as for PGDPH (IDC)
- 2nd Summer and Winter Schools
- Principles of Health Systems Management (HSMP701)
- Principles of Environmental Health (PREH701) or Principles of Occupational Health (PROH701)
- Theoretical Foundations of Epidemiology (EPID801)
- Theoretical Foundations of Health Systems Management (HSMP801)
- MPH dissertation

CHALLENGES

- Developmental stage
- Not all departments involved
- Not all campuses involved
- Single institution - multiple campuses
- Public academic partnership - strengthening

END OF PRESENTATION

Thank You