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Report on the Academic Consultation for Strengthening Pre-Service Family Planning Teaching

Tbilisi, Georgia
22-24 October 2008



The Europe and Eurasia Regional Family
Planning Activity

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Title: Report on the Academic Consultation for Strengthening Pre-Service Family
Planning Teaching
USAID contract GHS-I-05-03-00026-00
John Snow, Inc.
January 2008

The Europe and Eurasia Regional Family Planning Activity is a two-year initiative funded by the U.S. Agency for International Development through contract GHS-I-05-03-00026-00. The Activity is a regional effort to leverage best practices in family planning in order to accelerate program implementation across the region to increase modern contraceptive use and decrease abortion rates.

John Snow, Inc. implements the Europe and Eurasia Regional Family Planning Activity.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States government.

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Summary

The USAID's Europe and Eurasia Regional Family Planning Activity (Regional Activity) implemented by John Snow, Inc held a kick-off meeting for the project's new initiative to strengthen the teaching of family planning at the undergraduate level in medical and nursing schools. This report provides a summary of the meeting and the project's recommendations for short- and long-term activities.

The regional Academic Consultation¹ on Strengthening Pre-service Family Planning Teaching was held in Tbilisi, Georgia from October 22-24, 2008. During this meeting, country teams learned about best practices in medical education, identified gaps in their own countries' undergraduate family planning teaching activities, and developed plans of action to address these gaps.

Dr. Ivan Lejnev, pre-service consultant to the Regional Activity, Dr. Nino Berdzuli, the Regional Activity's Project Director and Ms. Vera Zlidar, the Regional Activity's Family Planning Advisor facilitated the meeting. Drs. Gunta Lazdane, Regional Advisor from the World Health Organization's (WHO) Regional Office for Europe, George Sawaya, University of California at San Francisco (UCSF), and Ilze Viberga, Medical University of Riga shared their expertise as guest speakers. Mr. Aaron Hawkins provided logistical and administrative support.



Dr. Anne Patterson, Director of Health and Social Development at USAID/ Caucasus, Dr. Vera Baziari, Minister Advisor, Dr. Merab Kavtaradze, Vice-Chancellor of Tbilisi State Medical University opened the meeting and welcomed participants. They all emphasized the key role that pre-service education plays in preparing the future health workforce and, thus, ensuring sustainable improvements in the provision of quality of family planning (FP) and reproductive health (RH) services.

The country action plan that each delegation developed will be the starting point for activities in Armenia, Azerbaijan, Georgia, and Kyrgyzstan (see Next Steps, p. 7).

Academic Consultation Overview

Country Delegations

Twenty-four participants from four country delegations attended this meeting: Armenia, Azerbaijan, Georgia, and Kyrgyzstan (see Participant List, Appendix A). Faculty,

¹ The term "Academic Consultation" is widely used in the Region to describe a formal gathering of faculty and leaders in a specialty area to discuss specific issues.

medical schools' administrators, Health and Education Ministry staff, USAID representatives, and FP/RH project staff attended the meeting. Key faculty from the Obstetrics and Gynecology and Family Medicine departments from medical schools were represented, as were officials from nursing and midwifery schools. Country teams were selected strategically to maximize opportunities for buy-in among institutions upon participants' return to their home country.

The meeting will be replicated in Russia with Institute for Family Health staff and key stakeholders from the medical schools. The government of Turkmenistan has also expressed an interest in having key stakeholders look at introducing a similar pre-service curriculum reform in their medical institutions. WHO/EURO and UNFPA in Turkmenistan have expressed a support to this activity as well. Further discussion will be needed to determine the next appropriate steps in pursuing a pre-service medical education curriculum reform in Turkmenistan.

Objectives and Outcomes of the Academic Consultation

Objectives

- Discuss the rationale for strengthening pre-service medical education in FP, the resources available, and potential challenges of such work.
- Share experiences and lessons learned in improving pre-service education in FP in Europe and Eurasia.
- Discuss key steps in strengthening FP teaching, both with respect to technical content and teaching methodologies/pedagogies.
- Identify next steps for implementing FP medical education reform in the participating countries.

Presentations focused on issues unique to the Europe and Eurasia region and were followed by group discussions (see Agenda, Appendix B). Discussions were encouraged using questions that the Regional Activity carefully prepared to elicit maximum participation. This approach opened interesting discussions among the participants, resulting in a rich exchange about medical education, country experiences, and different paths taken in modernizing their teaching and training. Furthermore, these exchanges underscored how each country is at a very different stage of reforming medical education, curriculum development, and competency standards.



Expected Outcomes

- Better informed participants who are familiar with the process, tools and materials to strengthen how FP is taught at the undergraduate level.
- Model lesson plans prepared by the participants for teaching FP.

