









INTERPROFESSIONAL EDUCATION CASE STUDY

Master of Science degree programme in Reproductive Health at Kamuzu College of Nursing, Malawi



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INTRODUCTION

Background

In February 2010, the World Health Organization and partners held a Global Virtual Discussion Forum on the contribution of interprofessional collaboration to better health. One resulting recommendation was to document good practices in interprofessional education (IPE) in order to fill evidence gaps. Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). The purpose of this paper is to share the case study of developing and implementing an IPE programme at Kamuzu College of Nursing (KCN). Included in the discussion are: the background to Kamuzu College of Nursing; the process of developing the Master of Science (MSc) in Reproductive Health; the curriculum implementation model; and lessons learned and recommendations.

Kamuzu College of Nursing has its origins in the National School of Nursing, which was established in 1965. The school was upgraded to a constituent college of the University of Malawi in 1979. The college has its main campus in Lilongwe and a satellite campus in Blantyre. Administratively, the main campus is headed by a principal, while the satellite campus is headed by a vice-principal. The dean of the faculty is responsible for all academic issues while the dean of students looks after students' interests and personal welfare. The registrar is responsible for all the overall college administrative and academic matters including staff welfare.

KCN'S MISSION IS TO DELIVER HIGH QUALITY, COST-EFFECTIVE NURSING AND MIDWIFERY EDUCATION PLUS OTHER HEALTH RELATED PROGRAMMES TO STUDENTS AND OTHER STAKEHOLDERS THROUGH TEACHING, RESEARCH, CONSULTANCY AND COMMUNITY ENGAGEMENT, TO ADVANCE PROFESSIONAL GROWTH AND TO PROMOTE THE HEALTH OF THE PEOPLE OF MALAWI AND BEYOND.

Throughout the years the college has introduced programmes in response to the health needs of the nation. During the first 12 years (1979–1990) Kamuzu College of Nursing offered a three-year Diploma in Nursing and a one-year University Certificate in Midwifery. In 1994 the diploma programme was phased out and was replaced by a four-year degree programme in Nursing. In 2006 the programme was phased out and replaced by a four-year Bachelor of Science (BSc) in Nursing and Midwifery. The college has continued offering a one-year University Certificate in Midwifery as a post-basic qualification. In addition, the college offers a two-year post-basic BSc in Nursing for mature students. This programme started in 1990. Currently, KCN is also offering five MSc programmes in Midwifery, Reproductive Health, Child Health Nursing, Nursing and Midwifery Education and Community Health Nursing. The Child Health Nursing MSc is offered in partnership with the University of Cape Town. All these programmes have a clinical component.

The core responsibility of KCN is to educate registered nurses and midwives for the country. However, the college initiated IPE programmes in response to emerging complex patient and client needs. The initiative is also in line with the college designation as a World Health Organization Collaborating Centre in IPE and collaborative practice.

Methodology for developing the case study

The case study was developed through a review of literature on IPE, curriculum document review, consultation with faculty involved in teaching the MSc in Reproductive Health and interviewing students in the programme. The review of literature and documents provided insights into models for IPE and the consultations and student interviews outlined experiences of implementing and learning through interprofessional programmes.

PROCESS OF DEVELOPING AN INTERPROFESSIONAL MSC IN REPRODUCTIVE HEALTH PROGRAMME

A team of two faculty members from the Maternal and Child Health Department (Midwifery) initiated the process of developing the interprofessional MSc in Reproductive Health programme. The initial step was to establish the need for developing the curriculum through a situational analysis.

Situational analysis of reproductive health care and human resources for health in Malawi

The team conducted a situational analysis of the reproductive health services and human resources for health (HRH) availability. The analysis involved review of health policy documents and reports. The situational analysis revealed the following.

GOVERNMENT COMMITMENT TO PROVIDING REPRODUCTIVE HEALTH SERVICES

The Government of Malawi is committed to providing comprehensive and integrated reproductive health services in line with the recommendations of the International Conference on Population and Development (ICPD) held in Cairo, Egypt, 1994. Sexual and reproductive ill health results from cancers, sexually transmitted infections (STI) including HIV and AIDS, infertility, and the results of violence related to sexuality and reproduction. For example, the maternal mortality ratio is 675 per 100 000 live births; and neonatal mortality is 31 per 1 000 live births. The HIV prevalence rate is at 10.6 per cent (National Statistical Office, 2010). The components of reproductive health services provided are: maternal and neonatal care (including management of unsafe abortion); young people's sexual and reproductive health care; family planning; prevention and management of STI and HIV/AIDS; prevention, early detection of and management of cervical, prostate and breast cancer; gender issues (male involvement, and prevention of harmful practices/domestic and sexual violence); and management of obstetric fistula and infertility. The services are provided at tertiary, district and health centre levels.

