

EXTERNAL EVALUATION TEAM REPORT

To Project HOPE/USAID

Reference: Higher Institute of Nursing
Assiut University, A.R.E.

This report consists of two parts:

1. Executive Summary and Recommendations
2. Final Report

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EXECUTIVE SUMMARY

The Higher Institute of Nursing (HIN), Assiut University, Assiut, A.R.E., was established on November 1, 1982 and has been supported by Project HOPE/USAID. The purpose of the Project HOPE/USAID support was to assist Assiut University to establish, develop, and institutionalize the HIN through technical assistance from consultants. The External Evaluation Team concludes that the support provided by Project HOPE/USAID has contributed significantly to the successful establishment of the HIN at Assiut University. Eight conditions were outlined that should exist at the termination of the project. This Executive Summary first reviews the degree to which the project has been successful at meeting these objectives and then presents 11 recommendations for Project HOPE/USAID and the HIN, Assiut University.

Project Outcome Evaluation:

1. The Assiut Higher Institute of Nursing (HIN) will be fully operational under established Assiut University administrative policies and staffed with the appropriate faculty to fully implement the five year HIN curriculum.

The HIN is fully operational under established Assiut University administrative policies. This is fully outlined in the HIN Administrative Policy Manual (1984). However, even though there have been extensive efforts at faculty recruitment, the HIN has not been able to attract appropriate numbers of qualified faculty to implement fully the five year curriculum. The current teaching staff consists of the Director, 2 Demonstrators, 3 Supervisors, the Director and Assistant Director of the Secondary Technical Nursing program, and 1 prospective Demonstrator awaiting appointment. This group has been supported by consultants and visiting faculty from other Assiut University faculty, visiting faculty from the HIN Cairo and Alexandria, and the HOPE consultants. The current faculty:student ration in the clinical setting is 20:1. The ideal ration is approximately 10:1, students to faculty.

2. Three classes of students will have been admitted to the HIN with a fourth class scheduled to enter September 1985.

Three classes of students have been admitted to the HIN. The approximate current enrollment is: third year students, n=22, second year students, n=41, first year students, n=62 plus 10 who are repeating the first year. The attrition rate for the third year students has been approximately 27% (35 were originally admitted). This attrition rate is typical for the first two years of nursing programs in Egypt. The next class will be admitted through the

National University admission procedures where students are assigned, based upon their choices, to Faculties within the University in relationship to the scores they receive on the university entrance examination.

- 3. Years 1,2, & 3 of the 5 year curriculum will have been implemented with the 1st and 2nd year curricula evaluated and revised as needed; and data collected for evaluation of the 3rd year curriculum.

Year 1 & 2 have been implemented, evaluated, and revised accordingly. These revisions have included the addition of a First Aid course and Introduction to Pharmacy added to the 1st year and obstetric experiences added to the 2nd year. Year 3 of the curriculum is in the process of being implemented and evaluated. Several discrepancies were noted between the written curriculum and the implemented curriculum. For example, students reported no exposure within the curriculum to community health nursing within the first year of the curriculum. Also, medical lectures were added to all nursing courses which are not reflected in the course outlines.

- 4. Prototypes of teaching materials for the curriculum will have been developed, evaluated, and in production for years 1 & 2, and in process of evaluation for year 3.

Notebooks with teaching materials that include classroom handouts, teaching aids, posters, etc., are on the file at the HIN. Teaching manuals for the courses developed consist of the various handouts and lecture notes that are provided for the students.

- 5. HIN faculty will have received in-service training in curriculum implementation, teaching methodologies, clinical supervision, evaluation, and community health service delivery.

Project HOPE consultants have provided short workshops in such areas as: clinical evaluation of students, developing cognitive examinations, curriculum design and course outline development, understanding the teaching-learning process, and the nursing process. In addition, HOPE consultants have worked closely with the teaching staff to assist them in developing their teaching skills and preparing lecture outlines on a one to one basis.

- 6. Thirty six weeks of short term participant training will be provided for the HIN faculty in areas relating to community health services.

Four members of the teaching staff spent 9 weeks each at the School of Nursing, University of California, San Francisco, participating in training sessions. Two demonstrators focused their experience in pediatrics, one in maternal child health and one in community health.

7. An in-depth external evaluation will have been completed which will provide the HIN faculty with direction for finalizing years 4 and 5 of the curriculum.

The Scope of Work requested that the evaluation team provide an evaluation of the total project including the entire baccalaureate program. The recommendations for the curriculum are presented within the Recommendation section and the body of the report.

