WORLD HEALTH ORGANIZATION COLLABORATING CENTRE
FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT
World Health Organization
Western Pacific Region

UNIVERSITY OF TECHNOLOGY SYDNEY

2013 CASE STUDY: Building leadership skills in Tonga

Clinical nurse supervisors attain this position with little or no formal preparation in management skills. In order to manage staff well leadership skills and knowledge of legal and ethical requirements is needed in Tonga.

Tonga Team: Iunisi Vaikimounga, Elenisi Moa Maake **Mentors:** Sela Paasi, Tilema Cama

Action Plan: Building leadership skills among 30 clinical nurse supervisors.

Purpose and Rationale: To improve patients' satisfaction and reduce days of hospitalization as well as improve nursing performance overall, nursing supervisor leadership skills need to be improved. To do this improvements to nursing attitudes and behaviour will be addressed and an increase in knowledge of legal and ethical frameworks will provide more structured and specific supervision.

Problem: Clinical expertise does not equate with supervision expertise with nurse supervisors lacking the necessary skills to lead their team members. One of the nurse supervisors role is to assess and evaluate clinical nurses' performance using the National Competency Standards, the supervisors after training will be able to conduct this assessment annually and find who requires further training, coaching and supervision to develop their knowledge, skills, attitudes and behavior.

Short term goal: Develop training for nurse supervisors to increase their confidence, knowledge of legal and ethical framework and improve professional attitudes and behaviors.

Long term Goals: Improvement of nurse supervision roles can develop Tonga's Health Organisation mission "to support and improve the health of the nation by providing quality, effective and sustainable health services."

Proposed Timeline: As per previous case studies, this timeline will be progressively updated.

2013	July	Prepare and submit report to CNO and stakeholders
		Plan a session to share experience of AAF with nursing supervisors and encourage future involvement in professional activities such as the AAF.
	August	Write and submit proposal for action to CNO. Write a request for resources.
	October	Prepare content for training, organize venue, organize facilitators to run training.
	December	Inform target group of 30 nursing supervisors. Organise equipment needed for training. Prepare materials.
2014	January-February	Conduct training
	June	Evaluate outcome of nursing supervisor training.
Primary Stakeholders: Nursing leaders, clinical nursing supervisors, clinical nurses, .Tonga Nursing Board, Tonga Nurses Association		
Secondary Stakeholders: Previous fellows, public service commission, nursing students, patients and families.		
Limitations: Potential limitations and barriers that may obstruct this project include time and resources such as money, teaching tools and expertise. Another barrier to implementation may be resistance to change from the nursing supervisors.		

"One thing I have learned is action plan development as this is the first time for me to develop one. I also have to work with my mentors as without them I can't achieve my plan."

Elenisi Moa Maake, AAF Fellow 2013, Tonga

"I know when I go back I have to use these skills and knowledge to support research and use evidence."

Iunisi Vaikimounga, AAF Fellow 2013, Tonga

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2013 CASE STUDY: Reducing diabetes in Kiribati

One of the major problems in Kiribati is an increasing rate of amputation due to diabetes leading Fellows to develop an awareness campaign on prevention and treatment of diabetes.

Kiribati Team: Ntaake Jack, Mareta Tito **Mentor:** Mamao Robate

Action Plan: To reduce the overall incidence of diabetes and therefore the number of diabetic amputations

Purpose and Rationale: Diabetes is a burden in Kiribati with almost a quarter of the population suffering and an increasing number of amputations occurring. There is very little training for communities about diabetes or associated complications and very little funding put towards this growing issue. With an interprofessional team including nutritionists, agriculturalists and nursing knowledge about diabetes, its causes and effects will be disseminated.

Problem: Kiribati people are high consumers of sugar and have a high incidence of diabetes, currently there is only one diabetic nurse in the community unit and training is concentrated in urban areas. Diabetes can be prevented with education, monitoring eating patterns and physical activity.

Short term goal: Educational workshops to improve skills and knowledge of prevention and management of care, educational DVD disseminated to communities, and a home gardening program to enable an increase in vegetables and fruits in the diet.

Long term Goal: Decrease the incidence of diabetes and therefore associated amputations.

Proposed Timeline: As per previous case studies, this timeline will be progressively updated.

2013	July	Brief mentor and other stakeholders of Action Plan
		Organise timelines and implementation plans of activities.
		Collaborate with NCD team on a workshop to improve skills and knowledge of wound care, medications and diet. Provide information on diabetes through DVD
2014	June	Community awareness program in five communities through drama and pamphlet distribution.
Limitations: Possible limitations and barriers may include time constraints, lack of commitment of stakeholders, funding, availability of equipment and materials, community commitment and transport.		
Primary Stakeholders: NCD Coordinator, diabetic nurse, nutritionist, agricultural staff, Director of Public Health, Director of Nursing (mentor), community nurses, school teachers, DPHS, DNS, DDNS, diabetic patients and amputees		
Secondary Stakeholders: diabetic patients' families and communities.		