HUMAN RESOURCE GAPS FOR REPRODUCTIVE HEALTH CARE

Provision of comprehensive and integrated reproductive health services requires the development of human resources (National Sexual and Reproductive Health and Rights Policy, 2009) including nurses and midwives, clinical officers and medical doctors specifically trained to provide reproductive health services. However, Malawi continues to face HRH challenges. The doctor to population ratio is 1 to 45 662 and the nurse to population ratio is 1 to 35 000. The current vacancy rate for nurses is at 75% (National Statistical Office, 2010). The government has been implementing various strategies to address HRH shortfalls and these include increased intake in training schools and providing scholarships for specialization in various health fields. However, the government has depended on sending health care staff to Europe and America to specialize in reproductive health due to a lack of such programmes in Malawi. The few health care providers that had specialized in reproductive health were deployed in training institutions, policy positions at the Ministry of Health and non-governmental organizations. Therefore, it was hard to establish the number of health care professionals that were providing direct patient care.

In 2008, KCN initiated the MSc in Midwifery programme that targeted nurse midwives only. But the college noted that the country's population was experiencing various reproductive health problems that could not be addressed by midwives only. These included gender-based violence, male and female reproductive cancers and STI and HIV/AIDS. Therefore, the MSc in Reproductive Health programme was developed to address the human resource needs for reproductive health care and the need for a local training programme that could be accessed by more health workers. The programme had to be interprofessional because patients have complex reproductive health needs that require more than one discipline to address them.

Increasing the number of health care staff with clinical specialization in reproductive health is one way of achieving the Millennium Development Goals (MDG) 1, 3, 4, 5 and 6. Millennium Development Goal 1 emphasizes eradicating extreme poverty and hunger; MDG 3 focuses on promotion of gender equality and empowerment of women; MGD 4 calls for reduction in infant mortality while MDG 5 is aimed at improving maternal health and reducing the maternal mortality ratio. Combating HIV and AIDS is addressed Combating HIV and AIDS is addressed in MDG 6.

Curriculum development

CONSULTATIVE PROCESS

Initially, consultative processes took place at college and stakeholder levels. At college level faculty members were consulted on the proposal to develop an MSc in Reproductive Health based on the situational analysis. Some faculty members expressed concern that the college was departing from its core mandate of training nurses and midwives by initiating an IPE programme that would include other cadres such as doctors and clinical officers. Faculty were reminded of the college mission: ... to deliver high quality, cost-effective nursing and midwifery education plus other health related programmes to students and other stakeholders through teaching, research, consultancy and community engagement, to advance professional growth and to promote the health of the people of Malawi and beyond. The mission highlights the delivery of high quality nursing and midwifery education and other health related programme was within the mandate of the college. In the end faculty agreed to develop the programme.

Stakeholders were consulted on the proposal to develop the interprofessional programme and obtain their input on the type of graduates required. The characteristics of graduates needed were proposed, including that students should cover content on all components of reproductive health according to policy and should be ready to work in a variety hospitals in Malawi to improve quality of care.

CURRICULUM DEVELOPMENT TEAM

An interprofessional team to develop the curriculum was set up. This included faculty who were experts in biosciences, statistics, reproductive health, public health and gender. Most team members had nursing and midwifery backgrounds. The team was advised to avoid bias towards nursing and midwifery when mapping content areas.

OVERVIEW OF THE MSC IN REPRODUCTIVE HEALTH PROGRAMME

The MSc in Reproductive Health is a two-year full-time programme and comprises of two semesters in year one and another two in year two. The programme is divided into two parts: course work and dissertation. The course work comprises nine core and four elective modules. The research takes the form of a quantitative or qualitative research design. The core modules

are biosciences (advanced physiology/pharmacology), conceptual and theoretical frameworks/ models, leadership and management, bioethics, education for health professionals, research methods and statistics, maternal and neonatal care, men's and women's reproductive health, and integrated reproductive health practicum. The elective modules are: STI and HIV/AIDS, adolescent reproductive health, health policy, planning and financing, and gender and health. The students choose one module from the electives. In addition, the programme culminates in a quantitative or qualitative research dissertation (see Appendix A for the module descriptions).

The overall aim of the MSc in Reproductive Health is to provide advanced education to health care staff who will deliver quality and accessible reproductive health services to individuals, families and communities throughout the country. Therefore, a graduate of this programme should be able to:

- Demonstrate advanced knowledge of reproductive health concepts, principles theories and skills to provide culturally sensitive evidence-based care while respecting human rights in all settings;
- Develop innovative and creative strategies for the promotion of reproductive health care;
- Demonstrate knowledge and critical analysis of legal, ethical, fiscal, policy, leadership and resource management issues that impact on the advanced role in delivery of health care and the advancement of reproductive care;
- Promote the health of individuals, families and groups through appropriate activities aimed at community development through support, empowerment, teaching and supervision; and
- Conduct research for the advancement of reproductive health care.





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