8. A Technical Advisory Committee for the Assiut HIN will be established

The Technical Advisory Committee is composed of the HOPE consultants, the Dean of the Faculty of Medicine, the Supervisor and Director of the HIN, a Community Nursing expert, the Director of Nursing for the Ministry of Health, and selected guests as appropriate. They have met 3 times per year during the first year of the project. Its role has been to provide a liaison with other HINs, the University, and health agencies of the community. It provided a forum for discussing issues critical to the formation and maintenance of the Assiut HIN during this developmental period.

In summary, the Evaluation Team concluded that the HIN and Project HOPE had fulfilled their commitments as outlined in the original contract. Eleven recommendations follow based upon the analysis of the program and a five day site visit.

RECOMMENDATIONS

1. Project HOPE and USAID should contract for a minimum of two additional years of funding to support and enable the HIN to implement the fourth and fifth years of the curriculum and to graduate the first class. Building the faculty for the HIN in three short years was an unrealistic expectation. If funding is not continued, the significant investment made in the development of the HIN will be lost. Although the Evaluation Team believe that the HIN would continue without the additional years of funding, it is the opinion of the Team that the quality of the program will be significantly lowered. There currently are more than 130 students enrolled in the HIN and it is anticipated that an additional 60 students will be admitted next Fall. The need for the existing faculty to improve the quality and efficiency of their roles is greater now than ever. It is also important to recall that the six members of the faculty, acting teaching staff from an official point of view, are currently enrolled in a Master's degree program which will be completed within 1-2 years. At that time they will be eligible for appointment as faculty in the role of Assistant Lecturer. In order to maintain this appointment, they must proceed immediately to their doctoral studies.

2. The nursing faculty should continue to work closely with the Department of Public Health and Community Medicine for the provision of community nursing experiences early within the structure of the first year of the curriculum. Conducting a home visit should be conceptualized as a fundamental nursing skill and taught in the first year with opportunities for clinical experience. The HIN teaching staff should also re-examine the congruence between the stated goal, which reports that the primary focus of the curriculum is community health oriented, and the actual learning experiences of the students, particularly in the first year.
3. Project HOPE should continue to employ two long term English speaking consultants. Based upon an analysis of the curriculum's developmental stage, the Team suggests that the consultants consist of a Director who is prepared in Community Health Nursing and a colleague with preparation in Maternal Child Health. It would be helpful if these consultants had experience in assisting in thesis advisement at the Master's level to work with the Demonstrators who will be completing their Masters theses. Project HOPE should employ at least two short term consultants per term, preferably Egyptian, to serve as content and teaching methodology experts in selected areas which are outlined in the body of the report. Project HOPE should continue to maintain the Cairo office for the support of the Assiut based consultants who would be significantly disabled in fulfilling their roles without the expert support currently provided by the Cairo office.
4. Project HOPE should come to an agreement with the HIN and FOM regarding the role of the consultants. Consultants should recognize that their primary role will be faculty development. They will serve as role models for the existing faculty by providing course lectures, supervising Demonstrators and possibly students in the clinical settings, assisting in thesis advisement, and other assignments which support the academic program. The terms of their assignments should be clearly stated in their contracts and honored by the HIN and FOM faculty.
5. The nine week inservice program in the USA in curriculum implementation, teaching methodologies, clinical supervision, evaluation, and community health service delivery for the teaching staff has been highly successful and Project HOPE should continue to support this activity.
6. Project HOPE should amend the terms of the original contract to include a focus upon the development of the Master's degree program in the request for continuation. Offering the Master's degree to the Demonstrators was the major incentive which attracted the demonstrators to Assiut. It is essential to the development of a qualified pool of potential faculty members.

7. The HIN should be encouraged to explore the opportunity provided by the Director of the University Hospital to charge the Director of the HIN with responsibility for the direction of patient care within the University Hospital. Such an arrangement would require the appointment of three deputy directors. The first would be the Matron of the Hospital. The second would be responsible for the administrative activities of the HIN as delegated by the Director. The third position would be responsible for the community health orientation within the HIN and this position would eventually be filled by the Chairperson of Community Health Nursing. This model is parallel to that of the Faculty of Medicine's relationship with the University Hospital and the Department of Public Health and Community Medicine. In addition, the Director of the HIN should be appointed to the Hospital Executive Board. Such an arrangement would facilitate the placement and learning activities of students in the in-patient and out-patient facilities of the hospital; it would also place the hospital nursing staff in closer communication with the HIN; likewise it would provide a closer working relationship among the HIN, the hospital, and the community agencies affiliated with the teaching program.
8. The long term HOPE consultants in consultation with the HIN teaching staff should conduct a needs assessment to determine the additional resources required to support the instructional activities of the HIN. The results of this assessment should be included in the request to USAID for the continuation request. Specific recommendations based upon the site visit's limited observations in Assiut are included in the body of the report. Specific needs were discussed in areas of instructional materials, particularly text books for the 4th year, public health nursing bags, and access to transportation to the remote clinical sites.
9. The Supervisor and the Director of the HIN should provide continuous attention to the teaching staff to ensure that their heavy workload and isolated lifestyle do not lessen their enthusiasm or inhibit their professional development. The improvement of the living environment of the Demonstrators would be a mechanism that could be utilized to attract additional teaching staff.
10. Project HOPE should provide increased opportunities to enable students to become more proficient in the English language. Students are required to read literature in English and communicate with their medical colleagues, who are also trained in English. The site team recommends the development of an English resource center within the HIN that would include listening tapes, VCR movies in English (which would also improve the social environment), and the purchase of specific materials that focus upon medical terminology in English.

