



Summary of Rural Clinic Placement Evaluations

2nd Year General Nursing Students

Scott School of Nursing

3 June – 15 June, 2013

16 June – 28 June, 2013

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INTRODUCTION

Scott School of Nursing (SON) is run by the Lesotho Evangelical Church (LEC) and is a non-profit institution. It is a member of the Christian Health Association of Lesotho (CHAL) and is one of the four CHAL schools that offer nurse training programs. Scott SON offers a three year diploma in general nursing with an additional one year program to secure a diploma in midwifery, as well as a two year course to obtain a nurse assistant certificate.

MCHIP Lesotho supports placement of nursing and midwifery students into primary health care clinics. The purpose of this placement is to provide a clinical experience for the students that improves their clinical skills and increases their exposure to health related issues in Lesotho. The overall goal is to advance the students' clinical competencies in health promotion and disease prevention, as well as curative services in primary care setting.

MCHIP/Jhpiego supports Scott SON with the placement of second year nursing students to primary health care clinics to provide them with this clinical experience. Second year nursing students were divided into 2 groups and placed in primary health care clinics for two week rotations between 3 June and 15 June, 2013 and between 16 June and 28 June, 2013.

SELECTION OF HEALTH CENTERS

Health centers (HCs) were chosen as clinical placement sites using recommendations from site assessments that were completed by MCHIP and Jhpiego in collaboration with Scott SON in November 2012. Two health centers were selected and students were placed at Matetile HC and Ribaneng HC.

Matetile HC is located thirty-four kilometers from Scott SON. The HC has an unreliable source of village water and has electricity. The MCC has built a new facility, but the site has not been handed over to the clinic to date. The clinic is staffed by one nurse clinician, one midwife and one trained nursing assistant (TNA). There are on average 564 outpatient visits monthly. The students are housed off-site during their clinical rotations at rented facilities in the nearby village.

Ribaneng HC is located fifty-nine kilometers from Scott SON in a rural area. The clinic is owned by the LEC. The HC has water and solar power for lights, there is no electricity. The MCC has built a new facility, but the site has not been handed over to the clinic to date. The clinic is staffed by one nurse clinician, one midwife and two TNAs and they see on average 537 outpatient visits each month. The students are housed in an unoccupied staff house near the clinic.

Study participants included second year nursing students from Scott SON, clinical faculty from Scott SON, and clinic staff from the Matetile HC and Ribaneng HC. Twenty-one Scott SON students were placed at Matetile HC (n=10) or Ribaneng HC(n=11) for two weeks in June 2013. All of them participated in filling out the evaluation tool described below. Four nurse educators from Scott SON oversaw the students and completed the evaluation tool. One nurse clinician from Matetile HC and two nurse midwives from Matetile HC completed the evaluation tool. Three staff members from Ribaneng HC completed the evaluation tool, one ophthalmic nurse midwife, one general nurse, and one nurse clinician.

The data collection tool for this study was a Likert scale survey accompanied by open-ended questions. The students received a 15 question survey with 5 open-ended questions. The clinical faculty and clinic staff received an 18 question survey with 4 open-ended questions. The responses for the Likert scale that included: (1) strongly disagree, (2), (3), (4), and (5) strongly agree. Responses 2, 3, and 4 were not defined as being disagree, neutral, and agree, in this tool, instead arrows suggested the range between strongly disagree and strongly agree. Participation in the study was voluntary and confidentiality was guaranteed.

The objectives of the evaluation are:

- To evaluate rural clinical venues providing placements to nursing students
- To identify strengths and/ or limitations of clinical placement venues
- To provide an opportunity for students, clinical faculty, and clinic staff to comment on their perception on clinical learning and on rural clinical placements
- To assist clinical venues in improving and enhancing the learning environment they provide students

Quantitative data from the Likert scale was analyzed by comparing the percentages of students' responses to a statement. Individual scores between different HCs were compared for clinical faculty and clinic staff. One student from Matetile HC did not answer the statement: "There were many learning opportunities for me in this venue". The results for this statement for Matetile HC reflect that only 9 students answered this question. The other statements were answered by all students.

One student placed at Matetile HC has an additional statement on his/her survey, "The time allocated was adequate for the experience." The individual response to this statement is recorded in the conclusion, but is not present in the figures. Two nurse educators had two additional statements on their surveys, "The clinic placement was in line with curriculum requirements" and "Overall, the clinical placement of students was a relevant experience". The individual responses to these statements are recorded in the conclusion, but are not present in the figures.

The student responses to the open-ended questions were reviewed and categories were developed to define the most common responses to the questions. A summary of these categories and chosen quotations are included in this report. The clinical faculty and clinic staff responses to open-ended questions were reviewed and are listed in this report.

LIMITATIONS

Since respondents can interpret a Likert scale in a different manner the quantitative data was analyzed by combining (4) "agree" and (5) "strongly agree" statements and compared. This was completed to limit bias.

SUMMARY OF STUDENT PERCEPTIONS

The following figure shows the total percentage of students for each of the three clinics that “agree” or “strongly agree” with the statement. A breakdown of all scores can be found in appendix A.