- A plan of action to be taken in the participating countries and individual teaching institutions to strengthen how FP is taught at the undergraduate level.
- Recommendations for improving and developing tools and materials to support implementation of FP teaching reform.

Small group work—first in mixed groups, then together in their country teams—helped each participant achieve the outcomes above. Group activities included thinking through the FP core competencies for undergraduate medical students, lesson plans, and strategic plans for improving their FP pre-service teaching and training.

Group Discussions: Common Themes, Different Systems and Approaches

As expected, there was some overlap in the challenges that participants face due to their shared Soviet legacy. Common themes that ran through the discussions included:

- Lack of evidence-based, up-to-date, FP curriculum for undergraduate students
- Lack of knowledge of evidence-based medicine among faculty and staff
- Use of outdated teaching methodologies that do not include adult learning principles
- Lack of communication and coordination between departments and faculty where prerequisites and core competencies reinforce subject matter
- Lack of state-of-the-art teaching tools and resources (i.e., new reference materials, anatomical models and clinical instruments for practicing procedures, computers, visual aids such as posters and models)
- Inertia among some staff members to embrace new ideas, teaching methodologies, and teaching about evidence-based medicine

Despite this overlap, substantial differences exist among the participating countries. These differences can be characterized by three overarching themes:

1. *Time devoted to teaching FP:* Each teaching institution has a certain number of hours devoted to FP in the undergraduate curriculum. These hours vary widely. While some countries were eager to recommend changing the number of hours that FP is taught, others preferred to develop curricula and lesson plans that fit into the pre-existing hours slated for FP. Still other countries thought that the best strategy would be to develop a comprehensive FP curriculum and core competencies, then incorporate this content among multiple courses (i.e., anatomy and physiology, reproductive biology, endocrinology, public health), so that the key content and knowledge could be built upon throughout the entire undergraduate curriculum.
2. *Different medical education systems:* Although the participating country's medical schools all emerged from the Soviet medical education system, some of them have gone through extensive medical education reform processes and, therefore, have different structures and training programs (internship, residency, etc.). This led to initial differences in how delegations defined pre-service medical education. All

delegations agreed, however, that “pre-service” has to be defined as pre-specialized training in nursing, midwifery, and medical schools, and referred to as “undergraduate” medical education.

Some institutions have begun incorporating teaching evidence-based medicine in their curricula. Georgia, for example, has developed an evidence-based, comprehensive maternal and neonatal health curriculum for undergraduate medical students that is consistent with the implementation of their Making Pregnancy Safer efforts. They would like to integrate FP education as a complementary component of this unit. Most countries have in-service FP curricula, some of which would like to adapt this for undergraduate teaching (Armenia). Because each country is at a different place in their educational reform efforts, they have different needs for addressing the gaps in their FP undergraduate teaching.

3. *Different legal and regulatory frameworks on contraceptive provision:* Each country has different regulations on provision of FP methods and services. FP teaching in medical and nursing schools is consistent with these regulatory requirements. For example, Kyrgyzstan’s liberalized regulations for FP service provision has resulted in teaching IUD insertion procedure at the undergraduate level for medical and nursing school students. While most countries considered this a graduate-level competency that only specifically trained doctors can undertake, Kyrgyzstan included IUD insertion as a skill necessary for each newly-graduated doctor and midwife. An interesting discussion ensued on this point. Such exchanges provoked some rethinking about what skills and competencies could successfully—and safely—be taught at the undergraduate level for doctors, including specialists and general practitioners, as well as for nurses and midwives.

In the end, because countries’ regulations on method provision vary, the FP curricula developed by the teaching institutions must be consistent with national regulations and guidelines.

Evaluation

Two evaluation tools were used at this consultation. The first was an instrument to assess participants’ satisfaction with the meeting and what they had learned as a result of the academic consultation. The second instrument was used to obtain a baseline reading of the FP pre-service teaching and training environment in each country.

Meeting evaluation: 100% of respondents rated the technical quality of the presentations with the highest or second highest score (scores of 4 or 5 on a scale of 1 to 5). The structure of the meeting itself was also rated highly, with 94% assigning the highest or second highest scores to this question. 86% of the respondents ranked the small group activities with a score of 4 or 5.



Furthermore, 100% of respondents strongly agreed or agreed that they felt prepared to return to their home institutions after the consultation and begin implementing changes in the way FP is taught at the undergraduate level. 93% strongly agreed or agreed that their knowledge increased on the subject of adult learning principles and developing lesson plans. Similarly, 93% of participants reported gaining new skills related to teaching as a result of the consultation.