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11. The Supervisor and Director of the HIN should develop opportunities within Assiut University for Doctoral education for the HIN teaching staff. The site team suggests that areas appropriate for doctoral education for the nursing faculty might be arranged through the Departments of Public Health and Community Medicine, Education, and Sociology, until such time as a doctoral program in nursing is possible. To maintain faculty appointments within the University system in Egypt, teaching staff with Masters degrees must begin their doctoral studies in order to maintain their teaching appointment. Therefore, this recommendation is essential to maintain the HIN teaching staff.

FINAL REPORT OF THE EXTERNAL EVALUTATION TEAM

Higher Institute of Nursing Assiut University

January 23, 1985

The Higher Institute of Nursing (HIN) was established at Assiut University on November 1, 1982, with assistance from Project HOPE and USAID. The Egyptian government recognized the lack of sufficient numbers of educated nurses to meet the needs of the health care delivery systems for the predominantly rural population of Upper Egypt. There was collaboration with the medical and nursing staff of Assiut University to develop and institutionalize the HIN. Graduates are being prepared for nursing service and leadership positions in the community. The Project HOPE/USAID grant set forth a three year scope of work for the HOPE Technical Assistance team (consultants) and listed 8 conditions which should be fulfilled by the end of the third year of the grant. The Executive Summary of this Evaluation Report reviews each of the eight points.

One of the 8 conditions directed Project HOPE to appoint an External Evaluation Team to: 1) review the conditions or outputs of the grant, 2) measure the progress toward attainment of these 8 conditions, 3) formulate recommendations for strengthening the existing curriculum, the 4th and 5th years of the curriculum, and the administration of the HIN. This is the report of the External Evaluation Team comprised of: Dr. Mervet El Gueneidy, Assistant Professor, HIN, Alexandria University, Dr. Virginia Ohlson, Professor, College of Nursing, University of Illinois at Chicago, and Dr. William Holzemer, Associate Professor, University of California, San Francisco. Project HOPE, USAID, and the Technical Advisory Committee of the HIN Assiut developed the Scope of Work for the External Evaluation Team. This report follows the structure of the Scope of Work statement, modified by the Evaluation Team.

1. HIN/FOM Administration:

- A. The relationship between the HIN and the Faculty of Medicine (FOM) is excellent. The continuous support and commitment by Doctor Fathalla, Dean of the FOM & Professor of Gynecology, and Doctor Hammam, Chairperson of Public Health & Community Medicine and Supervisor of the HIN, to assure the success of the HIN has been

evident through their frequent participation in meetings relating to the HIN, providing FOM personnel to assist in the teaching program of the HIN, and through Dr. Hammam's role as teacher within the HIN program, their support for providing access to clinical sites within the hospitals and health clinics within the communities, and their efforts to improve the image of nursing in Upper Egypt. Doctor Soad Hussein, Director of the HIN, has established a good rapport with the FOM which has enabled the development of a positive working relationship between the HIN and the FOM. Dr. Shalaby, Director of the University Hospital and Professor of Urology, spoke enthusiastically about the development of the HIN and offered the suggestion that the Director of the HIN also be the Matron of the University Hospital. He recognized that such an arrangement would require the appointment of deputy directors for education and service. Since the hospital is in the final stages of opening, he recognized that this is a unique opportunity to bridge the gap between nursing education and nursing service. This model would be similar to the administrative structure within the FOM. (Recommendation 7).

B. HIN:

1. Staffing Plan.

(a) Faculty

Although there are no official Faculty of the HIN, other than the Director who functions primarily in an administrative role and participates in the teaching program, there is also a teaching staff which consists of four groups. The first group is referred to as the Demonstrators but they actually consist of the following members: Demonstrators (n=2), Supervisors from the University Hospital on loan to the HIN (n=3), the Director and Assistant Director of the Secondary Technical Institute, and one prospective Demonstrator awaiting appointment.

