



NEWSLETTER

VOLUME 3
SEPTEMBER 2011

The Project for Strengthening the the Need-Based In-Service Training for Community Health Nurses in Fiji, Tonga, Vanuatu

Technical cooperation project between Ministries of Health in Fiji, Tonga, and Vanuatu and JICA

Vision to Train-Frangipani in Nursing



Regional Training in Fiji 22-26 August, 2011

With a view to sharing Fiji's experiences in the NB-IST with Tonga and Vanuatu, a Regional Training on the NB-IST was conducted in August. It was a five-day training program held in Suva, Fiji. Nine regional participants from Tonga and Vanuatu and four national participants from Northern and Western Divisions in Fiji attended the course. All the participants were main players of the project; National and Divisional/Provincial IST coordinators and nursing supervisors from pilot areas.

The purpose of this training was to increase participants' practical knowledge on development of the NB-IST system. During the training, experiences of innovation in Central Division were shared through the sessions, group works, discussions, and two-day field visits to Tailevu and Naitasiri Sub-divisions. Participants learned comprehensively about the NB-IST and its management system as well as the strategies to enhance its sustainability.

A consolidated output of the course was concluded with the development of a practical Action Plan by participants to be implemented at their home country after the course.

Message from Project Director, Permanent Secretary, Fiji MOH

I am honored to be hosting the first Regional Training Program on Need-Based In-Service Training for Community Health Nurses in Fiji, Tonga, and Vanuatu. This one week experience, I believe, has brought in a wealth of new ideas, information, and of course strategies to take the Need-based training concept forward. I am confident that the rich sharing among 3 countries and contributions during the lecture sessions, site tours, group works are beneficial and will have significant impact in community nursing development in the 3 countries.

In-service training is a crucial component of Continuing Professional Development for all health professionals. The need to improve performance of our community health nurses is greatly high, therefore quality supervision and coaching has merit in reaching quality performance which will in turn have good health outcomes for the general population.

This workshop had culminated in the development of individual country action plan. I believe that these Action Plans will be the cornerstone and vehicle that will allow good transition to take place and build good momentum in individual country.



Development Competency standard for Nurses in Tonga

Interview with the principal of QSSN

This year, in Tonga, “Competencies Standard of Nursing Practice (CS)” was developed.

We interviewed Sr. Tilema Cama, the principal of Queen Salote School of Nursing (QSSN) in Tonga, one of the core members who took initiatives for this development.

The background: Why did we need to do it?

To setting up the “Competencies Standard of Nursing Practice (CS)” was one of the requirements to be taken by the Tongan nurses board for a purpose to setting up the standards determining the scope of nursing practice in Tonga. When the CS assessment is conducted adequately, its results will provide us a precise picture of field training needs of priority. It was also required by nursing education to ensure their curriculum to be competency based.

Process of the development

The competency standard of nursing practice (CS) was initially introduced into the Kingdom of Tonga in 2008 by the Tongan nurses board. The concept was introduced in the consultation meeting where all the nursing leaders in the country gathered. It was followed by a ten-day workshop to develop the CS. To support us technically in setting up the CS, we invited a consultant from New Zealand (Head of school of nursing, Auckland University of Technology) with assistance of WHO. As a result, a very first document of the CS for nurses (the 2008 CS) was developed with its assessment form. At this stage, the nursing education (QSSN) already started using it.

Late in 2009, we realized that we need to create awareness among the nurses since the 2008 CS was not translated well enough into the practice. Well, actually that was the time I started being involved. In 2010, nursing leaders from the whole country gathered again to examine the 2008 CS. We invited again a consultant from New Zealand (the same person) to assist this process. Then, JICA's NB-IST project came along with us in the beginning of 2011. The project assisted us to bluish up the indicators and complete the assessment tools since then. As a result, the 2011 CS was produced with a set of practical indicators.

