



USAID | **WEST BANK/GAZA**
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IMPROVING MOH NURSING STANDARDS

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT
PROJECT (THE FLAGSHIP PROJECT)

SHORT-TERM TECHNICAL ASSISTANCE REPORT- **(FINAL)**

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CONTENTS

ACRONYMS

SECTION I: INTRODUCTION/BACKGROUND4

SECTION II: ACTIVITIES CONDUCTED6

SECTION III: FINDINGS, RECOMMENDATIONS, NEXT STEPS7

ANNEXES

ANNEX A: TERMS OF REFERENCE.....13

ANNEX B: TDY ACTIVITIES.....15

ANNEX C: POLICY POSITION PAPERS SUBMITTED DURING CONSULTANCY.....17

ANNEX D: CONSULTANT CV.....27

ANNEX E: BIBLIOGRAPHY..... 31

ANNEX G: BIBLIOGRAPHY OF DOCUMENTS COLLECTED /REVIEWED.....32

ACRONYMS

BCC	Behavior Change Communication
CHE	Continuing Health Education
IDP	Ministry of Health Institutional Development Plan
MOH	Ministry of Health
PHC	Primary Health Care
PROJECT	The Flagship Project
SOW	Scope of Work
USAID	U.S. Agency for International Development

SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), designed, and implemented in close collaboration with the Palestine Ministry of Health (MoH). The Project's main objective is to support the MoH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Project enlisted the services of consultant Joyce Morin Utz, BSN, JD for a short term technical assignment from August 30, 2009 to September 19, 2009 to assess and advise the Project in two critical areas: (1) the creation of policy position statements which outline, on behalf of the MoH, the programs for reform in the priority areas of continuous healthcare education (CHE), performance management/supportive supervision, and fellowship training programs, and (2) the role of nurses, their status and their professional needs in the delivery of healthcare in Palestine. This report summarizes the consultant's findings and recommendations and includes copies of the policy position papers written during the consultancy.

This report contributes to Flagship Project Component I – Health Sector Management and Reform, Objective I.1 – Improve good governance and management practices in the Palestinian health sector of the Flagship Project: Task I.1.1- Strengthen the capacity of the Ministry of Health to implement reforms needed for improved quality, sustainability, and equity in the Palestinian health sector. This report includes policy statements and recommendations responsive to the following deliverables:

Deliverable: I.1.1.3 – Health Administration and Management Program for the public sector including (a) policies, (b) procedures, (c) standards, (d) job aids, (e) training, and (f) oversight.

Deliverables pursuant to the Consultant's SOW regarding nursing assessment and recommendations regarding future initiatives to increase the status and professionalism of nursing within the Palestinian health sector.

This consultancy also contributed to the MoH IDP modules numbered 4 – Continuous Health Education Programs, 7 – Improve Performance Management, and 15 – Training and Fellowship Programs.

OVERVIEW OF ASSIGNMENT

Consultant's assignment and assessment was conducted pursuant to the Flagship Project's Scope of Work ("SOW") Short Term Technical Assistance assignment in Nursing Policy (SOW attached hereto as Annex A).

The dates of consultant's field work were August 29-September 19, 2009.

Pursuant to the SOW and goals of the Flagship Project, the consultant's assignment involved assessment of the structure of the Palestinian health care system as it relates to regulation issues pertinent to regulations of healthcare professionals and in particular nurses, assessment of health care delivery in institutions and the primary care sector, analysis and assessment of the educational and professional institutions and organizations responsible for foundational and ongoing educational needs of nurses, and policy issues which support health sector reform and management.

Specifically, the consultant worked in assisting the Ministry of Health and the Flagship Project with raising the professional status of the nursing profession and developing required policies to improve the performance for the MoH. In particular, the consultant provided assistance to the MoH in writing policy statements in the areas of continuous health education (CHE), supportive supervision, and fellowship programs. These policy statements will be important tools for the Ministry of Health in demonstrating the importance of these programs and their linkage to other designated priority areas for reform as delineated by the Ministry's Institutional Development Plan (IDP).

The goals of the consultant's assessment were to obtain information through document review, in-house interviews with Flagship Project staff and collaborative investigations, and interviews with key government and professional association individuals, nurse leaders as well as review of reference materials, including existing governmental public health laws, bylaws and regulations pertinent to the health care professionals. Additionally, the consultant reviewed nursing curricula from university programs and nursing colleges. A list of the consultant's scheduled meetings is attached as Annex C.

In initial meetings with Project staff, the consultant was asked by the Project to include in the consultant's SOW an additional assignment.

The Project asked the consultant to produce three (3) Health Policy Position Statements in addition to an overall frame policy statement/document. The policy statement was to cover general principles of the necessity of a strong health reform policy on the part of the Palestinian Ministry of Health with specific directives in policy to cover the March 2009 Ministry of Health Institutional Development Plan ("IDP") Modules 4 (Design and Implement a Continuous Education Program for Health Professionals, Module 7 (Improve Performance Management), and Module 15 (Training and Fellowship Program in Health Administration and Management for the Public Sector). The stated objective for the Policy Position Papers was to underscore the determination of the Ministry of Health ("MoH") to the principles of reform as outline and adopted by the MoH in the December 2008 Ministry of Health, Health System Assessment Report and the March 2009 Ministry of Health Institutional Development Plan. In essence, the Policy Position Papers would mark the dedication to the Implementation Phase of Reforms outlined in the IDP and serve as the catalyst for sustained assertive actions by all participants of government to the achievement of the MoH and Flagship Project goals of reform and enhancement of health care infrastructure. The three policy statements with the overview "frame" policy statement are attached as Annex D.

SECTION II: ACTIVITIES CONDUCTED

Meetings conducted during consultant's field work provided the consultant with background information as well as the current status of reform projects. Most importantly, these meetings allowed the consultant to ask key personnel critical questions as to on-going activities for reform in compliance with the goals of the MoH's IDP. The meetings were instrumental in providing the consultant with the necessary information which served as the basis for the policy position statements and recommendations for enhancement of nursing professionalism. A detailed listing of the scheduled meetings is attached as Annex C.

SECTION III: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS

A. Summary Findings

With no accurate governmental database upon which to rely, the number of practicing nurses in Palestine reported by various sources varies widely. For example, the Ministry of Health Strategic Health Plan of 2008-2010 states the total number of nurses in the West Bank and Gaza is 6652 with 2452 in the West Bank and 4200 in Gaza. With the inclusion of midwives, the total nursing population for the Palestinian territory is 7331 reflecting 475 midwives in the West Bank and 204 in Gaza. The Palestinian National Association (Nursing Association) President, Mr. Sulaiman Turkman reports that his syndicate/organization has 11,500 nurse members reflecting approximately 7000 nurses in the West Bank and 4,500 in Gaza. Mr. Turkman further reports that 60% of the nursing association members in the West Bank are females and 40% male with the reverse true in Gaza, i.e., 60% are male nurses and 40% women. Since the Ministry of Health does not have an accurate database reflecting all licensed nurses or actively practicing nurses, it is difficult to know the exact current nursing population in the Palestinian territories.

