

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

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Definitions and key points

- Swiss support to Medical Education Reform –misnomer
- We refer infact 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

Tajik State Medical University



Таджикский государственный
медицинский университет
им Абуали ибни Сино

AVICENNA TAJIK STATE MEDICAL UNIVERSITY



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

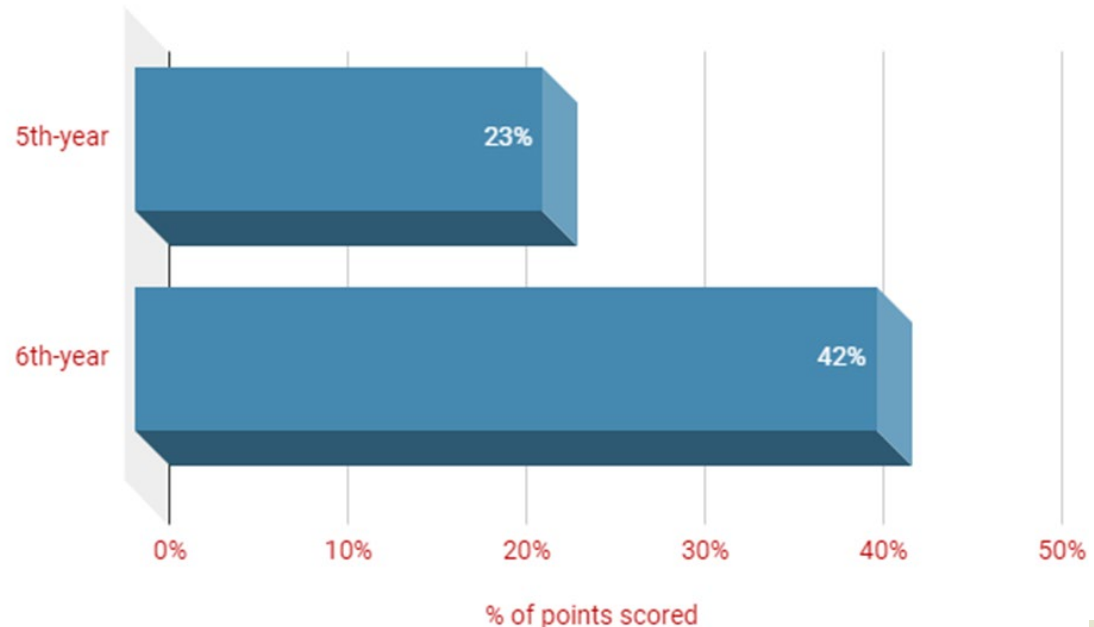
- Began in 2016 with a duration of 4 months, no external funding
- Duration now 5 months, pushing for 7 months by 2020
- Organised in clinical bases (126 in districts, 84 in Dushanbe)
- 7 Clinical rotations
- Clinical tutors selected according to standardized criteria
- 1-8 students /tutor (average 5)
- 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!



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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!

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

Thank you for your attention!