Issue: 6. June, 2013

The Evidence

HUMAN RESOURCES FOR HEALTH: INTERNSHIP PROGRAM EVALUATION, ANALYSIS AND RECOMMENDATIONS

In this issue:

Letter From The Editor

The 6th edition of The Evidence for Health Newsletter follows up on the issue of Human Resources for Health, by highlighting one of the most important components of this system: training of junior doctors during the internship/houseman period. Several concerns arise when discussing this period about the quality of training junior doctors recieve, the quality of the hospitals they train in, as well as the amount of knowledge and skills they acquire during this period which will be the foundation of their practice for the coming years.

In 2011 PHI led a study to evaluate the quality of training recieved by junior doctors and their satisfaction, as well as that of their trainers, with the level of training. The study does not aim to highlight the deficiencies of the training system; rather it systematically analyzes and identifies strengths and weaknesses and provides recommendations for improvement.

Dr. Reem Gaafar
Advocacy Coordinator & Editor-in-Chief

The National Human Resources for Health Observatory: revitalizing and boosting HRH research

Dr Elsheikh Badr

Since its establishment in 2006, the National Human Resources for health Observatory (NHRHO) has exerted great efforts for strengthening the health workforce in Sudan. NHRHO took on the prime role of setting up human resources for health information system (HRIS) in addition to advocacy, evidence-generation and stakeholder coordination

One critical job that NHRHO managed to support is the revival and promotion of HRH research; a traditionally neglected area. In 2008, NHRHO designed and conducted a nation-wide exercise on identifying research agenda and priorities for the health workforce field in Sudan. The study reflected views of policy makers, managers, health professionals and the public. The observatory further organized a health workforce research forum that debated around those agenda and refined the priorities. Later in 2009, NHRHO took the lead and developed a proposal on implementing a research project on gender, migration and retention; three key priorities for HRH in Sudan. The process of proposal development was patronized by the Federal Ministry of Health (FMOH) and technically assisted by the WHO country office. Later in the year, the proposal won the financial support of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Eventually a task-force was set up in the FMOH and arrangements for research implementation were taken under leadership of the Public Health Institute (PHI) with membership of NHRHO and some other HRH constituencies. The first phase of this research project has been implemented and reported in a major workshop organized by the PHI, making available a range of useful evidence to inform policy and decision making in health.

The Evidence

Internship program evaluation: methods, results and SWOT analysis

Since the development of the FMOH Directorate of Training and Human Resources in xx, it has been committed to improving the quality of health services delivered to the public by improving the quality of medical education and training. The internship/houseman period has received special attention being the first year of practice and the foundation of the medical career. Doctors are fully registered in the Sudan Medical Council after completing this period and can start to practice independently; therefore, it is of great importance to ensure that they acquire the essential knowledge and skills that enable them to do so safely (Eltayeb, E.M.). The Directorate recently developed an E-based programme as a way to measure the capacity of teaching hospitals and link the house officers accordingly. However, the quality of training is still being measured by the old system which does not have a clear curriculum and lacks effective ways of monitoring and evaluation. This system has raised many questions about the quality of medical education and the safety of these doctors. In addition, both trainees and trainers have expressed concerns and are not satisfied with the level of training obtained.

A paper was prepared in 2011 by PHI in collaboration with an external consultant from Leeds University, to evaluate and analyze the current internship training program and provide recommendations for improvement.

Methods

1. Logbook analysis
2. Expert reviewer (key informant from University of Leeds)
3. House officers' perspective
4. Summary of findings also presented as SWOT analysis

1: Logbook Analysis

Date and timing:

Two sets of analysis were done by the internship directorate on a random sample between June 2010 and June 2011.

- 1st analysis (1350 logbooks) aimed to view: trainer's evaluation (skills, knowledge, attitude, etc) and trainee's evaluation (Hospital, unit, senior etc)
- 2nd analysis (100 logbooks) was mainly concerned with the reliability of the logbook; i.e. dates, scoring system, skills done and linking all these to the final assessment given.

Ideally this logbook should be filled throughout the shift and as soon as any of the skills is done to allow continuous monitoring of the intern's progress.

Skills and competency:

- Filled by majority of HO after the end of the shift (60%) or the end of internship period (12%).
- Although most of the logbooks were dated (72%) only 11% were dated properly.

