INTEGRATING HIV-RELATED CONTENT INTO A COMPETENCY-BASED CURRICULUM

WORLD HEALTH ORGANIZATION
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INTEGRATING HIV-RELATED CONTENT INTO A COMPETENCY-BASED CURRICULUM

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In order to teach students and facilitate their functioning at a competent level, different stages of competencies and skills must be identified.
The continuing increase in HIV infection has brought a new dimension to some of the most complex problems in our health delivery services and social systems.

The World Health Organization Global AIDS Strategy has established basic principles for national and international HIV prevention and control and provides the necessary framework within which individual countries can develop strategies relevant to their particular needs.

There is a crucial and on-going need for nursing services to respond to the health needs presented by the HIV pandemic. Nurse managers and nurse educators must participate actively in health policy formulation and planning to organize a framework for the prevention and control of HIV infection. Such a comprehensive plan requires intervention in three distinct areas: human resources management, community development and provision of health and social services.

As key members of the health care team, nurses at all levels must work with communities and other health professionals to prevent the spread of HIV infection.

To ensure that the importance of HIV infection and AIDS education is given its due, this book aims to show how to integrate HIV-related content into a nursing curriculum. A competency-based curriculum is a dynamic educational tool. As such, the HIV-related content of the curriculum should be continuously useful to many countries in different stages of development and with different educational systems. We hope that nursing educators in the Western Pacific Region and in other parts of the world will be able to use these guidelines to develop their own tailor-made curricula which will include AIDS material.

The World Health Organization recognizes that the current challenge of the HIV pandemic demands the energy and continued commitment of nurses who, as a profession, have traditionally provided skilful and empathetic health services to individuals, families and communities.
ACKNOWLEDGEMENTS

This series has benefited from the expertise and dedication of many nurse researchers, writers, educators and administrators who developed much of the material, as well as consultants and participants to several WHO Western Pacific Regional workshops in 1988 and 1989.

The WHO Regional Office for the Western Pacific HIV/AIDS Reference Library for Nurses was the result of efforts by nurses in the Western Pacific Region and other health care workers around the world in their attempt to stop the spread of HIV infection through the improvement of their understanding of the problem, its control and management.

It is our hope that these books will contribute to nursing services throughout the Western Pacific Region in the prevention and control of AIDS.
INTRODUCTION

It is essential that student nurses and practising nurses acquire the necessary knowledge, skills and attitudes related to promoting the prevention and control of HIV infection and to the clinical management of persons with AIDS.

In many schools of nursing the nursing programme is divided into the basic programme, which is a three-year course leading to a certificate or diploma in nursing. This book will treat the incorporation of HIV-related content into the basic nursing curriculum.

It provides guidelines for nurse educators and managers in planning, implementing and evaluating activities designed to strengthen and develop the capabilities of nurses to address health-related needs resulting from HIV infection and AIDS.

It consists of three sections: basic nursing education; postbasic nursing education (formal education after the basic nursing programme); and continuing education (seminars and workshops).

Section one pertains to the integration of HIV infection/AIDS content into the basic nursing curriculum and presents a competency-based approach to curriculum development. It also discusses general curriculum development with an indication of areas where HIV / AID S related content can be integrated.

Section two presents similar guidelines as they apply to postbasic programmes. Section three provides guidelines for planning, implementing and evaluating continuing education about HIV infection/AIDS.
SECTION 1. BASIC NURSING EDUCATION

Today’s new health needs require important new elements that must be incorporated into a nursing education programme. One of the consequences of technological advancement, social change and scientific progress is that the nurse of today requires more and different skills than were needed in the past. This particularly affects the poorer countries, where preventable communicable diseases are the leading causes of morbidity and mortality. HIV-related care is another enormous challenge to which nurses must respond. In addressing the incorporation of this new content, the relevance and usefulness of what is taught, time allocation and methodology (how it is taught) must be considered.

One of the approaches to curriculum development that addresses these problems is the competency-based curriculum.

What is a competency-based approach to curriculum development?

In the competency-based approach to curriculum development, the curriculum is based on:

- professional roles, that is titles or positions
- responsibilities or expected functions that students will assume after completing their training
- competencies which are required for effective performance.
For instance, the role of a professional nurse, (one of the responsibilities or functions) is to assess the health status or a person with AIDS. This entails the performance of specific tasks, such as taking a history, conducting a physical examination, and interpreting the results of laboratory examinations. A competency-based curriculum focuses on teaching activities which make nurses competent to perform the specific tasks required in their nursing role.

