

MSF ACADEMY FOR HEALTHCARE



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ANNUAL ACTIVITY REPORT 2020



MSF ACADEMY FOR HEALTHCARE

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Cover picture :

Clinical mentor Mohamed mentoring a peer during a paediatric consultation in the Kenema hospital in Sierra Leone, MSF.

ACRONYMS

ABR	Antibiotic Resistance
AMR	Antimicrobial Resistance
BCNC	Basic Clinical Nursing Care
BeMU	Berlin Medical Unit (part of the Operational Centre of Geneva)
BSc	Bachelor of Science
CAR	Central African Republic
CHC	Community Health Centre
CPD	Continuing Professional Development
CGA	Competencies Gap Assessment
FMHA	Fellowship in Medical Humanitarian Aid
IPC	Infection Prevention & Control
LC	Learning Companion
L&D	Learning & Development Unit
M&E	Monitoring & Evaluation
MOH	Ministry of Health
OC	Operational Centre
OCA	Operational Centre of Amsterdam
OCB	Operational Centre of Brussels
OCBA	Operational Centre of Barcelona
OCG	Operational Centre of Geneva
OCP	Operational Centre of Paris
OPD	Out-Patient Consultations Department
PGDip ID	Post-Graduate Diploma in Infectious Diseases
PHU	Primary Healthcare Unit
SAMU	South African Medical Unit (part of the medical department of OCB)
SRN	State Registered Nurse
TOF	Training on clinical Facilitation
TOM	Training on clinical Monitoring

EXECUTIVE SUMMARY

The MSF Academy for Healthcare is an intersectional training initiative that focuses on strengthening the skills and competencies of frontline healthcare workers, with the will to have a long-term impact on the quality of healthcare in the countries where MSF intervenes.

While 2019 was marked by a take-off in MSF Academy field activities, 2020 was a challenging year, with strategies and activities having to be adapted or delayed due to the Covid-19 pandemic. Nonetheless, steady progress was made, and courses continued to be tailored to MSF operational needs, using a learning cycle based on **theoretical knowledge** and **workplace practice** supported by **clinical mentoring**.

Main Highlights of the Year

Clinical Mentoring

- Following the lessons learnt from 2019, we developed both the Training on clinical Facilitation (TOF) and Training on clinical Mentoring (TOM) courses, and we made sure to systematically train all our new clinical mentors, also putting in place professional development plans for them.

Nursing Initiative

- Learning activities continued in Sierra Leone, Central African Republic and Republic of South Sudan, while we had to adapt the learning to some operational changes in the projects we supported.
- Competency Gap Assessments (CGA) are now used systematically prior to the learning activities to establish a baseline of learners' knowledge and technical skills.
- The progress of each learner throughout the programme is now tracked systematically in all projects.
- As for the development of the curriculums:
 - 25 of the 40 units of the Basic Clinical Nursing Care (BCNC) have been finalised and are available in both English and French.
 - The Operational Theatre Nursing care content was entirely completed in English.
 - The Midwifery Care content advanced well, with now 14 units completed in English.

Anaesthesia Scholarship

- All 35 participants to the 18-months Nurse-Anaesthetist Scholarship Diploma courses in Ghana and Ivory Coast graduated successfully (in January 2021 for Ivory Coast).
- Ten students from the Ghana cohort carry on studying for their Bachelor's degree, foreseen for late March 2021.

Outpatient Care

- The curriculum was developed and is now available in English.
- The first pilot field implementation started in December in Nongowa district, Sierra Leone.

Fellowship in Medical Humanitarian Action

- This ambitious programme for MSF medical leadership was reviewed in 2020 and will now be available as an MSF 24-months fellowship programme.
- Partnership was established with Epicentre for one of the units of the course, and the others are progressively being developed by the MSF Academy team. The course's first cohort is scheduled to begin in May 2021.

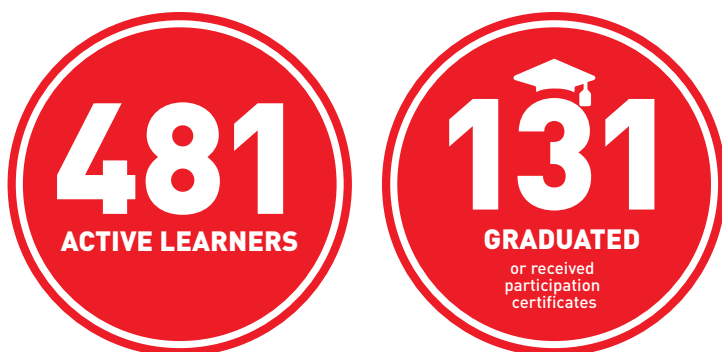
Post-Graduate Diploma in Infectious Diseases

- Detailed modalities on how the course will be carried out have been defined together with our partner, Stellenbosch University, South Africa.
- Two out of five modules composing the course have been developed.
- The call for application for the first cohort of participants was launched – the course is due to start in April 2021.

New Initiative: Antimicrobial (AMR) Learning

- Following a feasibility study to assess learning opportunities for Antimicrobial Resistance, a decision was taken to launch a new initiative in 2021, providing access to blended learning for both Infection Prevention & Control and Antibiotic Stewardship.

The Year 2020 in Numbers



Our field interventions at the end of 2020

- Programmes are ongoing in 8 projects in **3 different countries**, involving **5 different OCs**.
- **481 medical staff** are active learners in our programmes. 395 in the nursing programme, 46 in the CHO programme, 10 in Outpatient Care learning and 30 as anaesthetist scholars.
- **131 graduated or received participation certificates**: 22 graduated as nurses and 25 as midwives from Ghana beginning 2019; 15 obtained their diploma as nurse anaesthetists; and 47 received participation certificates to 12 units of the BCNC.
- The competency level was assessed for **947 staff** in 14 projects relating to 2 of our initiatives.

Our investment in Clinical Mentoring

- 141 people were trained on clinical facilitation.
- 109 people were trained on clinical mentoring.

Our investment in Course Content Development

- The content for **4 courses** is **complete**, and an **additional 4 are underway**; translations are in process.

INTRODUCTION



A learner providing care to a patient under the mentoring of a Learning Companion - Sica Hospital, Bangui, CAR.