FP teaching environment baseline evaluation: Preliminary scores for each country are displayed in the table below. It should be noted, however, that these preliminary averages are based on as few as three or four participants’ input, and as such should be interpreted with caution. The Regional Activity will survey additional key informants to obtain a more robust baseline score for each country. These key informants will again be given the evaluation instrument at the end of the project’s activities to see how much progress has been made in strengthening the key components of FP pre-service teaching and training.

The scoring system was set up to rate the strength of the overall FP pre-service environment as strong or weak. To try to minimize bias and competition among country groups, we asked the participants to use the following scoring mechanism:

- | | |
|--------------------------------------|-------------------------------------|
| 1 = strongly disagree | 4 = agree |
| 2 = disagree | 5 = strongly agree |
| 3 = neither disagree or agree | 6=do not know/not applicable |

We then “translated” the responses into the following scores:

- | | |
|----------------------|-------------------------------------|
| 1 = very weak | 4 = strong |
| 2 = weak | 5 = very strong |
| 3 = average | 6=do not know/not applicable |

As such, scores of 3.5 and less identify components that require a priority focus, since they indicate opportunities for strengthening how FP is taught at the pre-service level. Once additional key informants are surveyed in each country, this tool will augment the country teams’ implementation plans in helping select activities.

	Fall 2008			
I. CURRICULUM and TEACHING MATERIALS	ARM	AZE	GEO	KYR
1. FP lectures are based on scientific evidence.	2.0	3.7	4.3	3.8
2. Faculty believes that understanding and practicing evidence-based medicine is important.	3.0	4.5	4.2	4.0
3. Faculty understands and can teach the principles of evidence-based medicine.	2.5	3.5	3.8	3.5

I. CURRICULUM and TEACHING MATERIALS	ARM	AZE	GEO	KYR
4. Up-to-date and adequate reference materials are available for faculty and students.	2.8	3.5	2.6	2.8
5. Interactive teaching materials, such as anatomical and clinical models, and instruments, are used.	3.0	3.0	3.4	4.0
6. Audio-visual materials are used for showing counseling, procedures, and other concepts related to FP.	2.0	2.0	3.6	3.0
7. Curricula are reviewed periodically and updated.	2.8	3.5	2.8	3.5
II. TEACHING METHODS	ARM	AZE	GEO	KYR
1. Faculty is knowledgeable about contemporary adult learning principles.	2.5	3.3	2.6	3.3
2. Faculty develops syllabi, curricula, and lectures based on contemporary adult learning principles.	2.5	4.0	3.4	3.7
3. Faculty uses varied teaching formats to supplement lectures, such as case studies, small group work, student presentations, and hands-on practice with models.	3.5	2.5	3.4	4.0
4. Enough faculty members are available who understand and can teach evidence-based FP in small group settings.	2.0	3.3	2.8	2.5
5. Faculty emphasizes evidence-based medicine.	2.8	3.3	2.8	3.3
6. Evaluation is focused on developing theoretical and clinical competencies in students.	4.0	3.3	4.2	3.8
III. KEEPING UP-TO-DATE	ARM	AZE	GEO	KYR
1. Faculty has ready, affordable access to resources for new scientific information.	3.8	3.7	3.2	2.8
2. Faculty knows about resources available in accessing literature that has gone through the peer-review process.	3.0	3.0	4.2	2.8
3. Faculty knows about resources available in accessing evidence-based clinical guidelines.	3.0	3.0	4.2	2.8
4. Faculty has opportunities to attend local and international meetings about obstetrics and gynecology, FP, family medicine, RH, and other relevant seminars to learn new skills.	3.8	3.7	2.6	3.8
5. Your department subscribes to various electronic updates on FP, obstetrics and gynecology, and RH via e-mail.	3.0	3.7	4.4	2.8
6. You personally subscribe to various electronic updates on FP, obstetrics and gynecology, and RH via e-mail.	3.8	4.3	4.4	3.0

IV. HIGHER-LEVEL AND ADMINISTRATIVE SUPPORT	ARM	AZE	GEO	KYR
1. FP is considered an important part of the obstetrics and gynecology program.	2.7	4.0	4.0	4.3
2. FP is considered an important part of the family medicine/general practice program.	3.0	4.3	4.0	4.0
IV. HIGHER-LEVEL AND ADMINISTRATIVE SUPPORT	ARM	AZE	GEO	KYR
3. Faculty has the support that it needs to keep its knowledge and skills in FP sharp and up-to-date.	3.7	4.3	3.6	3.3
4. FP is taught for more than four credit hours at the undergraduate level.	4.0	4.0	2.6	3.3
5. FP is taught for more than 40 credit hours at the graduate level.	4.0	4.3	1.8	2.3

Next Steps

Participants from each country worked in a small group to develop country action plans (see Appendix C). These plans were developed using the following process: First, country teams brainstormed a list of key gaps in FP pre-service education; then, they prioritized those gaps that need to be addressed immediately; each group then reached consensus on what the three most important gaps are, in order of priority, and developed activities that can directly address these gaps. Facilitators asked questions to help the country groups think about:

- How these activities can change the current environment;
- What activities could have the most impact;
- Challenges and barriers to implementing such activities and changing current teaching and training practices.