What is competence?

Competence is the ability to effectively and efficiently deliver a specified professional service. This implies that the nurse is able to practise at a proficiency (mastery of learning) in accordance with local conditions to meet local needs.

Thus, a competency-based curriculum is organized around functions and is based on competence. The development of this type has three phases:

I. Defining the professional competency of graduates
II. Translating the professional competencies into student competencies
III. Designing the instructional plan.

The following sections describe the specific steps to be taken in each phase.
Phase I. Defining the professional competence of graduates

▶ Step 1

Identify the future professional roles and responsibilities of the students.

For instance, one of the professional roles of the nurse will be to provide counselling to people who come to the clinic requesting HIV laboratory testing. The curriculum must prepare the nurse to competently perform pretest counselling.

▶ Step 2

Validate the list of professional responsibilities in terms of those performed in actual practice.
This consists of looking for the following:

- which expected responsibilities are not being performed in practice or which are being performed differently or unsatisfactorily?

**Example:**

The nurse is expected to provide empathetic care to AIDS patients but instead is treating them without due respect.

- which responsibilities are being performed in actual practice but are not included on the list?

**Example:**

Nurses in remote areas need to diagnose and treat a variety of illnesses although "medical diagnosis" has not been considered to be a nursing function.

- are there any discrepancies in the points above such as lack of knowledge or skills, counterproductive attitudes, or problematic environmental factors such as shortage of necessary equipment or facilities?

**Example:**

Perhaps the nurse who is treating the patient without due respect has a discriminatory attitude regarding sexuality, which hinders her ability to function competently.
Section 1

➤ **Step 3**

Use input from nurses in both the education and service sectors and develop the final list of responsibilities.

➤ **Step 4**

Specify the conditions or circumstances under which the professional responsibilities will be performed.
Phase II. Translating the professional competencies into student competencies

The following definitions will be helpful in understanding Phase II (Figure 1).

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional competencies</td>
<td>Competencies required of a professional nurse.</td>
</tr>
<tr>
<td>Student terminal competencies</td>
<td>Competencies expected upon completion of basic education, which should match as closely as possible professional competencies.</td>
</tr>
<tr>
<td>Intermediate competencies</td>
<td>Competencies developed at specified intervals during the curriculum, which serve as stepping stones to the achievement of student terminal competencies.</td>
</tr>
<tr>
<td>Entry competencies</td>
<td>Competencies required at the beginning, or prerequisites for achieving the intermediate competencies.</td>
</tr>
</tbody>
</table>
Figure 1. In order to teach students and facilitate their functioning at a competent level, different stages of competencies and skills must be identified.
Step 1

Divide each professional competency into the following components:

- **knowledge** (mental abilities and cognitive learning from didactic instruction);
- **skills** (motor and communicating/interacting);
- **attitudes** (the ability to apply cognitive learning in real life situations to make decisions on the spot and appropriately) which are achievable within the instructional situation. This will constitute student performance.

Student performance will match the professional competency only if adequate learning experiences and resources can be provided for the students in the instructional situation. It is important to keep in mind which of the three aspects are involved rather than concentrating on just one aspect.

**Examples:**

**Professional competencies**
1. Given an actual situation, the nurse provides health education to health education to the public on the prevention and control of HIV infection/ AIDS.

**Student terminal competencies**
1. Given an actual situation, the student provides health education to the public on the prevention and control of HIV infection.
2. Given any situation, the nurse applies universal precautions in the prevention, control and management of HIV infection.

3. Given a person with HIV infection/AIDS, the nurse utilizes the nursing process in providing care.

2. Given a specified situation, the student applies universal precautions in the prevention, control and management of HIV infection.

3. Given a hypothetical case of a person with HIV infection/AIDS, the nurse utilizes the nursing process in providing care.

➤ Step 2

For each student performance, specify the test situation or condition under which the student may actually be placed

The condition should be one in which all students can be placed and evaluated.

In Example 1 on page 10, the test conditions for professional and student terminal competency are the same because the student can be provided with adequate learning experiences and resources. In addition, all students can be tested under the same conditions.