In June and July 2011, we conducted a set of consultation meetings in each district throughout the country. Through these consultations, we received ultimate inputs from the field for the 2011 CS, and at the same time we created awareness on the CS among the nurses. Late in July 2011, we held a two-day workshop with nursing leaders again to conclude the CS development with a support from the NB-IST project. The final draft of the CS was formulated and it was endorsed by the nurses board and the Ministry of Health (MOH).

Soon after, we have started, with assistance of the project, conducting training of the nurses on the CS as well as the first assessment in each island district in August 2011. It'll be continued till October.

Where will we go from now?

- 1) We would like to refine the CS a little more since we found needs for some modifications on indicators and tools while we were conducting the first assessment of nurses.
- 2) After real finalization, we'll put it into a booklet by March next year. It'll be a A5 size pocket booklet.
- 3) We need to upgrade and revise the competencies for nursing education so that it accommodates the latest changes that we made on the CS.

The contents of the CS

There are 17 competencies in the CS under five domains as shown in table 1-1. Under each competency, there are different sets of indicators to be measured.

These competencies had been benchmarked against other CSs developed around the same time like WPSEAR the Western Pacific and Southeast Asia Region one (Hong Kong model), the Pacific Islands competencies by James cook university, and Fiji one.

Challenges facing

- 1) Training of nurses on the CS we provided was too short. It is important to spend more time to practice. We did some mock assessment, but it wasn't enough. So, we'd like to provide some more training to supervisors using any opportunities, like working group meetings. Also, we need to provide supports for supervisors while they implement the CS assessment in the field.
- 2) The minimum resources for standard practices should be available so that we surely measure nurses' competency, not the fact that we don't have the resources available. We don't expect for them to perform well when we don't even provide the resources and the supplies for them to use. So, I think, when we go for the assessment, we should also execute our own supervisory assessment on inventory, supplies of resources that are so basic to their practice.
- 3) We're currently setting up to conduct the CS assessment twice a year. We will see if it is working. If it has no problems, then, we would follow the budget statement in the following year.

I am very fulfilling to see the amount of awareness, learning, and also responsibility that the supervisors actually taking up on the CS. Their responses to introducing the CS have been very amazing. It has been great. They really like it. Let's see how assessment will be done, and keep on seeking the ways to support them.

Table 1-1. Competencies Standard of Nursing Practice

- 1. The management of the nursing care**
 - 1.1 Competently Assesses and Diagnoses Health Status
 - 1.2 Effectively Plans, Implements Nursing Care
 - 1.3 Evaluates Progress and Revise Plans
 - 1.4 Shows Growth and Development in Nursing Knowledge and Practice
- 2. Communication, collaboration and team work**
 - 2.1 Communicates and collaborates effectively with individuals, families and communities
 - 2.2 Develops Therapeutic Nurse Patient Relationships with Individuals and Families
 - 2.3 Collaborate Effectively in a Nursing and Health Team
 - 2.4 Communicates Nursing Practice Appropriately
- 3. The legal, ethical and professional behaviour**
 - 3.1 Practices Nursing Recognizing Legal, Ethical and Policy Frameworks
 - 3.2 Demonstrates the Professional Behavior Required of a nurse
 - 3.3 Practices Culturally Appropriate Nursing
- 4. Leadership Management, Quality Improvement and Personal Development**
 - 4.1 Demonstrate leadership and management skills/ attributes in nursing practice
 - 4.2 Shows a Commitment to Developing Own Knowledge, Skills, and Practice
 - 4.3 Works to Maintain the Quality of Nursing Practice
- 5. Primary and public health**
 - 5.1 Nursing Practice reflects a primary health care approach
 - 5.2 Works Effectively with Individuals, Families, Communities and Population
 - 5.3 Understands their likely role in disaster and emergency response

Project Activities

Tonga

The Competency Standard Training

It is necessary for MOH to evaluate the “Competency” of reproductive health and clinical nurses in order to perceive their training needs. The project counterpart, Sr. Tilema (Principal of Queen Salote School of Nursing) has conducted nationwide CS (Competency Standard) training for both supervisors who assess their staff and nurses to be assessed by supervisor since August. (pilot areas: Tongatapu and Vava'u island groups, non pilot areas: 'Eua and Ha'apai island groups). After this, supervisors will implement CS assessment in each island group pursuant to the planned schedule.