Demonstrators are clinical instructors appointed at the HIN. Supervisors are Hospital Supervisors who are HIN graduates with appointments at the University Hospital as Supervisors who are delegated to the HIN. This group serves as clinical instructors for the HIN. All members of this group are concurrently enrolled as students in the Master of Science program.

The second group consists of nursing faculty from the HIN in Cairo who serve as visiting faculty in medical surgical nursing for the undergraduate program and in nursing service administration and nursing research in the postgraduate program. The third group are the members from the Faculties of Medicine, Education, and Pharmacy who participate in the teaching of the non-nursing courses. Finally, the fourth group are the Project HOPE consultants who have assumed a major responsibility for teaching at the HIN in addition to their role as consultants. The HOPE staff has typically included two long term consultants and 2-4 short term consultants per year.

The HIN has been unsuccessful in recruiting any additional teaching staff and therefore the need for external support to assist the existing faculty in improving their teaching efficiency and abilities is greater now than ever. The six members of the teaching staff (demonstrators) are currently enrolled in the Masters program and are not expected to complete this degree for a minimum of 1-2 additional years. In addition, in order to qualify for faculty appointments in Egypt these Masters graduates must proceed directly to their doctoral studies upon completion of their Masters degree. (Recommendation 1).

The teaching staff is comprised primarily of these Demonstrators and Supervisors, who are also enrolled in the Masters program. The fatigue from carrying their heavy teaching responsibilities and assuming the role of the student was evident. In spite of this overload, they are functioning with enthusiasm and developing expertise as teachers. Although housing accommodations at the HIN for the teachers is provided, it was judged inadequately furnished. The site team noted a sense of social isolation and loneliness among the demonstrators. In discussing the living accommodations with Dr. Hammam, he reported that he had located comfortable furniture, rugs, a color T.V., and a piano for the Demonstrators' quarters. He assured us that these items would be delivered soon. (Recommendation 9).

(b) Support & Clerical Staff:

No clerical support is available for the HIN teaching staff, the Director, or HOPE consultants. Consequently staff are required to type their own teaching materials, student handouts, and examinations. Xeroxing materials is available on a very limited basis through Student Affairs Office with the result that HOPE consultants and the teaching staff must also xerox their own materials. (Recommendation 8). The HOPE staff do have access to a xerox machine in their apartment.

(c) Faculty Recruitment

Faculty recruitment has been a continuing program since the initiation of the program. Extensive efforts have been made to procure faculty, yet the HIN has been unable to attract any qualified faculty members. There were reports made of several potential faculty appointees, however there were always obstacles or barriers which seemed to preclude their appointment. A barrier might be the commitment a faculty member has to her current institution of employment. To remove this barrier, the HIN and FOM might negotiate with other HINs for the release of faculty members who express an interest in being appointed to the HIN, Assiut University. Because it is unlikely that the HIN will be too successful in faculty recruitment based upon their two year history, it is recommended that opportunities for doctoral education be opened within Assiut University for the HIN Master's graduates in areas such as Public Health and Community Medicine, Education, and Sociology. (Recommendation 11).

2. Personnel Policies &
3. Salary and Incentives

The HIN has been institutionalized into Assiut University and therefore personnel policies and salaries are in accordance with those of other departments of the University. The HIN Administrative Policy Manual includes regulations relevant to administrative policies, policies for grading student's performance, and the organizational structure of the HIN.

Different incentives have been offered to the HIN teaching staff. These have included an opportunity to begin the Masters program immediately upon completion of the BSc nursing program rather than after one year of work experience, appointment as a Demonstrator with a slightly lower grade point average than required in Cairo or Alexandria, free accommodations within the HIN facility, and short term training opportunities in the U.S.A. It was reported that because nursing faculty are classified within a category of high need for Assiut University, that two additional apartments will be provided when qualified faculty with doctoral degrees are appointed.

4. Policy Development

Policies relevant to the HIN are developed by the Faculty of Medicine based upon the advice of the Technical Advisory Committee and the HIN teaching staff.

5. Budget and Finance

The Faculty of Medicine controls the budget of the HIN in accordance with University regulations. Requests for support initiated within the HIN are acted upon by the administrative leadership of the Department of Public Health and Community Medicine. 13

2. HIN Students:

A. Enrollment

1.&2. Admission Policies:

Admission is restricted to unmarried females, under 26 years of age, who are graduates of a Secondary School with a Science Degree and who pass the University Admission Examination. Secondary Technical Nursing School graduates are also eligible for admission to the HIN if they have worked for no more than 4 years, preferable are unmarried, are under 26 years of age, pass an examination, and are female. There is an attempt to have no more than 50% of each class composed of STN graduates.

