Institutionalizing Training and Innovative Training Approaches

Presenter: Fikile Mtshali

WHO MEETING ON IMPLEMENTING THE 2017 - 2021 FRAMEWORK FOR VOLUNTARY MEDICAL MALE CIRCUMCISION
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Introduction

• Health workforce is central in advancing health and development goals for sustainable health systems (WHO, 2016; WHO 2013)

• Twenty first century training institutions are central in producing graduates who are:
  – equipped to meet the needs of the population and health system for improved outcomes (WHO 2013; WHO 2016; Frenk, et al 2010) and respond to global and local health priorities such as HIV/AIDS pandemic.

• VMMC, as part of a comprehensive HIV prevention strategy, need to be institutionalized by integrating it into health professionals education and training programmes—a drive towards achieving VMMC 2021 targets.
Planning at Strategic level for institutionalizing VMMC

• Critical steps to facilitate institutionalizing VMMC by academic institutions.
  – Training institutions are guided by the population and health service priorities and needs.
  – Task-shifting/sharing policy in place (if the need is outside the targeted group’s scope of practice)
  – Extended scope of practice by the Regulatory body
  – HIV/AIDS and TB management competency framework with VMMC as one of the core areas of focus (Regulatory Body).
  – Protocols and guidelines to be in place as additional support
  – Availability of HIV/VMMC champions/or advocates to monitor integration into curricula and provide relevant support
Planning at Institutional level

- Once the competencies are identified academic institutions map the content (knowledge, skills and attitudes) to be addressed in pre-service and in-service education programmes.

- Conduct content analysis on existing education programmes to establish the content that is already covered, the depth and the breath, as well as the gaps.

- Propose how the gaps may be addressed in the existing programmes, rather than developing new courses/programmes.

- Explore the possibility of integrating advanced skills (e.g. surgical interventions) into in-service education and Clinical Nurse Specialists programmes in line with the extended scope of practice.
Integration of HIV Mx/VMMC into a Pre-service Nursing Programme

**VMMC content:** integrated into the curriculum (1st to 4th Year) [as part of the Comprehensive HIV Prevention strategy]

**COMPETENCY-BASED PROGRAMME:**
Community & Problem-based Approaches-Underpinned by PHC Philosophy
[TRANSFORMATIVE LEARNING- DECENTRALISED RURAL PLACEMENTS]

**Level & T&L Approaches**

1st Year
Paper-based case studies

2nd Year
Community/problem-based learning

3rd Year
Real-life cases and problems

4th Year
Real-life cases (Midwifery) & Primary Care

**Experiential Learning sites**

- Families, community-based orgs. & hospitals [Sensitization to HIV & VMMC]
- Communities & families PHC Settings [Sensitization, Community mobilization & Health Promotion]
- Hospitals/OPDs / Theatre [Pre and post surgical care]
- Maternity units, communities & PHC Settings (Comprehensive)

**Self-directed Clinical skills Laboratory; Online learning & Videoconferencing Platform**
Institutionalising VMMC into Training in a Nutshell

- Need to integrate VMMC determined by Population & health care system
- VMMC integrated (pre and post-basic curricula)
  - Innovative TL & non-traditional
  - Experiential learning sites

Operational Level (Training Institutions)

- Strategic Level (Policy makers provide enablers)
  - VMMC 2021 Targets
    - Improved Populations & health systems outcomes

Ongoing Monitoring and Support by VMMC Champions
• Thank you
References


