

In-service Training Systems

Development and Implementation of In-Service Training Systems

Human resources are at the heart of any health care system with continuing education of the providers being critical to maintaining a competent workforce. ACNM has experience creating both learning resource packages and full scale training systems for health care cadres ranging from community health workers to physicians in a full range of maternal and infant health topics. In-service training has been the centerpiece of ACNM's international work since its inception more than 30 years ago. Through experience, ACNM has carefully studied the components necessary to sustain a successful training system: concise curriculum tailored to priority needs, a course design built around critical thinking and competency based objectives which employs adult learning principles led by carefully trained facilitators, clinical practice sites that have been prepared to model best practices, and a robust post training mentoring system. In addition to designing and implementing full scale integrated training systems, ACNM also has extensive experience assisting in strengthening and developing individual components when needed.

Curriculum Development

The key components of curriculum development are to identify *what* needs to be learned and then *how* it can best be learned. The 'how' is every bit as important as the 'what'. ACNM is known for developing detailed lesson plans that incorporate a large variety of teaching methodologies. These detailed plans not only make it easier for trainers to effectively transfer the knowledge at hand, but through using them they also become familiar, comfortable and adept at using competency based adult participatory methods. ACNM uses a collaborative approach to curriculum development to assure the appropriateness of the content and approach and to use the opportunity as a capacity building exercise. Examples include: revamping



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the Ethiopian community health worker curriculum as part of an effort to harmonize Maternal Newborn Child Health training materials, developing a family planning training package specifically focused on private midwives in collaboration with the Ghanaian Registered Midwives Association, and working with Ghanaian midwives to create a labor support training package for tutors and preceptors which was later used as a continuing education course for members of the Pakistan Midwives Association. ACNM also provides training and specific capacity building exercises in curriculum development, most recently for the regional representatives of the International Confederation of Midwives (ICM).

Course Design

The same curriculum is likely to require a varying course design for each context in which it is implemented. Course design can be thought of as answering the *who*, *when*, and *where*. It encompasses everything from choosing a program coordinator and developing selection criteria for trainers, participants, and training sites to

determining how often the training team will be teaching and what management or administrative structures will be needed at the training site(s).

Facilitator Preparation

ACNM places a premium on developing trainers with strong facilitation skills and recognizes that this requires significant time, effort, and support. Trainers are first taught the target clinical skills in the same manner in which they will teach to others. They are given time to integrate their new skills and knowledge before coming back together to focus on teaching and facilitation skills. Support is provided as the beginning trainers facilitate their first training with detailed daily feedback. Ongoing meetings are then arranged among the trainers to discuss challenges, offer peer support, and evaluate the need for any changes to the curriculum.

Site Selection & Preparation

The ideal training site is one that provides an enabling environment where desired

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behaviors and clinical skills are being employed by staff open to being observed. To ensure such a learning environment, hospital administration and staff are involved in the training system design and in revising or developing clinical procedures and protocols. The staff is trained and equipment and supplies are planned for so that training participants can witness staff utilizing the agreed upon practices. ACNM has extensive experience developing training centers and can assist in both assessing the relative potential of various facilities to become successful training sites and in preparing chosen sites for any given training.

Post Training Supportive Supervision and Mentoring System

More often than not, a stand-alone two week training is not sufficient to change practice. Participants may return to their work sites unsure how to broach change with their colleagues, how to best implement their new skills with the equipment and supplies available on site, or over time they may forget part of what they learned in the training. Systematic ongoing supportive supervision and mentoring helps to overcome all of these barriers. In Indonesia, ACNM worked with the Indonesian Midwives Association (Ikatan Bidan Indonesia) and the Ministry of Health to develop a self sustaining supportive supervision system. Three sections were formed within the association to 1) perform peer review visits and collect basic data to guide identification of areas that needed additional education; 2) fundraise to support the peer review visits; and 3) take recommendations from the peer review group and develop continuing education opportunities for the membership. On a return trip four years later this system was still working successfully and had garnered additional financial support from the MOH. Currently ACNM is working on designing training materials and a template for a mentoring system in Zambia that can be adapted and used with all health cadres to reinforce various in-service trainings.

Life Saving Skills

In 1989 ACNM began codifying these components in its landmark Life Saving Skills (LSS) program, a ten-module training package focusing on specific interventions aimed at preventing or minimizing the mortality and morbidity associated with

the major causes of maternal and neonatal death. Over the last 21 years LSS has been used in more than 25 countries to better prepare those health cadres responsible for obstetric and neonatal care. Although LSS manuals exist and include detailed learning objectives and clinical information, its implementation is not static. Design of any course or training system always begins with a careful assessment of both needs and available resources in order to develop a realistic and successful implementation strategy. As such, LSS is reincarnated each time it is implemented. Trainings range from 2-4 weeks and may include all or some topics covering normal delivery and/or Basic Emergency Obstetric and Neonatal Care/Comprehensive Emergency Obstetric and Neonatal Care (BEmONC/CEmONC). The curriculum is adapted to be country and cadre specific:

- In Bangladesh, a 4 week course for community midwives with little clinical experience was designed
- In Vietnam, the trainees included both experienced midwives and doctors in the same groups and extensive adaptation of learning guides was needed to reflect in-country clinical protocols.
- In Namibia nurses, midwives, family physicians, and obstetricians are all being trained under LSS as part of a systematic effort to build interdisciplinary collaboration within the hospitals.

ACNM has had multiple opportunities to return to countries where LSS has been previously implemented, sometimes with work related to LSS and at other times with unrelated work. It is heartening to see training centers still functioning years later and to hear comments such as these:

- “LSS training really worked, you really remember what you learn. I can go into an L&D unit and pick out those people who received LSS training from people trained in other types of programs, their level of knowledge, skills and confidence is so much greater.” — *A Zambian midwife who participated in LSS training 10 years ago*
- “If I need trainers I always call on LSS trainers, because their knowledge and teaching skills are superior.” — *An NGO representative in Tanzania*

Overview of ACNM's Global Expertise

As the professional organization of certified nurse-midwives and certified midwives in the U.S., ACNM and its Department of Global Outreach are uniquely positioned to lead efforts in strengthening the profession of midwives and other health care workers around the world. Over the past three decades through working in more than 30 countries, DGO has developed invaluable institutional knowledge of the components required to build a profession that creates competent and qualified providers. By calling on the programmatic and technical expertise of its staff and membership, ACNM can provide support for the full range of clinical maternal and newborn health topics.

The following are areas of expertise:

- Development and implementation of in-service training systems
- Integrated pre-service strengthening
- Strengthening of midwifery and other health professions
- Community education and mobilization

ACNM emphasizes partnership and capacity building with both individuals and organizations and incorporates flexibility and creativity with evidence-based best practices. A systems approach which improves accountability is employed to support quality of care. Leadership from ACNM staff is initially provided while simultaneously strengthening the locus of control and ownership of projects within countries.

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