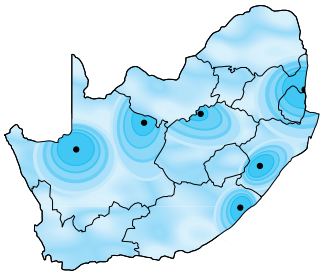
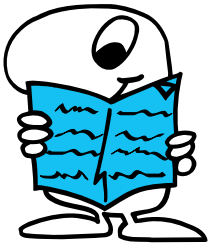


Initiative for Sub-District Support



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SHORT COURSES FOR NURSES:

A half-baked response to complex training needs?

The context

Recently, facilitators of the Initiative for Sub-District Support in Bothaville (David McCoy and Martha Chao) organised a two-week clinical training programme for nurses, in response to a strongly felt need amongst nurses that they lacked both skills and knowledge for the clinical responsibilities expected of them. Given the urgency, it was decided to "fast track" a clinical training component. But other ISDS facilitators, notably Steven Donohue, disagreed with this strategy - arguing that short course training in isolation is too simplistic a response to a complex problem.

Steven's objections were spelt out quite articulately in an open letter to all ISDS facilitators. David and Martha's response convinced us that this training was not a "flash in the pan", but served to kick start sustained support. Nevertheless, we felt that the issue was so pertinent to human resource development in South Africa generally, that we should share that letter with you. It's provocative, but well worth reading and thinking about.

Steven's letter

" Dear David and Martha

I have been asked to participate in the training you have described based, as I understand, largely on the use of clinical care management protocols. But, I have a number of reservations.

The need for the course

There is no doubt a skills gap among district level nurses, and this is not being filled by available training in the provinces. However, it is all too easy to respond to a complex issue with *ad hoc* training. Many problems (such as the lack of full-time doctors) are obviously not addressed through the training of nurses and will require other solutions.

You have responded to a locally identified interest in improving 'PHC' skills, and therefore have some degree of commitment from potential participants. The district has taken a broad view of the types of training required and given input. ISDS has been able to respond quickly to the request for a course. These are obviously positive aspects, which are critical to the success of any support intervention. But.....

Conceptual problems

Short general clinical courses have been re-invented for many years in places all over the country; then withered away for lack of support and overall vision. Each program comes up against very similar issues:

- Different educational philosophies

  Educational philosophies differ. At one end of the spectrum, we have the 'trained monkey' approach whereby workers follow written guidelines only; and at the other, the 'adult learner' approach whereby individualised assistance is given for the worker to learn for herself in a continuing fashion. Bad students may get by with the first approach, and good students blossom with the second. Most short courses lie somewhere in between, but in any case we are in the business of developing skills, not handing out instructions and protocols. You can't learn to ride a bike by reading a book.

- Different professional philosophies

  There are also fundamental differences in philosophy between Medicine and Nursing, which have been deliberately reinforced to build distinct 'professions'. Doctors use a biomedical, problem-solving approach oriented to decision making, labelling, and giving orders. On the other hand, nurses use a psychosocial, holistic ethos based on following orders or making decisions within a regulated "scope of practice". 'Nursing science' means a body of knowledge and methodology distinct from 'medical science'.

- Differing definitions

  There is no consensus between doctors and nurses on the meaning of the words: 'clinical', 'PHC', 'assessment', 'diagnosis', and 'management', which leads to confusion. Often, it is not clear to both doctors and nurses what "cover" means in nursing medico-legal terms, resulting in fear and concern that nurses are "exceeding their mandates". Neither is the role of a "PHC nurse" clear, leading to attempts to include too many aspects in PHC training - from counselling to community development to clinical care to health informatics.

- Common nursing perspectives on training

  Nursing has been dominated by a 'banking' theory of education, whereby the nurse accumulates ('banks') a set of certificates representing static knowledge and skills. The idea of competency-based training with continuing vocational training and evaluation is undeveloped. Therefore credit, recognition, rewards and certification are vital concerns of students. Many will refuse to participate or simply go through the motions unless these issues are dealt with first.

- The doctors' perspective of nurse training

  There is no clear guidelines for training nurses to make curative diagnoses, and a number of different methods are used (evidence-based, SOAP method etc). So *doctors* who train nurses often use the methods by which *they* were taught, and are thus often accused of trying to create 'mini doctors'.

- Learning methods

  The lesson has been learned repeatedly that there is no substitute for hands on, problem based, practical training with actual patients in a realistic clinical setting. The teaching takes a long time to reach a safe standard, and requires competent clinicians in a ratio of not more than one to five or six. However, practical difficulties and resource constraints generally lead to a retreat into the classroom, where students fall back on passive learning in large groups, rote learning from poorly devised textbooks, and passing written examinations. Modes of adult education which emphasise participation and self-learning are often strange to students, and need to be introduced as part of the first learning module.

The health care system: Is it structured for effective training?