Who we are

The MSF Academy for Healthcare focuses on strengthening the skills and competencies of frontline healthcare workers in a sustainable manner, with the desire to impact positively the quality of healthcare provided in MSF-supported projects. Unfortunately, many of the countries affected by conflict and humanitarian crises, in which MSF intervenes, often suffer from severe shortages of qualified health professionals. This means that the quality of care in MSF projects is still too dependent on international presence. Even after intervening in countries for many years, it remains extremely challenging for MSF to withdraw without creating a gap in the health system, with potentially severe consequences in access to healthcare for the local population. This is what has led to the creation of the “MSF Academy for Healthcare”. The MSF Academy is fully dedicated to training and upskilling medical and paramedical professionals through work-based continuous professional development and targeted bedside training.

The approach is designed to improve local capacity and capability, as the MSF Academy’s ultimate goal is to bring long-lasting improvements to the quality of care provided and progressively diminish the footprint of international presence. By gradually upskilling the competency and autonomy level of the national healthcare workers, the MSF Academy also ensures that the learnings are immediately put into practice, while tailoring the courses to fit the way that MSF works. This should contribute to improve the quality of care in the MSF-supported structures where the learners work, to create more opportunities for key workers to grow in their own careers, and in the long run, to reinforce the countries’ health systems.

MSF is a medical humanitarian organisation focusing on providing care to communities in countries affected by conflict and public health crises. These countries are often also suffering from severe shortages of qualified health professionals. In 2016 MSF took the decision to create the MSF Academy for Healthcare to invest in professionalising the learning for MSF healthcare staff.

What happened in 2020?

The year was supposed to be one of consolidation of the work begun in 2019 by continuing to roll out the **five individual initiatives**, each targeting a specific priority of MSF operational needs.



- › **Hospital Nursing**
- › **Anaesthetic Nursing**
- › **Strategic medical management and analysis**
- › **Infectious diseases**
- › **Outpatient care**

Treating the COVID-19 second wave in South Africa.

Unfortunately, the outbreak of the Covid-19 impacted our ability to implement all these objectives as planned. We had to assess which initiatives were still feasible or needed to be delayed. The MSF Academy teams showed a level of resilience and flexibility which allowed continuation of some of the projects while providing support to the pandemic emergency response. The year saw a refining of strategies and identity in part defined by the pandemic. It meant a reorganisation of priorities, developing Covid-19 specific trainings and finding ways to continue to train even when a physical presence was not always possible. This impacted the ability for the MSF Academy to reach its goals for 2020.

Mainly: the Nursing initiative saw a limitation in the number of projects and learners it was able to reach during the year; where activities have been able to continue, learners were supported to develop their knowledge and skills, while remaining at work. The Outpatient care initiative faced similar difficulties but did manage to start implementation of the programme by the end of the year in Sierra Leone. Plans for the course on Medical Humanitarian Action were reviewed, switching from a three-years' master course to a two-years' fellowship, mainly for pragmatic reasons and due to the impact of the pandemic on the previously envisaged academic partner.

A feasibility study was conducted together with MSF OCA to create and implement a blended learning curriculum for antimicrobial resistance in MSF hospital projects. The objective of the study was to assess the availability of existing courses and to identify potential providers that could develop a tailored content for infection prevention & control supervisors and antibiotic stewardship focal points. The feasibility study led to the launch of a new initiative to take place in 2021.



- › **Antimicrobial learning**

OUR VISION AND APPROACH

A Tailor-Made Pedagogical Approach

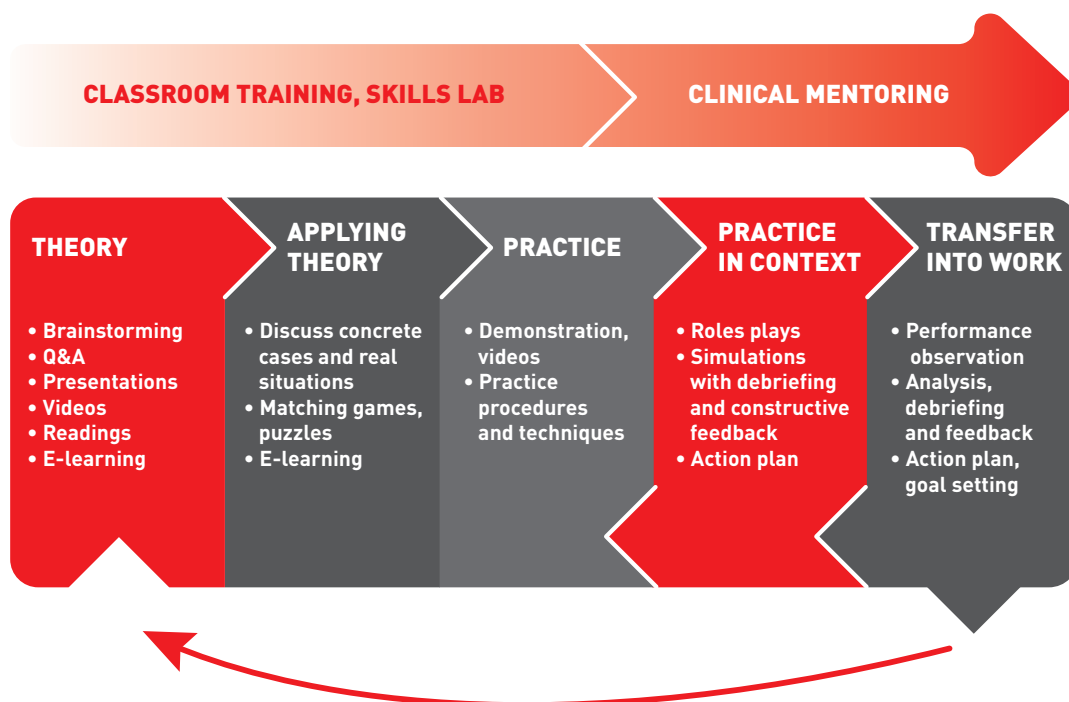
Continuous professional development for healthcare workers is becoming the norm in many countries, but this practice has not yet been established in most of the countries where MSF intervenes. While *ad hoc* trainings have been provided over the past years in MSF, they have not been structured to develop the skills and competencies of the MSF health workers while on the job, in a professional and formalised manner. The MSF Academy for Healthcare seeks to address this by creating comprehensive programmes to train MSF health workers including nurses, midwives and clinicians in specific skills and competencies.

All of MSF Academy's training programmes are based on three pedagogical pillars: **competency-based curriculums**, **workplace training**, and **clinical mentoring**, all supported with innovative and interactive tools. Further information on the pedagogical approach can be found in Annex 1 of this document.