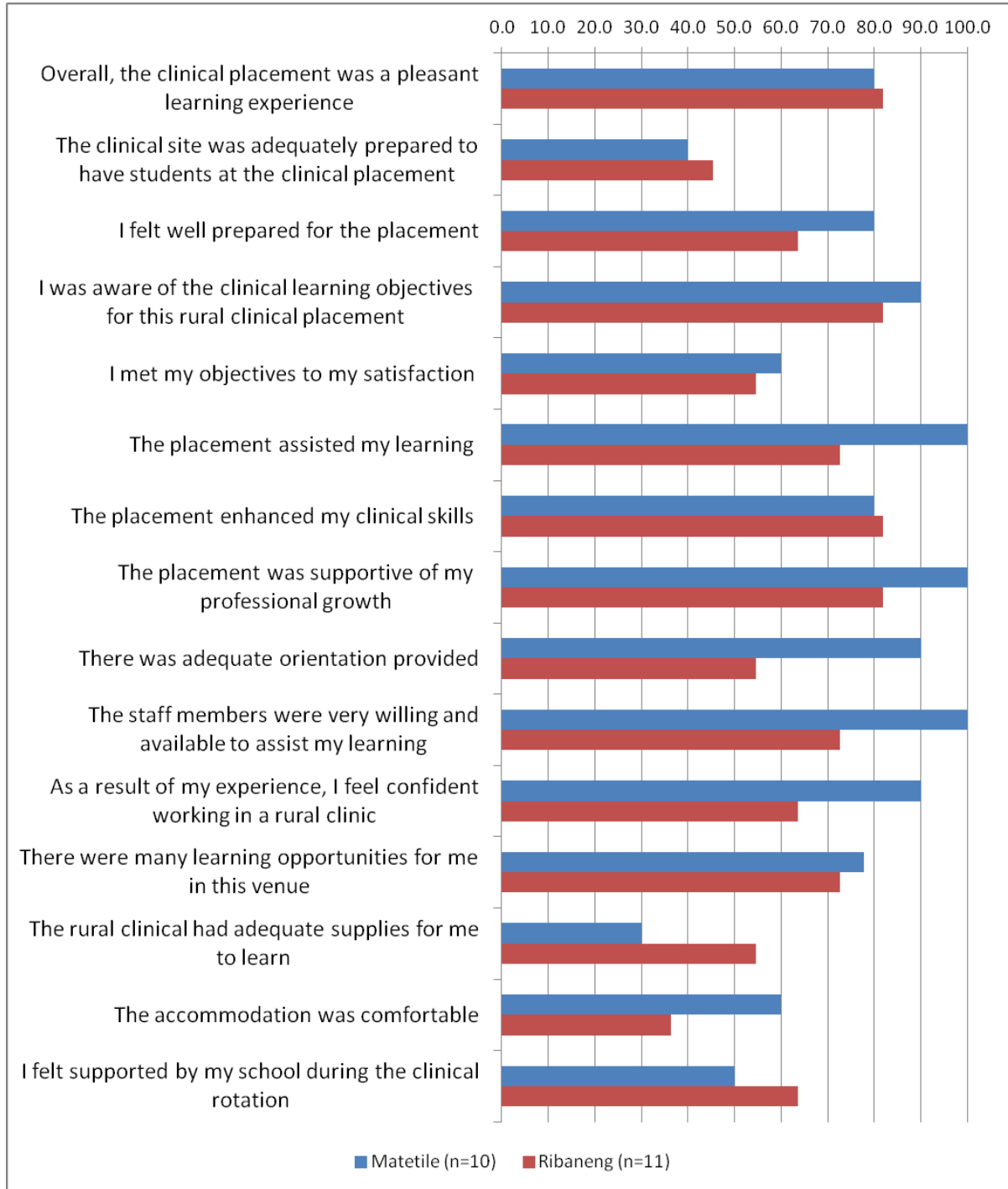


Figure 1: Comparison of the total % of 2nd year Scott nursing students per clinic that agrees or strongly agrees with clinic evaluation statements for two week rural PHC rotations in June 2013

Best things about the placement – student perspective

Matetile	Ribaneng
<p>Supportive Staff</p> <ul style="list-style-type: none"> • Nurses were willing to help and supported us in our learning. • I was able to ask because the staff was willing to help. • Staff members were willing to help every time we needed them. <p>Diversity of Clinical Learning</p> <ul style="list-style-type: none"> • There were a lot of patients in this clinic therefore I learned how to manage different conditions. • The placement covers most of the procedures done in hospital. • There is a room for learning. <p>Health Education</p> <ul style="list-style-type: none"> • Giving health education to the illiterate, students in different levels of education. • I felt confident to do health educations, which is what I could not do before. <p>Patient and Community Interaction</p> <ul style="list-style-type: none"> • Delivering health care services to those people living in the grass roofs who hardly access to clinic. • Doing home visits to those people who cannot be able to go to the clinic • How to identify community need and how to meet them. 	<p>Supportive Staff</p> <ul style="list-style-type: none"> • Staff members were there to help and available whenever I need them to assist. • Our supervisors were good and taught us a lot. • Cooperation was good. <p>Diversity of Clinical Learning</p> <ul style="list-style-type: none"> • Availability of patients presenting with different interesting conditions and availability of medications. • Management of different illnesses • There were many patients with different diagnoses. <p>Patient and Community Interaction</p> <ul style="list-style-type: none"> • Exposed to community at large and plan for their beneficial a team. <p>Communication</p> <ul style="list-style-type: none"> • Communication was so good. <p>Drug Availability</p> <ul style="list-style-type: none"> • Every drug was there. <p>Accommodation</p> <p>Safety of the Clinical Area</p>

