

Consolidated Final Assessment Report of 5 Standard Nursing Teaching Institutes- Centers of Excellence (CoE)

Introduction

In 2018 the Directorate General of Nursing and Midwifery Services (DGNM), with the support of the Human Resource for Health Project (HRHP), initiated an activity to establish “Standard Nursing Teaching Institutes – Centers of Excellence” to showcase nursing education in Bangladesh. During the project implementation and in close consultation with the MOHFW, DGNM, and BNMC, HRH selected five (5) well-performing NIs to upgrade to “Centers of Excellence (COE. The selected Nursing Institutes are Khulna, Comilla, Tangail, Bogura, and Thakurgaon.

In April 2018 HRH assisted representatives from DGNM, BNMC, and UNFPA to review relevant checklists (the BNMC checklist for standard nursing institutes and others) and develop one to use in conducting the baseline assessment of selected NIs. Subsequently, HRH assisted in convening a stakeholders’ consultation meeting to obtain further input in adapting and finalizing the checklist. The revised assessment checklist was then submitted to the DG, DGNM and obtained approval in May 2018. During the stakeholder consultation it was also agreed that, to be eligible to become a “Standard Nursing Teaching Institutes-Center of Excellence”, an NI must attain a score of $\geq 80\%$.

The CoE assessment checklist covers four areas and a total of 72 criteria or quality indicators. The criteria are graded as Fully Met, 2 points; Partially Met, 1 point; or Unmet, 0 points. The four areas under review are:

- i. Administration and Management capacity of the NI In-Charge and his/her office staff;
- ii. Teaching capacity of instructors and opportunities for peer learning;
- iii. Linkages with the district hospitals and clinical placements that influence students learning; and
- iv. Physical Facilities and Resources (furniture, T-L materials, labs, equipment, classrooms, library, student accommodation) needed for a standard institute.

The four areas are weighted with weightage in percentages; the highest (30%) being in the areas of quality of education and clinical practice areas. The areas of Administration and Management and Physical Facilities & Resource each are weighted at 20%. The total is scored as a sum of and percentage of each individual area rather than as a total and percentage of the cumulative raw score.

Table 1: Assessment Checklist Components & Weightages

	Areas	Number of criteria	Full marks	Weightage in percentage
1	Administration and Management	16	32	20%
2	Quality of education	19	38	30%
3	Clinical Practice	8	16	30%
4	Physical Facilities & Resource	29	58	20%
	Total	72	144	100%

A CoE Implementation Committee was formed to oversee the implementation process in establishing the “Standard Nursing Teaching Institutes – Centers of Excellence”. The Committee, comprised of representatives from DGNM, BNMC and HRH and chaired by the DG of DGNM, held its first meeting on 11 June 2018.

During June and July 2018, a baseline assessment of the 5 NIs was conducted by teams of 3 assessors (1 from DGNM, 1 Principal from Nursing Institute/Nursing College and the HRH NNA). Data were collected using the approved checklist, document reviews, and interviews with teachers and students.

Table 2: Final tabulation using the weightage percentage (Baseline)

	Areas	Total marks	Allocated %	Khulna	Bogura	Cumilla	Tangail	Thakurgaon
1	Administration and Management	32	20%	32 (20%)	21 (13.12%)	17(10.62%)	23(14.37%)	24(15%)
2	Quality of Education	38	30%	35 (27.63 %)	29 (22.89%)	25(19.73%)	28(22.10%)	29 (22.89%)
3	Clinical Practice	16	30%	16 (30%)	14 (26.25%)	10 (18.75%)	8 (15%)	8 (15 %)
4	Physical Facilities and Resources	58	20%	49 (16.89%)	36 (12.41%)	43(14.82%)	44 (15.17%)	44 (15.17%)
	Total marks and %	144	100 %	132 (94.52%)	100 (74.67%)	95 (63.92%)	103 (66.64)	105 (68.06%)

The 2nd meeting of CoE committee focused on the baseline assessment report. The summary results from the baseline assessment show that Khulna Nursing Institute received the highest score (94.52%). Having scored more than 80%, they achieved CoE status and received an appreciation letter from DGNM. The other 4 NIs (Bogura, Cumilla, Tangail and Thakurgaon) scored below 80%; 74.67%, 63.92%, 66.64%, and 68.06% respectively.