Through this process, each country team reached consensus on three priority activities for their FP pre-service efforts. They then identified partners, collaborators, and champions for these activities, as well as technical and financial support needed for successful implementation.

The priority needs that were identified by the country teams included:

1. ***Develop local competence in using and teaching evidence-based medicine (including foundations of epidemiology and biostatistics).*** This component was one of the top three priorities in every country's action plan. The participants clearly felt that it was not possible to teach evidence-based FP if the faculty did not have an understanding of evidence-based medicine. Furthermore, they felt that

it was necessary to build professors' capacity in evidence-based medicine, since professors will need to periodically review, critically appraise, and update their FP teaching materials as new evidence becomes available.

- The Regional Activity can provide technical assistance to this component by assessing the existing competency to teach and use evidence-based medicine in implementation countries, and then plan appropriate teaching seminar(s) to help develop the skills of faculty in this key knowledge area. The project envisions collaborating with UCSF on this component. UCSF has supported faculty capacity-building in medical schools on evidence-based medicine in Vietnam and other countries.

2. ***Develop an up-to-date, evidence-based FP curriculum based on a systematic approach and founded on adult learning principles.*** This was included in the plans that Armenian, Georgian, and Kyrgyz participants developed. (The Azerbaijan team felt that it was more important to first strengthen the medical school's capacity to teach evidence-based medicine, add more hours for FP to the curriculum, and coordinate between faculties before they tackled the technical curriculum of FP.) The participants saw that a sea change in how they approach teaching is needed, since they use outdated pedagogies as the basis for their work. They would like to teach faculty about: the principles of adult learning; how to develop materials based on core competencies, learning objectives, and expected outcomes; and how to develop lesson plans that include interactive, small group, and hands-on exercises.

Interestingly enough, when probed about developing a standard FP curriculum for use across the region, each country team had a similar rationale for wanting to develop its own curriculum. Every team had a very specific idea of just how much (or how little) their FP curriculum would entail, which core competencies should be covered, how it would be integrated with other subjects and lectures, etc. This was primarily due to the differences in teaching institutions, hours devoted to FP, ability to work inter-departmentally and integrate family planning concepts throughout the undergraduate teaching curriculum. Moreover, each country emphasized that curriculum and teaching materials had to be developed in their local language.

- The Regional Activity can provide technical assistance to this component by holding a training activity about curriculum development using modern adult learning principles. The project envisions that faculty members take the lead on developing the teaching materials for their institutions, with the Regional Activity providing technical review and feedback to ensure that the materials are consistent with WHO guidance, and based on sound science.

3. ***Improve coordination among and between faculty, departments, and disciplines to reinforce core learning objectives and competencies across subject matter and academic years.*** The participants clearly liked UCSF's model of introducing a learning concept in one lecture and integrating its use into many courses and topics, to cement the concept, as well as build upon it as a student's knowledge and competence grow. The lack of coordination was listed as a gap in some strategies, and improving coordination was listed as an activity in other country action plans. However, improved coordination was listed in all of the plans that were developed.

- The Regional Activity can provide technical assistance to this component by helping the pre-service meeting participants develop materials and organize open forums or workshops to get other departments on board. The project envisions attending individual and larger meetings as needed to help get the key people on board with this approach.

Based on this meeting, the Regional Activity's next steps for the near term are to:

- Debrief USAID/Washington and local missions on the consultation, the outcomes, and next steps.
- Undertake a more in-depth assessment of the current state of pre-service education in Georgia and Kyrgyzstan, by reviewing the educational aims of the FP/RH curricula and defining the outcome objectives (what knowledge, skills and skill level the students must have), taking local and national needs as well as statutory regulations into consideration.
- Identify relevant teaching reference materials, models, instruments, etc. to procure in support of this activity.
- Develop/adapt FP curriculum materials based on the need of implementation countries.
- Address the issue of faculty capacity building through targeted trainings and seminars.
- Define clear short-term evaluation objectives and achievement benchmarks.
- Replicate this meeting for a Russian country team and develop a plan for implementation for one oblast in Russia.
- Approach USAID mission, potential partners, and key personnel in Azerbaijan about collaborating on this activity.
- Develop a regional pre-service FP knowledge network for the participants to share experiences, knowledge, materials, and strategies for success.