Areas that need improvement – student perspective

Matetile	Ribaneng
<p>Clinic Infrastructure and Sanitation</p> <ul style="list-style-type: none"> • Consultation rooms are not conducive during winter in terms of temperature and water supply. • Improved water supply. • Installation of warming appliance to promote comfort of the patients. <p>Equipment and Supplies</p> <ul style="list-style-type: none"> • There must be an increase in equipment supply. • More concern should be put on increasing equipment supplies such as specimen bottles. <p>Longer Duration of Placement</p> <ul style="list-style-type: none"> • The time was very limited and some of the things need time to be captured. • Students must be given enough time so that they can be confident. <p>Additional Clinic Staff</p> <ul style="list-style-type: none"> • The work is too much and there must be staff increase. • Increase the number of nurses. <p>Accommodation</p>	<p>Clinical Infrastructure and Sanitation</p> <ul style="list-style-type: none"> • Improvement on sanitation • Electricity not available • Adequate privacy for patients <p>Equipment and Supplies</p> <ul style="list-style-type: none"> • The new clinic should be opened because some equipment is packed and it's difficult to locate them. • Improvement in medical supplies <p>Longer Duration of Placement</p> <ul style="list-style-type: none"> • Time to be given to the students is too limited. <p>Additional Clinic Staff</p> <ul style="list-style-type: none"> • Increase the number of working staff especially registered nurses. <p>Accommodation</p>

Most improved clinical skills – student perspective

Matetile	Ribaneng
<p>Diagnosis and Treatment Skills</p> <ul style="list-style-type: none"> • Prescribing appropriate medications for different conditions • Consulting and prescribing • Identification and management of STI <p>Physical Exam Skills</p> <ul style="list-style-type: none"> • Physical examination of the patient <p>Communication Skills</p> <ul style="list-style-type: none"> • Good communication skills with patients • How to talk with different people and patients • Confident to provide health talks <p>HIV</p> <ul style="list-style-type: none"> • Achieved improvement on ART and TB information and skills <p>MCH</p> <ul style="list-style-type: none"> • Baby clinic and antenatal clinic have taught me a lot of things. <p>Other</p> <ul style="list-style-type: none"> • To do home visits and providing community nursing 	<p>Diagnosis and Treatment Skills</p> <ul style="list-style-type: none"> • Consultation and diagnosing patients • Prescribing and managing different prescriptions • Able to think critically to make possible diagnoses <p>Physical Exam Skills</p> <ul style="list-style-type: none"> • Head to toe examinations <p>Communication Skills</p> <ul style="list-style-type: none"> • History taking. • Health education <p>HIV</p> <ul style="list-style-type: none"> • Helping patients on ART (for refilling and counseling) <p>MCH</p> <ul style="list-style-type: none"> • Examining pregnant and post natal women • IMCI (Integrated management of childhood illness) <p>STIs</p> <ul style="list-style-type: none"> • Differentiate types of STI's and how they are treated

Would students like to work in a similar clinic after completing their training?

Yes: 90.5%	
Challenging and diverse clinical care	<ul style="list-style-type: none"> • There is a room for learning as I have encountered many challenges being in the area. • Because I became exposed to so many things I like consulting patients and doing community health
Community	<ul style="list-style-type: none"> • Yes, because I want to serve community. • The community at the place is cooperative and welcoming, one feels at home.
Learning Opportunity	<ul style="list-style-type: none"> • I was able to provide a holistic nursing care and utilization of the nursing process, the place has few nurses and I would like to work there.
Independence	<ul style="list-style-type: none"> • Yes because I want to be my manager and to help those people in rural areas.
Need for Staff	<ul style="list-style-type: none"> • Because everything was within the scope and there's a need for staff
Maybe: 9.5%	
	<ul style="list-style-type: none"> • If the areas of improvement are improved
No: 0%	