According to the MoH National Strategic Health Plan 2009-2010, the ratio of nurses per capita is 1.71 and the ratio for midwives is .12 per capita as compared to physicians 2.07 and paramedical personnel 2.71. What is evident from interviews of nursing leaders and published health assessments is that the West Bank suffers from a nurse shortage and in particular, a severe shortage of midwives.

Nurses appear to comprise approximate 45% of the MoH workforce and are represented in the Ministry of Health (MoH) organizational structures by three individuals with titles of Director of Nursing. All three hold subordinate positions within the MoH organizational structure. There is no designated MoH General Directorate for Nursing as compared to General Directorates for other medical specialties including doctors, pharmacists and lab technicians. Male medical doctors (MDs) hold the greatest number of Directorate Positions. There are no women doctors holding a directorate position. The highest ranking nurse -on the MoH organizational chart - within the directorate holds the title of Director of Nursing. This title is misleading since the Director of Nursing serves in a general advisory capacity to the physicians who serve in General Directorate positions and her position is noted on the MoH organizational chart as in the support unit reportable to the Deputy Minister's Office. The Director of Nursing is included in meetings when asked and is given assignments by other General Directorates. Lacking a General Directorate position, the Director of Nursing and the nurse population at large have little to no decision making capacity in the myriad of healthcare matters, including reform initiatives, at the MoH level thus have little control to design a meaningful role within the healthcare sector. Consequently, self esteem is greatly diminished and morale is low among nurses due to the lack of a "voice" or authority position in governmental and professional affairs.

While job descriptions exist, they are not always applied, and may require updating and revision. Institutions often require nurses to perform duties ranging from administering direct healthcare to clients as well as cleaning duties and all administrative requirements in between. Consequently, there is a lack of a sense of professional status and no real sense that they are a part of a healthcare team. They, in essence, are the entire team. In addition there is no established performance evaluation system including assessment reviews upon which to provide nurses with a clear understanding of neither their duties nor a defined career pathway for further opportunities,

monetary incentives or promotions. Thus, Palestinian nurses do not see themselves developing a career. They see themselves doing a job.

Nurses are educated in a variety of ways in the West Bank. Approximately 40-45% of the professional association members are graduates of the two year diploma program. There are 11 nursing schools granting diplomas to nurses who are deemed practical or staff nurses. Seven West Bank Universities issue a baccalaureate in nursing (four year program). The seven university programs also offer a limited amount of master's programs, mainly in public health. In the last two years there has been an increase in graduates from the diploma programs versus the baccalaureate degree programs.

B. Detailed Findings and Recommendations

1. Nurses in the Palestinian Territory of the West Bank have no Equitable Position of Authority in the MoH Government Structure.

There is no General Directorate position for nursing within the Ministry of Health. There is a position of Director of Nursing who serves only in an advisory capacity to the General Directors and is listed among the “support units” in the MoH organizational chart. While holding the title of Director of the Nursing Unit, she has in most respects the same “grade as a head nurse in a hospital.” The governmental structure also provides for two other nursing department directors: nursing department director of the primary health care unit (includes community health care) and nursing department director of the secondary level (hospitals and institutional care). Both report to General Directorate positions headed by physicians in primary care and secondary care respectively. According to interviews, the three nursing directors rarely communicate with each other about nursing and healthcare matters. Therefore, there is no information sharing or strategic planning among the designated nurse leaders. Each appears to operate in their own specialty sphere. The Director of Nursing works at the MoH office in Nablus and participates in meetings when invited and serves in a purely advisory capacity. The nursing community and their representative directors possess essential institutional knowledge yet have limited input into the development and implementation of regulations which will ultimately have direct impact on their professional nurses. In essence, they have no seat at the most important MoH table as it reforms and advances healthcare infrastructure. Furthermore, there is no clear interfacing of the MoH nursing positions on the organizational chart. As a result, nursing input at the governmental level is selective and fragmented at best with the government not utilizing this most important resource and thus missing an opportunity to have essential input and direction from a majority of its healthcare professionals.

Recommendation

The MoH should create a General Directorate position for Nursing. Nurses comprise 45% of the MoH workforce yet they have no voice or position of power within the government. Most officials readily admit that nurses deliver the majority of healthcare services and are the “backbone” of the Palestinian healthcare system, yet they have little to no say in strategic healthcare planning. The MoH is now in the initial stages of implementing the IDP and nurses must have major input as to the design of regulations that will impact their duties, education and profession. More importantly, since nurses are actually delivering the healthcare, their opinions and advice as to the design and implementation of the IDP modules is necessary to achieve success. For example, the MoH is drafting job descriptions, developing licensing and re-licensing requirements, continuous educational

requirements that will be linked to re-licensing as well as performance reviews. The current MoH structure provides for limited advice and input on nursing and healthcare delivery matters. The establishment of a General Directorate Nursing position at MoH which would be equal to the physician Directorates would go a long way in building a consensus for support of reform as well as transparency in governance and recognition of nurses as essential healthcare professionals. A significant beneficial outcome to the MoH establishment of a General Directorate for Nursing would be the empowerment of nurses allowing them to take their rightful place in the development, design and execution of plans in the reform of the Palestinian health sector.

2. Compensation and Performance Issues

Compensation and performance recognition issues are a true hindrance for the advancement of nurses within the healthcare field. Nursing salaries are low and there is no job performance evaluation process in place. While job descriptions exist, they are not always applied, and may require updating and revision. In addition there is no established performance evaluation system including an assessment reviews upon which to provide nurses with a clear understanding of their duties nor a defined career pathway for further opportunities, monetary incentives or promotions. Thus, Palestinian nurses do not see themselves developing a career. They see themselves doing a job. For example, the annual salary of a nurse with a Bachelor's degree in nursing who has worked for 30 years is approximately \$12,000. The tuition to obtain a master's degree is approximately \$5000-\$5700 or nearly half her salary. In addition, the pay differential between a nurse with a bachelor's degree (BSN) and a two- year technical diploma nurse is minimal. Role distinctions in clinical and community practice are minimal, and employers are at liberty to require nurses to perform all healthcare tasks from assisting physicians and carrying out medical orders to cleaning floors. Nurses are burdened and kept away from direct patient care and client teaching due to an abundance of clerical duties from receptionist duties to completing a significant amount of record keeping. The lack of an organized management structure for healthcare delivery is impeding the progress of delivering quality client care. Nurses are used to fill all gaps and non-nursing functions regardless of educational background, clinical experience or achievements.