3. Enrollment Data:

Student Class	Number Admitted	Current Enrollment	Attrition Rate From Admission
3rd Year	35	22	27%
2nd Year	60	41	33%
1st Year	98 (?)	62 plus 10 who are repeating 1st year	(Not available yet)

The observed attrition rate for the first two classes is not atypical for nursing programs in Egypt for the first two years of the curriculum. The number admitted to the current first year was approximately 98 students; however, only 62 of these actually were present at the beginning of the school year. Approximately 68% of the students admitted to the HIN are from Upper Egypt. These prospective HIN graduates will form the leadership for nursing in Upper Egypt over the next five years. The age range of the students is 18-27 years with a mean of 22 years. Thirty-one percent of the student body are STN graduates. This percentage is unique to the Assiut HIN; other HINs in Egypt do not have this high percentage of nurses from STN programs who are advancing their level of preparation.

B. Student Policies

Academic performance standards and student regulations are outlined in the Administrative Policy Manual and are in accordance with Assiut University policies as well as other Universities in Egypt.

C. Concept of Nursing & Student Accommodations

1. Students: demonstrated a developing understanding of the nursing process. When first semester, first year students were asked, "What is the nursing process?", they were unable to define the concept even in the most simple of terms. However, by year two of the curriculum they were able to identify the components of the nursing process and how it is used in the acute care setting. One reported, "It is used to solve patient problems". Year 3 students were not yet able to understand how the nursing process could be used during a home visit with a primarily healthy family. Of course, these students had not yet completed their Community Nursing course (Recommendation 2).

The groups of 1st, 2nd, and 3rd year students were not able to define or discuss the concepts of nursing research or community health nursing (Recommendation 2).

2. Undergraduate student accommodations are available in the University dormitories. Housing for the Masters degree students/Demonstrators was previously discussed in section Staffing Plan, Faculty (Recommendation 9).

3. Curriculum (Years 1-3)

A & B

The philosophy, conceptual framework, and level objectives for years 1-4 are clearly stated and reflect a firm commitment to a community-oriented program. However, course outlines developed for years 1-3 do not always substantiate this orientation. Interviews with the teaching staff and students about the content of courses and student learning experiences were held. Students and teaching staff agreed that students have had limited exposure to community experiences within the curriculum, particularly in year 1 (Recommendation 2).

The 3rd year curriculum has provided, up to this point, limited opportunity for community experiences. This lack in part may be attributed to the non availability of nursing faculty prepared to supervise student's clinical experiences in the community. This problem should be somewhat resolved in the 2nd semester (Spring, 1985) with the 3 month appointment of the HOPE consultant in Community Health Nursing.

A quasi voluntary summer program was initiated to compensate for this deficiency. The program was not preceded with sufficient nursing preparation to enable the students to have a meaningful experience. Students reported dissatisfaction with the experience, feeling uncomfortable and unable to function effectively during this program. Although the nursing students had the opportunity to work with the medical students, a program which the site team strongly endorses, the summer project was part of the medical students curriculum but an additional burden to the nursing students. They received no credit for their participation in the project; in the future, they should be given credit through some mechanism if the project is to continue.

The teaching staff, and particularly the students, reported that the medical lectures provided by the Faculty of Medicine were not well coordinated with the nursing lectures. Several complaints were registered that the medical teachers frequently cancelled their lectures with no notice to the HIN students. Efforts should be made between HIN and FOM administrators to assure an improved continuity and understanding of the disease states along with appropriate nursing interventions.

The Evaluation Team conferred with six faculty members responsible for the teaching of non-nursing subjects at the HIN. Most of these professors were aware of the philosophy and objectives of the nursing program. Brief subject outlines are presented to these non-nursing faculty which correspond to the related nursing courses. However, there appear to be some discrepancies in this attempted coordination. Two professors reported that they had not received these outlines. Most of these professors displayed evidence that they were cooperative with the nursing program and expressed enthusiasm for teaching the HIN students. They expressed high hopes for the future of the HIN graduates and the impact these graduates will have upon the health of Upper Egypt. The Evaluation Team noted the lack of understanding and commitment to the nursing program in the area of pediatric medicine.

The facilities utilized for the clinical training of nursing students include hospitals, outpatient clinics, maternal child health centers, public schools, and rural health clinics. Placement of students in industrial sites is under investigation. The medical and nursing staff of these facilities that were visited by the Evaluation Team demonstrated cooperation and enthusiastic support for the placement of the HIN students in their settings. Students were welcomed in all sites visited and the facility administrators looked forward up to the time when the HIN graduates are staffing their facility. The Evaluation Team's schedule was manipulated to preclude a visit to the current University Hospital, a main site for students clinical training.

There is an ongoing evaluation of the clinical facilities conducted by the HIN staff with input from the students. There was evidence that the use of one facility had been discontinued based upon feedback from students and the teaching staff.