The activities listed above directly support the first two of the four phases of a systematic approach to pre-service education (see Box 1). These can be seen as short-term goals that can be achieved to varying degrees before the start of the 2009 school year in September.

Box 1. The Four Phases of a Systematic Approach to Strengthening Pre-service Education

1. Orient and plan

- Generate understanding, acceptance and support of new teaching among national authorities, the academic community and members of professional associations
- Create written plans of action for the introduction of new or revised teaching curriculum

2. Prepare and conduct teaching

- Clearly define where and how teaching will be strengthened within an academic programme
- Prepare teaching staff, materials and clinical practice sites for new or improved teaching
- Coordinate, implement and monitor new or improved teaching

3. Review and replan

- Identify achievements and difficulties with the implementation of a plan of action
- Identify actions and resources needed to sustain or strengthen new teaching
- Revise the plan of action accordingly

4. Evaluate

- Measure to what extent the desired results were achieved
- Identify gaps between what was expected and what was achieved
- If needed, prepare for the revision of teaching

Long-Term Recommendations

Incorporating FP into undergraduate medical and nursing school curricula is the first step to achieving a sustainable, up-to-date, evidence-based, competency-based FP teaching and training program. Such an undertaking, however, is a long-term process—one that requires years to fully implement, evaluate, and modify. It will also require time and support to test, refine and finalize teaching materials, and fully develop local capacity to do so independently. For example, UCSF started overhauling their curriculum to reflect adult learning principles, problem-based learning, competency-based training, and supportive supervision over 15 years ago—a process that continues to this day.

Longer-term support of such an activity could support phases three and four of a systematic approach to strengthening pre-service teaching (see Box 1). These later phases, undertaken after a few cycles of students have been taught using the new curriculum would develop local capacity for reviewing and modifying programs and content as necessary, as well as develop capacity to evaluate the outcomes of this new way of teaching. An evaluation of FP pre-service training is necessary to highlight the strengths as well as the gaps that must be addressed to further improve of the quality of teaching.

To ensure that the content of the FP information at the undergraduate level is consistent with that after graduation, another beneficial and synergistic long-term activity would be to partner with postgraduate and continuing medical education organizations in the implementation countries. A cascade approach can be undertaken to help ensure that all institutions involved in the teaching and training of FP have curricula that are based on solid scientific evidence, are competency-based, and use the most modern pedagogies.

Complementary long-term activities could implement the same curriculum reform process for related topics and developing a comprehensive RH curriculum that includes: maternal health curriculum, cervical, breast, and reproductive cancers, and sexually transmitted infections, including HIV. With the development of each curriculum, the skills of partner and implementing institutions to develop, review, reform, and assess their curricula would strengthen and grow. Furthermore, supporting different pieces of the overall picture of RH can foster an understanding of integrated teaching curricula throughout the undergraduate years. The integrated, evidence-based teaching of broader RH concepts would develop health professionals that are well-equipped to respond to the many and varied FP/RH challenges facing their countries.

The efforts that the Regional Activity is undertaking in pre-service training are initial steps towards improving comprehensive FP/RH pre-service teaching and training in the Europe and Eurasia Region. Maintaining sustainable financial commitment and high-level support for FP/RH pre-service training and curriculum effort is essential to ensure the sustainability of health sector reforms that are underway in many countries in the Region. Furthermore, in response to the expressed need to revise, update, and modernize medical and nursing education, USAID can be a driving force for supporting broader health pre-service training and curriculum reform. Therefore, it is important to continue

supporting the FP/RH pre-service initiative, mobilize resources, and broaden partnership to elicit long-term support.

Conclusions

There is considerable excitement and demand in the field to integrate evidence-based, up-to-date information on maternal and neonatal health and RH in undergraduate medical curricula. The Regional Activity has an opportunity to address a crucial unmet need that can go a long way in helping develop local capacity—and thus, sustainability—by introducing best practices in medical education together with a rigorous process to ensure that the best evidence is included in such curricula. Collaboration and support from other international health organizations, such as IPPF, FIGO, and WHO, could help develop a suite of related curricula—ones which could be used through medical and nursing institutions worldwide.