In Example 2, the test condition for professional competency is broader in scope (any situation) than the student terminal competency (a specified situation) because not all students can be placed in all situations.

In Example 3, the test conditions are different because not all students may have the opportunity to take care of actual HIV infection/AIDS cases and hypothetical or simulated conditions are therefore used.

Gonorrhoea often goes unnoticed in women
Step 3

Categorize the student competencies as entry, intermediate or terminal competencies.

This categorization will depend upon the level being discussed.

Examples:

- **Whole curriculum basic programme level (first to third year)**

The entry competencies are those required prior to admission to the programme. The intermediate competencies are those achieved during the programme (from first to third or fourth year) and the terminal competencies are those achieved at the end of the last year.

<table>
<thead>
<tr>
<th>First year</th>
<th>Third/fourth year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry</td>
<td>Intermediate</td>
</tr>
<tr>
<td>(whole curriculum)</td>
<td>Terminal</td>
</tr>
</tbody>
</table>
• **Year level (first, second, third or fourth)**

The entry competencies are the terminal competencies of the previous year level. For example, entry competencies for the second year are the terminal competencies of the first year. Intermediate competencies are those achieved during the year and terminal competencies are those achieved at the end of the year level.

<table>
<thead>
<tr>
<th>Beginning of the first year</th>
<th>End of the second year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry</td>
<td>Intermediate</td>
</tr>
<tr>
<td></td>
<td>year level</td>
</tr>
<tr>
<td></td>
<td>Terminal</td>
</tr>
<tr>
<td></td>
<td>(second year)</td>
</tr>
</tbody>
</table>

• **Course level (such as Fundamentals of nursing, Medical-surgical nursing, Community health nursing)**

The entry competencies are the terminal competencies of the pre-requisite courses. For example, entry competencies for Medical nursing are terminal competencies in Fundamentals of nursing, Anatomy and physiology and other prerequisite courses. Intermediate competencies are those achieved during the course, and terminal competencies are those achieved at the end of the course.

<table>
<thead>
<tr>
<th>Beginning of course</th>
<th>End of course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry</td>
<td>Intermediate</td>
</tr>
<tr>
<td></td>
<td>Terminal</td>
</tr>
</tbody>
</table>
Examples of student terminal and intermediate competencies:

**Terminal competencies:**

1. Given an actual situation, the student provides health education to the public on AIDS/HIV infection

2. Given a situation, the student applies universal precautions in the prevention, control and care or management HIV infection/AIDS

**Intermediate competencies:**

1.1 Given a set of questions, the student:

a. describes how HIV is transmitted;

b. describes sexual taboos and practices in the locality;

c. describes the magnitude of the AIDS/HIV infection problem;

d. explains the mechanisms of HIV transmission;

e. describes the role of the nurse in information dissemination regarding HIV infection/AIDS.

1.2 Given a simulated situation, the student:

a. demonstrates the ability to conduct a session on prevention of HIV infection;

b. prepares educational materials on prevention and control of HIV infection.

2.1 Given a set of questions, the student:

a. describes universal precautions in infection control

b. differentiates between clean and sterile techniques;
3. Given a hypothetical situation, the student takes a sexual history of the HIV-positive person or a person with AIDS.

2.2 Given a hypothetical situation, the student demonstrates:
   a. proper handwashing;
   b. care of needles and syringes;
   c. proper disposal of infected materials and soiled linen.

3.1 Given a set of questions, the student:
   a. identifies sexual terms and practices;
   b. explains the importance of sexual history-taking;
   c. identifies data needed in sexual history;
   d. describes various reactions of clients during sexual history-taking;
   e. selects an appropriate response to client’s reaction to sexual history-taking;
   f. describes the steps in sexual history-taking.

3.2 Given a hypothetical situation, the student:
   a. demonstrates the ability to use sexual terminologies without embarrassment;
   b. takes a sexual history.
Step 4

Specify the content and identify the course(s) and year level(s) in which the competencies are achieved.

From the perspective of developing or revising a whole new curriculum, related competencies and their corresponding contents are grouped together to form courses and these courses are situated at the appropriate year levels.

Step 5

Determine any gap(s) or overlap(s) in the competencies or the contents and make the necessary additions or deletions.
Exercise 1 - Translating professional competencies into student competencies (terminal and intermediate).