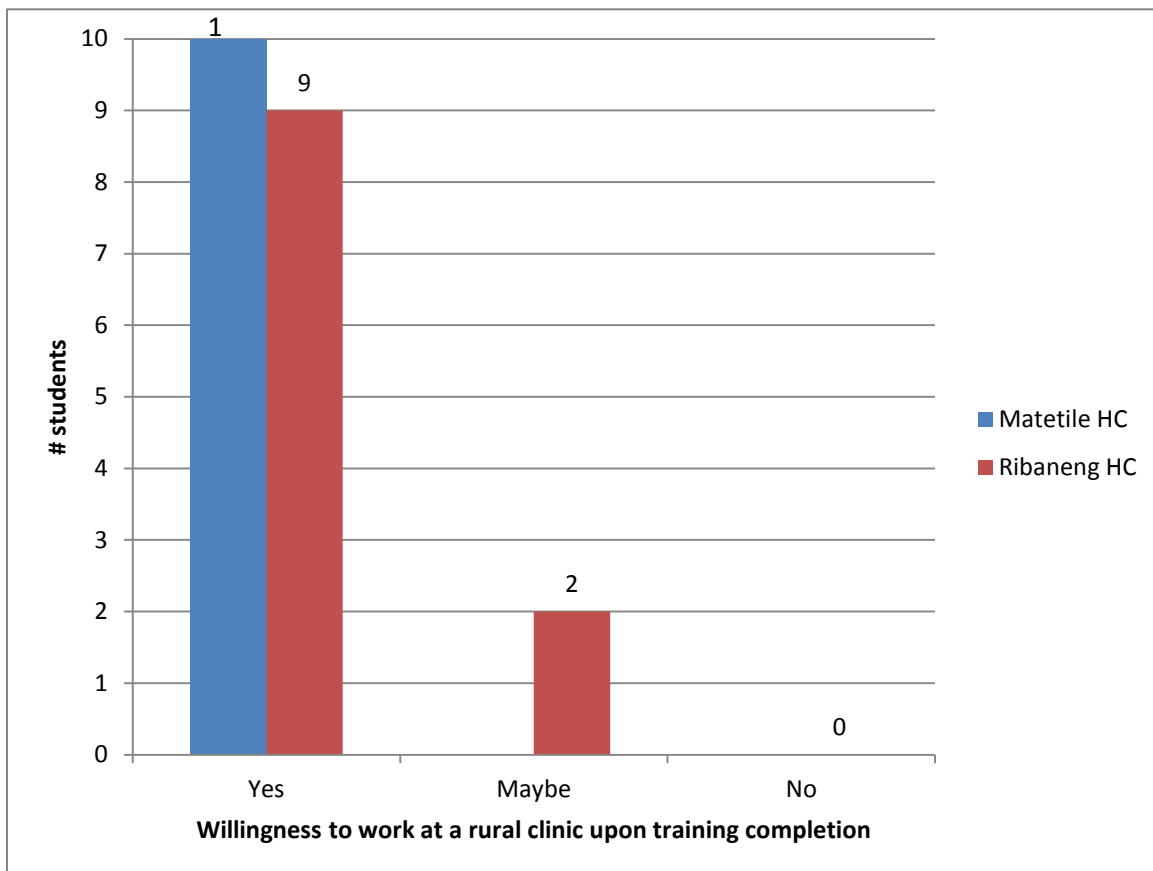


Figure 2: Scott students in rural PHC rotations for two weeks in June 2013 at 2 different sites and their willingness to work in a similar rural clinic upon completion of their training

ADDITIONAL COMMENTS FROM STUDENTS ABOUT CLINICAL PLACEMENTS

- **Longer duration for clinical experience**
 - To be given more time to be in a clinics so to be exposed to various conditions and how to manage
 - I would suggest that our duration as students should be extended because two weeks was not enough and visual aids should be available that we as students should use when learning
 - Time provides for the experience short should be extended to about a month.
 - Time should be extended to enhance full potential and effective learning.
- **School of nursing support and logistics**
- I really appreciated the support from my school and staff members and this make me to like to stay in a rural area.
- Drug supply was poor, no drugs in pharmacy, patient care was difficult.
- The environment was not conducive for learning because there was no privacy of patients during consultation and the space was inadequate in the health centre.
- I felt good to be in Matetile and it has improved my clinical skills. I thank every member of staff for being so open to me.
- Nurses there had passion on their work. They were also interested in teaching students on how to handle work.
- If all clinics and health care facilities can be like Matetile health centre especially in the distribution of ART we can really combat HIV/ART.
- It was very good to be in clinical placement because that is where I gain more experience.

SUMMARY OF NURSE EDUCATORS' PERCEPTION

The following figure shows individual scores of nurse educators for both of the supervised clinics.