DGNM also sent each Institute a letter requesting them to prepare an action plan to address the gaps and return this to DGNM within a specific period. This was carried out within the deadline with the assistance of the HRH project.

The 3rd CoE committee meeting was held on 2 December 2018 during which committee members were assigned to follow up and monitor the progress on a regular basis based on the assessment findings. As well, a procurement plan was approved to procure equipment and furniture for the CoE centers. HRH also provided additional renovation/repair support to these NIs (e.g. extension of student accommodations, conference room, classroom and setting up 7 different skill labs to meet BNMC standards). The HRH renovations of student accommodations have been completed; however, the situation across all the nursing institutes remains inadequate to comfortably accommodate the number of students.

A final assessment visit of the 5 NIs was conducted in February 2019 using the same assessment checklist. It showed tremendous improvements in 4 NIs (Tangail, Bogura, Cumilla and

Thakurgaon) in terms of cleanliness, coordination, motivation, use of labs and library, etc. Although Khulna had already scored 94.52% during the baseline assessment, they also addressed their gaps. The reviewers observed great enthusiasm among the teachers, staff, students and hospital staff toward meeting the required CoE criteria. Healthy competition among the NIs was also observed. All NIs achieved CoE status and scored more than 80%. See Tables 3 and 4. Table 5 shows the results for all five NIs for both the initial and final assessments.

Table 3: Summary Results from Final Assessment of Five Nursing Institutes

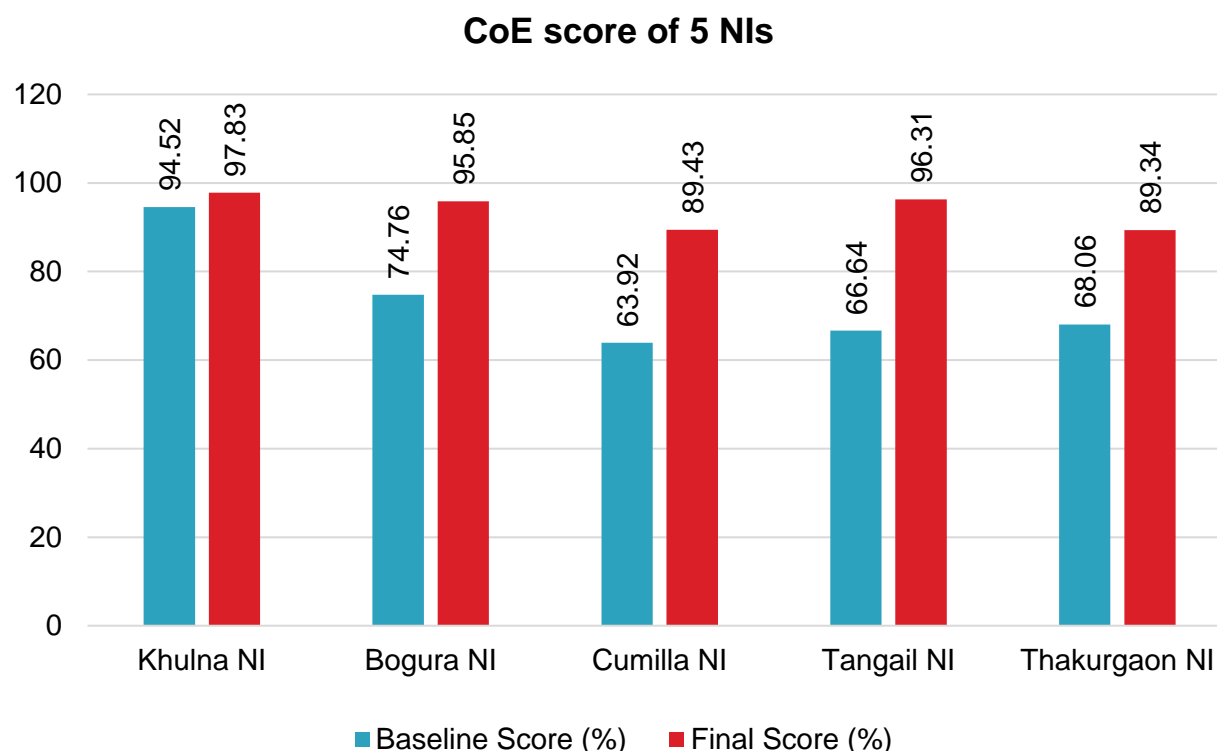
SL #	Areas	Total mark by area	Khulna				Bogura				Cumilla				Tangail				Thakurgaon			
			Fully Met	Partially met	Unmet	Total	Fully Met	Partially met	Unmet	Total	Fully Met	Partially met	Unmet	Total	Fully Met	Partially met	Unmet	Total	Fully Met	Partially met	Unmet	Total
1	Administration and Management	32	32	-	-	32	32	-	-	32	28	1	-	29	30	1	-	31	32	-	-	32
2	Quality of Education	38	36	1	-	37	34	2	-	36	32	3	-	35	32	3	-	35	34	2	-	36
3	Clinical Practice	16	16	-	-	16	14	1	-	15	10	3	-	13	16	-	-	16	12	1	-	13
4	Physical Facilities and Resources	58	50	4	-	54	54	2	-	56	54	2	-	56	54	2	-	56	42	6	-	48
	Total	144	134	5	-	139	134	5	-	139	124	9	-	133	132	6	-	138	120	9	-	129