APPENDIX I: PARTICIPANT LIST

	Country	Full Name	Title
1	Armenia	Astghik Grigoryan	Project Management Specialist, USAID Armenia agrigoryan@usaid.gov
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33	USAID	Jewel Gausman	USAID/Washington
34	Georgia	Vera Baziari	Minister Advisor, Ministry of Labor, Health and Social Affairs
35	Georgia	Anne Patterson	USAID/Georgia
36	Georgia	Rusudan Klimiashvili	WHO/Georgia

	Country	Full Name	Title
37	Georgia	David Chavchanidze	Vice President, Tbilisi State Medical University
38	USA	Nancy Harris	HWG Senior Advisor, Vice-President, JSI nharris@jsi.com
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APPENDIX II: AGENDA

Strengthening Pre-service Family Planning Teaching

Academic Consultation Agenda

22-24 October 2008. Tbilisi, Georgia

DAY 1 – 22 October 2008

08:30 – 09:00 Registration

09:00 – 09:40 Opening Ceremony

Dr. Nino Berdzuli, Director, Europe and Eurasia Regional Family Planning Activity

Dr. Vera Baziari, Minister Advisor, Ministry of Labour, Health and Social Affairs

Dr. Ann Peterson, HSD Office Director, USAID/Caucasus

Dr. David Chavchanidze, Vice President, Tbilisi State Medical University

9:40 – 10:00 Meeting Objectives

Dr. Nino Berdzuli, Director, Europe and Eurasia Regional Family Planning Activity

SESSION 1: Family Planning – Global and Regional Perspectives

10:00 -11:00 The Role and Place of Family Planning on the Global Health Agenda: Dr. Gunta Lazdane, Regional Advisor, WHO/EURO

Family Planning Best Practices in Eastern Europe and Eurasia:

Ms. Vera Zlidar, Family Planning Advisor, Europe and Eurasia Regional Family Planning Activity

Discussion

11:00 – 11:15 COFFEE/TEA BREAK

SESSION 2: Increasing Health Professionals Capacity in Delivering Family Planning Services

11:15 – 12:00 **The Rationale for Strengthening Family Planning Training in Teaching Institutions:** Dr. Ilze Viberga, Associate Professor, Department of Obstetrics/Gynaecology, Riga Stradinsh University

Panel Discussion

12:00 – 13:00 **Core Competencies and Learning Objectives for Family Planning:** Dr. Nino Berdzuli and Dr. Ivan Lejnev, Consultant, John Snow, Inc

Small group work: Review the model list of core competencies and learning objectives for Family Planning

13:00 – 14:00 **LUNCH**

14:00 – 15:15 **Small group work: Review the model list of core competencies and learning objectives for Family Planning (continued)**

Discussion

SESSION 3: Planning How to Strengthen Pre-service Family Planning Teaching and Training

Strengthening Pre-service Teaching as a Continuous Cyclic Process: Dr. Ivan Lejnev and Dr. Nino Berdzuli

Country Presentations: Family Planning Pre-service Education and Activities

- Armenia
- Kyrgyzstan

15:15 – 15:30 **COFFEE/TEA BREAK**

15:30 – 17:00 Country Presentations: Family Planning Pre-service Education and Activities (continued)

- Azerbaijan
- Georgia

Discussion

19:00 – 20:00 Welcome Reception

DAY 2 – 23 October 2008

SESSION 4: Preparing and Conducting Teaching

09:00 – 11:00 Essential Steps to Prepare for Teaching: Dr. Ivan Lejnev

Country Presentations: Current Family Planning Teaching and Training Materials

- Armenia
- Azerbaijan
- Georgia
- Kyrgyzstan

Discussion: Relevance of available materials to the core learning objectives identified during Session 2

11:00 – 11:15 COFFEE/TEA BREAK

11:15 – 13:00 How to Make Effective Presentations: Dr Ivan Lejnev

Small group work: Making effective presentations

Presenting to the panel and discussion

13:00 – 14.00 LUNCH

SESSION 5: Adult Learning Principles in the Training of Health Professionals

14:00 – 14:45 Contemporary Principles and Methodology of Adult Learning in Pre-service Training of Health Professionals: Dr. George Sawaya, Professor, Department of Obstetrics/Gynaecology, University of California, San-Francisco (UCSF), USA

Discussion

SESSION 6: Developing Lesson Plans for Teaching Family Planning

14:45 – 15:15 Rationale, Principles and the Content of Lessons Plans for Pre-service: Dr Ivan Lejnev and Dr. Nino Berdzuli

15:15 – 15:30 COFFEE/TEA BREAK

15:30 – 17:00 Small group work: Developing model lesson plans for teaching family planning in pre-service settings

Presentation of group work and discussion

DAY 3 – 24 October 2008

SESSION 7: Review and Evaluate Teaching

09:00 – 11:00 Evidence-based Medicine: What it is and how we teach it at UCSF: Dr. George Sawaya

Evidence-based Updates in Family Planning: Dr. Gunta Lazdane

Open discussion: Participants' experience using evidence-based medicine in their teaching institutions

11:00 – 11:15 COFFEE/TEA BREAK

11:15 – 11:40 Evaluation of Effectiveness of Training Programmes in Pre-service Education: Dr. Ivan Lejnev
Discussion