Use the worksheet in Figure 3:

1. List the competencies required of a nurse in the prevention and control of HIV infection/AIDS.

2. Translate these competencies into student terminal competencies.

3. Identify intermediate competencies.
**Figure 2. Translating professional competencies into student competencies**

<table>
<thead>
<tr>
<th>Professional competencies</th>
<th>Student competencies</th>
<th>Intermediate competencies</th>
</tr>
</thead>
</table>


Group all entry competencies to form the prerequisite test, the intermediate competencies to form the progress test and the terminal competencies to form the pre- and post-test.

**Prerequisite test:** measures the extent of achievement of the entry competencies of a course or year level. It is given prior to instruction to determine the student's preparedness for the course.

**Pre-test:** measures the student's knowledge and skills reflecting the terminal competencies of a course or year level. It is given prior to instruction to determine which terminal competencies should or should not be developed in the course or year level. For example, the student on modular instruction does not need to go through the module if pre-test results show that the student has already achieved the competencies required. The student can then proceed to the next module.

**Progress test:** measures the extent of achievement of the intermediate competencies given at specified intervals during instruction.

**Post-test:** measures the extent of achievement of the terminal competencies given after instruction.
Phase III. Designing the instructional plan

The results obtained in Phase II serve as the basis for developing the instruction plan.

➢ Step 1

Prepare sequence of student competencies and content.

Arrange the intermediate and terminal student competencies and corresponding content in a logical sequence and include this in the plan.

➢ Step 2

Select learning activities for their instructional function.
The instructional plan includes learning experiences which are provided for the students. These are activities which may be undertaken in or outside the classroom (e.g., assigned readings, projects, field/clinical experiences).

Several factors should be considered which will affect learning.

(1) **Activity of students**

Learning experiences that involve students as active participants to facilitate their learning (e.g. a role-play of a nurse obtaining a sexual history of clients).

(2) **Relevancy of information in terms of past experiences and learning**

Start with where the learner is now. As already stated, entry competency is very important. Relating the present information with what is already known and building upon what is familiar to the learner will facilitate the learning process.

(3) **Feedback on information**

Often students are required to submit written requirements (e.g. nursing care plan, case studies, projects), but after submission are seldom given feedback. It is important not only to give a grade, but also to elaborate on strengths and weaknesses, to give suggestions on ways to improve and encourage good performance.

(4) **Clarity of communication**

Are messages received as intended? Are they clear enough so that all students have the same information and understand the information in the same way? Are the channels used appropriately for the kind of information sent out?

(5) **Adaptation to individual differences**

Learning is enhanced when teachers know how an individual student best learns (for example, some students learn best working on modules, others need to listen and sit in the classroom).
(6) **Concern of the teacher for the learner**

One of the criticisms nurses often hear is that "nurses do not know how to care anymore". The caring attitude is sometimes very much wanting, particularly among young graduates. This is a concern that has been brought up on many occasions. A teacher who cares can make students learn how to care also.

➢ **Step 3**

Specify the learning resources and time allocation.

A competency-based curriculum has a built-in control system because of its focus on competent practice. The teacher may have a tendency to expect students to learn many things that may be interesting but not necessary to the performance of future functions.

Using the competency-based approach will facilitate better allocation of time and resources.

➢ **Step 4**

Select the appropriate measurement tools for evaluation.
In selecting the methods to evaluate terminal competencies, the goal should be to design test conditions that match as closely as possible the actual working conditions. The desired student performance should be specified and should also match as closely as possible performance on the job.

Written tests are appropriate for assessing the knowledge component, but are inadequate for assessing the degree to which students apply the knowledge in nursing practice. It is not safe to assume that students who demonstrate mastery of knowledge (written tests) have mastered necessary nursing practice skills.

The instructional plan should be developed by the faculty member(s) who teach(es) a course. A sample plan is shown in Figure 3, and a worksheet for its development in Figure 4.

**Exercise 2 - Designing an instructional plan**

Pages 10 and 11, presented three examples of professional competencies showing how they were translated into student terminal competencies. Examples of how they were translated into intermediate competencies are found on pages 14 to 15. Example 2 on page 11 has been used to illustrate the designing of an instructional plan (Figure 3). Design an instructional plan for Examples 1 and 3 using the following guide and worksheet (Figure 3).

