



AFRICAN HEALTH PROFESSIONS Regional Collaborative for Nurses and Midwives

Writer's Workshop

Kigali Rwanda 24 March 2017



EMORY
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Commonwealth Nurses
and Midwives Federation

AFRICAN HEALTH PROFESSIONS REGIONAL COLLABORATIVE

WRITER'S WORKSHOP

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AGENDA

1. Welcome and introductions
2. Introduction to workshop 3
Framework for work today and going forward
3. Dyad storytelling exercise 3
One member of the dyad tells story to the other member (listener)
4. Group storytelling exercise 4
Each listener tells story to the group: group questions and comments
5. Dyad storytelling exercise
First listener tells story to first storyteller
6. Group storytelling exercise
Each listener tells story to the group: group questions and comments
7. Writer's working session
Create a draft: each participant writes his or her story
8. Reading the story
Each participant reads his or her draft: group comments
9. Closing remarks and presentation of certificates

ACKNOWLEDGEMENTS



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PARTNERSHIP FOR EXCELLENCE IN AFRICA'S HEALTH WORKFORCE

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1. WELCOME AND INTRODUCTIONS

Professor Kenneth Hepburn, ARC and LARC Principal Investigator welcomed participants to the Writer's Workshop.

Present: Thokozire Lipato (Malawi); Flavia Moetsana-Poka (Lesotho); Judith Chipili (Zambia); Glory Msibi (Swaziland); Cynthia Chasokela (Zimbabwe); Rosemary Mugambi (Kenya); Samwel Ligmas Koyo (Tanzania); André Gitembagara (Rwanda); ARC Faculty: Kenneth Hepburn; Muadi Mukenge; Jessica Gross; Sydney Spangler; Agnes Waudo; Alphonse Kalula; André Verani; Jill Iliffe.

2. INTRODUCTION TO WORKSHOP

Professor Hepburn said the purpose of the Writer's Workshop is to position each writer to prepare a published case study or case report, telling the story of a successful ARC project. The specific aim of the Workshop is that writer's will leave with a working draft of a narrative of this success story.

Writing the story can be approached in different ways: as an essay; a chapter in an autobiography; a journal article; or a memoir.

To get to the end of the day with a working draft in hand, Professor Hepburn said, there has to be a lot of storytelling and story writing. In order to prepare, writers were asked to think about the success story they wanted to tell. Professor Hepburn provided some prompts or leading questions to help provide structure for the story and the details to be included.

- What did you set out to do?
- Why did you choose to take on this task?
- How did you go about doing it?
 - What steps were taken?
 - Who else was involved?
 - Was there any other help provided?
 - Were there any problems?
 - Was there any opposition?
 - Were there any obstacles to overcome?
- What did you finally accomplish?
- How do you know you succeeded?
- What is important about the accomplishment?
- Is there anything left to do?
 - Were there some parts that did not get done?
 - Were unexpected next steps identified?
- Were important lessons learned during the process?

The workshop targeted countries that had participated in Phase I of ARC and which had finalised project results however two countries chose to write about current ARC Phase II projects. Professor Hepburn explained the structure of the workshop in that:

- Each writer must decide on a story based on either a previous or current experience with ARC.
- Writers form pairs or dyads.
- One writer in the dyad is the storyteller; the other a listener.
- Members of the ARC faculty join the dyad as a questioner.
- The storyteller tells their story. The listener takes notes.
- By asking questions, the questioner explores additional aspects of the story to increase understanding.

- Following a specific period of time (30 minutes), the group reconvenes and the listener tells the storytellers story. This allows the storyteller to then become the listener and hear their story as an audience might hear and understand it.
- Following this sharing, the dyads form again and the roles are reversed with the previous listener becoming the storyteller and the former storyteller becoming the listener.
- Again, following a specific period of time (30 minutes), the group reconvenes and the process above is repeated where the listener tells the storytellers story.

Professor Hepburn said the listener is a kind of interviewer, drawing out facts, details, connections, and missing pieces that the storyteller leaves out. When the listener tells the story to the whole group, the whole group become interviewers, seeking information that seems to have been left out of the story. In the same way, hearing someone else tell you story and having others put questions to it is meant to help you be aware of what others need and want to know about your story in order for it to be clear and interesting to them. So the questioning should alert you to what you will want to add to the story to make it effective.

The countries represented were divided into dyads, supported by an ARC faculty member:

- Swaziland was paired with Zambia supported by Jessica Gross and Sydney Spangler.
- Kenya was paired with Tanzania supported by Alphonse Kalula.
- Malawi was paired with Lesotho supported by André Verani.
- Rwanda was paired with Zimbabwe supported by Agnes Waudo and Kenneth Hepburn.

Countries shared the following stories.