The Evidence

• 79% of interns filled the logbook after the end of the shift and 10% were dated several months after completion of the shift.
• The interns implemented most of the required skills (67 - 100%) and 66% of the house officers completed all the required skills.
• Of the 29% who didn't, 14% missed more than half of the skills required.
• Of the skills missed some were by the majority of house officers. e.g. chest tube (62%) pleural tap (97%).

This leads to the question of whether all the skills required are applicable to the level of training and are essential during this short period. Given the fact that all these interns completed the shift with a 'satisfactory' grade, this raises the issue of whether getting through the shift is linked to the skills required and whether the skills included are all necessary for completion. It also draws the attention to need to have a clear score in terms of minimum requirement and basic skills for satisfactory completion of the shift.

Trainees' evaluation of the shift:
Most of the trainees are satisfied with the training hospitals including availability of equipment, training site etc. However when it comes to training units, although most were satisfied with its composition (97.2%), they were less satisfied with the unit's activities (75%) and inpatient care (73.8%). The latter are more important since they reflect the quality of training.

Final assessment:
This report is filled by the consultant after the end of the shift and directly reflects his/her assessment of the trainee. Results showed that there is high consultant satisfaction with clinical and technical skills of the trainees (88.4% very good, 0% unsatisfactory) and professional attitude (65% very good, 0% unsatisfactory). These points are stated but not detailed to be used as a scoring method. For example when it comes to technical skills there are no details about what these skills are or how they are to be tested or assessed.

Evaluation and grading:
• 97% of the logbooks had a final assessment written, of which 100% were satisfactory (83% v. good and 17% good)
• Grading: only 47% graded interns: excellent 19, v. good 19 and good 8 while 3% used other scoring systems such as B+, 75% and grade 4)

This again raises the issue of the scoring system and the need for it to be developed with clear and standardized criteria in order to make it easy and fair for the consultant to give the grade.

Consultant countersigning and comments:
The logbook clearly states that the consultant granting the final grade should countersign the skills before doing so and comment on performance. However, only

7% signed and 4% commented. These final issues reflect the fact that the consultant (as the head of the teaching unit) should be (but is not) involved more in house officer's evaluation.

Assessment method details (Tool/Frequency):

The importance of this tool and its presence is evident when it comes to practical procedures where doing them is totally different from just assisting or observing them. However, it was present in only 45% of logbooks and the frequency is not set, which makes it difficult for house officers to know what exactly is required from them and for the consultant to know the base of assessment.

2: Expert reviewer from University of Leeds perspective

The second methodology was based on the perspective of a visiting consultant, Dr Maye Omar, Senior Academic and International Consultant at University of Leeds. Dr Maye observed that solutions should be contextually appropriate (i.e. check UK models but also use neighbouring countries like Ethiopia, Kenya, and Egypt), and that these should be categorized into 2 main themes:

1. Solutions that can be done without big investments of resources (financial or human)
2. Radical solutions which may be less feasible but have been tried elsewhere (e.g. adjust the number of the medical graduates to the hospitals' capacity as was done in India)

Regarding the logbook; there is no clear basis for the rating scale of the House Officer Evaluation, the method of knowledge assessment is not clear, and some items are assessed more than once, e.g. attendance. The House Officer evaluation is all about how he/she is satisfied without real assessment of the specific knowledge and skills he/she has gained. Also, there is a need to motivate and support both the trainee and the trainer.

3: House officers' perspective

A survey for house officers who recently completed the internship was presented by the House Officer Conference held on the 23rd - 24th July 11. It showed that house officers were not satisfied with their training program nor the teaching hospitals. They declared that it was far from their expectations of training and learning, and they don't know what their or other medical staff's job descriptions are. Although consultants and registrars are available in most cases in outpatient clinics and wards, there is no clear role towards the house officers, and they don't know who to report to if any issues arise during their shift. More than half of the house officers do not think the log book is applicable to the current hospitals and training.

4. Summary presented as SWOT analysis:

Strengths:

• Well-developed system for distributing interns.

• Written regulations for Internship training in hospitals

Weakness:

• Lack of a clear Job description for interns

• Absence of a well-developed curriculum for the internship

• Logbook subjectivity: contains skills/ competencies that can be beyond the level of house officers, absence of a clear description of the required criteria for the competency to be achieved (perform, assist or observe), frequency of performance.