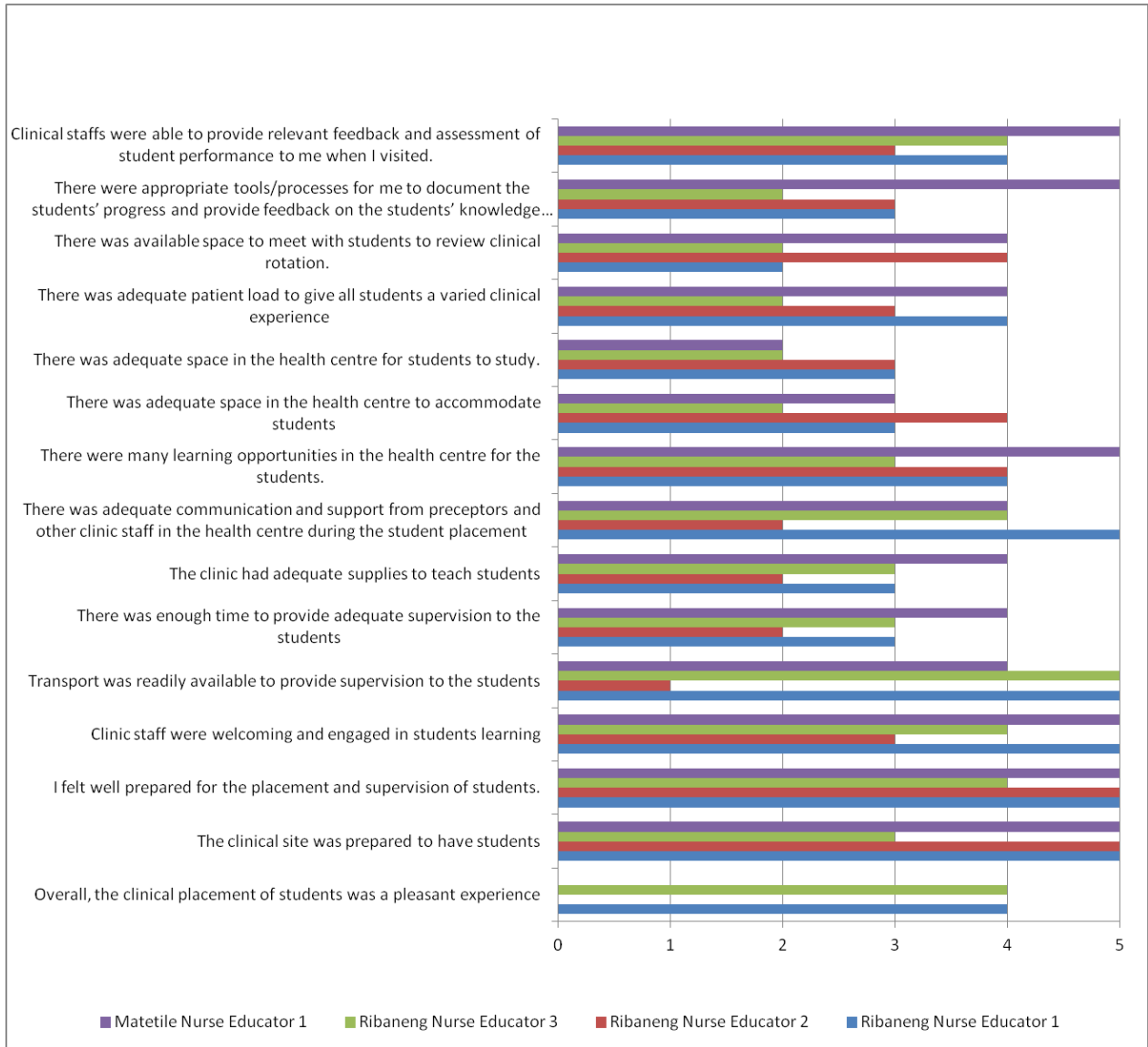


Figure 3: Comparison of individual scores from nurse educators between different rural PHC sites for 2nd year nursing students from Scott SON

Best things about the placement – nurse educator perspective

Matetile	Ribaneng
<ul style="list-style-type: none"> • Allowed learners to be exposed more to PHC • Learners gained the quality of responsibility 	<ul style="list-style-type: none"> • Apply theory into practice • The placement was able to respond to the learner's learning needs • It is a real rural placement, it provided rural cases not seen in urban • Ability to learn and acquire new skills • Preceptors were able to supervise learners • It provided a challenge for learners to decided on differential diagnosis • Feel the reality of rural areas • The number of learners placed were adequate for the staff • Rural conditions and prescriptions

Areas that need improvement –nurse educator perspective

Matetile	Ribaneng
<ul style="list-style-type: none"> • Accommodation of learners • Need to follow up on handover of the newly constructed clinics. 	<ul style="list-style-type: none"> • Accommodation • Transport is a challenge, therefore in future such provision is needed • Equipment needs to be checked • Learning facilities e.g. literature

Clinics that are recommended for future placements by clinical instructors:

- Matetile HC
 - It is rural but accessible
- Ribaneng HC
 - It is renovated and has good space.

Additional comments given by the clinical instructors:

- Involve and train trained nursing assistants as preceptors as they are also providing a helping hand
- Nursing assistants should be included in the preceptorship training as they also supervise students.
- Learners must be placed at least for four months for them to get enough time for acquisition of skill

Summary of Clinic Staff Perception

The following figure shows individual scores of clinic staff for each of the two clinics.