A glimpse of the Training for Clinical Trainers in the Kenema Hospital, Sierra Leone



The diagram below illustrates the **learning cycle** at the heart of the trainings provided by the MSF Academy. Among others, this demonstrates that only providing a theoretical knowledge is insufficient, and to be successful, learning programmes should incorporate both practical and mentoring components. Having this flexible approach allows for the practical aspects of the trainings to take place in the learners' work environment, safe in the knowledge that they are supported and clinically mentored. In some programmes, **skills Labs** are equipped onsite to aid learning and allow for learners to practice in a safe environment.



Structured work-based learning requires on-the-job trainers who link the “classroom” and skills lab with daily work. The role of the **clinical mentor** is therefore a critical element of our approach as they help the learner set goals and plans to develop and improve individual competencies in the course curriculum. The clinical mentor then observes the learner at work and helps them reflect on their performance through debriefing and constructive feedback.

Trainings of Clinical Trainers

In 2020, through its nursing initiative, the MSF Academy started implementing clinical mentoring in the projects. As explained in the lessons learned of our 2019 activity report, we realised that it was necessary to invest in defining, building and strengthening clinical mentorship competencies among MSF Academy’s current and future mentors. The transferring of learning to the workplace and bedside practice, being the cornerstone of the adopted pedagogical approach in most of the MSF Academy’s initiatives, has made clinical mentoring an indispensable transversal component that requires specific attention.



The best part about teaching is being able to observe the clinical mentors interact with the learners, see them acquire new knowledge and skills, and apply it all in the workplace. ”

*Wilson Kamau Thiong'o,
Pedagogical Manager in South Sudan*

To help build the competencies among MSF personnel in training facilitation and clinical mentoring, significant investment was made by the global team, together with the MSF South African Medical Unit (SAMU), the Learning & Development department of OCB and the Field Simulation Lab project of OCBA, in developing a series of interactive and learner-centred training modules. This resulted in the creation and dissemination of various training programmes, starting with the Training on clinical Facilitation (TOF) which focuses on strengthening training facilitation competencies when transmitting clinical concepts and skills to groups of learners. The next level up was concretised in the Training on clinical Mentoring (TOM) programme, which concentrates on developing competencies to carry out bedside teaching with learners to ensure the transfer of the learnings into the daily work.



A nursing staff is changing the dressing for an injured child while being mentored by Chloe, the MSF Academy nursing learning manager in Kenema Hospital, Sierra Leone.

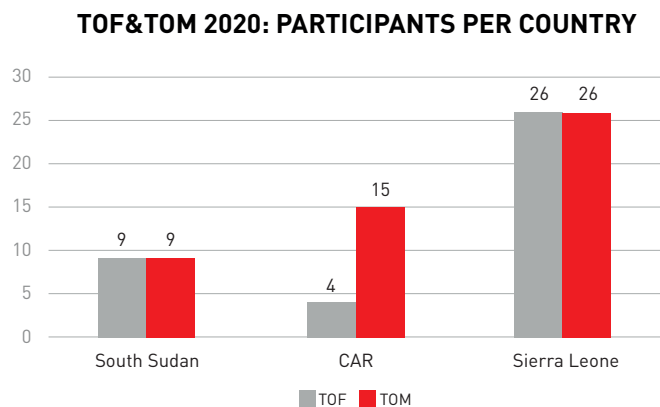
At the end of 2020, comprehensive training packages for both the TOF and TOM have been developed, tested and fine-tuned; they focus on a learner-centred approach, applying the transmission method that allows us to “walk the talk” with the future training facilitators and clinical mentors, thus remaining coherent with the MSF Academy’s adopted pedagogical approach for the implementation of initiatives such as nursing, outpatient care and antimicrobial resistance. Both trainings are now available and regularly dispensed in French and English.

MSF also helps to help! The MSF Academy, by training national mentors, will give us the opportunity to become autonomous in our own country.
Symphorien Docteur, Nursing clinical mentor in Central African Republic



These training packages have both been dispensed in the field, in face-to-face sessions, but also remotely, via webinars and field assignments. The TOF participants are usually staff members that have expressed interest and have been selected to train their colleagues in the field; they are already certified nurses, midwives, clinical health officers or doctors. The TOM targets staff that take on the role of clinical mentor to guide and accompany the learning of a cohort of learners, ensuring skills and competencies are transferred all the way to daily bedside practice. Prior to a TOM, most have first undergone the TOF.

In 2020, we trained a total of 39 people on clinical facilitation, and 50 people were also trained on clinical mentoring, despite the Covid-19 pandemic; to note that in 2019, 58 had already completed the TOF with us, and then went further with the TOM in 2020. These trainings were all organised as part of the field implementation of the MSF Academy's nursing or outpatient care initiatives, in South Sudan, Sierra Leone and Central African Republic.



The participants were a mix of national and international staff covering a range of roles and responsibilities; these included MSF Academy pedagogical managers and clinical mentors, learning companions as well as supervisors within MSF supported projects, related in one way or another to MSF Academy programme roll-outs. The average satisfaction score from the participants to the TOFs and TOMs since mid-2020 was of 9 out of 10.

The training programmes are now part of a three to six months induction plan for all new MSF Academy clinical mentors. During the programme, they participate in TOF and TOM trainings, get familiar with the training materials and mentoring tools they will use, and develop relationships in the wards where they will mentor. They will also buddy up with experienced mentors for job-shadowing, and they will finally co-facilitate training sessions and get feedback on their facilitation from buddies or the pedagogical manager. The level of support they receive is adjusted to their needs and their progress is monitored through an individualised development plan.

A learner providing care to a patient under the mentoring of a Learning Companion - Sica Hospital, Bangui, CAR.