• Absence of minimum criteria required to label the hospital as a training unit

Opportunities:

• High political commitment

• CPD Centre, Sudan Medical Council and Sudan Medical Specialisation Board are all contribute to the house officers' training program

• House officers expressed the need for this training and are ready to take responsibility and now are organized in their own association.

Threats:

• Large number of graduates from different schools (different levels of knowledge, skills and clinical experience)

• Lack of support and motivation results in trainees finishing their internship with no clear career goals

• Lack of motivation, advocacy and support for trainers to ensure commitment

• Lack of clear guidelines and protocols make it difficult for house officers to have a base of learning and for hospitals to monitor/assess them

Recommendations

1. Log book

• Skills and competency record:

o Minimum required criteria are to be set for each specialty

o The skills and competencies are to be detailed in terms of frequency and assessment method and to be stated clearly against each required skill

o Points are to be claimed from these activities and should be linked directly to the final grade

• Final evaluation of the shift:

o A clear scoring system should be adopted

o Consultants' comments should be stated before, during and after the shift

o Consultants are to countersign the skills done

o Another senior is to be responsible for signing them as soon as they are assessed

• Trainees evaluation of the unit/hospital:

o More detailed/include the activities and indicators about the training/teaching provided

o Any issues are to be reported by the house officers to the person directly responsible for them in the hospital and this is to be done online or in a way that ensures full confidentiality

• Supervision of the process:
To be done on a regular basis by the training directorate so as to ensure full implementation of these recommendations

2. Trainees

• Developing and distributing clearjob descriptions for the house officers
• The house officer needs to know the basis on which he/she will be assessed.
• Non-financial incentives for the trainees: usage of optimistic language in the logbooks, announcements and websites

3. Trainers:

• Involve the consultants, registrars and medical officers in all steps of the reform
• Further exploration of their perspectives clarify their role
• Increase commitment of the consultants and registrars through providing advocacy, motivation and support
• Non-financial incentives for the trainers: e.g. by honorary titles such as clinical instructors.
• Organize a meeting with the medical directors and specialty boards to discuss the plan and their role in its implementation.
• Nomination of some person for systematic monitoring of interns at the hospitals.
• Developing of minimum criteria to announce the hospital as a training unit.
• Availing guidelines and protocols for the house officers.

Words from an expert

Dr. Elmuez Eltayeb
Directorate General of HRH Development

The Internship Affairs Directorate is adirectorate of the General Directorate of Human Resources for Health Development (DGHRD). Its mission states “All interns should have the knowledge, skills, and professional ethics to practice safely and provide the highest quality patient care possible”. IAD is working towards assisting new graduates in effective completion of the internship period through working under the supervision of qualified and skilled consultants and specialists. Upon completion, medical doctors and allied health professionals should be capable of tackling the responsibility of safe and quality provision of healthcare services and timely referral. Diagnosis, communication, therapeutic and procedural skills, as well as professionalism are part of the objectives. The ultimate goal for establishing IAD was to ensure and improve the quality of health services delivered to the public, as well as being responsible for monitoring and assessing the internship period. Its main vision was “to develop safe competent doctors by adopting a training program that meets the minimum required criteria in terms of skills and knowledge, nationally distributed, with a well-developed curriculum”. In this context the directorate follows-up and supervises training of interns in hospitals, and reviews and analyzes the evaluation logbook. Based on the 2011 evaluation recommendations mentioned above, the IAD in collaboration with SMC has developed a mandatory introductory course for interns at the beginning of their internship period.

HRH Dissemination Workshop Overview: The Public Health Forum

The 3rd Public Health Forum was held on 14 a 15/5/2013, as a dissemination workshop for the HRH Retention, Migration and Gender researches. Student and professional researches with an interest in the field discussed their result findings and policy recommendations of the respective research questions. A projections exercise, still underway, gave a preliminary view of the tool developed for tracking of HRH personnel in the health system. Several researches discussed the effectiveness of CPD, a career-pathway, private practice and the effect of decentralization on the retention of staff in the peripheral states in specific and in Sudan in general. The Academy of Health Sciences was evaluated in its role of health staff production. A relatively new tool, the Discrete Choice Experiment, was developed and used to assess the intention of doctors to migrate. Finally, an overview of the current and possible future situation of migration of health workers, namely doctors and nurses, outside of Sudan was presented.