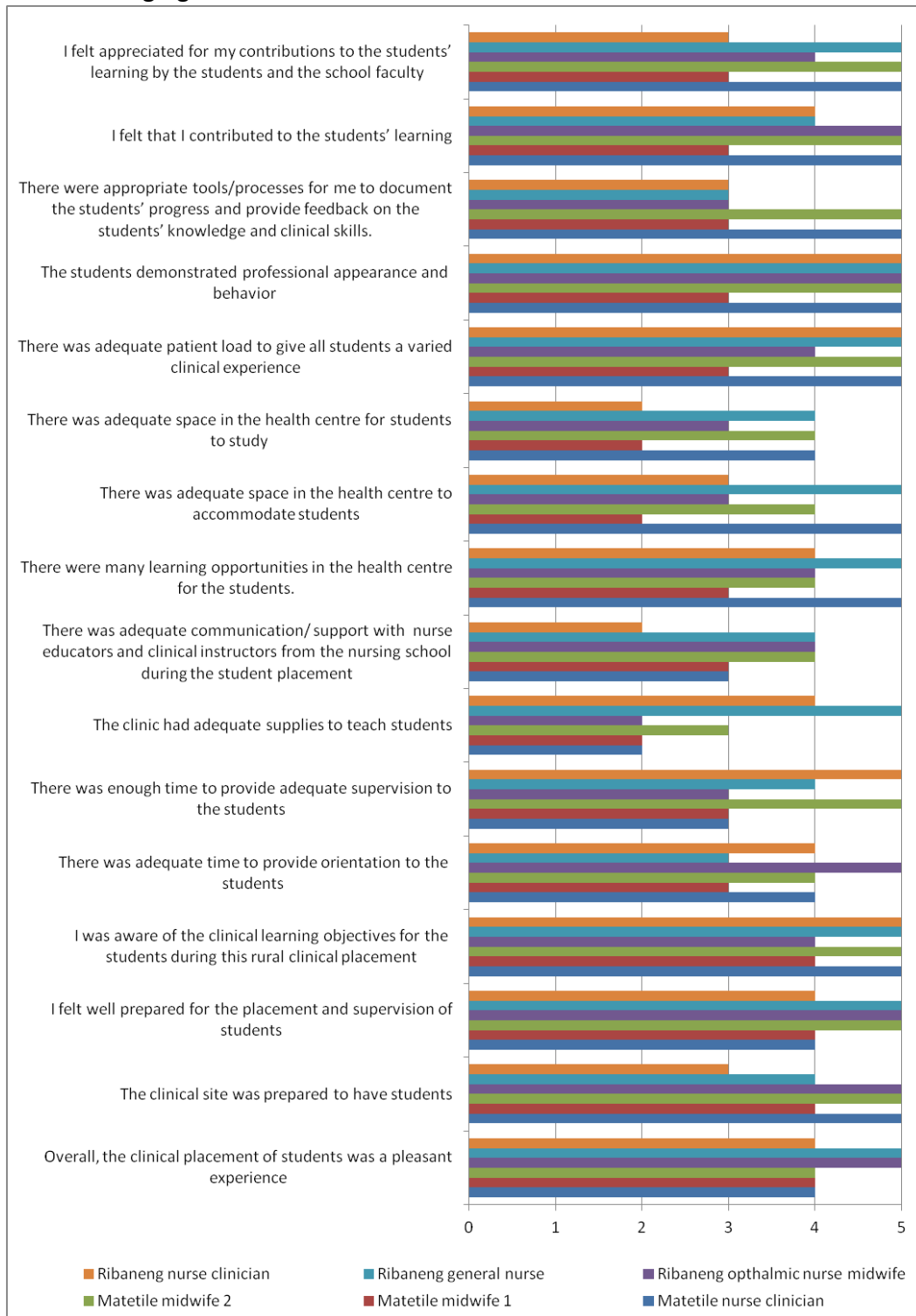


Figure 4: Comparison of individual scores from rural clinical staff between 2 sites for 2nd year nursing students from Scott SON

Best things about the placement – clinic staff perspective

Matetile	Ribaneng
<ul style="list-style-type: none"> • The student placement helps us go back to our books and read • It helps to remember/know rationale behind all we do • We get opportunity to exercise our role as educators • Increased productivity and client service provision • Develop staff supervision and training skills • Promote diversity in the workplace • Highly increased opportunities for supervision • Opportunity to be a mentor unto the students • Health services quality increased 	<ul style="list-style-type: none"> • The students were eager to learn and made clinical workload lower • Helps the clinic staff to realize their weaknesses and strengths • Helped clinic staff to study harder due to their questions • Their behavior was really good • I also gained some knowledge and skills during their learning • Holistic care due to increased man power • Helps nursing staff to improve themselves due to questions • Decreases work load

Areas that need improvement – clinic staff perspective

Matetile	Ribaneng
<ul style="list-style-type: none"> • Teaching aids are needed • Time to sit down with teachers and agree on assessment tools filling • Sports grounds for students and staff recreation • More time for learning and implement • Education programs and resource materials • More community exposure needed • More space in the health centre for learning • Tools and equipment needed for complete learning opportunities needed 	<ul style="list-style-type: none"> • Supply of the health center with equipment and teaching aids • Supply of other medical equipment and books for easy learning • Increase visits by their educators • Increase time allocated for students

Would you like to have students coming on a regular basis to your facility?

- Matetile HC
 - Yes, students presence amongst us inspires nurses to learn more and more preceptorship skills are increased and this gives us opportunity to contribute to building of competent nurse for better service delivery.
- Ribaneng HC
 - Yes, because when we have students on here we as clinical staff have a better way of assessing our performance and this helps me to improve my studies/education as I had to read in order to help them as some of their questions were very challenging.

Additional comments given by nursing staff:

- Their presence makes the clinic environment lively and work becomes easier to handle.

CONCLUSIONS

Overall, the twenty-one second year nursing students from Scott SON, the four nurse educators, and the clinic staffs agreed that the PHC placements were a positive experience.

100% of students at Matelile HC and 72.7% Ribaneng HC agreed or strongly agreed that the staff members were willing to help them learn. 80% or more of the students agreed or strongly agreed that the placements were a pleasant learning experience, that they were aware of their clinical objectives for the placement, that they felt the placement was supportive of their professional growth, and that the placement enhanced their clinical skills. 100% of the students from Matelile HC agreed or strongly agreed that the placement assisted in their learning, while 72.7% of the students who were at Ribaneng HC stated that. 90% of the students at Matelile HC thought there was adequate orientation provided and felt confident to work in a rural clinic following the experience, whereas 54.5% and 63.6% of students Ribaneng HC agreed or strongly disagreed with those statements, respectively. 80% of students who were placed at Matelile HC and 63.6% who were placed at Ribaneng HC felt well prepared for the clinical. 77.8% of the students at Matelile HC and 72.7% of the students at Ribaneng HC agreed or strongly agreed that they felt they had many learning opportunities at the rural clinical.

At both sites more than 50% of the students did not think the clinical site was adequately prepared to have them and did not think the clinic had adequate supplies to learn. Only 60% of the students at Matelile HC and 54.5% of the students at Ribaneng HC agreed or strongly agreed that they met their objectives. 60% of the students at Matelile HC and 36.4% of the students at Ribaneng HC agreed or strongly agreed with that the accommodation was comfortable. 50% of the students at Matelile HC and 63.6% of the students at Ribaneng HC agreed or strongly agreed that they felt supported by their school during the rotation. Finally, one student had an additional statement, "The time allocated was adequate for the experience" on his or her survey, to which the student strongly disagreed.

90.5% of the Scott students (n=19) placed at two HCs stated that they would be willing to work at a rural clinic upon completion of their training program. Two students, both placed at Ribaneng HC, stated that they would maybe work in a rural clinic, and no students stated that they would not work in a rural clinic. Five categories were identified as reasons the students were willing to work in rural clinics following program completion, they included: challenging and diverse clinical care, community, many learning opportunities, a need for staff, and independence. The students who answered maybe thought they would work in a rural clinic if improvements were made to the health centers.

Eight categories were identified in the Scott SON students' answers to the best things about the clinical placements. Three themes that were present in answers from all clinical sites included having a supportive staff, having diverse clinical learning experiences, and patient and community interaction. Students at Matelile HC also thought that the health education was among the best things, while students placed at Ribaneng HC stated that drug availability, communication, accommodation, and safety of the clinical area were among the best things about the experience.