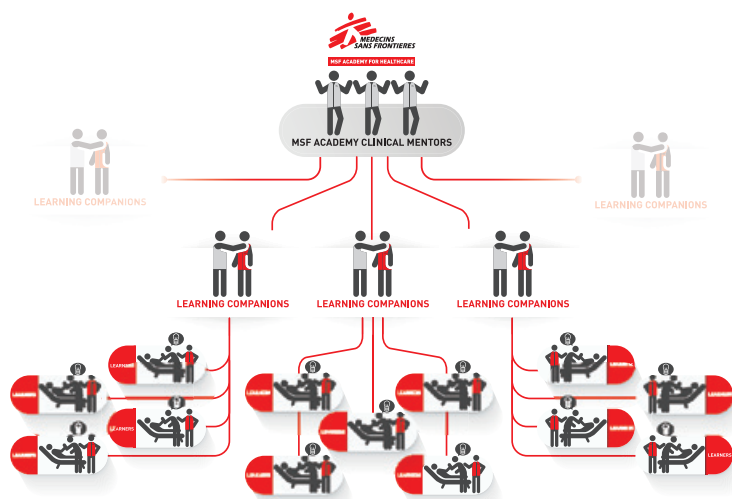
The Cascade System of Training and Learning: Catalyst for Change

The MSF Academy is investing in a cascade system of training and learning which means that MSF Academy clinical mentors train learning companions who in turn accompany the learning of their peers (the learners). Such a cascade system entails a heavier initial investment, but the longer-term advantages outweigh the impact on roll-out speed.

Indeed, it invests in developing training facilitation skills among national colleagues, and, gradually, their mentoring competencies. Additionally, it allows for progressive appropriation of innovative pedagogical methods, and participates in creating a growing learning culture among all staff members, as well as autonomy through accompaniment.

The cascade system of the MSF Academy where one trains another who trains a third reinforces this sharing of skills even more. ”

Olivier Mbacko Lawann, MSF Academy clinical mentor in CAR



Field Simulation Technique

Simulation scenarios are used within MSF Academy courses to help the learners practice situations similar to their real tasks in a safe learning environment. The MSF Field simulation project in Barcelona has trained some of MSF Academy's team members on the development of scenarios. With their support, scenarios were developed to be used in MSF Academy training programmes – both in the nursing and the outpatient care initiatives – and it will be used in all projects where these initiatives are being rolled out.

eLearning: Complementary to the Approach

Since 2019, eLearning has been identified as a significant complement to the face-to-face nursing programmes being rolled out, as these low-resource settings are often prone to regular accessibility issues. Parallel to the face-to-face learning cascade system, it is important to provide an alternative method of transmitting the theory and concepts, with interactive tools for the learner to review material and evaluate their level of understanding and retention.

In 2019, the MSF Academy has decided to use Tembo as its Learning Management System – the eLearning platform developed by MSF OCBA and now adopted by all OCs in the MSF movement. Over 2020, significant resources were dedicated not only to develop content on Tembo but also in testing its accessibility in low connectivity areas. To do so, a pilot deployment of the tool took place in three projects of the Central African Republic¹, with the support of the Tembo team and the relevant IT departments. This pilot phase highlighted several challenges due to very poor internet connections, requiring some adaptation to the platform and local servers.

While these technical issues are being tackled, we intend to increase the use of Tembo as an integral part of MSF Academy's pedagogical approach as it provides greater flexibility and accessibility to many remote participants in the face-to-face programmes. Additionally, for the more distance-learning initiatives such as the FMHA or the trainings for the AMR learning, Tembo is to be the platform on which all course content will be shared.



End of 2020, parts of the Basic Clinical Nursing Care (BCNC) are already available on Tembo (ten units in French and a first unit in English) and over 30 individuals have tested at least one of the available eLearning units. The intent is to have the remaining units of the whole BCNC curriculum available in both French and English by the end of 2021.



All content is prepared by subject matter experts together with our pedagogical referent, and is built by an eLearning developer, a graphic designer and supported by either external suppliers and/or partners.

Two learners and their Learning Companion watching a video on hand hygiene on one of the tablets available for them at the hospital, Bangui, CAR.

Competency Gap Assessments (CGA)

Specific assessments have been developed to provide a sound baseline of the level of competencies among the health structures' workforce. Such competency gap assessments are carried out in each project site before starting a continuous professional development programme to score the knowledge and technical expertise of the learners. All (potential) participants are submitted to it. Once the training programme is finalised, the participants will be assessed again, and this will serve as indicator of the programme's output.

¹Namely, in Paoua of OCP, Bossangoa of OCA and SSR Castors of OCB.

Consequently, a lot of work was invested in 2020 in fine-tuning the methodology to carry out these assessments, to ensure common criteria among evaluators for the technical assessments. At the end of 2020, CGAs were used for both the basic clinical nursing care and the outpatient care initiatives.



Recognition & Accreditation

While the initial priority when starting an initiative is to ensure efficient and direct delivery in the projects, the MSF Academy remains committed to establishing solid partnerships with local academic institutions and national ministries since it also strives to ultimately contribute to strengthening the local health systems.

Little progress was made on recognition and accreditation in 2020, apart from internal discussions. The Covid-19 pandemic made it hard to move forward on this front, not only because it put a strain on MSF Academy internal priorities and workload, but also because the relevant stakeholders were prioritising the response to the pandemic, or the management of its impact on academic programmes. This subject remains a priority for 2021.

Dorine, midwife with the MSF Tongolo project for sexual violence in Bangui, is placing a catheter on a mannequin arm under the supervision of two clinical mentors.

ACTIVITIES

Covid-19: Consequences and Response Contribution

Leaving no organisation untouched, the Covid-19 pandemic impacted most activities: **delays due to travel restrictions** to and within missions; **team reductions**; and serious **disruptions at our academic institution partners**. Many learning companions were also solicited for the Covid-19 response, leaving no time to their learning activities. Finally, one of the biggest impacts was on our plans to start a programme in the Democratic Republic of Congo which had to be completely cancelled.

Some **team members** were **diverted and seconded to the Covid-19 response** worldwide: some global team members took part in the OCB Covid-19 response, coordinating and staffing the Belgian and Brazilian teams in hospital-support and the nursing home responses. The global nursing team assisted Covid-19 teams in building a new accompanying role for staff in nursing homes, through sharing of material, clinical mentoring techniques, advice on developing tools, mainly via newly developed webinars. Other team members focused on the development of relevant nursing content and **adapted the nursing learning units** on infection, prevention and control (IPC) to the Covid-19 specific components, shared widely onto the Covid-19 OCB website.



Treating the COVID-19 second wave, South Africa.

The MSF Academy field teams were mobilized to provide hands-on support, supplementing their fundamental hospital training with the basic nursing curriculum content adapted specifically to support Covid-19 preparedness and interventions. This also prioritized the facilitation and clinical mentoring of most pertinent units deemed for Covid-19 response, such as the IPC module, or the learning unit on oxygen therapy.