The poor physical facilities and the lack of up-to-date equipment within the clinical settings presents an extreme challenge to the teaching staff. Staff are generally required to bring all the equipment and supplies for their students' use in the clinical facility. (Recommendation 8). Traditionally, due to the lack of trained nursing personnel in the facilities, the House Officers are responsible for traditional nursing functions such as taking blood pressure, changing dressings, etc. Although several physicians expressed interest in returning these functions to nursing personnel, it is not always possible in some clinical settings to recapture these functions as nursing.

One significant problem encountered in the utilization of these facilities is the lack of available transportation for students to and from the remote clinical facilities. Some of the sites are 30 kilometers from the HIN. It is also very difficult to communicate with these remote sites due to the lack of communication facilities. The HOPE Van should not be used for student transportation. (Recommendation 8).

The Evaluation Team did a sampling of the various mechanisms used for evaluation of students' performance. Nursing care plans, family reports, written assignments, and test questions were reviewed and gave evidence that valid methods are being adopted.

C. Curriculum (Years 4 & 5)

The objectives for the fourth year of the curriculum have been prepared and the courses include: Mental Health Nursing, Nursing Leadership and Management, Statistics, and Nursing Research. Course outlines for these areas have been developed. Consultant

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assistance is needed for all of these areas (Recommendation 3). Plans have not been finalized for the clinical experiences in these areas. Short term consultants should be procured to assist in the implementation of these programs.

The fifth year of the HIN curriculum consists of a one year nursing internship experience. The internship will provide for an area of clinical concentration such as family planning, occupational nursing, or school health. Each intern will spend a minimum of six months in a community health setting. Since the graduates of the HIN Assiut are expected to be qualified nurse midwives, it is recommended that special attention also be given to their midwifery training during the internship. A minimum of an additional 3 months of midwifery is essential particularly since the four year curriculum includes only 120 hours of clinical practice in OB/GYN nursing while 620 hours of clinical practice are required for the STN graduate to qualify as a nurse midwife. It is thus imperative that the HOPE consultants provide assistance in leadership and supervision of these students. In addition, the curriculum documents should be revised to include the expectation that the HIN graduate will become certified as a nurse midwife.

D. Community Health Content

The curriculum of the HIN of Assiut University reflects a community orientation. Community health concepts are integrated within the curriculum. Thus the concepts of growth and development are introduced in the first year curriculum along with the specific public health needs of the various age groups. The course in Sociology has a family health focus with orientation toward the public health needs within the communities. The health needs of Upper Egypt are the prime focus of the content. However, as previously indicated, some of the nursing courses do not adequately reflect this orientation. Students expressed concern that the Health Education course which is given in the third year of the curriculum would be of great assistance in the first year when they begin classes in their clinical settings. (Recommendation 2).

E. Teaching Materials & Educational Resources

Additional resources are required to adequately support the instructional activities of the HIN. Although teaching materials are adequate in certain areas such as Fundamentals, Pediatric and Obstetric Nursing, they are inadequate or completely lacking in others. No books are available for nursing research, statistics, or nursing service administration. A lack was also noted in relation to resources in Community Health Nursing, specifically including text books, reference

materials, and Public Health nursing bags for conducting home visits. (Recommendation 8).

The Evaluation Team wishes to express its concern in relationship to the transportation of students to the the different clinical sites. The HIN Assiut has no means of transportation and thus it is difficult to achieve the main purpose of the HIN which is to prepare a community nurse.

Prototypes of teaching materials for Years 1 - 3 such as classroom handouts, teaching aids, lecture notes, and other various handouts are present at the HIN. These materials should be brought together in one central location and several copies made to assure their availability in the future. An organized teacher manual should be prepared for each course. New materials must be developed for the courses not yet taught, which include Mental Health Nursing, Nursing Service Administration, and Nursing Research.

The development of an English Resource Center with 24 hour access for students, and particularly the Demonstrators living at the HIN, would be very helpful to improve the level of English among the HIN students and staff. Such a center would facilitate the learning and utilization of English language among students and staff. The Supervisor of the HIN made reference to the availability of procuring several study carrels for the HIN from the Department of Education at Assiut University to establish this facility. (Recommendation 10).

Audiovisual resource materials are somewhat limited at the HIN. Faculty are required to take their students to a room which contains the overhead projector, rather than move the projector to the classroom. This is problematic because the Audiovisual classroom only holds approximately 30 students and now the classes are larger than 30. Also, access to audiovisual material seems to be limited to certain times of the day which inhibit their free use by faculty and students for learning. Consideration should be given to making the facility more available and to increase the quantity of materials available (Recommendation 8).

