Translating the Lessons from 10 years of Swiss Support to Reform Undergraduate Education in Tajikistan to Albania and Ukraine

Helen Prytherch, 8 May 2019
Definitions and key points

- Swiss support to Medical Education Reform – misnomer
- We refer in fact to Medical and Nursing Education Reform
- Work area inspired by WHO’s concept of Family medicine-oriented Primary Health Care
- Family Doctors & Family Nurses as key for provision of people-centred, cost-effective health care esp. in rural areas
- Comprehensive approach essential for both professions – spanning Undergraduate, Postgraduate and Continuing Professional Development
Principles of medical and nursing undergraduate education

- Essential for a country to have a steady supply of quality doctors and nurses
- Always work through existing institutions and in the context of the wider health system
- Revise curricula to balance practical (clinical and communication skills) and theory
- Early exposure to clinical skills training and patients
- Familiarity rural practice realities
- Awareness of other professional roles as basis for team work etc.
Evidence-based benefits

- Increases students’ motivation to learn and their satisfaction
- Creates a safe environment to practice skills
- Builds confidence and communication skills
- Improves performance

Caveat

- Capacity building of tutors and wider faculty
  - Approaches to teaching, role models
  - Skills to assess clinical competencies
- Building of learning management and other systems
- Organisational development
Nursing Colleges – Dushanbe and Kulob
Clinical Skills Center

Stations with learning aids & mannekins

Anesthesiology & resuscitation

Ophthalmology & otorhinolaryngology
Clinical Skills Center

Surgery
(preoperative, operating)

Obstetrics & gynecology
Year 6 Clinical Practice Programme

- Design, implementation and funding
- Set realistic objectives for the clinical experience
- Affiliated practice areas
- Faculty development and clinical tutor orientation
  - bedside teaching
  - feedback skills
  - teaching history taking, physical exam, procedural skills
  - clinical reasoning
  - small group facilitation
Current status

• Began in 2016 with a duration of 4 months, no external funding
• Duration now 5 months, pushing for 7 months by 2020
• Organised in clinical bases
  (126 in districts, 84 in Dushanbe)
• 7 Clinical rotations
• Clinical tutors selected according to standardized criteria
• 1-8 students /tutor (average 5)
• Clinical tutors have access to updated knowledge & receive a salary increment
Assessing the benefits of Year 6

• **In-Training Evaluation Report (ITER)** at the end of each rotation so students know strengths and deficiencies

• **Student’s log-books**: learning objectives and skills performed independently/under supervision, or observed in practice

• **Objective Structured Clinical Examination (OSCE)** to evaluate the overall Year 6 Practice Programme

10 key clinical skills
Nursing Education

• Has received less attention in the overall reform processes
• Nursing and midwifery tracks follow a common curriculum for first 3 Years, before specializing in one or the other in Year 4
• Overarching efforts made, while in parallel various actors working to change certain topical aspects e.g. nutrition or teaching plans
• In 2015 and 2018 a Dundee Ready Educational Environment Measure (DREEM) was used to assess students' perceptions of the learning environment
• Showed significantly better scores which indicate progress – but still also room for improvement
The sheer numbers!

Overall 11,000 students

Undergraduates: 9,573
  (Clinical Year 1,237)

Postgraduates: 689
Challenges & Lessons Learnt

- Complex intersection Ministries of Education & Health;
- Out-dated staffing norms, poor HR data and systems; compounded by the brain-drain
- Other vested interests Ministry of Finance /Commerce
- Critical to have clear profiles for Family doctors & nurses in PHC
- Family Medicine suffers a lack of prestige /role models
- Important to anchor progress in policy/national guidelines to expand reach beyond certain institutions to the system as a whole
- Need support of local PHC managers, hospital heads, and local authorities to decentralize clinical rotations of Year 6
- Takes a generation - making evaluation of impact difficult
- Reforming medical education is always worth it!
With thanks to the Ministries of Health and Education in Tajikistan, and to our colleagues and students at the Tajik State Medical University, Dushanbe and Kulob Nursing Colleges. As well to the Basel Institute of Nursing Science as partners and implementers of the Swiss Agency for Development and Cooperation’s Medical Education Reform Project

The inputs by the national coordinator of MEP Shakhlo Yarbaeva to this presentation are especially acknowledged

For more information visit our film at: https://vimeo.com/177412825

Thank you for your attention!