SWAZILAND

Swaziland wanted to write about their five year ARC journey. They had identified challenges for nursing and midwifery in their country and ARC provided the opportunity to address some of those problems. It was a step by step process as once one problem was resolved another became evident. Swaziland were able to draw in other partners eg: ECSACON to review the educational curricula; CNMF to help develop standards; and JHPIEGO to help develop an entry to practice examination. Establishment of their national CPD framework was the first step on the journey and started with a CPD situational analysis with nurses, midwives and CPD providers. The situational analysis identified some gaps and the need to strengthen competencies. At the same time, various curricula were examined and content gaps identified. As a result the entry to practice curricula was reviewed so it was competency based and a procedure manual was developed which educational providers were required to use to standardise the education and competencies.

Achievements:

- Implemented CPD framework so that nurses and midwives were required to acquire a certain number of points for re-licensure.
- Revised the curriculum for general nursing.
- Developed competencies.



LESOTHO

Lesotho wanted to share the development of their CPD framework. Prior to their involvement in ARC, there was no collaboration among the four pillars of nursing in the country. Different group did not understand or respect each other's roles and they were constantly treading on each other's toes. ARC brought them together. ARC faculty provided technical support and used examples from other countries to develop framework. Sensitisation meetings with nurses and midwives were required as they felt the program was being imposed on them and these meetings were successful in changing attitudes. Their next project was the specific inclusion of HIV education into the CPD requirement and conducting training in HIV. Lesotho continued to monitor their CPD program to check compliance, both in attaining the required points and undertaking various activities. Lesotho had challenges rolling out CPD framework to rural areas. One of the achievements however was an improved attitude toward the Council from nurses and midwives because they could see that the Council was doing something positive for the profession. The CPD program also has had a positive impact on re-licensure as promoting the involvement of nurses and midwives in CPD is now part of the in-charge job description so they are aware of who has or has not renewed their license. Nurses and midwives are now eager to participate in CPD and more are motivated. The CPD program is very well organised which gains respect for the Council. It has also attracted support from other partners. Lesotho now three years of monitoring data and a three year evaluation survey.



TANZANIA

The story Tanzania wanted to tell was the operationalisation of their task sharing policy to promote NIMART. The lack of nurse initiated and managed ART was identified as a gap. A program to introduce NIMART through task sharing was piloted in one high volume site. The task sharing policy was developed and ARC assisted with the implementation of the policy. The project required the involvement of a range of stakeholders. Core nurses were trained in NIMART and began delivering services. As a result, ART coverage has increased and there are reduced waiting times for patients. Despite early resistance, the program now has support from doctors, other stakeholders, and the community for rolling out the program to other centres. One challenge that needs to be addressed is that the workload of clinical officer has decreased however the workload of nurses and midwives has increased. Nurses are seeking compensation for the additional workload. Another challenge is the time and resource constraints of QUAD members to move the project forward.



ZIMBABWE

Zimbabwe wanted to tell the story of their successful preceptorship program and have already developed a first draft of their journal article. The preceptorship program was specifically targeted to improve care for adolescents and children as it had been observed that nurses had difficulty communicating with adolescents and children, explaining how they acquired HIV, and why they were on ART. Twenty five nurse midwives or primary care nurses in 10 districts were given preceptorship training in HIV and NIMART. Pre and post-tests demonstrated clear gains in learning and knowledge in HIV, particularly counselling and NIMART. These new skills were then incorporated into their scope of practice. Each preceptor was responsible for conducting assessments in the workplace. Preceptors were very positive despite about their role and their responsibilities despite there being no additional compensation. Zimbabwe said it was not possible to draw causal link between the program and outcomes as the sample size is too small however using this preceptorship model and training strategy was a scalable model at low cost that can be used to expand across the country. Zimbabwe noted that role expansion has other impacts such as on scope of practice and pre-basic curricula.



MALAWI

Malawi said their story was about their experiences as part of the ARC team. Malawi first developed a CPD program in 2008 and then through ARC it was reviewed in 2010. The current Malawi ARC team first attended an ARC meeting in Namibia February 2015. They heard other countries present their proposals however Malawi had not submitted a proposal. They quickly drafted a proposal but it was not successful as applications for grants had closed. I-TECH with support from the CNMF assisted the QUAD to review their scope of practice which facilitated NIMART. The Malawi QUAD attended the ARC meeting in South Africa February 2016 and shared with the meeting what they have done in Malawi. Malawi took part in the facility assessment which enabled them to identify gaps in HIV service provision and develop a successful proposal so that now Malawi does have a project. Before ARC there was disunity within nursing but since ARC they work together and collaborate and there is unity. Previously policies were developed but not implemented. Now policies are both developed and implemented. Malawi feel they have three successes to share: they did not give up when initial proposal was unsuccessful because it was past the submission date; subsequently in the next year they submitted a proposal which was successful; and the unity of the QUAD which means they are working constructively and harmoniously together for the benefit of nursing and midwifery and their country.