Alternatively, five categories were identified in the Scott students' answers to areas for improvement. Students at both health clinics suggested that additional clinic staff, longer durations of clinical placements, improved clinic infrastructure and sanitation, more equipment and supplies, and better student accommodations would improve the experience.

The students were also asked to identify skills that were most improved following the PHC placement. Six categories were identified from the answers Scott SON students gave. Students at both health centers felt that their diagnosis and treatment skills, communication skills, physical exam skills, skills specific to HIV care, and skills specific to maternal-child care improved. Students at Ribaneng HC felt they improved their sexually transmitted infection (STI) management skills.

Four nurse educators from Scott SON oversaw the students from this school and each were assigned to visit students at different clinical placement sites. Three nurse educators were assigned to Ribaneng HC and oversaw a total of 18 students, each visited the HC once in two weeks, and two spent 4 hours at the HC and one spent 6 hours at the HC. One nurse educator was assigned to Matelile HC and oversaw a total of 5 students; this nurse educator did not specify on the form the number of times visited and hours spent at the clinic. All the nurse educators had attended Jhpiego's preceptor training and all agreed or strongly agreed the course made them more competent preceptors and that they were to apply the skills learned in the course. None of the clinical instructors agreed or strongly agreed that there was adequate space in the clinics for the students to study and one agreed that there was adequate space in the HCs for the students to be accommodated. One of the clinical instructors agreed that they had enough time to supervise students and that the clinic had adequate supplies. Only one clinical instructor agreed that they had appropriate tools or processes for documenting the students' progress and providing feedback on the students' knowledge and clinical skills. Two of the instructors had two additional statements on their surveys, "The clinic placement was in line with curriculum requirements" and "Overall, the clinical placement of students was a relevant experience" to which they both agreed or disagreed.

The four nurse educators recommended Matelile HC and Ribaneng HC as future clinic sites for students. The majority suggested that the student accommodations need to be improved and that there should be improved transportation.

Staff members at the clinics included a Matelile HC nurse clinician, two Matelile HC midwives, a Ribaneng HC general nurse, a Ribaneng HC ophthalmic nurse, and a Ribaneng HC nurse clinician. None of the staff members from either clinic attended Jhpiego's training skills course. None of the staff felt that the clinic had adequate supplies to teach students. 33% of the staff members at Matelile HC agreed or strongly agreed that they had enough time to supervise the students and that they had adequate support from the nurse educators during the placement. 33% of the staff members at Ribaneng HC agreed or strongly agreed that there was adequate space in the health centre to accommodate students and for the students to study. None of the staff members at Ribaneng HC agreed or strongly agreed that they had appropriate

tools/processes to document the students' progress and provide feedback on the students' knowledge and clinical skills.

All staff members that responded to the survey agreed that they would like the students to come to the clinics regularly, stating that the students help alleviate their work load, allow staff members to utilize teaching skills, and that staff members learn from the students. The staff members at both clinics thought the experience could be improved improving the teaching aids and space for learning in the HCs. The staff members at Ribaneng HC also thought that the experience could be improved by increasing the length of the placement and by improved communication with the school faculty.

Recommendations

Based on this evaluation, the following recommendations can be made:

