

# IMPLEMENTING HAITI'S NURSING SCHOOLS' COMPETENCY-BASED HIV/AIDS CURRICULUM: A University of Washington and Ministry of Health Collaboration

Sujata Bijou, MPH<sup>1</sup>; Mona Prismsy, RN-MSDc<sup>2</sup>; Ellen MacLachlan, PhD<sup>1</sup>; Rachel Labbé Coq, MD, MSc<sup>2</sup>; Ruth Derivois, RN-SpGestion<sup>3</sup>; Roselene Mecejour, RN-SpPed<sup>4</sup>

<sup>1</sup>International Training and Education Center for Health (I-TECH), University of Washington, Seattle, WA, USA; <sup>2</sup>I-TECH Haiti, Pétiyon Ville, Haiti; <sup>3</sup>Institut Haïtien de Santé Communautaire (INHSAC), Pétiyon Ville, Haiti; <sup>4</sup>Ministry of Population and Public Health, Port au Prince, Haiti

## BACKGROUND

A 2006 assessment of the curriculum used in the national nursing schools' three year diploma program showed loosely integrated HIV/AIDS-related content, arbitrary inclusion of HIV/AIDS material that was dependent on the individual faculty member, and key topic omissions.

To address these issues, I-TECH worked with the Ministry of Public Health and Population (MSPP) in 2008 to create a competency-based HIV/AIDS curriculum for nurses to be integrated into the diploma program at all nursing schools in Haiti.

A monitoring and evaluation plan was developed. Part of this plan included the establishment of a monitoring team that visited each nursing school annually during the three years of implementation to assess successes and challenges in integrating the new HIV/AIDS curriculum.

## METHODS

We conducted a process evaluation of the nursing HIV/AIDS curriculum implementation in Haiti. A key component of the process evaluation was examination of data produced by the monitoring team that visited the individual nursing colleges throughout the life of the project. The team was made up of staff from I-TECH, INHSAC and the MSPP.

The main objectives of the monitoring visits were to 1) assess whether the curriculum was being correctly implemented, 2) create action plans for each college, and 3) provide feedback on faculty teaching skills.

The data collection methodology included direct observation of faculty teaching performance, semi-structured interviews with faculty and administrators, and document review.

Five nursing schools that are part of the national schools of nursing (Ecoles Nationales des Infirmières or ENI) in four cities took part in this program: 1) Port au Prince (ENIP), 2) Cap Haïtien (L'Ecole d'Infirmières Notre Dame de la Sagesse or EINDS), 3) Cayes, and 4) Jérémie (EINDPS). A fifth school was added later in the process: l'Ecole Nationales des Infirmières des Gonaïves, FASI in Gonaïves. See summary of monitoring and evaluation data collected in Table 1.

YEAR OF PROJECT	NURSING SCHOOLS VISITED	DATA COLLECTED
Year One (2008)	Cap Haïtien	5 Faculty I,O,DR*
	Gonaïves	7 Faculty I,O,DR
	Port au Prince	5 Faculty I,O,DR
	Cayes	5 Faculty I,O,DR
	Jérémie	5 Faculty I,O,DR
Year Two (2009)	Cap Haïtien	6 Faculty I,O,DR
	Gonaïves	8 Faculty I,O,DR
	Port au Prince	4 Faculty I,O,DR
	Cayes	4 Faculty I,O,DR
	Jérémie	5 Faculty I,O,DR
Year Three (2010)	Cap Haïtien	3 Faculty I,O,DR
	Gonaïves	3 Faculty I,O,DR
	Cayes	3 Faculty I,O,DR
	Jérémie	4 Faculty I,O,DR

\*I=Interview, O=Observation, DR=Document Review

**TABLE 1: Summary of Monitoring and Evaluation Data Collected During 3 Years of HIV/AIDS Curriculum Implementation at Haitian Nursing Schools (2008-2010)**

## RESULTS

Visits in years one and two showed that most schools did not have complete lesson plans (see Table 2). Obstacles included not understanding the process for developing lesson plans and lack of time. Based on these findings, an adult learning course was subsequently implemented to teach faculty course design and lesson planning. Many faculty members required additional training in basic HIV/AIDS and counseling knowledge. There were considerable challenges in introducing new and varied teaching methods into the nursing schools, primarily due to time constraints and large class

sizes. In year two, most faculty members used some teaching methods well, but required additional mastery in others such as role plays and large group discussions which continued to be difficult due to large class sizes.