ZAMBIA

Zambia wanted to tell the story of the implementation of their CPD framework. Prior to developing the CPD framework they undertook a survey in all ten provinces in Zambia as well as focus group discussions. The findings of the survey meant they had to revisit the framework to include recommendations from the survey. They continued to develop their CPD framework and logbook outside the ARC framework until they were successful with a grant application. Their CPD framework was initially implemented in one province, preceded by sensitisation meetings across the province. CPD coordinators were trained to oversee CPD activities. Templates were developed for CPD reporting. Zambia used feedback from a survey after the pilot to refine the framework and the logbook before CPD was rolled out to a further four provinces. This year the rollout will occur to the rest of the country.



KENYA

Kenya wanted to tell the story about enhancing nursing and midwifery HIV care in three high volume sites. Kenya appreciated that nurses and midwives are primary health care providers need to be able to provide quality care. The facility assessments undertaken identified gaps, the main one being that nurses and midwives did not have confidence in providing HIV care and no competence in initiating ART. Nurses have been providing care but there was no mentorship program to support them. The Kenya ARC project was designed to address these gaps to start building confidence and competence of nurses and midwives at HIV high volume sites through clinical mentorship and CPD programs. The goal was five nurses to one mentor. Challenges experienced by the Kenya ARC team were: identifying appropriate mentors; and transport costs for the mentors because it was not included in the ARC budget.



RWANDA

Rwanda's story was about developing the scope of practice for nurses and midwives. A gap had been identified in providing HIV care particularly with regard to NIMART and task sharing. Training curricula was deficient in relation to HIV care. Negotiations were undertaken with academics to revise pre-service curricula to integrate HIV care in existing modules. Also CPD modules on paediatric HIV, PMTCT and NIMART were developed based on a survey which had been undertaken. The Ministry of Health agreed for the nurses' union to be the provider of HIV CPD. Revising and updating the scope of practice to include NIMART was first project. CPD was needed to increase the competence of nurses and midwives in providing NIMART, the learning also needed to be included in the pre-service program for the future cohort of nurses. There is a current project to train mentors (head of facility) in both HIV care and task sharing at the request of the Rwanda Ministry of Health.



In the afternoon, writers were given time to begin to write their story without reference to the headings usually found in manuscripts, which can be added later.

They then read aloud what they had written in a plenary session with the other writers and received feedback from their peers and ARC faculty.

Professor Hepburn closed the Writer's Workshop by encouraging the writers to continuing to write their story and submitting it to Emory University for critique. Staff at Emory will provide the appropriate headings and layout for the type of article that has been written, and provide advice on suitable journals for submission of the manuscript. A supplement with the African Journal of Midwifery and Women's Health is one possibility for submission. Alternatively a supplement attached to the journal of the International Council of Nurses can be explored as can individual submission to other international journals. Writers were also encouraged to expose their manuscript to external peers to make sure that it can be understood and the message they are trying to convey is the message that is being received.

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LIST OF ATTENDEES

Ms Flavia MOETSANA-POKA	Registrar, Lesotho Nursing Council	Lesotho
Mr Andrè GITEMBAGARA	President, Rwanda Nurses and Midwives Association	Rwanda
Ms Glory MSIBIBI	Registrar, Swaziland Nursing Council	Swaziland
Mr Ligmas Samwel KOYO	Senior Nurse, Tanzania Ministry of Health	Tanzania
Dr Cynthia CHASOKELA	Director of Nursing Services, Ministry of Health and Child Welfare, Zimbabwe	Zimbabwe
Ms Rosemary MUGAMBI	Academic representative, Jomo Kenyatta University of Agriculture and Technology	
Ms Thokozire LIPATO	Director, Monitoring and Evaluation, Investigations and Research, Malawi Nurses and Midwives Council	
Ms Judith CHIPILI	Standards and Compliance Specialist, General Nursing Council of Zambia	
Professor Kenneth HEPBURN	ARC and LARC Principal Investigator, Emory University	USA
Ms Muadi MUKENGE	ARC and LARC Project Director	USA
Ms Jessica GROSS	ARC Lead, CDC Atlanta	USA
Dr Sydney Spangler	Co-Principal Investigator ARC and LARC, Emory University	
Ms Jill ILIFFE	Executive Secretary, Commonwealth Nurses and Midwives Federation	Australia
Mr Alphonse KALULA	Senior Program Manager, East, Central and Southern Africa College of Nursing	Tanzania
Ms Agnes WAUDO	Director, ARC Secretariat	Kenya