For each of the intermediate competencies, do the following:

1. Identify the concept or content necessary to attain the competency (will be achieved)
2. Determine the placement (year level or course in which the competency
3. Specify the instructional activities for each competency
4. Determine the learning resources or time needed
5. Identify methods and tools for evaluation
Figure 3. Example of an instructional plan

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Concept/content</th>
<th>Placement (year level/course)</th>
<th>Instructional activities</th>
<th>Learning resources</th>
<th>Methods and tools for evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Given a set of questions, the student:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Describes universal precautions in infection control</td>
<td>Isolate the infection, not the patient</td>
<td>Fundamentals of nursing First year</td>
<td>• Have students read assigned topics</td>
<td>Books and journals (Specify the book or journal, chapters or pages)</td>
<td>Written test</td>
</tr>
<tr>
<td></td>
<td>Universal precautions:</td>
<td></td>
<td>• Conduct a discussion on the assigned topic</td>
<td>Blackboard and chalk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• definitions</td>
<td></td>
<td>• Show film or slide presentation on how infection multiplies when nurses do not observe universal precautions</td>
<td>Handouts, slides, films</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• handwashing</td>
<td></td>
<td>• Discussion and feedback on the film show or slide presentation</td>
<td>Many of these learning resources could be used by teachers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• care of syringes and needles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• use of gloves and masks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• disposing of infected materials, including soiled linen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• care in handling specimens, especially blood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Figure 3. Example of an instructional plan

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Concept/content</th>
<th>Placement (year level/course)</th>
<th>Instructional activities</th>
<th>Learning resources</th>
<th>Methods and tools for evaluation</th>
</tr>
</thead>
</table>
| b. Differentiates between clean and sterile techniques | Principles of clean and sterile techniques | Medical nursing Surgical nursing | • Students read assigned topics  
• Discussion on the assigned topic  
• Students role-play clean and sterile techniques  
• Discussion on role-play  
• Feedback to students | | Written test |
| c. Identifies possible means for HIV transmission in the health care setting | Routes of HIV transmission in the health care setting:  
- ways a healthcare worker gets infected  
- ways a patient gets infected | | | | |
<table>
<thead>
<tr>
<th>Competencies</th>
<th>Placement (year level/course)</th>
<th>Instructional activities</th>
<th>Methods and tools for evaluation</th>
</tr>
</thead>
</table>
| Given a hypothetical clinical scenario, the student demonstrates: p r e f p e r l a n s:  
  a. proper handwashing  
  b. proper care of needles and syringes  
  c. proper disposal of infectious materials and soiled linens | Fundamentals of nursing        | Demonstrating and practicing demonstration on the following:  
  a. proper handwashing  
  b. proper care of needles and syringes  
  c. proper disposal of infectious materials and soiled linens | Performance-checklist           |
**Figure 3. Example of an instructional plan**

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Concept/content</th>
<th>Placement (year level/course)</th>
<th>Instructional activities</th>
<th>Learning resources</th>
<th>Methods and tools for evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminal</td>
<td>Given a situation, the student applies universal precautions in the prevention, control and care or management of HIV infection/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prerequisites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminal</td>
<td></td>
<td></td>
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</table>
SUMMARY

In summary, the phases and steps in developing a competency-based curriculum are:

Phase I. Defining the professional competencies of graduates requires:

1. Identifying future professional roles and responsibilities or tasks.
2. Validating professional responsibilities.
3. Agreeing on final list of professional responsibilities.
Phase II. Translating the professional competencies into student competencies requires:

1. Defining the knowledge, skill and attitude components of professional competencies.

2. Specifying the condition and performance of student competencies.

3. Categorizing the student competencies as entry, intermediate or terminal.

4. Specifying content and appropriate course/year level.

5. Determining gaps and overlaps.

Phase III: Designing the instructional plan requires:

1. Placing student competencies and content in sequence.
2. Selecting learning activities for their instructional function.
3. Specifying the learning resources and time allocation.
4. Selecting the appropriate measurement tools.

Review the phases and steps in developing a competency-based curriculum.
Bibliography


SECTION 2. CONTINUING EDUCATION

Nurses are aware of the need to maintain and update their knowledge and skills through continuing education. For the purpose of this section, continuing education for nurses is defined as the totality of learning experiences following the initial training or the basic nursing programme discussed in Section 1.

