

Policy Brief

CLINICAL COMPETENCY RETENTION
AMONG MID-LEVEL HEALTH WORKERS
AFTER MID-LEVEL PRACTICUM (MLP)
TRAINING IN NEPAL

ENHANCING RURAL HEALTHCARE



Background

Mid-level health workers are deployed in a large proportion due to scarce numbers of physicians in rural parts of Nepal like other Low-and-Middle Income Countries (LMICS) with expectation of similar patient outcomes that of physicians. Mid-level practitioners are health assistants (HA) and axillary health workers (AHW) who provide clinical care (diagnose, manage and treat illness, disease and impairments) and engage in preventive care and health promotion. HAs receive 36 months preservice training after secondary level school whereas AHWs got an 18 months training course. National Health Training Center (NHTC) is providing 60 days in-service Mid-level Practicum (MLP) training for the mid-levels with aim to enhance quality of out-patient care, emergency care as well as basic clinical procedure since 2009 AD.

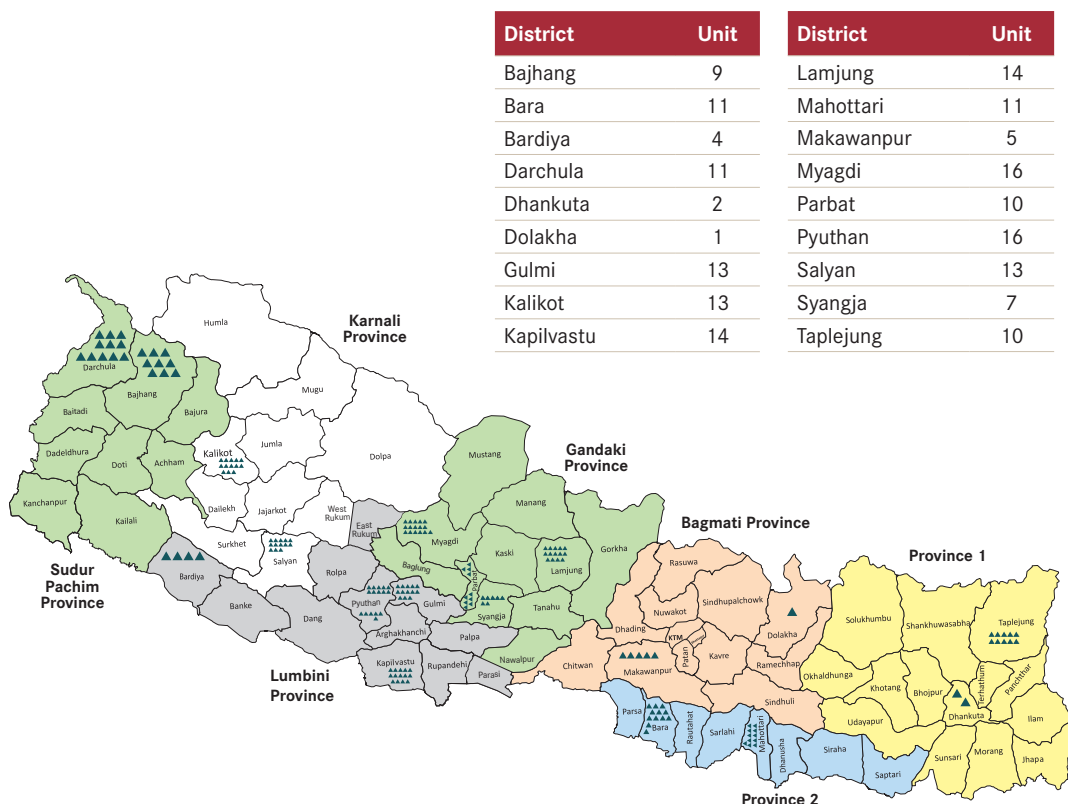
Specific Objectives

1. To describe the competency of mid-level paramedics at post-training assessment and at follow-up assessment.
2. To compare competency retention at follow-up at their workplace as percent of post training competency among MLP trained paramedics.
3. To find association between competency retention with independent variables

Method

A retrospective observational study utilized onsite follow-up data and post-training score of followed-up MLPs. All together 180 MLPs were included in the study [N=180]. Competency retention is defined as follow-up score as percentage of post training score. Percentage retention of score was analyzed using independent t-test.

