

**Title:** Developing competencies for community based health curriculum

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**Context and Setting:** In Pakistan only a handful of nurses work in community settings even though it has been established that nurses are a critical workforce in primary health care setting where few or no health care services are available.

**Why the idea was necessary:** One important reason for nurses not opting to work in community settings is that the current pre- service education fails to develop knowledge and skills required to be a Community Health Nurse (CHN). The focus of existing nursing curricula is mainly on hospital-based nursing. Hence, this project aimed to identify, incorporate, teach and assess competencies that will prepare nurses to work in community settings.

**What was done:** First, the roles and responsibilities of CHNs were identified by reviewing job descriptions of CHN from three different organizations (two non-governmental and one provincial government) and by focus group discussions (FGDs) with CHNs and final year students. Using these data as well as competency based curriculum models from the literature, community health nursing faculty ( N=4) had brain storming sessions and developed six curricular themes: *Nursing Functions; Culture and Society; Teaching & Learning Functions; Public Health Functions; Management & Leadership; and Health Care Systems* that comprise the new CHN curriculum. To date, a list of 30 competencies has been identified; and for 20 competencies learning strategies and assessment methods are completed (work is underway to make the competencies available). Further, for skill based competencies performance-steps checklists were developed by adapting available checklists in the literature.

The following example illustrates how students learn and are assessed in one of the competencies of *Culture and Society* theme. First year students in the first semester are expected to demonstrate culturally sensitive communication skills. The steps for learning the skill include: a one hour discussion session on culturally sensitive communication; role play by two faculty members where each student has performance steps checklists in front of him/her; then students practice communication skills in pairs. First year students in groups of 15 with two faculty members also go to a field site once a week for seven to eight weeks where they carry out household visits. These visits provide an opportunity for students to perform their skills and for instructors to observe and evaluate students using the performance checklist.

**Evaluation and Results:** To date the new CHN curriculum has been implemented for the first and fourth year students. The second and third year curriculum will be added in 2009. Data collected in FGDs with faculty members (N=3) show that the learning and assessment tools are helpful but that the new curriculum has increased their work load and has added a challenge of ascertaining that each student gets the opportunity to perform skills in the field on real client. The data for students FGDs (N=20) show that they feel confident in conducting household visits and interviews with families, because

they are clear about the important steps. Whether this increased comfort, knowledge, and skills will lead to the ultimate goal of increasing the number of competent nurses opting community as their choice of work will be determined in the next few years.