Overview of the Evaluation of the National CPD Program for Nurses and Midwives in Malawi

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In 2010, the Nurses and Midwives Council of Malawi (NMCM) introduced a national Continuing Professional Development (CPD) program for nurses and midwives.

**Program Goals:**
- To help promote a highly competent professional workforce.
- To help ensure all nurses & midwives obtain sufficient post-qualification education to deliver quality healthcare services.
Background (continued)

- CPD was a requirement for annual license renewal
- As of 2012 no formal evaluation had ever been conducted to examine program quality
- NMCM decided to conduct an evaluation with technical assistance from I-TECH and the VSO in Nov.-Dec., 2012-final report in 2013
GOAL

- Develop technical assistance strategy to strengthen the CPD program, thereby improving the quality of continuing education for nurses & midwives which would in turn lead to improved patient health care outcomes.

Primary Objectives

- Describe how CPD has been implemented to date.
- Identify the main strengths of the CPD program.
- Identify any programmatic gaps from the first 2 years of implementation and provide recommendations for improvement.
Methods

- Type: Qualitative cross-sectional program evaluation

- A desk review of seminal CPD documents, reports, and databases was conducted to obtain programmatic information.

- Qualitative methods included:
  - Semi-structured interviews with key informants
  - Focus group discussions with practicing nurses and midwives in both rural and urban health care work settings
Desk Review

- Stakeholder Sensitization Materials
- CPD Program Reports (‘08-10) & Guidebook and Logbook
- Strategic Plan & National CPD Policy
- M&E Tools & Supportive Supervision Reports
- CPDF Biannual Reports & Database for tracking
- CPD Training Schedules from Facilities

Total: 26 Documents
## Evaluation Participants

<table>
<thead>
<tr>
<th>Qualitative Method</th>
<th>Total Number</th>
<th>Respondents for Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth interviews: Key Stakeholders</td>
<td>5 Interviews</td>
<td>Ministry of Health, Nursing Directorate, NOMN, CHAM, Kamuzu College of Nursing, Private Clinic</td>
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<tr>
<td>In-depth interviews: CPDFs, DNOs, Nurse Managers</td>
<td>11 Interviews</td>
<td>CPDFs, DNOs, Nurse managers</td>
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<tr>
<td>In-depth interviews: NMCM</td>
<td>6 Interviews</td>
<td>Relevant CPD staff members</td>
</tr>
<tr>
<td>In-depth interviews: Practice Nurse Midwife</td>
<td>1 Interview</td>
<td>Rural Health Centre Nurse</td>
</tr>
<tr>
<td>Focus Group Discussions: Practicing Nurse Midwives</td>
<td>5 FGDs</td>
<td>RNMS from Northern &amp; Central Regions, RNMS from Southern Region, NMTs from Central Region, Rural Health Centres</td>
</tr>
<tr>
<td>TOTAL</td>
<td>23 Interviews</td>
<td>24 Individual Respondents</td>
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<tr>
<td></td>
<td>5 FGDs</td>
<td>29 FG Participants</td>
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*CPDFs* = Clinical Practice Development Facilitators
*DNOs* = District Nursing Officers
*NMTs* = Nurse Midwife Trainees
*RNMS* = Registered Nurse Midwives
Data Analysis

- Field notes taken during interviews and focus groups
- Interviews and focus groups tape-recorded
- Field notes typed and tape recordings used to elaborate on notes as needed
- Debrief meetings held, time permitting, to discuss tools and initial coding
- Coding performed by 2 coders using Excel
Findings: Key Steps to CPD Process

Orientation of Key Stakeholders (DNOs, Nurse Managers, etc.)

CPD Trainings offered

Coordination of CPD Trainings at Facilities

Nurses complete self assessments

Nurses obtain CPD guidelines & logbooks

Nurses access CPD trainings in needed areas

Nurses complete performance appraisals

Logbooks are signed

Skills lists are checked off

Nurses present logbooks & renew license at NMCM

NMCM enters CPD & license renewal data into database

NMCM conducts supportive supervision visits

NMCM conducts ongoing M&E of program
Major Findings
Capacity of the Council

- VSO was noted to provide strong support for internal CPD program functions
- NMCM Department that supports CPD is under-staffed.
- NMCM uses consultants to help training of CPDFs, trainings and supportive supervisions
- CPD Facilitators (CPDFs) were trained from each district to help run the program; reports indicate that there aren’t enough CPDFs in some districts
Balancing Work and CPD Trainings

- Acquiring required number of CPD points was time consuming for nurses/midwives
- Challenges with trying to attend CPD with their busy work schedules
- At times patients would be left unattended when nurses were trying to rush to attend CPD sessions to meet their point requirements in time
Motivation of Nurses to do CPD