Study Area



Rationale of the Study

In-service clinical training is the way opted for developing competencies for mid-level health workers of the government health system. At the end of training, clinical score shows their competencies developed. In developing countries, mid-level health workers are the backbone for the clinical outcome of their people. The clinical competencies have direct and a positive correlation with the quality of care. There was a need to track the retention status of clinical competency at their workplace after a certain period of time. That will help to justify the investment of resources, absenteeism of MLPs in their workplace during training, devotion made by trainers and trainees.

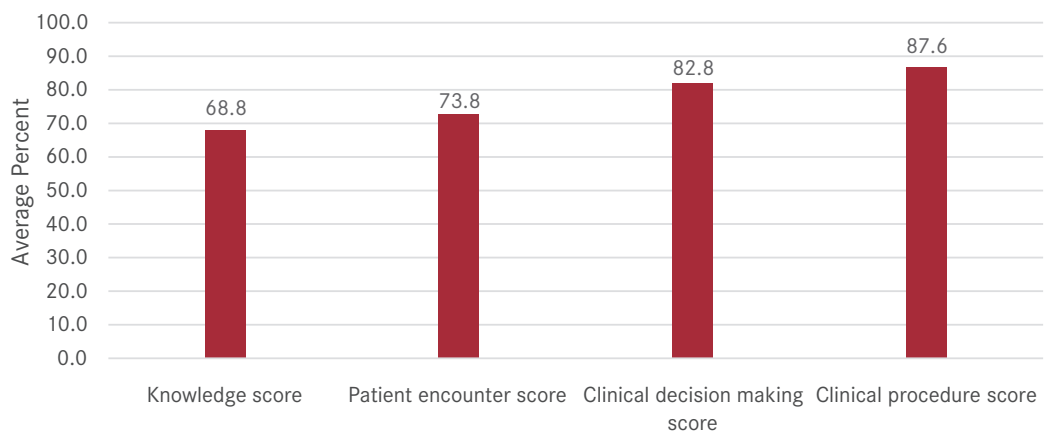
Results

- Around 36% of MLPs had more than 75% retention in the knowledge domain. The mean percentage of knowledge retention was 68.8%. In contrast, MLPs scored higher on all domains of skill retention. About 53% of MLPs had above 75% retention in patient encounter skill. The

mean percentage of patient encounter skill was 73.8%. Whereas, 77% MLPs retained higher than 75% of clinical decision-making skills. The mean percentage of clinical decision-making skill was also 82.8%. Similarly, higher than 76% of MLPs retained over 75% of clinical procedure skill. The mean percentage of clinical procedure skill was found to be 87.6%.

- Around 81% of MLPs were working in the same health facility from where they participated in the training, when observed at onsite follow-up visits. Among them the average experience in that health facility was 9.5 years.
- Among MLPs, the skill retention was better as compared to knowledge retention. There was no significant difference of competency retention among HAs and AHWs as different cadres.
- The MLPs with higher age group, longer work experience, MLPs from terai region retained significant low knowledge retention whereas no significance difference observed regarding skill retention. MLPs working in health facilities with higher case load accounted for greater retention on patient encounter skill. Better enabling score had significantly high knowledge and patient encounter skill.

Bar diagram of average competency retention among different domains



Conclusion

Among MLPs, the retention of skill was found better compared to the knowledge. The duration gap between training and follow up had no significant difference over retention except clinical procedure skill. Higher age, longer work experience, and MLPs from terai region retained significant low knowledge but there was no significance on skill retention. There was no significant difference in competency retention between AHW and HA. MLPs working in higher case load had better patient encounter skill, whereas MLPs working in a better enabling environment retained higher knowledge and patient encounter skill significantly.

Recommendations

- Regular follow-up assessment after clinical training provides an opportunity to explore the status of trained workforce. It is suggested to continue the follow-up assessment regularly for a certain proportion of training. Current modality of MLP training for heterogeneous cadres (HA and AHW) group is recommended to continue. Retention of MLPs in their workplace and retention of their competencies after training especially the skill domains found impressively higher. The NHTC needs to expand the training capacity with assuring its quality to cover the large number of its cadres.

- The pre-training baseline assessment score reflects gap up to 23 percent in competency as compared to the qualifying benchmark set by the Council for Technical Education and Vocational Training (CTEVT) which indicates the need of study to explore quality of preservice education offered by CTEVT or colleges affiliated by CTEVT.

Limitations

- Use of stored data limited to make random sampling.
- Only followed up graduates of MLP were included in the study of that period.
- Exclusion criteria met data accounted nearly 10 % which squeezed sample size from 201 to 180.
- Desired other variables could not be included in this study like attitude, community and management support to the MLPs; MLP's subjective narration regarding capabilities retained and so on.

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