

# Institutional Health Partnerships: Lusaka College of Nursing

**Author:**

- **Priscar Mukonka**, Lusaka College of Nursing & Midwifery
- **Chris Carter**, Birmingham City University
- **Joy Notter**, Birmingham City University

**Institutions:**

Birmingham City University – UK, Lusaka College of Nursing – Zambia

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## Introduction

Zambia now has over 12,000 reported cases, and 480 deaths from COVID-19. However, their experience of previous infectious outbreaks (Cholera 2018) taught them that preparation, including enhancing staffing knowledge and expertise is key to controlling the spread of disease. It has to be recognised that the COVID-19 pandemic will have a short, medium and long-term impact on healthcare delivery and workforce for Zambia. Nurses need to have the knowledge to identify Covid-19, and act proactively as well as reactively to protect the community and healthcare system, these include maternal and child health, trauma, complications from communicable and non-communicable diseases.

## Impact of COVID-19 on essential health services

Trauma and Emergency nursing is an emerging specialism in Zambia and is at risk of being oversubscribed by the unprecedented increase in patients attending with acute illness. Access to hospital services other than Covid-19 response teams. Zambia continues to have a high burden of disease, within an already overstretched system. Delays caused by re-deployment of staff, resources and services will adversely impact on disease outcomes and increase mortality rates.

Education and training of nurses and other ‘front-line’ healthcare workers. There are two parts to this, firstly, the qualified staff cannot access the training and preparation necessary for them to cope with Covid-19 pandemic. Secondly, disruption of pre-registration and specialist nurse training and placements, will adversely impact on the nursing workforce.

## **I n t e r v e n t i o n**

Zambia follows WHO recommendations which include the need to up-skill healthcare workers for changing roles. They have established COVID-19 treatment centres, however, patients will present at all hospitals often in the emergency departments. In consequence, this training package was essential for healthcare workers on the frontline, receiving and caring for undiagnosed and or suspected COVID-19 patients.

It fits within national guidelines for health promotion and prevention, information, providing a sustainable COVID-19 training package for healthcare workers to extend current training. It moves away from traditional classroom delivery to blended learning, and builds upon the limited number of programmes already online.

## **O u t c o m e s**

- A blended learning train the trainer package for nurse educators.
- A blended training package for qualified nurses (trauma and emergency, critical care), midwives, student nurses and midwives and other healthcare workers.
- Training in monitoring and evaluation of blended learning for nurse educators.

## **C h a l l e n g e s**

All activities had to be managed virtually.

- The main educational provider already provided a small number of national courses online for nurse educators (Clinical Instructors), including the use of Moodle. Therefore, training was given on how to use Moodle for blended learning assessments for students.

Communication and virtual teaching with groups of nurses following social distancing guidelines, staff and students 'shielding' and 'lockdown' periods.

- Purchase of a Zoom subscription, to increase participation in Zambia, linking with the UK for masterclasses on request. Bonus activity, supported the rapid move from classroom teaching to virtual, thereby maintaining current programme delivery.

Lack of access to evidence on responding to Covid-19 in a low-resource setting.

- Use of Moodle to share research, resources and training materials. Additional resources on searching for information using WHO HINARI database to access articles made open source by HIC journals.

## **Important Lessons**

- How to create and access a dedicated national and international repository on coping on Covid-19 from a nursing perspective in an LMIC.
- How to develop and deliver culturally appropriate blended learning teaching materials for the different fields of nursing.
- How to create and sustain a virtual community of nursing in a pandemic, where there are limited medical resources.
- How to develop culturally appropriate mental wellbeing resources for nurses at all levels, including students. How to identify those needing additional mental health resource.
- How to increase IT literacy skills to facilitate sharing knowledge of Covid-19 across countries and continents, for example, to increase sharing from other LMIC who have coped well with the pandemic e.g. Vietnam.

## **Unmet Learning Needs**

- Learning to nurse in a LMIC living with Covid-19.
- How to support patients developing long term / chronic health problems from contracting Covid-19.
- How to mitigate the ongoing impact of Covid-19 on nursing delivery, healthcare services and social systems within local communities.

## **F u r t h e r   r e a d i n g**

- Partnership's blog written for the Tropical Health & Education Trust::

<https://www.thet.org/case-studies/looking-back-looking-forward-the-impact-of-covid-19/>