"For the program I enjoyed every part. It gives me courage to change. I have to go back and make a change. I have learnt how to do this. Also meeting the lecturers and other fellows has been great."

Ntaake Jack, AAF Fellow 2013, Kiribati

"It has been a privilege for me to be at this training and share with the other island cultures. One thing I have learned is data collection and how to use it - it is the backup for our issues. Also this training has given me a wider view of leadership."

Mareta Tito, AAF Fellow 2013, Kiribati

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2013 CASE STUDY: Refresher training for nurse aides in the Solomon Islands

Nurse aides have not been provided with any further training for up to fifteen years leading Solomon Island Fellows to gather baseline information on what training will be most useful.

Solomon Island Team: Isaac Newton Muliloa, John Mauki Fangatafea **Mentors:** George Pego

Action Plan: Nurse Aide Assessment to be carried out among nurse aides to further identify deficiencies that this planned refreshers courses can address. With this assessment instruments can be designed.

Purpose and Rationale: Refresher courses should provide nurse aides with new knowledge, resources or approaches, make correction to inadequate training, adaption to changing roles, means to remedy a deterioration in the quality of care provided by individual nurse aides and the desirability of adapting to changed health needs.

Problems: This needs to be addressed because nurse aides have not been provided with refresher courses for the last 10 – 15 years. A lot of changes have taken place such as rapid population growth, immerging of new diseases, new technology and changes in lifestyle.

Short term goal: Collect baseline data for better planning of a nurse aide refresher course.

Long term Goal: Provide a pathway for upgrading the skills and competencies of nurse aides to increase their skills and allow them to gain further recognition. This will improve the quality of health care and contribute to standardization of nurse aide structure in the Solomon Islands.

Proposed Timeline: As per previous case studies, this timeline will be progressively updated.

2013	June	Letter to ethical committee for approval for a KAP survey
		Development of budget for project
		Meetings with nursing authorities such as Head of Nursing, Nursing Training and Development Office, Nursinc Council, President of Nursing Association.
		Pre-consultation with Provincial Directors and Nurse Educators
	July	Identify study population, design study tools
	August	Carry out Nurse Aides assessment
	November	Analyse findings
2014	February	Write report and present to stakeholders
	March	Present report at national conference
Limitations: Possible barriers to this project may time, funding and logistical constraints		
Primary Stakeholders: Provincial directors of nursing, provincial nurse educators, nurse aides.		
Secondary Stakeholders: Hospitals		

"When we go through the system you just do what the system tells you to do, but with this leadership training we learn more about the system and how to use data to make a change. The training motivates me to be more into research, use the internet to find more information and how to link it altogether."

Isaac Newton Muliloa, AAF Fellow 2013, Solomon Islands

"We have learned to use evidence, and translate evidence to practise. This has given me the confidence to go back and drive things through. I can't find better words to express my thankfulness, it has been so relevant. I have learned a great deal."

John Mauki Fangatafea, AAF Fellow 2013, Solomon Islands

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2013 CASE STUDY: Orientation of New Nurses to City Hospital Cook Islands

With about half the nursing/midwifery staff at Rarotonga Hospital being from other countries or outer islands, it is important they are oriented to systems and equipment. This need has led Fellows to develop four orientation checklists to ensure better outcomes for patients.

Cook Islands Team: Rouruina Taraare and Lycee Teiotu **Mentor:** Ngakiri Teaea (previous Fellow)

Action Plan: Orientation checklist for nurses working in Rarotonga Hospital

Purpose and Rationale: To ensure that all nurses/midwives know and understand how the system and equipment works in Rarotonga Hospital.

Problem: There are many multi ethnic nurses working in the Cook Islands as well as nurses/midwives coming in from the outer islands. Therefore for some of the nurses/midwives, there are unfamiliar systems, machines and equipment.

Short term goal: To ensure that all new registered nurse/midwives, contract nurses from other countries and from the outer islands are orientated to Rarotonga Hospital systems and equipment.

Long term Goal: To enable nurses to be confident to achieve and deliver a high standard of care.

Proposed Timeline: As per previous case studies, this timeline will be progressively updated

2013	July—Sept	Meetings with stakeholders to gain buy in and develop orientation checklists
	November	Prepare 4 orientation checklists for 4 particular departments: Surgical Ward; Maternity ward; Medical ward; OPD/A&E
	December	Ratify orientation checklists with hospital management and Chief Nurse of Cook Islands
2014	January	Implement checklists as standard procedure
Limitations: Unavailability of the IT personnel to deliver their session, staff nurses being busy and unable to support the new nurse, new nurses being in a new environment and not being confident for the first few weeks		
Primary Stakeholders: Funding and Planning personnel; IT personnel; Chief nurse officer; Quality Manager; Nursing Supervisor; Charge nurses; Senior registered nurses; Cook Islands nurses associations (CINA)		
Secondary Stakeholders: Patients and community		

"I thought I understood leadership but this training has given me a bigger picture on how to move ahead in delivering good services. The program links from one session to another and links with our country's problems."