F. Non-Nursing Courses.

Non-nursing courses required for the HIN degree include courses from the basic medical sciences, social sciences, and humanities. These courses focus on community studies, and culture with special reference to the conditions of Upper Egypt. Instruction of these courses is provided by the faculty in other departments of the FOM and faculty of Pharmacy and Education. The Evaluation Team reviewed topical course outlines from these courses and met with the faculty responsible for teaching these courses.

A common complaint of the non-nursing teaching staff was the low level of English proficiency among the HIN students. Faculty reported that in most instances they needed to utilize Arabic to enable the students to understand the content. A brief encounter with the first year English teacher indicated his commitment to the instructional program. In discussions with students it was clearly evident that their comprehension and utilization of the English language was difficult (Recommendation 10).

4. Faculty Development.

Workshops have been conducted for the teaching staff of the HIN by Project HOPE consultants in areas of curriculum design, development of teaching materials, methods of teaching, and the evaluation of students. Primarily, faculty development has occurred through opportunities provided by the consultants. These were generally in relation to preparation for lectures, classroom instruction, preparation of clinical set-ups for teaching, assignment of students to patients based upon patient acuity levels, and supervision of students in the clinical areas. Project HOPE consultants expressed some concern that the Demonstrators were not always available to participate in course development, etc. due to their extensive commitments in other areas. Thus opportunities for interaction were sometimes lost.

The opportunities provided through the nine week study program at the University of California, San Francisco, School of Nursing, for the teaching staff have increased their understanding of English and their abilities in areas of Community Health Nursing, Pediatrics, and OB/GYN or Maternal Child Health. In addition, they received instruction in the teaching-learning process, the preparation of various teaching methods and evaluation of students in the classroom and clinical settings. Five of the current teaching staff have had this experience and found it extremely helpful as documented in their reports. This program should be continued (Recommendation 5).

The Post baccalaureate education program, the MSc in Nursing, was established at the HIN Assiut to enable the current teaching staff to become appointed to the faculty of the HIN as Assistant Lecturers. To facilitate the initiation of this program, the M.Sc curriculum was adopted from the HIN in Alexandria. Since the philosophy and conceptual framework of the two institutions are different, the utilization of this curriculum plan at Assiut is not appropriate. Revision of the M.S.c. program at Assiut HIN is necessary to reflect the community health orientation of the HIN. (Recommendation 6).

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Requirements of the Egyptian Universities necessitate the completion of a doctoral degree for a faculty appointment. Since it will be some time before a doctoral program in nursing can be established at the HIN in nursing, serious consideration should be given to allow the enrollment of nurses with the MSc degree into other departments of the university that would enable the doctoral degree in relevant disciplines such as community health, sociology, and education. (Recommendation 11).

Although there have been extensive efforts at faculty recruitment, the HIN has been unable to attract appropriate numbers of qualified faculty to fully implement the five year curriculum. This is mainly due to the difficulties in transportation between Lower and Upper Egypt. It takes a minimum of 6 hours to travel from Cairo to Assiut and about 10 hours from Alexandria to Assiut. At the present time, there is no air service into Assiut. If it were possible to offer financial incentives the problem might be less pronounced, however, faculty salaries are fixed according to the Ministry of Education regulations.

Some other incentives for young graduates have been offered, namely: removing the requirement of one year work experience previous to qualifying for admission to graduate studies, a slightly lower grade point average than generally required for appointment as a Demonstrator, and housing accommodations at the HIN. A visit was made to observe the living accommodations of the demonstrators. Two persons were accommodated in each room. These rooms were large but sparsely furnished. These accommodations have been discussed in the previous section of this report related to Faculty, Final Report Page 3. (Recommendation 9).

Nursing faculties from the HIN Cairo and Alexandria have been invited as guest lecturers in the baccalaureate and Masters programs. Two faculty members from Cairo are currently lecturing in the areas of Medical Surgical Nursing for the undergraduate students and Nursing Service Administration and Nursing Research for the graduate students.

5. Project HOPE Technical Assistance:

There have been three long term consultants:

- Eleanor Smith (1/24/83 to 6/30/85) served as the consultant in Obstetrics.
- Dr. Mary Alexander (1/24/83 to 7/31/84) served as the Program Administrator.
- Dr. Elinor Lounsberry (9/26/84 to 9/30/85) replaced Dr. Alexander as Program Administrator and she is also serving as a consultant in Medical-Surgical Nursing.

There have been five short term consultants:

- Kathleen May (10/1/83 to 12/1/83) and (2/6/84 to 5/21/84) served as the consultant for program evaluation and pediatric nursing.
- Diane Branton (9/12/83 to 12/16/83) served as consultant in Fundamentals of Nursing.
- Lucinda Webb (2/6/84 to 6/5/84) served as consultant in Medical-Surgical Nursing.
- Candy Ciamillo (10/14/84 to 11/20/84) served as consultant in Medical-Surgical Nursing.
- Marilyn Deasy (9/26/84 to 12/22/84) although appointed as a consultant in Community Health Nursing was re-assigned to Fundamentals of Nursing.