Nevertheless, the pandemic and its consequences has confirmed and reinforced the relevance of MSF Academy activities and approach:

Investment in national staff competencies

Many MSF field projects have suffered from travel restrictions on international staff – leaving many gaps – and national team members have sometimes been solely responsible for providing continuity and quality of care. The need to strengthen their competencies and build their autonomy was clearly highlighted.

Focus on nursing, hygiene, and clinical infectious diseases

Covid-19 related training material was quickly developed/adapted by the MSF Academy team to support on-site interventions.

Investment in eLearning and remote clinical mentoring expertise

Travel restrictions and our move towards technological solutions reinforced our will to develop and embrace digital autonomous learning solutions as well as the already existing remote mentoring sessions and webinars.

1. Nursing Initiative

Basic Clinical Nursing Care curriculum

At the end of 2018, The MSF Academy started to develop the MSF Academy Basic Clinical Nursing Care (BCNC) curriculum. Its aim is to build all basic nursing competencies, encompassing basic theoretical knowledge, technical knowledge, and skills, as well as addressing the nurse's attitude towards the art of nursing and their patients. The BCNC curriculum builds on the assessment that the level of competence of all staff performing hospital nursing duties in the targeted countries is generally low.

The learners of the MSF Academy nursing initiative can be any staff performing nursing duties in the structures supported by MSF projects, whether MSF or Ministry of Health (MOH) staff. Learners may have no previous formal training, be fully certified nurses or be performing midwifery duties.

The BCNC is composed of 5 modules, each subdivided into specific learning units. In total, there are 40 learning units which can be progressed through at different speeds that reflect the variety of learners and contextual realities in which the curriculum is delivered. The details on the full curriculum content can be found in Annex 2. Each learning unit utilizes a variety of learning tools including theoretical handouts, learning activities (such as videos, games and quizzes) and practical materials such as role-plays and skills-based exercises. Tools such as learning portfolios, dictaphones and tablets are used to support the learning activities.

The learning strategy is adapted to the situation of running MSF hospitals, where functioning staff need to acquire essential competencies while not having the luxury of being away from the wards for long periods at a time. The flexible delivery strategy therefore mixes theoretical and practical sessions with bedside teaching and provides learners with personalized clinical mentorship support and individual follow-up throughout the programme.



The objective of the nursing initiative is to strengthen the skills and competencies of the MSF staff providing nursing care in all participating hospitals, with the aim to contribute to a sustainable improvement in the quality of care. This includes curriculum development of various nursing and midwifery courses, the creation of innovative pedagogical tools, and the rolling out of programmes in several projects in the target countries.

1.1 Development of Content in 2020

The development of content for the Basic Clinical Nursing Care (BCNC) curriculum was affected by the Covid-19 pandemic, as explained above. Nevertheless, it was possible to finalise and validate the content for 25 of the 40 BCNC units and 24 of them are available in both French and English.

Content was also created for a new advanced course, Operational Theatre (OT) Nursing Care, which will complement the BCNC. It is designed to refresh and further educate nurses who rotate into the operating theatres and dedicated theatre scrub nurses, using the key skills framework (knowledge, skills, attitude) and competencies required to work in MSF hospitals. It is important to ensure a minimum level of patient safety, sterility and cleanliness within the operating room. The content of the four modules (consisting of 16 units in total) is finalised and almost entirely validated in English (details can be found in Annex 3). The material of these learning units is dynamic in nature and there is flexibility to alter and amend depending on local context and relevance. Once approved it will be translated and the materials graphically designed.

A learner is providing care to an infant under the attentive eye of the mother while being mentored by his assigned Learning Companion, SSR Castors project, Bangui, CAR .



Additionally, specific content was created for Midwifery, with the content of 14 units already validated by the MSF Intersectional Midwifery working group. In 2021, this content will be graphically designed and translated, some additional units will follow to complete a Basic Midwifery Care package. This course is expected to roll out in Sierra Leone by the end of 2021. Annex 4 illustrates the full midwifery curriculum as agreed in early 2020 with the MSF Intersectional Midwifery working group, with the elements for both the basic and the advanced courses.

During 2021, the Academy team will finalise the BCNC, the OT nursing and the basic midwifery contents, and will adapt the entire BCNC into eLearning on the Tembo platform, both in English and French.

1.2 Field Implementation of BCNC Programme

The MSF Academy field teams established in Sierra Leone, Central African Republic (CAR) and South Sudan continued to implement the programmes with the support of the global teams. They are rolling out the BCNC programme and mentoring the learners all the way to the transferring of the learning to the workplace. They also dispense TOF and TOM training programmes to the future mentors and learning companions (see the pedagogical approach described above), ensuring that everyone is properly equipped to carry out the programme competently. Among others, this involves ensuring that learning tools and journals² are understood and used appropriately by both learners and companions.

Building national expertise in MSF Academy teams

With a longer-term vision, the building of MSF Academy national clinical mentors' capacity was prioritised through the recruitment and nurturing of national expertise: at the end of the year, we had **four national clinical mentors active in each intervention country**. Not only will this provide more sustainability in the delivery of our programmes, but also beyond our mere presence. In addition, national mentors are better able to relate to the general level and understanding of their peers, as they have all undergone the same education system; they can also switch to the local languages, making the programme more accessible to a wider public. This should ultimately also improve the level of patient care.



I have been working with MSF as a midwife for 11 years. MSF's presence allows us to offer quality care to our population. It is extremely motivating. In fact, people often come back to us to thank us for treating them.

Tatiana Mbara, Midwife clinical mentor in Central African Republic



²More information on the learning tools or the learning journals can be found in Annex 1 of this report.

Competency Gap Assessments in the three countries

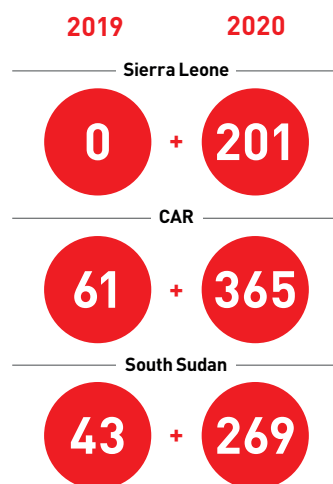
Competency Gap Assessments (cf. pedagogical chapter above for more information) are undertaken prior to the start of a learning programme, and upon completion, to assess the impact of the programme on the knowledge and technical capacity of the learners. The field teams are responsible for carrying this out in all participating projects.