Recommendation

As recommended in the MoH IDP, performance management and supportive supervision must become an urgent priority in recognition of the nurses' role. Job descriptions should be upgraded to clearly represent what nursing functions should be performed in accordance with the nurses' educational background and clinical experience and expertise. The primary care/ community health system should also devise clear job descriptions setting forth a detailed plan of case management which would include the master prepared and baccalaureate nurse heading a team of technical nurses and community health workers. Stratification of nursing functions should be outlined and published to include a teamwork system of nursing care delivery. Baccalaureate and master's prepared nurses should head such teams in every healthcare setting with multiple layers of support personnel, including, but not limited to, diploma and technical nurses, nurses' aides, clerical personnel and housekeeping personnel to take on the cleaning functions which should not be delegated to nurses. Nurses should receive leadership training in colleges as well as part of their continuous educational process in their respective healthcare settings. Theory educated nurses in BSN/MS programs are unable to utilize their critical thinking skills and educational expertise due to the demands on the nurse's time for non-nursing functions. Nurses are healthcare's best educators and their duties should reflect this most important function. Utilizing the client educating skills of the professional nurse will assist the Ministry in achieving preventative healthcare objectives in

important areas of diabetic treatment, management and prevention as well as hypertensive prevention and management and, importantly maternal-child health.

Performance reviews need to be devised and adopted with monetary, career promotional and educational incentives in place. Full public disclosure of the review process, performance review products and rewards should be clearly outlined for all level of nursing positions to allow for complete transparency in this most important process.

Additionally, institutions should consider allowing nurses to work on a part time or flexible time basis. Since the cultural role of women includes a considerable period of time childbearing and childrearing, nurses necessarily will drop out of the workforce to fulfill these responsibilities. Devising compatible work opportunities for nurses with family responsibilities will not only support the professional nurse but will be profitable for the healthcare sector as well.

3. Lack of Standardized Structure for Nursing Education results in lack of uniformity in nursing qualifications.

Nursing education in the West Bank has multiple forms: Diploma or what is called a two year “technical nurse”, a three year diploma program (offered by the MoH at Ibn Sina College), Baccalaureate trained nurses receiving a Bachelor’s of Nursing Degree BSN - typically from a four year college program and master’s prepared nurses typically in the field of public health. There is a lack of master’s programs in clinical specialties such as neonatology, cardiovascular nursing, etc. There are in existence “upgrading” programs at the college level allowing for the diploma nurse to obtain a Baccalaureate degree after completion of a prescribe program which supplements the technical nursing skills with basic sciences and other college level courses. Such “upgrading” programs are typically completed in a year to a year and a half.

Entrance requirements vary widely as well. Technical nursing school requirements are much lower than college programs. The Tawjihi or national high school or secondary examination scores for the technical diploma program is less than 65 (out of a 100), whereas the entrance requirement for the BSN program is greater than 65. As well, the diploma programs have “open admission” whereas college and university nursing programs are selective in their admission of candidates. The disparity in entrance requirements, including Tawjihi scores presents “upgrading” problems since most technical nurses have difficulty in gaining admission to college programs in their attempt to upgrade their diplomas to baccalaureate programs. There has been a rise in admissions to the diploma twenty-four month programs. Technical diploma nurses are guaranteed jobs upon graduation and much of their tuition is subsidized (25% of tuition is subsidized at the MoH college Ibn Sina), all contributing factors to the rise in admissions.

There is a lack of qualified nursing professors in the West Bank. Specifically, there is a severe shortage of PhDs to head nursing programs and teach in West Bank universities. Nursing colleges do not have masters prepared nurses in clinical nursing specialties such as critical care nursing and thus colleges cannot provide baccalaureate education nurses with the opportunity to obtain advanced degrees in areas outside of public health or midwifery.

Having a disparity in educational background of nurses presents challenges in the clinical setting. Although BSN nurses typically assume a more senior role to technical nurses, without detailed descriptions of their functions, the supervisory status is negligible. With such a heavy work load, the baccalaureate prepared nurse is left performing the same clerical and cleaning tasks as the technical nurse and her specialized training in preventative health, nursing assessment and education are lost

on a client population that is in desperate need of preventative healthcare education and management of their disease conditions.

Nurses uniformly make an urgent appeal for leadership training. It is the consultant's opinion that many nurses already possess the talent for leadership and management but are unable to realize their talents in the face of the lack of an organized team structure of healthcare delivery and the burdensome task of non-nursing tasks they must necessarily perform. Without MoH recognition of the reality of the nursing situation and without the application of job descriptions, performance reviews with attendant rewards and recognition as well as providing educational incentives and educational support, no leadership opportunities can exist.

Recommendation

MoH should urgently provide a structure for performance review and consequent rewards and promotions for nurses. MoH should revise its job descriptions for nurses to include distinctions in duties as to education and clinical experience. Supervisory and leadership talents should be recognized, rewarded and supported. Nurses should be actively involved in reviewing all job descriptions and performance evaluations for nursing positions. A nurse committee, preferably reporting to a newly created position of General Directorate for Nursing should be tasked with devising accreditation standards for continuous education programs including, but not limited to, selection of key institutions of higher learning as designated centers which may devised sanctioned continuous nursing education programs.

C. Next Steps

Field Visits to Clinical and Primary Sites to validate findings and advise on modification of health care delivery systems.

Further discussions and field visits to hospitals and PHC clinics would further inform development of management/leadership workshops for nurses and supervisory nurses. The consultant understands from discussion with nurse leaders that nurse midwives are urgently needed. In order to accurately evaluate their status and needs, a return visit to analyze maternal child health needs in terms of midwifery services and the lack thereof, prenatal and postnatal counseling as well as reproductive health education is warranted.

Nurses should be first and foremost educators especially in the areas of preventative healthcare. Diabetic care and management, hypertensive healthcare teaching, prenatal care, reproductive healthcare and family planning should be priorities for nurses. A return visit to spend time with PHC nurses to evaluate how to devise programs and supervisory support for them to engage in this most important healthcare area, would be beneficial.

Conduct review of educational systems and institutions, i.e., curricula and settings that offer nursing education in the West Bank.

The consultant recommends that a thorough review of the various curricula from the varied educational programs which educate nurses including the college/university programs, diploma and technical programs as well as the "upgrading" programs from diploma to BSN be undertaken in order to give an accurate opinion as to how to create some system of uniformity of the standards of nursing education and performance. It is the consultant's understanding that the Ministry through

Ibn Sina, its nursing college, wishes to modify its “upgrading” program for diploma nurses. A complete review of this program in comparison to other college programs should be undertaken so that resources could be utilized in the most effective way and create a more uniform system of this type of education.

Assessment Continuous Educational needs for nurses and advise on subject, structure and format for initial educational training sessions.

Workshops and Educational Programs: The syndicate or professional nurses association has expressed an interest in having the Flagship Project support a workshop type of educational program. Prior to advising support for any type of workshop, the consultant suggests that a detailed structure of continuous education program standards be devised with requirements of the necessary background of teacher/trainers, requirements of substance of programs, and requirements of printed materials to be handed out.

There is a desire for educational programs directed to intensive care nurses and this would be a worthy subject. Since the West Bank does not appear to have clinical nurse specialist in intensive care, the consultant suggests that this program include numerous medical specialists who could offer the appropriate background for development in this area. For example, such a workshop may include an anesthesiologist to cover the clinical aspects/physiology of respiratory care, use of respirators, analysis of respiratory function, etc. Added to anesthesia could be a cardiologist to cover the clinical correlation of electrocardiograms to cardiac functions. The consultant recommends asking a nursing leader to serve as moderator of such a workshop and select the various medical experts to serve as speakers and trainers.