The audience included an array of policy makers, higher education and training professionals, students and members of licensing and specialization councils and boards, as well as representatives from NGOs, UN Agencies and the Global Fund.

The Global Fund on the HRH Researches

Dr. Maxim Berdnikov

The Global Fund recognizes the importance of supporting public, private and community health systems where weaknesses and gaps in those systems constrain the achievement of improved outcomes in reducing the burden of HIV, TB and malaria. Inadequate health systems are one of the main obstacles to scaling up interventions to secure better health outcomes. One of the priority areas for investment in health system strengthening for the GF is health workforce. Correlation between the availability of human resources for health (HRH), service coverage and health outcomes has been firmly established through rigorous analyses, which demonstrate that the higher the availability of health workers, the better the coverage of essential health services, subsequently leading to improved health outcomes. Under this area, the GF was delighted to support the in-country partners to plan and conduct the HRH Research in Sudan.

The GF is now hopeful that the outcomes of this important research will provide the Government of Sudan with the policy guidance on the ways to further improve health workers' technical capacity in service delivery and provision of care and support; expand and scale-up skilled and competent health workforce; and improving equitable distribution and retention of skilled health workforce especially in hard-to-reach areas. The GF also believes that the policy recommendations will be useful in the prioritization of health system barriers under the Country Dialogue for the roll-out of the New Funding Model in Suc

the Evidence

PHI NEWS

Student News:

- MPH:
    - o Batch 1: thesis writing
    - o Batch 2: thesis writing
- MPH In-service: data collection phase
- MDM:
    - o Batch 2: thesis writing
    - o Batch 3: field work in States
- Family Medicine:
    - o Batch 1: mock exam conducted in PHI
    - o Batch 2: advocacy visit to Red Sea State for on-boarding and registration of students
- Leadership:
    - o Batch 1: report writing
    - o Batch 2: phase 1 completed

Workshops:

- Introduction to Quality Management
- Leadership and Communication Skills

Forum:

- Global Health Diplomacy workshop for formulation of the 1st Sudan Global Health Strategy, in collaboration with the Ministry of Foreign Affairs, Geneva Graduate Institute and the Ministry of Health. Workshop was held in the MoFA Hall on 21st and 22nd of April.
- Human Resources for Health: Retention, Migration and Gender Researches dissemination event. in collaboration with the WHO and National Human Resources Observatory. Was held in Alshaheed Elzubair Conference Hall on 14th and 15th of May.

the Evidence

PHI NEWS

Programs:

- Health Management, Policy and Planning from Leeds University: introduction course on 16/5, studies commence 19/5
- Health Service Delivery/Diploma of Hospital Management: internal instructors will be teaching the complete course and TOT conducted in May
- Training Need Assessment: proposal completed, implementation in all states in May
- Curricula:
    - o Woman and Child Health: completed and reviewed by Academic Board
    - o Epidemiology: completed and reviewed by Academic Board
- Modules:
    - o Health Economics and Finance: completed and awaiting approval
    - o Health Information Systems: completed and awaiting approval
    - o Environmental Health and Communicable Diseases manuals: awaiting review

Projects:

- Research Policy document drafted
- MPR:
    - o Phase 1: complete
    - o Phase 2: complete
    - o Phase 3 in process. Workshop for data collectors was conducted last week of April
- Malaria Indicator Survey: completed and disseminated
- TB Prevalence Survey:
    - o Pilot: Completed
    - o States:- Completed: Kassala, Blue Nile State- In progress: Khartoum, Gadarif, Sinnar Next state: Khartoum (Ombada Elsalam), Northern State (Halfa), Gadarif, Sinnar
    - o Additions: 4 new teams recruited, 2 for Khartoum and 2 for North Kordufan State Training: TB KAP Survey Workshop conducted in PHI on 10/6/2013
    - o Meetings: Steering Committee meeting end of June

URL: http://phi.edu.sd
Facebook: http://www.facebook.com/PublicHealthInstitute.Sudan
Twitter: @PHiSudan