Three additional short term consultants will be added in the second semester of the current academic year:

- Ruth Kroth (2/15/85 to 5/15/85) will be the consultant in Medical-Surgical Nursing.
- Warifa Saad (2/15/85 to 5/15/85) will be the consultant in Community Health Nursing.
- Leila Abdou (3/1/85 to 5/31/85) will be the consultant in the development of the course, Leadership in Hospitals.

The role of Project HOPE technical assistance was initially described to be one of faculty development in the establishment of the baccalaureate curriculum of the HIN Assiut. When the MSc program was initiated to provide the means for the teaching staff to qualify as faculty members, the role of the HOPE consultants extended to encompass the development and teaching of graduate students (Recommendation 6).

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There has been continuous confusion about the role of the consultants among the consultants and the HIN and FOM staff. While their role has been perceived by the appointees as a consultant in the development of the program and preparation of teaching materials, they have been expected to perform as primary lecturers and clinical supervisors in addition to their consultancy role. This in part has occurred because of the inexperience of the current teaching staff and the continuous pressure of the increasing number of students in the clinical settings who require supervision. While the value of the consultant acting as a role model in the clinical setting is clearly recognized by the Evaluation Team, it is necessary to clarify these expectations at the time of signing the consultancy agreement. It has sometimes occurred that the consultants have arrived at the HIN expecting an assignment to relate to a particular clinical area and she has been directed to carry out responsibilities in a different clinical area (Recommendation 4).

Project HOPE agreed to accept a consultant for only six weeks due to the difficulty of locating consultants. However, this proved to be unsatisfactory because of the time required to adjust to the living conditions and orient herself to the curriculum and difficult clinical facilities (Recommendation 3).

It is the opinion of the evaluation team that other than in Fundamentals of Nursing, the need for consultants in all areas of the curriculum will continue for some time. It is difficult to predict the specific areas of need for long or short term consultants since one is dependent upon the other. However, it is obvious that consultants are immediately needed in the areas of Mental Health Nursing, Nursing Research, and Nursing Management in the Community. (Recommendation 3).

The services provided by the HOPE/Cairo office are indispensable for the work of the HOPE consultants. The Cairo office provides technical assistance for the consultants' arrival, transportation to Assiut, living accommodations, instructional supplies, access to communication services such as telephone and mail, and emergency requirements. It provides access for housing, water, and food for the new arrivals in Assiut. Without the availability of these services it would be practically impossible for a consultant to make her way to Assiut and totally impossible to fulfill her role as consultant. (Recommendation 3).

6. Assiut Faculty of Medicine.

The FOM has played a major role in the development of the HIN. This has been discussed previously in Part 1, page 1 of this report under HIN/FOM Administration.

The Supervisor of the HIN is the Head of the Department of Public Health and Community Medicine at the FOM. He is the HIN representative at the FOM council and negotiates for the HIN on relevant administrative matters.

The HIN Executive Council is composed of the Dean of the FOM as Chairperson, the two assistant deans of the FOM, the Supervisor of the HIN, the Director of the HIN, the Director of the STN and the Director of the University Hospital. This body serves as a forum to discuss issues relevant to the activities of the HIN and to make recommendations to the Faculty of Medicine, who have final authority over policy matters.

Administrative responsibilities related to the HIN are currently assumed by the FOM. At such time when the HIN achieves status as a Faculty of Nursing of the University these responsibilities will transfer to the HIN. It is significant to note that the Dean of the FOM assured the Evaluation Team that the HIN would be given faculty status when two full nursing professors would be appointed.

7. Technical Advisory Committee.

The composition of the TAC is appropriate for providing the liaison among national agencies and the Assiut community. The TAC is composed of the Dean of the FOM, the Supervisor and Director of the HIN, a Community Nursing Expert, the Director of Nursing for the Ministry of Health, the Director of the STN, and the HOPE consultants. The role of the committee is to secure the help of other HINs, the University, and other agencies in the community for the development of the Assiut HIN. In the two years the TAC has been meeting, it has functioned effectively and has kept excellent minutes of its deliberations. The composition of the TAC should be maintained and the frequency of its meeting maintained at 3 times per year.

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The members of the Evaluation Team are grateful to have been given this opportunity to review the program of the HIN Assiut and make recommendations regarding its continued development. We wish to commend all those who have been involved in the initiation and implementation of the HIN curriculum to this point in time. The team wishes to thank all the people in Cairo and Assiut who facilitated our assignment. Special thanks to Rory Mac Ewing who coordinated our assignment in Egypt.