The consultant has requested that the Professional Nurses Association provide a proposed plan for a critical care nursing seminar which is to include the selection of potential presenters or trainers supported by their professional credentials, an outline of each presentation, proposed hand-out or take-away educational materials to be developed and used by each presenter, proposed attendees and their selection criteria. Additionally, the consultant has proposed that each attendee commit to conducting one hour in-service program upon return to their respective institutions to present the educational information they received at the training session and share with colleagues the printed materials obtained at the session. In this way, the nursing association will not only have a structure for future sessions but will also begin the all-important process of sharing of educational materials and knowledge with colleagues.

Educational programs for midwives should be devised, focusing not only on obstetrical emergencies and referrals but also antenatal care and reproductive planning.

The consultant also strongly advises that any workshops and/or seminars receiving support from the Project be planned in a comprehensive structured manner and integrated into the Project’s overall educational workshop/seminar planning. To just gather together selected nursing personnel for a round-table discussion without a true educational format would satisfy the goals of Ministry reform. Having said that regarding continuous healthcare education, the consultant does believe it would be productive to have a round-table discussion with nursing leaders, including the syndicate president and Project nursing personnel to update them on the systems being devised by the Ministry that will directly impact on their staff and/or members. Discussions of this type will assist them in accessing the MoH directorate since they currently have no position of authority or voice at the Ministry.

ANNEX A: TERMS OF REFERENCE

Palestinian Health Sector Reform and Development (Flagship) Project Scope of Work

Position: Nursing Policy Specialist

Consultant: Ms. Joyce Utz

General Project Overview:

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

The purpose of the trip:

Ms. Joyce Utz was identified as a Nursing Policy Specialist to assist the Ministry of Health and the Flagship Project with raising the professional status of the nursing profession and developing required policies to improve performance for the MoH. We propose Ms. Utz to travel to Ramallah on or about August 29, 2009 until on or about September 13, 2009.

This consultancy requires a specialist in nursing education, ethics, continuing medical education, licensing, professional associations and legislation. With more than 37 years of experience in clinical nursing, civil rights laws, and health policy, Ms. Utz is uniquely qualified to assist the Flagship project in this capacity. She worked as a clinical nurse in cardiothoracic intensive care and emergency medicine for the New York University Medical Center, Stanford University, and Bellevue Hospital. While working at the New York City Department of Public Health as a public health nurse, Ms. Utz was responsible for staffing public health agencies, monitoring the administration of the New York City public health clinics and schools, and conducting field investigations. Additionally, as the clinical research nurse to the director of the Memorial Sloan-

Kettering Cancer Center, she developed and coordinated research studies on clinical programs and created outpatient treatment clinics.

Since 1992, she has worked in a number of law firms, focusing on healthcare negligence trials, employment discrimination, medical malpractice, premises liability, and other healthcare trials and civil litigations. As a health policy professional, she has drafted legislation on healthcare matters such as the reauthorization of the Public Health Service Act and provided consultation for nursing public health legislation. She also wrote, produced, and directed medical teaching programs for physicians, nurses, healthcare agencies, and pharmaceutical companies. Chemonics believes that Ms. Utz is the ultimate candidate for this position. Her expertise and qualifications make her ideal for completing the assignment successfully.

ANNEX B: TDY ACTIVITIES

The following is a chronology of the meetings.

August 30, 2009: Meeting with Deputy Chief of Party to obtain an overview of the project, background and guidance on the consultancy, and expected deliverables.

Meeting with Flagship Project clinical and community-based Health Director Jack Thomas to obtain an overview of the Project, its organization and operational logistics as well as background information and status of the Project as it related to the nursing component of healthcare delivery.

September 1, 2009: Introduction to the Project field office staff and the daily morning briefings.

September 1, 2009: Meeting with Project staff members with nursing background - Fadhia Oweis Program Coordinator (BCC), Randa Bani Odeh (community health/primary nursing program coordinator) and Suzanne Shamali (program coordinator regarding licensure and accreditation issues). All three program coordinators hold master's degrees and are extremely knowledgeable regarding the myriad of issues facing nurses in the West Bank. In addition to having a strong educational foundation, all three have considerable clinical experience with non-governmental organizations (NGOs) as well as MoH institutions. From Mses. Oweis, Odeh and Shamali the consultant received an initial orientation to the existing healthcare structure as it pertains to the rendering of nursing care and also of the foundations of nursing education. Mses. Oweis, Odeh and Shamali continued to serve as reference personnel throughout the consultancy.

September 2, 2009: Meetings with staff members Deputy Chief of Party Dr. Damianos Odeh, Dr. Jihad Mashal (senior program officer) and Ms. Nadira Sansour (program officer responsible for training and CHE) to discuss both licensing, accreditation and continuous medical education in terms of current status and reform objectives.

September 2, 2009: Meeting with Michael Bernhart, PhD., consultant in systems management who is working on specifics regarding implementation of IDP modules 4, 5, and 6 concerning continuous medical education, licensing and re-licensing issues and accreditation.

September 2, 2009: Afternoon meeting with Ms Elham Mustafa Shamasna, Director of Nursing in the Directorate of the Primary Health Care at the Ministry of Health to discuss the status of nurses in the MoH and primary care nursing. Ms. Shamasna is the highest ranking nurse for primary/community based health within the MoH.

September 3, 2009 meetings at MoH in Nablus: Meeting with Dr. Dr. Kamal Al Wazani, Director of the MoH Licensing and Accreditation Unit. Also in attendance from his Unit were Mr. Moheb Abo Zant, Dr. Rania Shahin (Director of General Pharmaceuticals), and Ms. Najat Dweikat Director of Nursing of MoH. Staff attending from the Project were Dr. Jihad Mashal, Ms. Suzanne Shamali and Ms. Nadira Sansour and consultant Dr. Michael Bernhart. Issues discussed included the procedural aspects and status of licensing and re-licensing as well as tangential issues of continuous education for professionals and aspects of supportive supervision regarding drafting of job descriptions for healthcare professionals and ancillary healthcare personnel.

September 3, 2009: Afternoon meeting at Al Watani Hospital in Nablus with Dr. Hussam Johari, Medical Director of Al Watani and is the MoH designated point person for the IDP's accreditation

process. Issues discussed with Dr. Johari were the process of accreditation and the leadership requirements to move the accreditation work forward. Also discussed were aspects of continuous education as they interface with the accreditation process and licensing/re-licensing issues. Present were Dr. Michael Bernhart, Dr. Jihad Mashal, Ms. Suzanne Shamali and Ms. Nadira Sansour of the Project.