The first part of the CGA assesses the knowledge with a multiple-choice questionnaire and the second part is a skills assessment of basic nursing techniques under observation by the assessor, who then scores the performance according to predefined checklists.

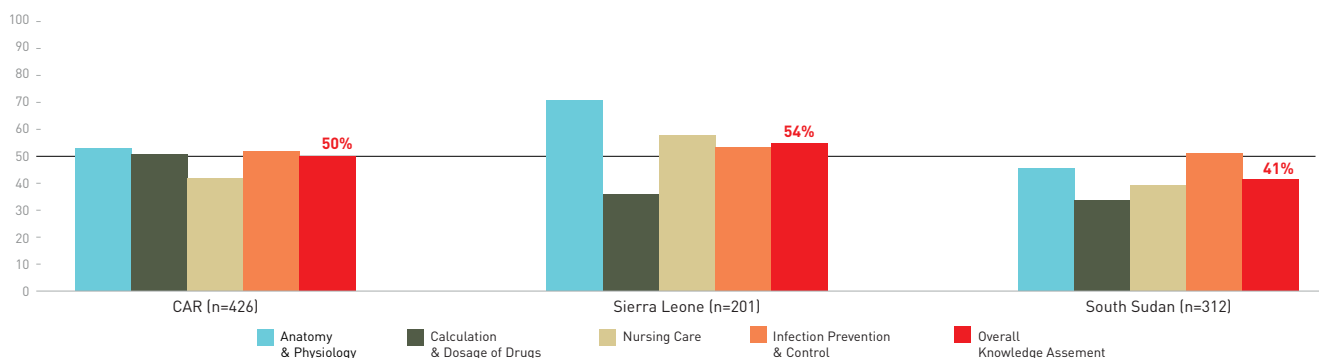
Since the start of the nursing initiative, a total of 939 entry-CGAs were performed in the three countries in which the MSF Academy is rolling out its BCNC programme, with 835 CGAs carried out in 2020. For some projects, all relevant staff were assessed before starting the programme, even if not all were to start right away as learners within the programme afterwards. The CGA has also been used as a tool to better assess the overall level of the nursing workforce in the structure.

The **knowledge assessment** is composed of 35 questions, the results of which are regrouped in four categories: Anatomy and Physiology; Calculation and Dosage of Drugs; Nursing Care; and Infection, Prevention, & Control (IPC). The overall score is provided under the heading Overall Knowledge assessment. The table below compares the results of the knowledge assessments performed to provide the baseline for the BCNC programme.

BCNC-entry CGAs performed to assess level of staff

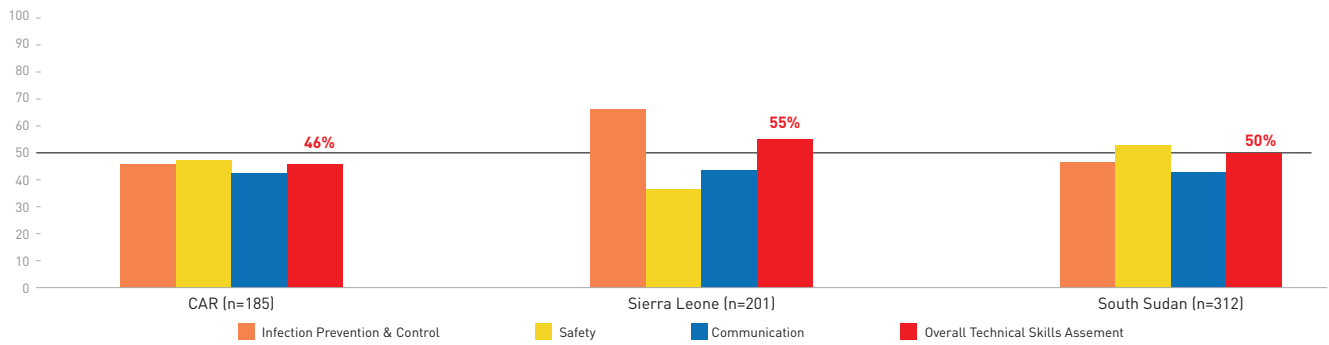


AVERAGE SCORES FOR KNOWLEDGE ASSESSMENT



The **technical skills assessments** are undertaken by observing the participant perform three different nursing techniques; scoring is done based on the proceeding of the various steps required to perform the technique safely and in respect of the patient. The scoring is then regrouped per key criteria group, being: IPC; Safety; and Communication. As for the knowledge assessment, the overall score is provided under the heading Overall Technical Skills Assessment.

AVERAGE SCORES FOR TECHNICAL SKILLS ASSESSMENT



It should be remembered that IPC is a core requirement for patients and staff safety when responding to outbreaks, including Covid-19. The scores underline the challenges faced to improve the level of nursing care, reinforcing at the same time the need to act and provide training programmes specifically designed for our projects.

Monitoring & evaluation

At the end of 2020, we counted a **total of 395 active learners in the BCNC programme** in Sierra Leone, the Central African Republic and South Sudan. Since mid-2019, 548 staff members have been enrolled in our programme at one point in time, but none have yet completed the whole programme: the end of their involvement was in most cases due to operational or external constraints. The project in Pibor, South Sudan, came to an unexpected end in November 2019 due to security issues and massive floods; in the Central African Republic, the decision of two projects to halt MSF Academy activities during the second quarter of 2020 for operational reasons also contributed to this difference.

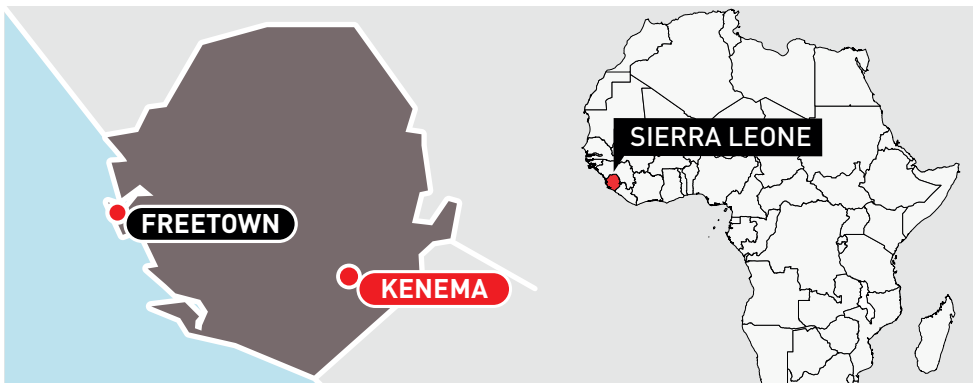
A **new database** was introduced in 2020 to track the journey of each learner in the BCNC programme, detailing their progress in the **40 units**, but also in their ability to properly perform the **related 84 skills** subsequently assessed and validated at the bedside. The aim is to have a better monitoring and more robust evaluation of the progression of the learners in the BCNC programme, but also to facilitate more detailed analyses across each country and to identify areas requiring potential adjustments.