Table 4: Final Tabulation Showing the Weighted Percentage*

	Areas	Total marks	Allocated %	Khulna	Bogura	Cumilla	Tangail	Thakurgaon
1	Administration and Management	32	20%	32 (20%)	32 (20.0%)	29 (18.12%)	31 (19.37%)	32 (20%)
2	Quality of Education	38	30%	37 (29.21%)	36 (28.42%)	35 (27.63%)	35 (27.63%)	36 (28.42%)
3	Clinical Practice	16	30%	16 (30%)	15 (28.12%)	13 (24.37%)	16 (30.00%)	13 (24.37%)
4	Physical Facilities and Resources	58	20%	54 (18.62%)	56 (19.31%)	56 (19.31%)	56 (19.31%)	48 (16.55%)
	Total marks and %	144	100%	139 (97.83%)	139 (95.85%)	133 (89.43%)	138 (96.31%)	129 (89.34%)

* Because of the weightages the percentages, when added together, are higher than a simple percentage of the total raw score.

Table 5: Comparison Between Final and Baseline Assessment Score



All NIs demonstrated good improvement in the area of Administration and Management. Files were found to be updated and the documentation system improved. Staff performance in regard to involvement with progressive work, responsibilities and accountability increased.

Educational quality also improved. There was increased use of the internet by students and teachers were found to be using multimedia during lectures, preparing lesson plans, and accurately using alternative methods of teaching. During student interviews in all NIs, students' satisfaction increased with regard to academic guidance and lab and library access.

In the clinical area it was noted that all centers had very good interpersonal relationships and good coordination between the hospital and the nursing institute. Nursing staff, Directors/ Superintendents, and doctors were very supportive and keen to achieve CoE status. During the baseline assessment visit, structured clinical practice assessment tools to test students' skills were found to be lacking. Given the importance of a clinical practice checklist to ensure that each student achieves all requisite BNMC competencies, the HRH project assisted DGNM in developing one. In the final assessment visit clinical checklists were in use in all CoE centers.

With respect to the fourth area - physical facilities and resources – these were found to be adequate in all centers except Thakurgaon which needs more midwifery models. All centers have 7 well arranged skill labs and library use had increased. All Institutes were keeping the labs and library open from 8am to 8 pm.

The Participating NIs received award for their notable contribution to improve their Nursing Institute into a “Center of Excellence” of nursing education. The award was presented to the Institutes during the National Network Meeting for nurses in presence of 300+ nurses by the

Director General Nursing and Midwifery and First Secretary, Global Affairs of Canada to the Nursing Institute at Krishibid Institute, Dhaka held on 3 April 2019. This innovative approach of quality improvement of nursing education has been instrumental in motivating the other public and private sector NIs to improve their institutes closer to a Center of Excellence status. DGNM is considering to expand the initiative in more nursing institutes in the next phase under operation plan budget in order to improve quality of nursing education. The technical and financial support for this initiative is provided by the Human Resources for Health Project in Bangladesh funded by Global Affairs Canada.