September 6, 2009: Meeting with Mr. Sulaiman Turkman, President of the Palestinian National Association (“nursing syndicate”) who is also Nursing Director of Al-Makassed Hospital, a 250 bed hospital in East Jerusalem. The meeting took place at Al-Makassed and consultant was accompanied on this field visit by Project staff member Ms. Randa Bani Odeh. Among the issues discussed were continuous education for nurses, the role of the syndicate in reform and the overall status of nurses in the West Bank and labor issues of pay and lack of flexible or part time hours. A considerable portion of the discussion was spent discussing the low morale of nurses and the desire for leadership training and the need for a General Directorate position for nurses at the MoH.

September 9, 2009: Meeting with Ms. Kholoud Hardan, Acting Dean of the MoH Ibn Sina Nursing College. Accompanying Ms. Hardan were two administrators for admission of Ibn Sina, Ms. Muna Hirzallah and Ms. Suha Hreish. Participating from the Project were Ms. Nadira Sansour and Mr. Michael Bernhart. Issues discussed at this meeting concerned the nursing educational processes in place in the West Bank and the various pathways to educate and license nurses. Explored in this discussion were the many educational curricula in place and the various educational institutions, MoH and private, involved in education nurses. Additionally, issues dealing with continuous education for nurses, educational facility building, educational and professional “upgrading” of basic diploma nurses, information technology and nursing support within MoH were also discussed. After the meeting, Ms. Hardan provided the consultant, via email, the current Ibn Sina nursing curriculum including post graduate courses.

Additionally, post-meeting discussions were held at the Project concerning the educational aspects of preparation of nurses with Project staff members, Oweis, Odeh and Shamali.

September 10, 2009: Project office meeting and discussions with Dr. Daoud Abdeen regarding the Palestinian civil law relating to job performance reviews as well as aspects of designation of authority to license and re-license as it relates to the Palestinian Public Health Law.

September 10, 2009: Meeting at the Project office regarding the history and application of continuous education for nurses with and Dr. Amal Bandak (Ph.D. /nurse specialist in pediatric oncology) who is active in promoting continuous education requirements for re-licensure in Jordan. Continuous Education credits are not yet required in Jordan. Dr. Bandak and the consultant discussed the problems with formats, standardization and institutionalization of such requirements both in Jordan and in the West Bank.

On September 14, 2009: Project office discussion with Dr. Damianos Odeh, Deputy Chief of Party and Dr. Daoud Abdeen regarding the structure and functioning of the primary medical care system (Levels 1-4). The discussion included the delivery system to rural populations and urban centers and the effectiveness of delivery to each sector. Debrief meeting with.

Daily Morning Briefings were held and consultant met frequently over the three weeks with Mr. Ziad Abdallah and Ms. Nadria Sansour discussing the issues of Modules, 4, 7, 15 as well as the theme and format of the proposed policy position papers. Consultant provided Mr. Abdallah and Ms. Sansour with drafts and topic outlines prior to the meetings.

ANNEX C: POLICY POSITION PAPERS SUBMITTED DURING CONSULTANCY

POLICY POSITION STATEMENT OF MoH FRAME – DRAFT 3 - 9.17.09

BACKGROUND

The Ministry of Health (“Ministry”) fully realizing its governance responsibility and mandate under the Palestinian Public Health Law, instituted and completed its assessment of the health infrastructure of Palestine. In accordance with the 2008 assessment, the Ministry has developed, adopted and implemented the March 2009 Institutional Development Plan (“IDP”) which serves as the basis for implementing reforms to the health sector. The IDP was based on the government’s National Strategic Health Plan 2008-2010 and was derived from a comprehensive assessment of the health sector needs, the subsequent prioritization of those needs and the dedication of the Ministry to the reform and strengthening of the Palestinian healthcare structure. During its review and adoption of the IDP, the Ministry has complemented the implementation process by issuance of Policy Position Statements to inform the health sector and the public of the purpose, rationale and process expected in each area of reform. The Ministry will expeditiously enact its implementation plan as it exercises its comprehensive regulatory role over the health sector and will support its role by the issuance of policy statements relevant to each area of reform.

Policy Position Statement

The Ministry is committed to democratization and good governance. To achieve these most important goals, the Ministry is committed to implementation of the Institutional Development Plan. Comprehensive implementation of this plan will give our healthcare system the structure urgently needed to deliver the highest quality of healthcare to our citizens. Any reform process necessitates transparency and the Ministry of Health is dedicated to transparency, openness and continuing communication as it moves forward in implementing the goals of good governance. The Ministry solicits and expects frank discussions with our healthcare professionals, relevant stakeholders and the public in structuring the most efficient and effective healthcare delivery system for our people. Time is of the essence and we are fully committed to achieving the Plan’s goals in an expeditious manner. The Ministry has the political will and commitment to encourage, promote and make each and every decision necessary to bring about reform to our healthcare structure and system.

A Palestinian state must be governed effectively and be viewed as legitimate by both its citizens and the international community. Good governance is vital to state legitimacy. Good governance leads to good management, good performance, good stewardship of public money, good public engagement and ultimately, good outcomes. Developing and sustaining strong, transparent and accountable institutions will fortify our healthcare structure and lead to a healthy and vibrant civil society. Health system development is integral to achieving a fully functioning independent state. By engaging stakeholders and advisors, the Ministry is implementing many changes in our healthcare infrastructure to make our health care delivery contemporary, dynamic and accountable and thus capable in delivering high quality care to meet the needs of the public. For example, the Ministry in its regulatory and planning capacity, has begun the process of review of licensing and re-licensing requirements of our healthcare professionals, taken initial steps in seeking accreditation of our healthcare facilities and is formulating policy to support healthcare staff in their need for continuous education. Our healthcare professionals and support personnel are vital to achieving a vibrant healthcare delivery system to meet the needs of our citizens. To that end, the Ministry will provide

its healthcare personnel with clearly defined job descriptions and expectations of the roles of its professionals and will support them in every phase of performance management implementation. It is the Ministry's objective to support our institutions and individuals during this process of implementation and develop programs that meet their needs as well as the objectives of governance. We are dedicated to the development of a transparent process, seeking comments and suggestions from all relevant parties. Transparency is our hallmark and will ensure an equitable, sustainable, and accountable healthcare system built with the consensus of the healthcare workers and public alike. Implementation of necessary reforms will be equitable and inclusive, gender sensitive and responsive to the needs of healthcare personnel and the public. This process will be in total compliance with the rule of law, within our regulatory mandate and be effective in achieving our goals of good governance to create a democratic institution that will stand the test of time.

Our healthcare personnel, both professionals and support personnel, are our greatest resource. They deserve and shall receive our full support in the implementation of reforming the health sector. The Ministry, working in concert with stakeholders and advisors is developing initiatives that provide our health sector personnel with supportive supervision, career enhancement programs and incentive performance opportunities. Reform initiatives will be directed toward capacity building so that our personnel and institutions will have the opportunity to develop their educational and clinical skills and in return, they, as members of the health sector will share their newly acquired knowledge and expertise with other members of the health sector. Ongoing reciprocation of benefits between healthcare professionals and the Ministry will not only result in improvement of the quality of healthcare for our citizens but will institutionalize reform by incorporating their achievements and advancements into our health care system.