A learner performing a nursing care act under the attentive eye of his Learning Companion, Sica, Bangui, CAR.



SIERRA LEONE

The BCNC programme carried on throughout 2020, making good progress in delivering the curriculum at the MSF Kenema Paediatric hospital, through theoretical training sessions, practical sessions and bedside clinical mentoring. The pace was impacted, as the hospital nursing staff – our learners – had to concentrate on responding to the Covid-19 pandemic, leaving little time for learning. Our pedagogical manager remained active in Kenema, contributing as well to the Covid-19 taskforce from March onwards, training 86% of staff in Covid-19 procedures, with good feedback from staff.



Despite Covid-19, there were 101 nurses actively participating in the BCNC by the end of the year, and in the last quarter alone, clinical mentors undertook 251 bedside observations. The first learners' satisfaction survey delivered positive results and the hospital nursing staff are very keen to continue building upon their learning.



Meanwhile, the initial plans to have hospital supervisors combining supervisor and clinical mentoring roles after being specifically trained to the job did not bare the results we expected. Indeed, the supervisors ended up concentrating mainly on their operational role, and barely managed to carry out bedside clinical mentoring as foreseen within the BCNC programme. Decision was thus taken to boost the team with **three new national clinical mentors solely dedicated to the task within the BCNC programme.**

Nursing programme in Sierra Leone

In 2017, MSF OCB started to build a new hospital specialising in paediatric and maternity care in Kenema, one of the regions hardest hit by Ebola. The MSF Academy was, from the start, involved in finding solutions to ensure that the hospital could benefit from quality staff which we addressed through a nursing scholarship programme in Ghana and competency refresher training as induction for the newly hired staff, followed by the delivery of the BCNC as continuous professional development.

End 2020 in Sierra Leone

3

National mentors trained

201

CGAs performed

101

Active learners

Morning rounds in the intensive therapeutic feeding centre at the MSF Hangha Hospital, Kenema District, Sierra Leone.

Following the graduation of the 22 diploma nurses and 25 diploma midwives from the MSF Academy Scholarship programme in Ghana in December 2019, the nurses were integrated into the Kenema Paediatric hospital project. Due to the delay in the opening of MSF obstetric services in Kenema, the midwives are not yet employed in the Paediatric hospital. An agreement was therefore reached with the Ministry of Health and other MSF-supported health structures to rotate the 25 midwives in alternative facilities until the obstetric services commence in Kenema. On average only 150 diploma midwives graduate yearly in Sierra Leone, so having 25 midwives from MSF will help complement that figure.

A MSF nurse during one of the feeding sessions in the Nutrition Centre 1 in MSF Kenema Hospital.



Training programme for Community Health Officers (CHOs) in Kenema

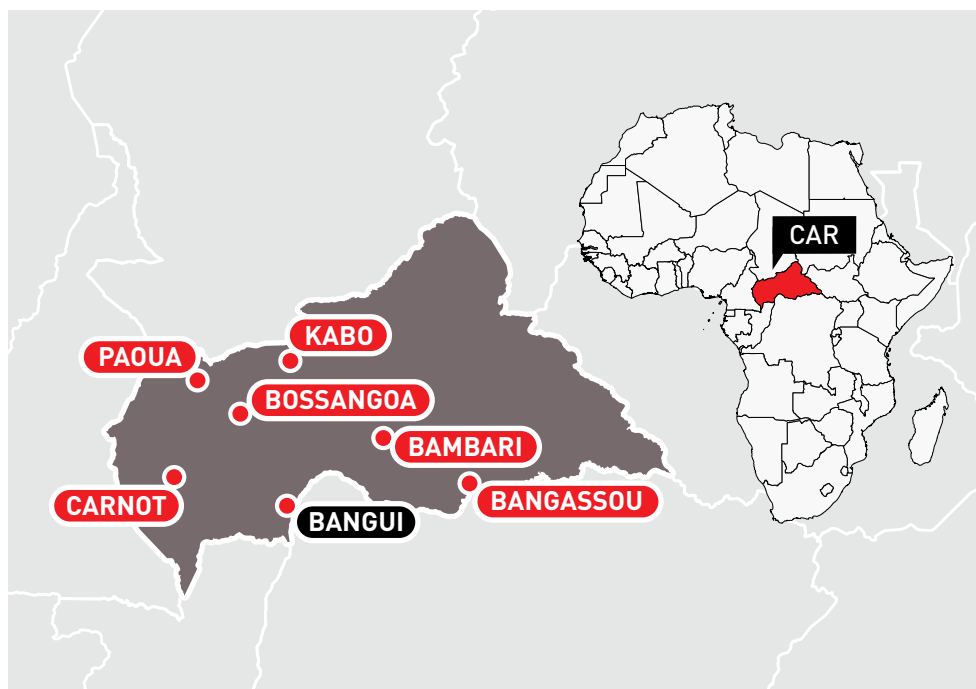
Community Health Officers take care of much of the clinical work in Sierra Leone, and the OCB mission expressed a need for the MSF Academy to develop a **tailor-made training programme in hospital paediatrics** for them. In 2019 we developed a competency framework and a curriculum to be delivered by an MSF Academy paediatric trainer (details on the curriculum can be found in Annex 5).

In 2020, a new clinical mentor was appointed; the content and tools for the delivery of the nine modules of the course finalised; and a roll-out schedule developed. There were 31 CHOs enrolled in the programme and the first two units were implemented, until progress was interrupted in May due to Covid-19 and the departure of the clinical mentor. A replacement paediatric clinical mentor will join the hospital at the start of 2021 to lead the roll-out of the 12-months' programme. A total of **46 CHOs are now enrolled** in the new programme.