Rouruina Taraare, AAF Fellow 2013, Cook Islands

"This program has widened my mind to political awareness and getting stakeholders buy-in. I always say I am a clinical nurse and am not good at management. But now in this program leader and manager have been shown to me."

Lycee Teiotu, AAF Fellow 2013, Cook Islands

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2013 CASE STUDY: Increase Immunisation Coverage in Vanuatu

Low immunisation rates may have long term consequences in Vanuatu leading Fellows to develop a plan to increase coverage, starting with one province.

Vanuatu Team: Rosalinda Aline Omawu and Robert James Moise **Mentors:** Leipakoa Matariki, John Tasserei

Action Plan: Increase immunisation coverage for children 0-5 years in Tafea Province

Purpose and Rationale:

Problem: The Vanuatu government made it compulsory for all children to be immunised from 0-5years,but many are lagging due to geographical isolation, financial constrains, and lack of follow-ups either by parents or the Mother Child Health Nurse. For example less than 70% of children in Tafea Province are immunised for measles.

Short term goal: The project will aim to cover immunisation of children 0-5 years in the Tafea Province.

Long term Goal: Increased immunisation cover of children in Tafea by 15% by December 2015

Proposed Timeline:

2013	July	Consult with Provincial Manager and staffs concerned
	September	Prepare report on current immunization activities
	November	Secure funding (Donor or MOH)
	December	Provide awareness to community leaders and inform parents to make their children available.Emphasis on importance of vaccination in all levels (health facilities, and communities)
2014	Jan-March	Vaccinate children
	July	Review statistic to see if the goals are being met
Limitations: Cultural believes and values- parental resistance; weather; geographical layout; lack of infrastructure; lack of adequate funds and supplies (Icebox and solar); lack of transportation (MCH vehicle); resistance from Ministry of Health.		
Primary Stakeholders: Parents; Village leaders (chiefs, pastors and women's representatives); Rural Health Workers; Provincial Health Managers; PWD, National EPI Coordinator; Ministry of Health		
Secondary Stakeholders: Community		

"When I go home I will tell everyone that we can go up higher than this, I will let all my colleagues know they should come to this program."

Rosalinda Aline Omawu, AAF Fellow 2013, Vanuatu

"I am new in the position and young in the position. I need a lot of input and look forward to continuous support. It's been great for me to learn about leadership. I am a manager, but I'd rather be a leader."

Robert James Moise, AAF Fellow 2013, Vanuatu

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2013 CASE STUDY: Register Graduate Nurses and Midwifes in PNG

Slow registration processes have impeded new graduate nurses/midwifes in working. Recognising this problem, PNG Fellow wants to help establish processes to facilitate registration.

PNG Fellow: Mary Akis **Mentor:** Mary Kililo (previous Fellow)

Action Plan: Establish a process for all Nursing and Midwifery Graduates to be registered to practice soon after graduation.

Purpose and Rationale: Papua New Guinea has an ageing nursing workforce, yet 27% New graduates are not able to be employed due to lack of registration. A streamlined program is needed to facilitate the registration of qualified Nurses and Midwives to practice.

Problem: Structured Registration of nurses stopped from 2003 onward and needs to be revitalized

Short term goal: Streamline registration process for nurses and midwifes to increase registered health work-force.

Long term Goal: Increase the population of nurses and midwifes to meet community needs

Proposed Timeline:

2013	July	Meet Nursing Council and National Department of Health for support. For Nursing Schools, stakeholder and Nursing Council to agree upon the registration protocol from August-December 2013
	July	Requirements for Registration presented to NDOH/HRM to present to Nursing Council Education Body for approval.
	September	Develop a flow chart that describes the steps in the protocol process for Registration by July- 2013.
	December	Education Committee NC to accept this protocol by octomber 31, 2013.Accepted Registration protocol communicated to all Schools and Stakeholder by December 2013All protocol developed and accepted and ready by December 2013
2014	January—June	Protocol used for registration in March 2014, by Nursing Council Education committee
Limitations: No permanent Nursing Council Registrar; time frame may be too short for planning if others do not prioritize this as being important; lack of funds		
Primary Stakeholders: Chief Executives of Hospitals and health facilities; Schools of Nursing Principals; Representatives of Churches Health Facilities; NDoH /Minister of Health, the Secretary of health who often receives complains from public or the media from lack of providing quality services to the public.		
Secondary Stakeholders: Patients, community.		

"I'm impressed with all the professors who came to talk with us, and talking about nursing was great for us."

Mary Akis, AAF Fellow 2013, PNG