Concluding Statement

Democratization and Reform requires development of policies that are citizen-centered, gender sensitive, and results oriented. The Ministry is the steward of the necessary reforms to our institutions and in the creation of standards for excellence for the professionals and institutions alike.

With the joint efforts of the government, healthcare sector and the public, our government will build a stronger, more efficient quality healthcare system which will be responsive to our needs, sustainable, accountable and of which we can all be proud.

Policy Statement CHE Draft 2 – 9.17.09

The Ministry's Policy Statement on the Implementation of a Continuous Health Education (CHE) Program for Health Professionals

Introduction

A quality health care delivery system comprised of health institutions, primary care centers and their community health outreach must have, as its core, highly qualified dedicated healthcare professionals who possess up to date medical information and clinical skills. Remaining dedicated to providing the best medical care to the Palestinian population requires healthcare professionals, partnering and supported by the Ministry, to continually add to their educational knowledge by continuously expanding and updating their medical acumen through the process of continuous health education ("CHE"). The Ministry will support healthcare professionals in achieving this goal by creating a regulatory system that will guide the process of accreditation of continuous educational programs to Palestine's healthcare professionals. The MoH regulatory system should also be setting priorities (topics) for CHE, and ensuring that professional associations/medical council set minimum required "hours/credits" for CHE that will be linked to licensing.

The ability of the Palestinian healthcare system to deliver high quality medical care relies on a population of qualified healthcare professionals who are properly trained, well educated and continuously up to date in their medical knowledge and expertise. Healthcare delivery is a dynamic and demanding service. The amount of contemporary medical and scientific information needed to provide the public with the best medical care can become a burdensome obligation for professionals and support personnel as well. But the obligation of professionals to supplement their education and clinical skills by continuing their professional education is mandatory in order for the public to trust and feel confident in the care they are receiving and the government providing that care.

A vibrant sustainable healthcare system must have a standardized system of licensure, re-licensure and continuous health education and training. Such requisites form the basis of professional improvement and, most importantly, directly relates to their ability to deliver the highest quality of healthcare to the public.

The creation of an objective, credible and practical system of continuous health education by the Ministry, will not only provide direct educational benefits to the participants by providing current medical and scientific information to the healthcare giver, but also will motivate and enable the professionals to return to the healthcare setting practicing at a higher level of efficiency and effectiveness.

Mission of the Ministry in its role as it relates to implementation of continuous education of its healthcare professionals

The Ministry is determined to strengthen the capacity of its health institutions and its professionals by instituting a system for providing accredited continuous educational opportunities to its healthcare professionals. The Ministry, in concert, with educational institutions, professional healthcare associations, and relevant stakeholders will devise accrediting standards applicable to all entities desiring to produce and provide programs to update and enhance the education of our healthcare professionals. The Ministry's objective is to regulate the crediting of the programs of

continuous health education making them uniform, standardized and objective in order to serve as standard requirements for re-licensure of all professionals.

In addition to providing the structure for re-licensing, the accumulation of accredited continuous health education credits, the mere attendance of the professional at CHE seminars, workshops, and approved meetings provides many benefits not only to the healthcare personnel but to the institution as well. Engaging in continuous educational programs involves participation of one's profession in a collegial sharing atmosphere where dialog and discussion necessarily impart new knowledge and the refinement of problem-solving skills and critical thinking. Educational discussions in this setting provide a forum for exchange of relevant clinical information and, as a byproduct, elevate personal and professional esteem. Individuals who participate in continuous education will return to their place of practice and convey their newly acquired and updated medical knowledge to their colleagues allowing for the strengthening of the institution and capacity building. It is hoped that professionals attending the approved accredited programs will assume a leadership role in sharing and clinically applying the information acquired to patient care. In this way, the Ministry, with its healthcare professionals, will institutionalize the reform and upgrading of its healthcare system.

The public will gain new appreciation and confidence in their healthcare system knowing that the healthcare givers are current in their education and clinical training and will be treating them with the best clinical care and knowledge available. In requiring CHE as a licensure requirement, the public will trust that all healthcare professionals have met the highest professional standards both in education and clinical skills.

In seeking to implement the requirement of continuous health education, the Ministry is not seeking to impose an onerous burden on its medical professionals. Rather, it is expected that Palestinian healthcare professionals will eagerly welcome the availability and acquisition of this knowledge. It is hoped that the accredited CHE programs will be readily available and easily accessible in workshop or in-service settings as well as by electronic e learning. E learning allows the professional to self-select the preferred desired content as well as avail themselves of information from international experts.

The proposed CHE system will have an assessment component to secure valid assessment data and thus enable the Ministry and healthcare institutions to strategically plan for future regulatory requirements as well as refinements in current standards. Information management is essential to the success of any regulatory process. A database for managing and reporting CHE activities is needed for CHE providers, CHE participants, regulators and accrediting bodies. This database and derived information serves to inform decision makers and providers alike as a planning tool for changes in programming or the creation of specific CHEs to fill gaps in healthcare education or clinical needs.

Inherent in every regulatory system is a requirement for incentives and sanctions. Those professionals meeting the required accumulation of credits from prescribed CHE participation will be re-licensed and may receive recognition in the form of peer and institutional acknowledgement, promotion, or both. Performance management is fundamental to our endorsed principle of supportive supervision of our health professionals for it is the Ministry's belief that by fostering a quality of culture within our health sector we are ensuring the delivery of quality healthcare to the public, which is our ultimate goal.

For those professionals who do not meet the standards proposed for re-licensure relating to obtaining required CHEs, there will be equitable remedial action. However, the Ministry will support the healthcare professional with remediation opportunities to correct the deficiencies both educationally and clinically.

Conclusion

The system of Continuous Health Education outlined by the Ministry provides the important integral foundation for the advancement of healthcare professionalism and the ultimate improvement in Palestinian healthcare. Each and every client who seeks healthcare services from our system deserves to be treated by the most qualified and educated professionals we can provide. By instituting a program of mandatory CHE, the Ministry is dedicated in achieving this critical public goal.

Policy Statement re Improvement of Performance Management Draft 2 – 9.17.09

The Ministry's Policy Statement on Performance Management and Supportive Supervision

Introduction

The health sector professionals and support staff are recognized by the Ministry as the best hope for reform and improvement of our healthcare delivery system. Accordingly, the Ministry offers its full support of its personnel by being totally committed to the implementation of new performance management systems to affect the goal of improving the quality of care of its Palestinian citizens by supporting the supervision, care and management of its healthcare professionals and all personnel in the health sector.

The Ministry is advocating new performance management approaches and tools to provide a clear outline of duties, performance expectations, and a structure for a fair, equitable, open, and transparent review process. Realizing the importance of performance incentives, recognition and career incentives, the Ministry proposes that the performance review process will allow for promotional opportunities in recognition for outstanding professional performance as well as recognition of leadership capacity.

Mission of the Ministry in its role to implement the improvement of performance management of the health sector

The Ministry recognizes that proper and effective performance management of all categories of healthcare personnel is fundamental to producing the highest quality of health services for the Palestinian people. Improving and maximizing the clinical performances of each healthcare professional is the objective of not only the Ministry but every professional healthcare leader. To that end, effective performance management requires supportive supervision of every category and level of healthcare professional, indeed it requires supportive supervision and leadership of all staff.