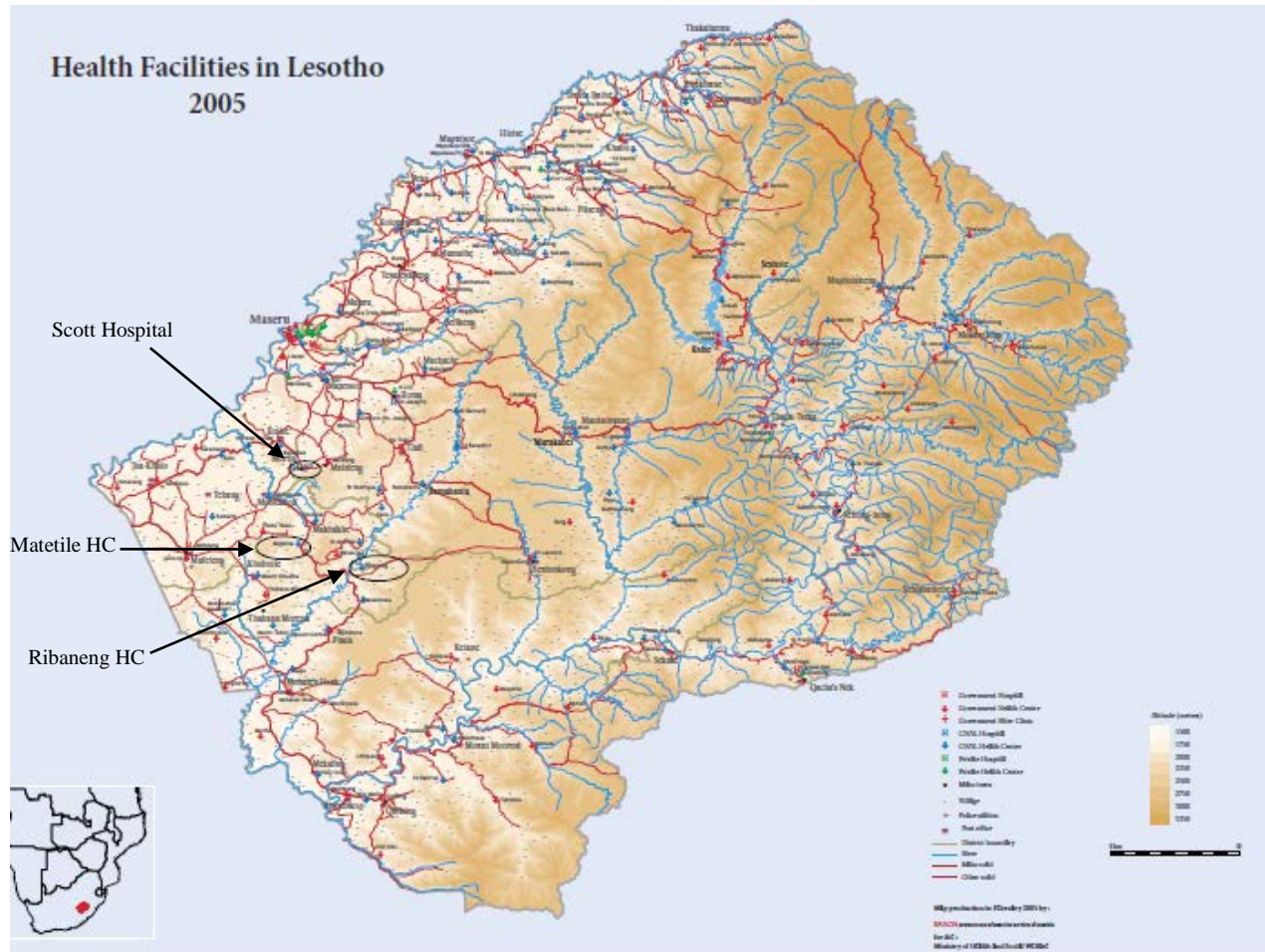
- Increase the length of time for rural clinic placements.
- Improve learning supplies for students and staff at the clinics.
 - Include general learning nursing tools, like anatomy and physiology and manuals, nursing skills texts, as well as tools that will provide information about the specific needs of the population including HIV care, STI treatment and guidelines maternal child care, and community health nursing.
 - This activity may require further funding.
- Offer preceptor training to more clinic staff.
- Work with the clinic staff and school to identify how the clinic staff can feel more supported.
- Distribute evaluation tools to nurse educators and to clinic staff. Distribute the evaluation tools to more than one member of the clinic staff to receive more information on their perceptions of the program.
- Suggest increased supervision of nurse educators at clinic sites.
- Continue to monitor the accommodations of the students and the infrastructure needs of the clinics as the new MCC built clinics are opened
 - Of concern is sanitation at both clinics
- Continue to monitor the students' experiences at the clinics.
 - Observe trends in willingness to work in rural clinics as the students go on to become the third year nursing cohort and potentially midwifery students.
- Provide feedback and share reports with Scott SON and the three health centers.

Appendix A

Scott 2nd year nursing student response to Likert survey statements per health center in percentage (%)

	Health Centre	Number of students	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Overall, the clinical placement was a pleasant learning experience	Matetile	10	0%	10%	10%	20%	60%
	Ribaneng	11	0%	9%	9%	55%	27%
The clinical site was adequately prepared to have students at the clinical placement	Matetile	10	10%	10%	40%	10%	30%
	Ribaneng	11	0%	18%	36%	18%	27%
I felt well prepared for the placement	Matetile	10	0%	0%	20%	50%	30%
	Ribaneng	11	0%	9%	27%	18%	45%
I was aware of the clinical learning objectives for this rural clinical	Matetile	10	0%	0%	10%	20%	70%
	Ribaneng	11	0%	0%	18%	27%	55%
I met my objectives to my satisfaction	Matetile	10	0%	0%	40%	50%	10%
	Ribaneng	11	0%	18%	27%	45%	9%
The placement assisted my learning	Matetile	10	0%	0%	0%	40%	60%
	Ribaneng	11	0%	9%	18%	45%	27%
The placement assisted my learning	Matetile	10	0%	0%	20%	40%	40%
	Ribaneng	11	0%	9%	9%	55%	27%
The placement assisted my learning	Matetile	10	0%	0%	0%	50%	50%
	Ribaneng	11	0%	9%	9%	36%	45%
There was adequate orientation provided	Matetile	10	10%	0%	0%	30%	60%
	Ribaneng	11	18%	18%	9%	36%	18%
The staff members were very willing and available to assist my learning	Matetile	10	0%	0%	0%	0%	100%
	Ribaneng	11	0%	27%	0%	9%	64%
As a result of my experience, I feel confident working in a rural clinic	Matetile	10	0%	0%	10%	30%	60%
	Ribaneng	11	0%	0%	36%	18%	45%
There were many learning opportunities for me in this venue	Matetile	10	0%	11%	11%	56%	22%
	Ribaneng	11	0%	9%	18%	27%	45%
The rural clinical had adequate supplies for me to learn	Matetile	10	10%	20%	40%	30%	0%
	Ribaneng	11	9%	0%	36%	27%	27%
The accommodation was comfortable	Matetile	10	10%	10%	20%	30%	30%
	Ribaneng	11	9%	36%	18%	27%	9%
I felt supported by my school during the clinical rotation	Matetile	10	30%	10%	10%	40%	10%
	Ribaneng	11	27%	9%	0%	27%	36%

Appendix B
Map of Maseru district with location of Scott SON and health centers used for clinical placement



Appendix C

Total number of students enrolled at Scott Son for the 2012-2013 school year

Students	Male	Female	Total
Diploma Students			
1 st year students	12	37	49
2 nd year students	5	23	28
3 rd year students	11	22	33
Midwifery students	6	31	37
Nurse Assistant Students	Male	Female	Total
1 st year students	-	-	-
2 nd year students	2	20	22