Purpose of continuing education

In situations where there is little opportunity for nurses to return to school to improve on existing knowledge and skills or acquire new ones, continuing education seminars may be the only way to maintain or enhance the quality of their practice. These seminars provide the best means of adapting performance to meet the needs of newly developing situations such as HIV infection/ AIDS. More specifically, they can help nurses:

- to acquire new knowledge and skills relating to HIV infection/ AIDS which they did not get in basic training, such as universal precautions.
- to maintain high standards of work and use available resources to reinforce aspects of initial training, such as basic infection control principles; and
- to accept responsibilities resulting from a new health problem, such as the demystification of HIV infection/ AIDS or dispelling fears surrounding the problem.

Analysis of needs

Continuing education should provide learning experiences that serve to maintain or extend the competencies required for health care. It should be relevant to three related
Integrating HIV-Related Content into a Competency-Based Curriculum

needs: the health needs of the population, the organizational needs of the health care system, and the learning needs of the individual nurse.

The needs of a community for a continuing education programme on nursing and HIV infection/ AIDS can be expressed in several ways. A client can demonstrate dissatisfaction with the quality of the service. A community need can also be determined through the state of its collective health in relation to the number of cases of HIV infection/ AIDS, or the presence of risk behaviour within the population.

To a certain extent, the health system's needs for continuing education overlap with the needs of the community. If the health care system fails to meet its own objectives, there may be a weakness in nursing performance which can be remedied by continuing education. For example, if services are not satisfactory in meeting the needs of HIV / AIDS related care, this is an indication that continuing education should be provided.

The needs expressed by nurses themselves may result from deficiencies in their performance of specific tasks. For example, a nurse may feel embarrassed when counselling a client prior to HIV antibody testing or teaching the use of condoms.

There are several ways of identifying the needs of nurses for continuing education. One which is effective is performance assessment to identify the discrepancy between desired performance and actual performance.

Nurse managers should ask several probing questions and establish a uniform assessment pattern for all health workers involved. Such questions could present a pattern as follows:

1. What is the difference between what should be done and what is actually being done?

2. Why does this difference exist? Is it caused by lack of skills? Can the people learn these skills if necessary? Are these people motivated: to carry out the tasks? to learn the skills properly?

3. What are the perceived obstacles: to learning? to carrying out skills? is it a lack of motivation? lack of communication? environmental factors? management of time? policies of the organization?
With the above information a plan could be formulated to correct this discrepancy. Some examples for consideration in the planning process are costs, practicality, value for money and availability of resources.

Finally, an evaluation should be carried out to measure if the initial discrepancy in skills still exists and to what extent.

Another useful method is an annual performance assessment (adopted from MEDEX Primary Health Care). Complete a formal written evaluation of each nurse once a year. Record this information on the Annual Performance Evaluation form. This form is designed to involve both the nurse and the nurse manager/supervisor in reviewing performance, identifying areas that need improvement, and planning ways to bring about the improvement.
ANNUAL PERFORMANCE EVALUATION

PART 1. To be completed by the nurse manager/supervisor before meeting with the nurse.

Name: ________________________________
Date of employment: ____________________________
Laboratory title: ________________________________
Date of evaluation: ____________________________
Location: ________________________________

Nurse's strong points:

These strong points can be used more effectively by doing the following:

Areas that need improvement:
These areas can be strengthened by doing the following:

PART 2. To be completed by the nurse manager and nurse together.
Plan for improving performance for the coming year:

Comments:

Performance review dates for the coming year (e.g. quarterly, every six months):

Signature of the nurse

Date

Signature of the nurse manager/supervisor
SECTION 3. PROGRAMME CONSIDERATIONS

Programme design

The nurse manager designing a continuing education programme will need to formulate a plan which includes a variety of continuing education activities to accommodate the different needs and levels of training required by nurses in different work settings.

A continuing education programme should include a description of the programme goals, the learning objectives, the educational strategy, the timing of activities, the provision of follow-up support, the resources required, the budget and the evaluation plan.

Programme goals

The programme goals are a statement of the desired outcomes of the programme. Usually the goals will also indicate the changes in the provision of health care resulting from the training programme.

For example, the following changes can be expected as a consequence of the training programme:

- Infection control in the hospital will be improved.
- The community will have an increased level of awareness of HIV infection/ AIDS.
- Provision of counselling services will be improved.

