An Academic-Clinical Partnership to Build Nursing Capacity in Sub-Saharan Africa

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Disclosure

**Learning Objectives**
The learner will be able to
- Compare and contrast factors associated with the global shortage of nurses.
- Identify two key elements in the GHSP model that contributed to the positive outcomes.

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Background

• A thriving nursing workforce is foundational to any long-term health workforce strategy.
  – Positive correlation between increased health worker density and improved health outcomes.
  – Well-prepared and adequately resourced educators of nurses, physicians and other health professionals are the basic building blocks of stronger health systems.
  – Quality education is a prerequisite for effective investments in health infrastructure and care delivery

• However:
  – Chronic underfunding and
  – A deficit of human resources

• Results in a cycle with limited ability to deliver basic healthcare, respond to emerging and more complex needs, or teach their future health professionals

• Also limits ability to graduate and retain basic nurse clinicians, specialists, and produce future generations of nurse leaders.

The World Health Organization estimates a global deficit of about 12.9 million skilled health professionals (midwives, nurses and physicians) by 2035.
HRH Challenges in Medical & Nursing Education

- Schools limited in size and number
- Faculty shortages
- Lack of infrastructure and equipment
- Limited advanced training
- Emigration of graduates
- Shortage of clinical mentoring and supportive supervision of students
Nurse & Physician academic/clinical collaborations

### Pre-service training
- **Physicians**
- **Nurses**
- Disconnect between what nurses are taught and the environment they will practice in
  - Culture shock

### Clinical courses
- **Physicians**
- **Nurses**

### Basic core courses

### Post-service training
- **Physicians**
- **Nurses**
- University and hospital appointment/privileges
- Internship > Residency > Sub-specialty fellows (Rounding/mentoring/procedure-care based)
- No tradition of faculty/staff mentoring around practice
  - Post BSN Internship/residency (no connection with university)
  - MS students taught by university-based clinical instructors with no hospital privileges
  - American model – Clinical nurse specialist [pilot]

### Education Impact on patient care
- Shared school faculty
  - Often joint appointments - Faculty have hospital & university privileges/responsibilities
  - Patient/provider relationship - (provide care/consultation, able to make treatment decisions)
  - Faculty are university based with no hospital privileges; do not provide care (“guest”)
  - OR
  - Instructors are hospital based with no university privileges (not connected to learning objectives)
Increase capacity and strengthen the quality and sustainability of medical and nursing education and clinical practices.
Evaluation Methodology

- 2 study cohorts (Yr 1 and Yr 2)
- Mixed methods
  - Monthly Volunteer Reporting Tool
    - Robust data tracking and monitoring system reported to a central office in the US
    - Measures of productivity collected monthly
  - Post-event feedback surveys
    - Ongoing process evaluation and improvement
  - Stakeholder interviews
    - Semi-structured group and individual interviews [180 interviews with ~390 stakeholders over 2 years]
    - Transcribed, coded and analyzed for themes
    - Validation and member checking in the US and partner countries.
Evaluation Results – Year 1 & 2

- GHSP Nurse faculty activities & outputs
- Value added to the learning environment
- Engaged scholarship
- Shifting attitudes/Empowerment
Results – GHSP Nurse faculty activities & outputs

- 35% of hours = Clinical supervision, classroom teaching, & mentoring
- Continuing professional development (formal and informal) for university faculty and hospital staff
- Development and revision of curricula (competency-based; critical thinking)

Reflections on impact:
- Student, faculty and staff learning & mentoring
- Resource/systems development (teaching and clinical)
- New programs developed and launched
- Clinical teaching, care and consultations

Other projects:
- Curriculum development
- Resource development
- Practice improvement projects
- Grant development/implementation
- Infrastructure enhancements
- Clinical protocol development
- Research & publication support
- Community service
- Partnership development
- Conference planning

38 GHSP Nurse Faculty
9 Nursing institutions
36,736 service-hours
173 courses & trainings
3,619 trainees
Results – Value added to the learning environment

- Collegial, positive learning environment
  - Collaboration
  - Support
  - Communication
- Methodology (interactive, promote understanding)
- Emphasis on critical thinking
- Quality clinical supervision
- Professional role – timeliness, accountability

Departmental impact
- More friendly and collegial
- Expectations and standards of faculty and students
- Development of an academic environment in the clinical setting

“She brought new innovative ideas, like engaging students in group discussions,... demonstrations, and also she was making her lectures interactive using pictures related to the subject that she was teaching, which was really nice.”