SESSION 8: Planning Next Steps for Strengthening Family Planning in Pre-service Education

11:40 – 13:00 Preparing Country Plans for Strengthening Family Planning Teaching in Pre-service Training Institutions: Dr. Nino Berdzuli and Ms. Vera Zlidar
Country group work: Developing country action plans

13:00 – 14:00 LUNCH

14:00 -15:15 Individual Country Presentations and Discussion

15:15 – 15:30 Closing

19:00 Dinner

APPENDIX III: COUNTRY WORKING GROUP RECOMMENDATIONS

APPENDIX III.1: ARMENIA

THREE MOST IMPORTANT DEFICIENCIES	ACTIVITIES THAT CAN HELP FIX DEFICIENCIES	CAN BE DONE WITHOUT ASSISTANCE	ASSISTANCE IS NEEDED	POTENTIAL PARTNERS
1. Instructors' FP knowledge and skills	a. Two trainings on instructional design for university and college instructors		Yes	<ul style="list-style-type: none"> • USAID/Project NOVA • MoH, Ministry of Education • Medical Universities and Colleges
2. Lack of teaching materials	a. Developing teaching materials (adapting in-service curriculum for pre-service) b. Translating MEC into Armenian		Yes	<ul style="list-style-type: none"> • Medical Universities and Colleges • USAID/Project NOVA
3. Not enough teaching resources	a. Developing work plans b. Developing role games, situational tasks c. Developing checklists for outlining skills and tests for evaluating knowledge d. Acquire video materials and models (Zoe model, LCD, laptops, etc.)		Yes	<ul style="list-style-type: none"> • USAID/Project NOVA • Other donors and agencies • Medical Universities and Colleges

APPENDIX III.2: AZERBAIJAN

DEFICIENCIES IN FP PRE-SERVICE TEACHING	MOST IMPORTANT DEFICIENCIES
<ol style="list-style-type: none"> 1. Insufficient level of teachers' training 2. Undeveloped teaching methodology system 3. Lack of foundation on evidence-based medicine 4. Not enough time for teaching 5. Weak coordination between the faculties 6. Weak connection between the institute's faculties dealing with FP/RH topics 7. Lack of teaching materials 8. Lack of visual aids/demonstration materials 9. Insufficient informational resources (internet) 	<ol style="list-style-type: none"> A. Teaching materials <ol style="list-style-type: none"> 1. No teaching materials 2. No models 3. Outdated teaching work plan 4. No free access to the internet B. Teaching resources <ol style="list-style-type: none"> 1. No demonstration materials (models, visual aids) 2. No demonstration manuals 3. Modern posters C. Updating teaching knowledge <ol style="list-style-type: none"> 1. Insufficient level of teacher training 2. Lack of foundation on evidence-based medicine D. Other <ol style="list-style-type: none"> 1. Not enough time for teaching 2. Weak coordination between the faculties 3. Weak connection between the institute's faculties dealing with FP/RH topics

THREE MOST IMPORTANT DEFICIENCIES	ACTIVITIES THAT CAN HELP FIX DEFICIENCIES	CAN BE DONE WITHOUT ASSISTANCE	ASSISTANCE IS NEEDED	POTENTIAL PARTNERS
<p>1. Undeveloped teaching methodology system, as a result of an insufficient level of instructors' training</p> <p>2. Not enough time for teaching</p> <p>3. Weak coordination between the faculties</p>	<p>a. Round-table meeting with Ob/Gyn, family medicine and FP faculties on teaching methodology/instructional design</p> <p>b. Review work plans for assigning necessary teaching hours</p> <p>c. Design teaching module in institutes and colleges, relying on evidence-based medicine and international experience in teaching FP discipline</p> <p>d. Training for instructors on instructional design and EBM</p> <p>e. Process and learning results monitoring</p> <p>f. Creating a coordinated council from Ob/Gyn, family medicine and FP faculties, NGOs</p>	<p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<ul style="list-style-type: none"> • WHO • UNFPA • ACQUIRE • EERFPA <ul style="list-style-type: none"> • FP HO • WHO • UNFPA • ACQUIRE • EERFPA • Other agencies

APPENDIX III.3: GEORGIA

DEFICIENCIES IN FP PRE-SERVICE TEACHING	MOST IMPORTANT DEFICIENCIES
<ol style="list-style-type: none"> 1. Lack of evidence-based medicine training 2. Incomplete teaching plan 3. Lack of teaching materials 4. Lack of materials for instructors 5. Lack of integration/joint efforts between faculties/departments 6. Insufficient technical equipment 	<ol style="list-style-type: none"> 1. Lack of workbooks and modern teaching material packets (for students and instructors) in the national language 2. Technical resources (projectors, computers, models, etc.) 3. Not enough resources for adult teaching 4. Difficulties with clinical foundations