A continuing education programme can be a series of educational activities geared to the specific objectives.
Example:

A large conference might be an appropriate activity to increase the community's level of awareness of HIV infection/AIDS. The conference is a continuing education programme. On the other hand, if the goal is to improve the provision of counselling services, a training programme specifically designed to increase the capability of the nurse to do counselling would be more appropriate.

Learning objectives

A learning objective is a measurable statement of what the learner or trainee will be able to do at the end of the training programme.

Examples:

At the end of the training programme, the nurse will be able to:

- explain the three patterns of the HIV infection/AIDS epidemic;
- describe the magnitude of the problem in the country;
- describe how HIV is and is not transmitted;
- describe the risk factors and preventive measures to avoid transmission of HIV;
- describe how HIV transmission in a work setting or health care facility can be prevented; and
- discuss the role of the nurse in the prevention and control of HIV infection.

All learning objectives should:

- be based on identified needs;
- contribute to the achievement of the programme goals; and
- be specific, attainable and observable.
Course design and learning experiences

The design of the course and learning experiences shows how the learning objectives and programme goals are to be achieved. Different types of learning objectives will require different types of learning experiences and resources.

Objectives related to attitude change may require participants to undergo experiential learning that will explore attitudes, behaviour and feelings, such as through simulated games and role-plays.

The development of specific skills such as nursing care of persons with AIDS and counselling will require practice in actual work settings. This must be considered in planning the learning activities.

Timing of activities

The proposed timing of activities must take into account other ongoing activities so that conflicts do not occur. The plan must also allow for sufficient time to prepare all necessary materials and to make arrangements to use other resources, such as field trips, or clinical practicum.

Selection and preparation of resources

The following questions need to be considered in selecting and preparing the resources:

- What are the manpower requirements?
- Is there a need for lectures, facilitators or preceptors?
- Who will compose the technical staff?
- Who will compose the support staff?
- What materials are required?
- Will equipment be needed?
- Is there enough space to accommodate work groups?
- If actual observation or practice in clinical settings is required, can all the participants be accommodated?

**Budget**

The budget should reflect the resources available.

After all the resources needed for each activity have been identified, the nurse manager should prepare the budget. The major question is, how much will it cost to conduct the programme? The budget will include personnel (technical and support staff), cost of supplies and materials, per diem and transportation, rentals (for use of equipment or facilities) and a contingency fund to take care of incidental expenses not included in the line item. Realistically, not everything can be achieved at the same time with the available budget. You may need to set priorities: what is essential to achieve within this budget year and what can be postponed until the next budget year begins and more funds are available.

**Implementation of the programme**

The training programme is conducted to achieve specified programme targets in accordance with the proposed methods and timetable and within the limitations of available resources.

A training programme is usually conducted by a team composed of a leader and several members. The number of team members will depend on the nature of the training programme and the number of participants. The success or failure of the programme will depend to a great extent on the quality of the preparations made by the team and the way in which the team helps the participants achieve the objectives.

During the training period, the team should meet at the end of each day and coordinate decisions about any changes in the timetable and in the activities planned.
for each day. If at all possible, individual needs should be taken into consideration. However, if problems arise during the training period, group needs should take priority over individual needs.

**Evaluation**

Evaluation measures the achievement of the programme goals and objectives. It shows to what degree the desired outcomes have been achieved. Evaluation is important principally for the following reasons:

- It provides a description of what has been done. If there is no record of what has been achieved, there is no basis for future planning.

- It identifies areas that need improvement. A critical analysis of the conduct of the training programme will determine areas that need strengthening.

- It serves to motivate those attending the programme. Feedback will give incentives to those working on the programme to maximize their efforts.

What should be evaluated? The plan, the process and the product should all be evaluated. The plan includes the programme design as well as the preparation for the actual activity. The process is the way in which the programme is implemented, that is, the actual training programme. The product is the result or outcome of the process of training.

There are two products of a system of continuing education: the intermediate product and the long-term product.

The intermediate product is identified as the competencies that the nurse acquires from the educational experience. This can be evaluated by referring back to the specific objectives of the training programme and determining whether the participants are able to perform what is expected at the end of the training period.

The long-term product is expressed in terms of the impact on the provision of health care and services, such as whether or not there is an improvement in the provision of counselling services or nursing care for HIV infected persons and persons with AIDS.
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