[Nursing Leadership – Malawi]
Results – Value added to the learning environment

Student reflections:
- Felt respected, encouraged, engaged, and motivated
- Shift from memorization to understanding
- Strengthened clinical skills and confidence
- Improved attendance and timekeeping

Faculty reflections:
- **Motivated and re-energized**
- Increased confidence
- Workload reduction/task shifting
- Supported and developed friendships
- Valued timeliness*
- Adopted new methods

"We don't just remember, we understand."
[Nursing student – Tanzania]

“Our young lectures, they came in without any experience about education. But the way they have been brought up now with the volunteers...I see a lot of confidence in them now. Working together with these people, they are not going it alone. It has improved their confidence. Their effectiveness in delivering to the student. When they leave that room where they sit and they go to the students, they know very well that these other people are here as back-up. So their presence has strengthened and developed the local trainers.”
[Nurse Leadership – Uganda]

“And another strength we’ve seen, they are willing to be on the clinical side... They always go with the students. And that is a very, very big achievement and they have done that. And the students are really appreciative of the clinical part. “
[Nurse Counterpart – Uganda]
Results – Shifting attitudes/Empowerment

Student reflections:
• Empowerment
  • Confidence (especially clinical decision making)
  • Power/have a voice
  • Team member
  • Supported/nurtured
  • Responsibility
• Critical thinking and applying knowledge
• Patient-centered/patient-ownership and advocacy
• Model of professional nurse
  • Value and importance of career
  • Pride
  • Interested in continuing education

Faculty reflections:
• Critical thinking and teaching why
• Motivated to continue nursing education

“I’ve also been impacted that I am a critical thinker – you don’t just go and do stuff because that’s the way it has always been done; this is the way we do it. [Instead] you do something with a rationale and its very enlightening to see that.”

[Nursing Student – Uganda]
Results – Engaged scholarship

Other projects:
• Resource development (Skills lab and computer resource center)
• Departmental projects (launch of nursing journal)
• Grant development/implementation (Hep B student vaccination grant)
• Clinical protocol development (NICU incubator guidelines and training)
• Research & publication support (Study on student barriers to vaccination)
• Community service/clinical outreach (adolescent HIV clinic, refugee camps, first aid tent)
• Conference planning & implementation (Uganda National Nursing conference)

• Reflections:
  • Building foundation for collaboration
  • Motivates faculty, staff and students
Next steps – GHSP programming and evaluation

• GHSP’s academic nursing partnership model
  – Innovative, locally-tailored and culturally appropriate
  – Generated new knowledge and best practices relevant to capacity strengthening for nursing education.
  – Intentional pairing of the US/African nurse educators,
  – Emphasis on faculty supervised clinical instruction

• Moving forward
  – A sustained commitment to work towards institutions’ goals.
  – Continued evaluation of medium-term outcomes
    • Inform optimizing classroom and clinical pedagogy in resource-constrained settings
    • Improve the health and well-being of populations who suffer a high burden of disease.

Phase 1
Operationalizing the GHSP model  
[Year 1; process improvement and output reporting]  
Phase 2
Building the partnership  
[Year 2; short-term outcomes and site-specific goals]  
Phase 3
Building a shared vision for excellence  
[Year 3-5; medium-term outcomes]  
Phase 4
Country ownership of the vision  
[Year 5+; long-term outcomes]
Next steps - Engaged scholarship

- Evidence-base practice (EBP) and implementation science
  - Engage GHSP faculty as EBP champions in partnership with country faculty and local clinicians (acute care and community)
  - Current projects:
    - 5s pilots in pediatric and surgical wards
    - Cervical cancer screening training
    - iStat pilot
    - Community education around family planning and HIV testing & education
    - Acute pain management in surgical wards
    - Intermittent fetal heart rate monitoring
    - Wound dressing and care
Asante Sana