Fiji

S&C Training (Central and Eastern Divisions)

The Middle managers are the key personnel for the model of the NB-IST. The project provides necessary training sessions on management tasks for mid-level nursing managers and those candidates. This year, we provide a training course on Supervision and Coaching (S&C) which is the main pillar of the NB-IST model. The course is a three-day program and it covers review of roles and functions of supervisors and concrete methods of S&C using the practical tools such as supervisory checklist and reporting forms.



We especially made efforts to improve the training method from traditional lecture-centered one to participatory one introducing group works, case studies, role play, and simulations.

In August, we started it from Central and Eastern Divisions. The total of 36 middle managers received training through two series of training sessions. The average score of Post test rose about 30 % compare to that of the Pre-test. Participant's evaluation was pretty high in general. The project will seek the way for its sustainability.

Tonga

Baseline Survey

The Baseline Survey in Tonga has started in August 2010 for the purpose of obtaining concrete and clear evidence to show effectiveness, efficiency and impacts of the Project and also to analyze needs of the nurses. Seventy four nurses and sixteen supervisors will participate in the questionnaires survey and interviews in Tongatapu, Vava'u and Ha'apai. The Project will collect information such as current situation of S&C and In-Service Training (IST), and nurses' satisfaction with their working environment through this survey.

The “Baseline Survey Report” will be produced to share the results with concerned parties and to discuss the design and contents of activities of the Project.



Vanuatu

Baseline Survey

After launching the project in May in Vanuatu, the baseline survey started in August 2011 in order to collect baseline data on the current situation of NB-IST for nurses. In Shefa province which is the pilot province of the project, the survey team is now conducting questionnaire survey and interviews for nurses, nursing supervisors and counterparts with regard to current situation of S&C and IST, nurses' satisfaction and needs on supporting system to them, and their working environment. Some interesting findings have been gained, such as the difference of working situation between the nurses in the capital area and the ones in outer islands.

The results of the survey will be compiled in “Baseline Survey Report” and will be shared with counterparts for the purpose of discussing the implementation of the project activities.





Activities October – December, 2011

Fiji

- M&E taskforce meeting
- M&E training
- National Nursing Forum
- S&C post-training supervisory visits

Tonga

- S&C training
- The second JCC meeting

Vanuatu

- Working group meetings (4th, 5th, and 6th)

Information

We would be pleased to accept your active participation in this newsletter. Please send us any articles and/or pictures relevant to the NB-IST and S&C

Please send us your opinions on the project and the newsletter

Contact us:

Fiji Office

Dinem House 1F
88 Amy St., Toorak, Suva, Fiji
Phone : +679 330 6177
Fax : +679 330 6163

Tonga Office

P.O. Box 59, Nuku'alofa,
Tongatapu, Tonga
Phone/Fax: +676 28 352

Vanuatu Office

PMB009 Port Vila, Vanuatu
Phone : +678 22512 (ext. 226)

Other Project Activities



The third working group workshop
<Tonga>



The third working group meeting
<Vanuatu>

Japanese advisors



Ms. Tomoko Hattori, Chief advisor
Ms. Keiko Nagai, Sub-chief advisor
Dr. Kazuyo Oishi, M&E System
Ms. Akiko Okitsu, M&E System
Dr. Mayumi Ohnishi, S&C
Dr. Keiko Kobayashi, S&C
Ms. Saeko Hatta, S&C
Ms. Yoshie Mizogami, Impact Study
Ms. Miki Kobayashi, Impact Study
Ms. Fusayo Kobayashi, Project coordination/Nursing
Ms. Azusa Shimazaki, Project coordination/Nursing
Ms. Shino Nishimagi, Project coordination/Nursing

Website:

http://www.jica.go.jp/project/all_oceana/002/index.html