There is very little point in clinical skills training without prior and simultaneous attention to the system in which staff are expected to exercise those skills. Unless aspects such as clear protocols, supervision, referral mechanisms are in place, there will be no change in behaviour and no improvement in patient care. Ongoing support, reinforcement of training and easy access to information are vital. Short courses can lead to a dangerous overconfidence - "it's OK, we've got 'clinical' now, we can do it_"

A number of questions need to be answered in devising an effective training programme:

- Training of trainers

  Who trains the trainers? Trainers must have ***both*** clinical competence and adult education skills. The idea that those who were taught can teach (facilitate) others is the fallacy of the 'cascading' model.

- Ratio of trainers to students

  How many students will there be in relation to the number of trainers? Will 'no show' trainers be replaced?

- Continuing support

  An experienced person has to be around all the time to monitor uniformity, continuity, contradictions, housekeeping problems and

standards. Who is that? Are the local doctors on board with the process? And the nursing managers?

✧ Student commitment

Are students volunteers, or just told to attend "a course" (the usual)? The level of motivation will be very different. Do front line staff share the enthusiasm of the district team? Is homework or additional practice expected? Often participants will view themselves as workers rather than students, and refuse to work after normal hours.

✧ Student selection

How will students be selected? Unfortunately, you must select because some nurses simply do not have the aptitude and others don't have the attitude (not interested in changing their ways, burnt out). Unsuitable participants will slow down or sabotage the course.

✧ Access to information

What standard references and books will be used? What pre-reading (most nurses do not read this material spontaneously)? Are there plans for ensuring continuing access to information for improving clinical skills and knowledge and problem-solving?

✧ Legal competence

Do the nurses have the authority to exercise the skills they learn? (Generally, this means tackling the problem at the level of the Nursing Council - not limiting training!).

✧ Evaluation

Evaluation needs to occur at different phases and different levels. What competencies (skills, knowledge and attitudes) have been defined for evaluation, and who will evaluate this intervention?

The aspects which need to be evaluated include:

Situation and needs

Prior learning and skills

Inputs - resources, expertise

Process - methods, problems experienced

Output - quantity and quality of 'graduates'
- theoretical knowledge and practical skills (competencies).

Outcome - effect on clinical practice (eg drug usage, rational prescribing)
- effect on morbidity / mortality
- effect on district and provincial management

Summary

Bothaville's problem is not very different to many other parts of the country. Clinical skills training is not simple. It is riddled with pitfalls.

Without further information, I would have to say this is a half baked proposal. It's too fast, and way too soon. Why rush into dealing with such a universal and permanent problem? It needs much more time to do the groundwork and ensure a common vision. It is too short to impart a credible level of skills to the nurses.

It needs a more carefully targeted curriculum and a much narrower scope given the time proposed. It needs at least half of the time in practical work. There must be defined competencies to evaluate. A long term plan and follow-up should be discussed now, not later.

The course might be dangerous in terms of overconfidence. It will probably run into all sorts of debates and difficulties, which might derail are more systematic, long term approach in the future.

Finally I suspect that training is being proposed as a knee-jerk response to broader district problems that it cannot solve.

Regards

Steven Donohue "

David's response

" Dear Steven

I agree with many of your comments. Often, there is a knee-jerk response to the complex set of issues around training that you have raised. Short training courses *are* much easier to organise than building up a comprehensive human resource development strategy and restructuring the system in a way that supports the front line health worker.

But, our response comes from a situation in which there is virtually no on-site medical support. There are no full-time doctors in the public sector, and private GPs and the district surgeon play little role in providing support and training to nurses. The need for some training and support to the Bothaville nurses cannot be ignored. The training provided by ISDS is not in isolation of continued support, improving drug supply and monitoring the quality of care.

I disagree that ISDS is "not in the business of handing

out protocols". Protocols are an important tool for developing effective and appropriate referral systems, and for integrating hospital care and clinic services. In Hlabisa, we were able to show a reduction in the Perinatal Mortality Rate, largely through case management guidelines and developing clear referral criteria for clinic nurses. In Bothaville, nurses need to know when to refer to a doctor and when to refer to a hospital. A clear *framework* for clinical practice within the health system is definitely an objective that ISDS should help to achieve in Bothaville.

We also need to distinguish between formal nation-wide or province-wide training programmes, and the provision of in-service support and local problem solving. Regular and routine in-service training should be a normal part of every district. In Hlabisa, we regularly used to conduct in-service training on clinical care with our clinic nurses. They were often based on case reviews or on mortality audits whereby specific shortcomings in the management of patients were identified as the departure point for teaching and learning. This should be a normal duty of a district's medical officers. "

Footnote: *There are no easy solutions, but we'll be working hard to make Bothaville a "best-training site" during 1998, taking Steven's concerns and questions into account, and sharing these experiences with you. A full report on the two week training course is being prepared and will be available soon.*

What are your views?

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Designed and printed by Kwik Kopy Printing – Tel: 031 307 3240