Recommendations:

A. For CoE Implementation Committee

- Continue follow up to all CoE centers to keep up the progress.
- Identify 5 more centers that could be developed.

B. For Nursing Institutes

- Sustain the existing development.
- Develop skill in writing more clear clinical learning objectives for clinical practice.
- Ensure all committees remain active and delegate authority with specific tasks.
- Conduct monthly coordination meetings faculty-staff-student, faculty-hospital
- Develop a local recognition or reward system for better performance by both students and teachers (e.g. simple gifts such as a certificate, book, pen, notebook, etc).
- Continue to exercise NI In- Charge leadership particularly in guiding teachers (e.g. wearing uniform, timely attendance, team building).
- Maintain regular assessment of student clinical performance by using the newly developed Clinical Practice Checklist.
- Practice Total Quality Management in education and practices by using quality management monitoring tools.
- Network with other best practice Nursing Institutes for peer learning.

C. For Director General of Nursing and Midwifery

- Continue to support established CoEs.
- Offer workshops in CoE development that would encourage others to apply.
- Develop a program whereby other NIs can visit the current centers to learn from them.
- Amend the tool to include observation of critical points that influence the image and effectiveness of an educational institute (e.g. wearing of uniforms by students and teachers, timely attendance, team spirit, interpersonal relationships, leadership and managerial capacity of the in-charge, coordination and relationships with the hospital professionals, cleanliness, teachers computer skills, etc).

Lesson learned

- The letter from the DG motivated NIs to engage in CoE and inspired them to act on the action planning.
- Regular contact by DGNM, HRH and additional guidance and resources were motivating.
- Because of the new resources there was increased use of the internet by students and teachers were found to be using multimedia during lectures, preparing lesson plans, and accurately using alternative methods of teaching therefore educational quality is improved.
- Students' participation was remarkably visible. Taking part to keep their bed room, premises, kitchen, dining clean. Students were asking what else they should do to be Center of Excellence. Their satisfaction increased with regard to academic guidance and lab and library access.
- Several of the factors that influence the image and effectiveness of an educational institute (e.g. wearing appropriate uniforms by students and teachers, timely attendance, team spirit, interpersonal relationships with students, teachers, doctors, other hospital staff, leadership and managerial capacity of the in-charge, coordination and relationships with the hospital professionals, cleanliness, teachers computer skills, etc) are enhanced by external support, rewards, etc.
- In the baseline assessment period the HRH project felt the need to assist DGNM in developing a Clinical Practice Checklist to fulfil the Diploma in Nursing Science and Midwifery curricular requirement as well as for practical assessment purposes. It was developed and initially distributed to all CoE centers. This is the first time initiative to develop such type of clinical practice checklist and the NIs found this very useful. DGNM was very keen to supply this checklist to all 43 public NIs. It means that all Nursing Institutes have equal opportunity to use this unified and structured clinical practice checklist to ensure that each student achieves all requisite BNMC competencies. It was noticed during the National Nursing Network Meeting that nurses were very eager to get the checklist for their own Institutions as it would be very useful for all teachers as well as for students. All nursing heads of the institutes and hospitals appreciated this initiative taken by HRH project.
- During the interim period between the baseline and final assessments the NIs introduced extended library opening and closing hours in all COE centers. As a result the number of users increased and library rules and policy were followed. The students seemed satisfied as borrowing and returning books increasing used NEMS.
- A very cordial relationship also was observed between the students and the teachers. Good interpersonal relationship between the NI, hospital Director, Nursing Superintendent, etc. adds extra value for enhancing students' better learning as all together remain concerned about providing better learning opportunities.
- All Institutes established coordination committees composed of the representatives from the hospital and nursing institute; this was found very much effective for smooth management of students' clinical practice. It is one of the contributing factors to obtaining 'Center of Excellence' status.
- Other NIs were inspired to develop their Institute as a Center of Excellence and expressed strong interest to be included in the next phase .It is evident that this created high enthusiasm among the stakeholders and raised their work motivation.