PROCESS STEP	YEAR 1	YEAR 2	YEAR 3
Attendance at teaching and HIV/AIDS trainings	19/22 or 86% attended teaching training and 17/27 or 63% attended HIV training.	20/27 or 74% attended teaching training and 21/27 or 78% attended HIV training.	Schools were asked to identify faculty members who still needed training (or were new and needed trainings).
Use of teaching guide and reference manual	All 5 schools were using the guide and manual but 2 of the 5 schools were not using the AV material because it was missing from the package & they had not been oriented to it.	2 schools were using the guide and manual, 1 school was not and 2 schools were unknown.	Most faculty members were using these resources to integrate HIV/AIDS into their courses.
Integration of HIV/AIDS into lesson plans	9/22 or 41% of faculty had developed lesson plans. Lack of time was the main reason given, but also not having received the curriculum packet or not knowing how to develop lesson plans.	As with year 1, the majority of faculty had not developed lesson plans. Lack of time was the main reason given, but also not knowing how to develop lesson plans or not being given direction to do so.	Overall successful. At all 4 schools faculty had developed lesson plans but they needed correction and improvement.
Integration of HIV/AIDS into course content	18/22 or 82% of faculty had integrated HIV/AIDS content into their courses. Those who had not had been sick or had not had time.	11/27 or 41% of faculty had integrated HIV/AIDS content into their courses, much lower than year 1 of the project.	Majority had integrated HIV/AIDS. Those who hadn't said they received materials late or didn't have time to do so.
Perceptions around integration of HIV/AIDS content	The time demand and number of learning objectives to integrate are challenging.	The time demand and number of learning objectives to integrate into courses continues to be challenging for faculty members, as well as AV materials.	Overall, the amount of content and the high complexity level of the content challenged faculty to integrate it all and at the depth intended.
Teaching methods used during observation and challenges	Faculty members need skills regarding managing groups. Two schools (Gonaïves and Port au Prince) need better teaching technique.	Faculty members were observed using lecture without Powerpoint, role play, large and small group exercises and case studies in the classroom.	Similar findings at each school re. knowledgeable teachers, good use of teaching methods and class management but not always using pedagogical principles in their teaching.
Challenges to using different teaching techniques	There were major challenges to implementing the varied teaching methods that were part of implementing the new HIV/AIDS curriculum, esp. time constraints and large class sizes. Using Powerpoint and AV materials was challenging.	Faculty found it difficult to manage the classes because of the number of students. Discussions in groups and role play were very time consuming. Faculty members still need support in using different techniques.	Faculty reported that the guide is too specific and complex, w/o enough HIV generalities. It is too theoretical and thus difficult to integrate w/ clinical practicum. Too many students and not enough hours to implement variety of teaching methods.
Summary of challenges	Challenges at the schools included the time/workload demand on faculty, electricity problems, lack of teaching materials, lack of training on the AV materials in the curriculum and the fact some faculty had not completed the HIV training.	Faculty members need more teaching training and HIV/AIDS training. They need an orientation to audio-visual aspects of curriculum and how to use Powerpoint, this is a weak area. They continue to be challenged by the amount of time to integrate HIV/AIDS material into their courses.	Schools were challenged by faculty who had not been to a teaching training or HIV training and by teacher shortages. Lack of electricity is a challenge for use of AV materials. Teachers need training in PowerPoint and more teaching materials. They need a better understanding of the objectives of integration.

**TABLE 2: Main Findings of Process Evaluation of Years 1-3 of HIV/AIDS Curriculum Implementation at Nursing Schools in Haiti**

Year three was disturbed by the earthquake, but the process evaluation indicated that the majority of faculty had integrated HIV/AIDS topics into their classes, were observed using the teaching methods, and had developed lesson plans (see Table 2). During year three several overall summary observations were included in the monitoring findings. For example, it was noted that faculty were not integrating the HIV/AIDS content to the depth intended because they found it too complex and specific to a particular topic, whereas they desired more HIV/AIDS generalities. Another main reason was the amount of time necessary to integrate all the content and the objectives into their courses, similar to year 1 and 2.

## CONCLUSIONS

- The implementation of the HIV/AIDS curriculum was for the most part successful, with specific successes in instituting the use of lesson plans, integrating HIV/AIDS content in years one and three, the use of a variety of teaching techniques based on adult learning principles each year, and use of the HIV/AIDS teaching guide and reference manual that were distributed to the schools.
- Areas of implementation that were less successful were integration of HIV/AIDS content during year two, at 41%; challenges encountered by faculty in integrating the volume and complexity of HIV/AIDS content into existing coursework; and significant systems issues such as teacher shortages, large class sizes and small classrooms, electricity outages, and lack of teaching materials and AV equipment. The overall lack of time available for faculty to meet all the objectives of HIV/AIDS integration was a recurring theme.

## RECOMMENDATIONS

Ongoing program monitoring and evaluation, or process evaluation, can uncover important areas of weakness that can then be addressed in a timely and targeted fashion. Implementation of a large curriculum in a resource-constrained location must take important systems issues into account in the design, such as teacher shortages, large class sizes and electricity outages.