THREE MOST IMPORTANT DEFICIENCIES	ACTIVITIES THAT CAN HELP FIX DEFICIENCIES	CAN BE DONE WITHOUT ASSISTANCE	ASSISTANCE IS NEEDED	POTENTIAL PARTNERS
1. Lack of modern teaching material packets (for students and instructors)	a. Improve teaching plans and related teaching materials for students/instructors	Partially	Yes	<ul style="list-style-type: none"> • USAID/EERFPA • WHO • UNICEF • Ministry of Health, Ministry of Science and Education
2. Not enough technical teaching instruments	<ol style="list-style-type: none"> a. Establish a list of essential tools/technical instruments b. Find a way to purchase them 	No	Yes	<ul style="list-style-type: none"> • USAID/EERFPA • UNICEF • WHO

	c. Purchase an essential quantity of visual materials and technical instruments			
3. Not enough adult education teaching materials on hand	d. Conduct a needs assessment e. Regular training for instruction on adult learning methodologies f. Regular training for instructors on creating/updating program methodologies g. Instructor collaboration in courses	Partially	Yes	<ul style="list-style-type: none"> • USAID/EERFPA • UNICEF • WHO

APPENDIX III.4: KYRGYZSTAN

DEFICIENCIES IN FP PRE-SERVICE TEACHING	MOST IMPORTANT DEFICIENCIES
<ul style="list-style-type: none"> a. Instructors are not trained in evidence-based medicine b. Students are not being adequately trained c. Not enough FP teaching materials at the pre-service level d. Insufficient technical methods of teaching (computers, pattern-tracing machines, projectors, whiteboards, models, etc.) e. Not enough instructors trained in FP f. Outdated and incomplete FP teaching programs g. No cooperation or coordination between teaching organizations and international organizations h. Review of teaching plans and programs 	<ul style="list-style-type: none"> A. Teaching Materials <ul style="list-style-type: none"> 1. At the pre-service level there are no FP teaching materials 2. Outdated and incomplete educational programs 3. Review curriculum and program B. Teaching instruments <ul style="list-style-type: none"> 4. Insufficient technical methods for teaching (computers, pattern-tracing machines, projectors, whiteboards, models) 5. Visual aids C. Updating educational knowledge <ul style="list-style-type: none"> 6. Instructors not trained in evidence-based medicine 7. Instructors not trained in FP D. Other <ul style="list-style-type: none"> 8. No cooperation or coordination between teaching organizations and international organizations

THREE MOST IMPORTANT DEFICIENCIES	ACTIVITIES THAT CAN HELP FIX DEFICIENCIES	CAN BE DONE WITHOUT ASSISTANCE	ASSISTANCE IS NEEDED	POTENTIAL PARTNERS
<ul style="list-style-type: none"> • Training instructors on evidence-based medicine 	<ul style="list-style-type: none"> • Evidence-based medicine training for instructors and professors • Access to internet at work • Developing evidence-based medicine module for students on a regular basis (for clinical and pre-clinical levels) • Work with different faculties and teaching departments at the University in order to divide the teaching module's workload between departments 	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Yes</p>	<ul style="list-style-type: none"> • EERFPA • MoH • Ministry of Education • All medical Universities • All medical colleges • ZdravPlus • Evidence-based medicine center
<p>2. Teaching materials</p>	<ul style="list-style-type: none"> • Develop/Adapt teaching materials • Forming expert groups • Agreement and support from the MoH and Ministry of Education 	<p>Partially</p> <p>Yes</p> <p>Yes</p>	<p>Yes</p>	<ul style="list-style-type: none"> • MoH • Ministry of Education • EERFPA • All medical universities • All medical colleges • ZdravPlus

	<ul style="list-style-type: none"> • Printing materials 		Yes	<ul style="list-style-type: none"> • Evidence-based medicine center • NGO
3. Insufficient technical visual aids for teaching (computers, pattern-tracing machines, projectors, whiteboards and models)	<ul style="list-style-type: none"> • Identify the need to establish academic departments dealing in FP • Equip them with the necessary tools 	Yes	Yes	<ul style="list-style-type: none"> • EERFPA
4. Review of teaching plans and programs	<ul style="list-style-type: none"> • Discussion on faculties, rotations, “UMO” • Review of Academic Board at the university, and the intermediate-level university board methods • Agreement and support from the MoH and Ministry of Education of KG 	Yes Yes Yes		<ul style="list-style-type: none"> • Ministry of Health, Ministry of Education, University of Medical Instruction, university faculties, intermediate-level university rotations

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