- Some nurses are used to getting money for attending in-service trainings so not interested in CPD which does not offer any financial benefits.
- Since CPD is linked to licensure, nurses concentrate more on gaining points rather than improving knowledge/skills.
Guidebooks & Logbooks

- Guidelines need to be more flexible
- Not clear what qualifies for CPD points
- Complaints about costs of logbooks – preference for books to last 5 yrs. instead of 2 yrs. to decrease costs
- Logbook submission is problematic since nurses wait up to last minute to turn in to NMCM; this causes work overload for Secretariat
- Issues of forgery of signatures
Quality of CPD Trainings

- Difficult to assess quality
  - Of training content
  - Of facilitators
- One facility reported using an evaluation scale with participants, but this is not a standard practice
- No formal mechanism for observing trainings built into M&E tools for the programme
- Lack of standardization of trainings
  - Currently NMCM does not standardize trainings to ensure that content is streamlined with high quality
CPD Training Challenges

- Rurally-based nurses have limited access to CPD
- Lack of training resources:
  - LCDs/ laptops reported to be easier to use for trainings, but facilitators did not always have access
  - No materials for hands-on teaching, e.g. for skills demonstrations
  - Clinical facilities do not have access to models like training institutions do
Challenges to M&E/ Supportive Supervision

- Limited staffing, transport, funds at Secretariat for M&E visits
- Some CPDFs are more proactive than others when documenting CPD activities at sites
- Still need to find a way to centrally track CPD points for each nurse/ midwife
- NMCM unable to perform SS visits at desired number of facilities or desired frequency
- Difficult to assess impact of program since M & E has been so limited
Despite challenges to implementation during the first two years of the CPD program, various stakeholders voiced enthusiasm about the program and described a variety of benefits resulting from CPD.

A stakeholder noted that the program has created a wide range of educational opportunities for nurses. Another stakeholder said “in the past years in our facilities we were having in-service (trainings) but because of other things it was stopped and no CPD took place. In-service has been revived with CPD.”
Recommendations
Staffing for the CPD Programme

- Internal capacity of NMCM Secretariat needs to be expanded (New CPD dept. to be created)

- Continue co-opting members for critical activities, e.g. supportive supervision, CPDF trainings until ideal staffing numbers are reached at Secretariat

- Continue seeking additional donor support; but move towards building a program that is internally sustainable
Licensure Renewal

- Revisit whether license renewal & CPD should be attached

- Decentralize Secretariat’s CPD functions, e.g. reviewing logbooks, keeping track of CPD, to peripheral sites
CPD Trainings

- Have mechanism for approving/ accrediting trainings
- Develop criteria for selecting CPD trainers; identify more experts to provide CPD trainings
- Need to increase number of accredited CPD training institutions (outside the hospital facilities)
- Leaders/management at secondary and tertiary level to find ways of helping rural based nurses to access CPD without compromising patient care
CPD Guidebook and Logbooks

- Point system for the guidebook needs to be simplified
- Guidelines should be more flexible re: point acquisition
- CPD requirements to be completed every 2-3 yrs. instead of annually
- CPDFs/managers need to check signatures for authenticity
- Facilities should encourage nurses/midwives to meet CPD requirements and submit logbooks in timely fashion
M&E and Supportive Supervision

- NMCM to have regular supportive supervision visits to all facilities
- Incorporate CPD content into Council’s general M&E tools
- Increase number of M&E teams at NMCM
- Include observations of CPD trainings as part of regular M&E for NMCM
Recent CPD Program Revisions

- The annual CPD cycle will become **two yearly to help facilitate** compliance for all nurses and midwives
- Point requirements will change from 30 points/year to **50 points/ 2 years**
- The current knowledge, skills, **attitude** framework to acquire points will be revised to help avoid confusion
- Points will be awarded for attending a CPD training sessions even if it has not been identified in individual Learning Action Plans
Next Steps

- I-TECH, VSO, NMCM and other stakeholders will be meeting to develop technical assistance strategies to address some of the key recommendations made in the report.
Acknowledgments

- To the Commonwealth Nurses Federation for providing the opportunity to share the results with you all today and for their continued support for nursing regulatory work through the ARC Initiative.
- To NMCM for providing I-TECH and VSO with the opportunity to help conduct this evaluation.
- To the country's CPD Task Force and all other partners in nursing education and practice for their support.
- To all the nurses who so enthusiastically participated in the evaluation. Their input will greatly assist to improve the national CPD program for nurses and midwives.
ZIKOMO KWAMBIRI

THANK YOU!