Supportive supervision, as a performance management concept, has not only a positive effect on each staff member but also fosters a culture of productivity and efficiency. Support, encouragement, objective review and recognition promote collegial communication, build a positive working environment and promote a teamwork approach to problem-solving and innovation in the workplace. Healthcare professionals and support staff deserve a defined career review process in which they are clearly informed as to their distinct clinical or job duties as well as what the institution requires of them. Supportive supervision requires that all parties communicate freely and openly on a regular basis and not just at the time of review. Professionals are encouraged to seek supervisory advice for work and career guidance and clinical problem solving. Building a constructive open relationship between staff and supervisors promotes work performance and elevates the self-esteem of not only the individual but heightens the morale of the entire staff.

Effective approaches and tools to be utilized in performance management

The Ministry will introduce performance management tools that comport with the principles of transparency and good governance. Tools such as clear job descriptions, comprehensive performance reviews, self-assessment reviews and options for a fair appeals process are integral to the effective management of personnel. Professionals and support personnel are to be given advance notice of the time and nature of each review as well as guidance throughout the process.

The purpose of this type of supervisory notice and support is to allow each individual to know what the Ministry of Health and their respective institution expects of them in performance of their professional duties and allows the individual to envision a path within the health sector structure for career development, recognition and reward. Reward and recognition are the bedrock principles that increase the performance of an institution and government.

The Ministry has begun the process of development and review of job descriptions for the professions in the health sector. Each job description will be reviewed, updated and revised to comply with current clinical and community health settings and will detail the conditions and duties of employment. The Ministry will finalize the job descriptions and seek constructive comments from relevant professional associations and educational centers as well as pertinent stakeholders and institutions. The Ministry, in its regulatory capacity, will publish the job descriptions and performance reviews to all respective healthcare personnel to provide notice and transparency of the process.

The Ministry expects that job descriptions and performance reviews will become excellent tools in the creation of a more equitable and productive workplace. The system of performance management will at all times be gender neutral, unbiased, and compliant with the Ministry's directives and healthcare management standards.

The Ministry will direct that all assessment tools and performance evaluation results will be entered into a management information system to provide for the establishment of an accurate database of information upon which system evaluation and strategic planning can be based. The accumulation of this important data will provide essential feedback to the Ministry and healthcare leadership in areas of continuing health education needs, development of evidence based protocols for healthcare delivery and on the job educational needs as well as provides an evaluation of the functioning of the performance management system itself. The information obtained from timely and comprehensive review of the data allows for modification and adjustment to the process of supportive supervision and performance management which will, in the long term, make the performance review process more reflective of the actualities of responsibility in the healthcare setting.

To create an environment of mutual respect between supervisor and staff, the performance management system must create an atmosphere of free discussion of the positive and negative aspects of the healthcare professional's job performance. An open, sharing discussion at review time promotes understanding of the needs of the individual undergoing review and allows for the supervisor to note those individuals demonstrating leadership potential. When needed, the supervisor may support the professional in obtaining additional education or clinical training in specific areas to enable the professional to complete her clinical duties according to her job description as well as allow for recognition and promotion of those individuals who display outstanding job performance and promise.

Conclusion

The healthcare sector professionals and support personnel are not only the backbone of the Palestinian healthcare system but are its greatest asset. One of the highest priorities of the Ministry is to support the development of the most effective performance management system to provide continuing supervisory support, performance based recognition and clearly defined career advancement opportunities to those who deliver quality care and treatment to our public. The timely institutionalization of our performance management system will accomplish this most important goal.

Policy Statement Fellowships Draft 2 – 9.17.09

The Ministry's Policy Statement on its Training and Fellowship Programs

Introduction

The establishment of post graduate specialty medical training and educational opportunities for Palestinian healthcare professionals is a priority for the Ministry. The goal of the Ministry is to reform and implement systems and programs which will upgrade and enhance existing medical, surgical and community healthcare and at the same time fund the training of selected individuals who qualify to become clinical specialists in those areas of healthcare where the Ministry has determined there is a specialty need.

Fellowships will be awarded to support and strengthen those clinical areas where there is a demonstrable need, a gap in qualified healthcare providers of essential clinical services. Areas of immediate need include, but are not limited to, neurology, neurosurgery, nephrology, forensic psychiatry, toxicology, anesthesiology, burn treatment specialists, family practice physicians, midwives, and clinical nurse specialists in intensive care, cardiovascular care and community health nurse practitioners.

The terms of the fellowship program involves receiving additional education and clinical training outside of Palestine at qualified selected clinical and academic centers recognized by the healthcare profession for their expertise in those selected areas which correspond to the healthcare needs of Palestine. Fellowship training may also be offered within the Palestinian territory if it is shown that a particular institution possesses a demonstrable degree of expertise in a particular specialty. In this case, the fellowship would allow the healthcare professional to relocate to that selected Palestinian institution for a specified period of time to obtain the necessary specialty training/education.

The selection process will be transparent, open to all qualified candidates, standardized with the appropriate public and professional notice seeking qualified candidates.

Fellowship recipients will have a contractual and ethical obligation to complete the term of fellowship and return to the West Bank not only to practice in the specialty but also commit to teaching and training other healthcare personnel in the specialty field. This reciprocal commitment may involve collaboration with educational institutions to set-up on-going institutional training that may include creating a fourth year residency program within the institution. It is expected that the recipient will also create workshops and seminars, in-service seminars accredited for Continuous Health Education credits for other interested and qualified healthcare professionals. The fellowship requires that the fellow serve as a leader in the professional community upon return and build capacity for the Ministry's institutions.

Additionally, the award of the fellowship requires the recipient(s) to collaborate with the Palestinian Medical Council, Palestinian Nurses Association and all relevant professional organizations to develop standards of education and licensing in the newly acquired specialty.

Benefits to the Ministry, Professional and the Public of the Fellowship Program

The establishment of fellowship training in designated areas of specialty need will strengthen the institutional capacity of the Palestinian healthcare system. The MoH will minimize the need to refer patients for treatment out of country institutions which will not only result in economic benefits to the country but will eliminate the need for the complicated transport schemes encountered with checkpoints and consequent delay in treatment. Most importantly, in country specialty care will allow the client and his family to remain together as a supportive unit during the stressful time of treatment and rehabilitation.

The certified specialist will assist the Ministry to meet its institutional accreditation goals in the newly created specialty practice areas and serve as qualified lecturer and trainer in the continuous health education program.

Conclusion

Creation and funding of fellowships to meet institutional healthcare needs is a priority of the Ministry. The building of a comprehensive health delivery system necessitates the Ministry to designate the areas where specialty training will provide the necessary care to those patients in need and for which Palestine lacks specialists. It is expected that with the addition of needed medical specialists, those in need will receive the best care in their community supported by their friends and family. For the Ministry, the intended result of patient comfort and effective treatment is the best return on its investment in the fellowship program.

ANNEX D: CONSULTANT CV

Joyce Morin Utz

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EDUCATION

Georgetown University Law Center, JD 1992
Honors: Public Interest Scholar

Georgetown University, BSN *magna cum laude*, 1989
Honors: Dean's Citation
Alpha Sigma Nu (Jesuit)
Sigma Theta Tau (Nursing)
Nightingale Society
Concentration: Public Health/Health Policy

Georgetown University, Kennedy Institute of Ethics
Intensive Bioethics Course, May-June 1987

PROFESSIONAL EXPERIENCE

Legal

Radna & Androsiglio, LLP, New York, NY
Partner, 2004 - Present

Litigation/Trials focusing on healthcare negligence; civil rights litigation; class actions; practice in Federal and State courts; obtained multimillion dollar awards for multiple clients

The Law Offices of Joyce Morin Utz, New York, NY
Principal, 1997-2004

Litigation/trials; civil rights, employment discrimination, medical malpractice, premises liability, wrongful death cases

The Jacob D. Fuchsberg Law Firm, New York, NY
Of Counsel, 1992 – 1997

Civil litigation/trial practice in healthcare matters; class actions

Healthcare/Health Policy

Senate Committee on Labor and Human Resources

Senator Edward M. Kennedy, Chair

Health Policy Legislation Advisor, 1987-1989

Drafted legislation on healthcare matters including the reauthorization of the Public Health Service Act, consulted on nursing and public health legislation, researched and wrote memoranda regarding immigration laws and healthcare, represented Senator Kennedy's office at healthcare forums by participating as speaker and panelist speaking on topics of current healthcare interest

Scientificom, Chicago, Il.

Principal, Writer-Producer, 1976-1983

Principal of multi-media healthcare company; wrote, produced and directed medical teaching programs for physicians and nurses, healthcare agencies and pharmaceutical companies; produced health and social policy documentaries. Developed, designed and produced teaching programs with major pharmaceutical companies and national medical associations and agencies; administrator of office and all outside contractors

Memorial Sloan-Kettering Cancer Center, New York

Clinical Research Nurse to Director, 1974-1975

Responsible for the development and coordination of research studies, including international studies and clinical programs; liaison for Center with outside academic institutions and clinical studies; coordination of clinical studies with fellowship program; created outpatient treatment clinics for the Cancer Center.

New York City Department of Public Health

Public Health Nurse, 1972-1973

Responsibilities included staffing public health agencies and clinics; administration of New York City public health clinics and schools on the lower east side of Manhattan; conducted field investigations and public health casework

Clinical Nursing

New York University Medical Center, Stanford University, Bellevue Hospital

Concentration: cardiothoracic intensive care and emergency medicine

PROFESSIONAL ASSOCIATIONS

- The Association of the Bar of the City of New York (1996 – Present)
 - Chair, Special Committee on Medical Malpractice
 - Member (Chair Emeritus), Special Committee on Medical Malpractice
 - Chair, Sub-Committee on Continuing Legal Education

- Taskforce on Health Care Legislation

- Georgetown University Law Center, Washington, D.C. (2004 – Present)
 - National Alumni Board
 - Committees: Intra-Alumni Relations, Admissions Interview Program
- The American Society of International of Law

ELECTED OFFICE

Advisory Neighborhood Commissioner, District of Columbia
Two-term elected DC official

AMERICAN FILM FESTIVAL AWARDS:

Healthcare and Social Policy Documentaries

- Blue Ribbon Award (highest honors), 1981, New York
“Suffer the Children – Silence No More,” a film on sexual and physical child abuse. Writer/Producer/Director.
- Gold Ribbon Award 1980, New York
“Mothers in Conflict – Children in Need,” a documentary film/study of infant-maternal health in Third World countries filmed in Central America investigating the role of contaminated water and commercial infant formula as it related to malnutrition of third world children. Writer/Producer/Director.

SELECTED LEGAL PRESENTATIONS (1996 – Present)

The Association of the Bar of the City of New York, CLE

- Taking & Defending Depositions in Medical Malpractice Case
- Medical Malpractice Discovery: Getting the Information You Need
- Ethical Pitfalls in Medical Malpractice Litigation
- The Growing Trend of Mediating Medical Malpractice Cases
- Bridge the Gap: Transitional program for newly admitted attorneys

PRESENTATIONS DURING TENURE WITH SENATOR KENNEDY

- Political Savvy for Nurses, (September 1988). The SCONE presentation, Central Middle Pennsylvania Nurse Executive Meeting, Chambersburg, PA.
- The Role of the Federal Government in Addressing Manpower Shortage Issues, (October 1988). The American Hospital Association.
- Children’s Issues: Resolving the REAL Federal Deficit, (October 1988). Keynote Presentation, The University of Florida Sixth Biennial Current Concepts in Pediatric Nursing, Jacksonville, FL.

- Commencement Speaker 1988, Syracuse University School of Nursing, Syracuse, New York.

SELECTED HEALTHCARE PUBLICATIONS

Angina Pectoris: Clinical Presentation and its Treatment with Nitroglycerin Ointment. [Audiovisual with Monograph]. Chicago, IL: Scientificom (1981).

The Nurse as Teacher: Preparing the Diabetic for Self-Care. [Monograph] (1982).

Total Parental Nutrition. [Filmstrip with Monograph]. Chicago, IL: Scientificom (1981).

Emergency Management of Major Thermal Burns. [Monograph] American College of Emergency Physicians. Chicago, IL (1978).

Minor Burns: Evaluation and Treatment. [Monograph] American College of Emergency Physicians. Chicago, IL (1979).

LEGAL VOLUNTEER WORK

Lawyers' Committee for Civil Rights Under Law
 2004 Voting Rights Act enforcement – Ft. Lauderdale, Florida
 2006 Voting Rights Act enforcement – New Jersey

BAR ADMISSIONS

New York, 1993; New Jersey, 1993
 U.S. District Courts, Southern and Eastern Districts of New York, 1993
 Supreme Court of the United States, 2007

OBAMA PRESIDENTIAL CAMPAIGN

- Obama Policy Committees (June 2007 to November 4, 2008)
 - Health Policy Committee
 - Women's Issues Committee
- Field Work in New Hampshire and Ohio

Legal Work

- Voter Protection – New Hampshire primary, January 8, 2008
- Voter Protection – Ohio (Cleveland) election week

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Accessing Accreditation Readiness. Workshop Preparation: A Tool for Policy Makers and Program Implementers (Draft document) January 27, 2009.

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Building Quality Management Systems & Preparation for Joint Commission International Accreditation, HMCS (Health-Care Management Consulting Services - February 2009.

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Palestinian National Authority Ministry of Health. Health Planning Unit: National Strategic Health Plan 2008-2010.

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USAID *Health Systems Assessment Approach: A How-To Manual*, Mursaleena I. Editor. February 2007.

USAID /Ministry of Health: Health System Assessment Report. December 2008.

USAID/Ministry of Health: Institutional Development Plan. March 2009.

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