CENTRAL AFRICAN REPUBLIC (CAR)

CAR was also affected by the pandemic, with movements restricted from mid-March onwards, suspending field visits until mid-June. Even then, many staff members were immobilised due to lengthy quarantine times, not to mention significant vacancies in key positions, such as representative or pedagogical manager. This generated delay in the roll-out of the BCNC programme and in the implementation of bedside learning and use of learning journals. In terms of specific support to the Covid-19 preparation, the MSF Academy team in CAR provided specific IPC and related trainings, mainly for the projects based in Bangui.

Throughout 2020 the MSF Academy supported four projects: Paoua, Carnot, Bossangoa & Kabo. Activities had been started in the projects of Sica, Castors and Gbaya Dombia in Bangui, which had enrolled many participants in the BCNC programme as of July 2019. With internal difficulties on top of the pandemic, the programme was put on standby in Sica in April, and in May in Castors, but only officialised in August, along with Gbaya Dombia.



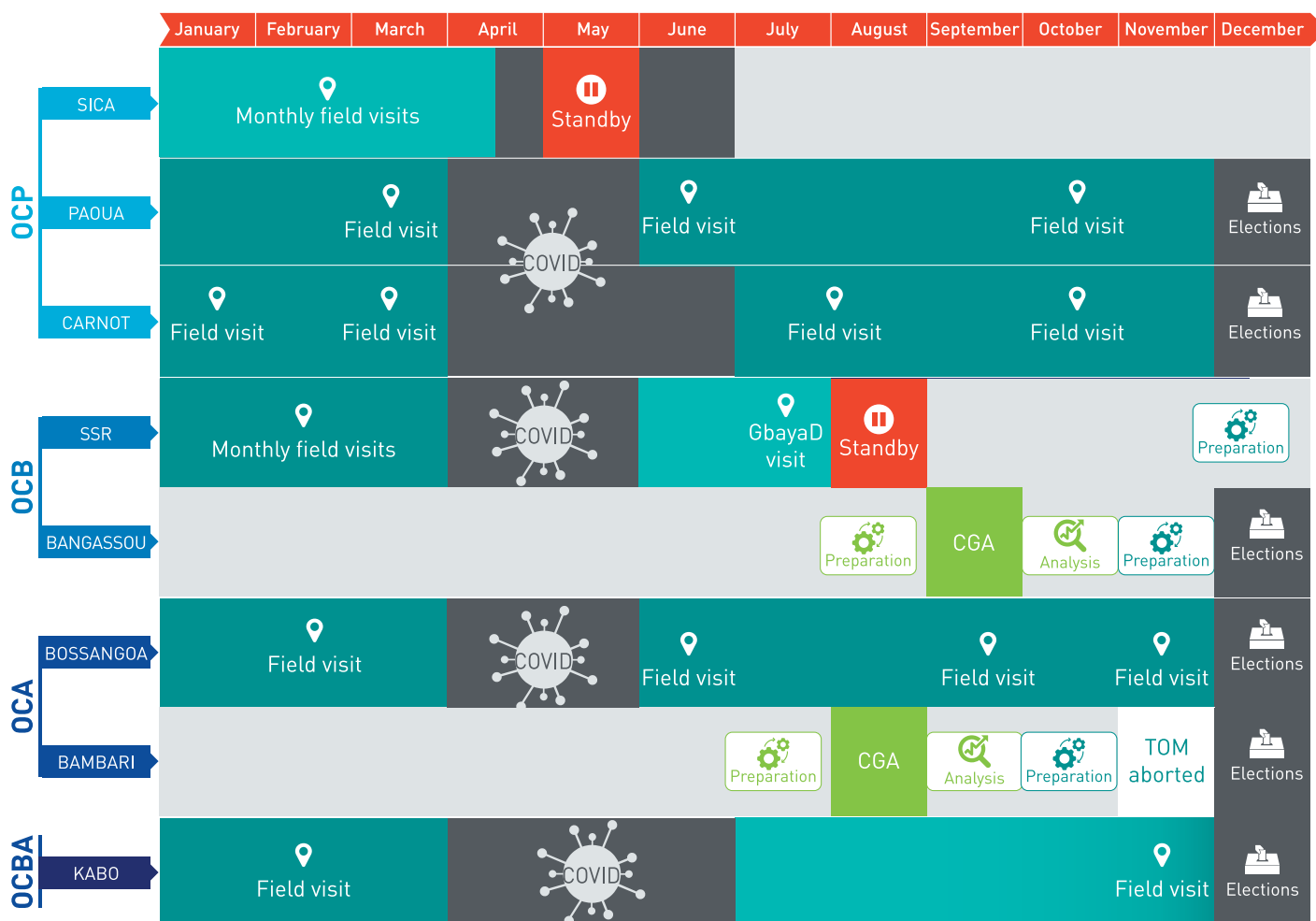
In August, Bambari and Bangassou projects hosted a CGA and, with the Academy, sound bases were defined for the future collaboration, taking stock of the lessons learned with both Sica and SSR⁴ Castors. Plans were to start with the training programme before year-end, but caution around elections time led to postponement until the beginning of 2021. At the end of the year, discussions with SSR Castors also led to the decision to start afresh, with a much smaller cohort of participants from only one ward in January 2021, to allow operations to pilot an efficient combination of learning time built into the working schedule of their staff.

BCNC programme in CAR

The general high insecurity combined with the heavy burden of diseases and poverty in Central African Republic has resulted in low quality healthcare provision and high reliance on humanitarian medical intervention. We therefore had to implement a unique and alternative training approach which would have a longer-term impact across the country.

After much consultation, roll-out of the BCNC programme started in July 2019. As the participating projects are in different locations, the clinical mentors are moving regularly from one project to the other, and the programme is delivered through a learning cascade system.

⁴SSR stands for « Santé Reproductive et Sexuelle », meaning Sexual and Reproductive Health.



This reflexion time mid-year generated another change in approach concerning the length of visits in the projects by the clinical mentors. After a few months of practice, it became clear that effective learning during each visit could only start after several days of briefings and organisation, leading to the decision that a minimum of three weeks was required to allow for efficient clinical mentors' field visits in a project, and these visits should ideally take place every other month. That said, it has still proven challenging to put this into practice – something to continue to work on in 2021.

All four **MSF Operational Centres** present in CAR (OCP, OCB, OCA and OCBA) have at least one of their projects in which the MSF Academy is active by the end of the year.

Competency Gap Assessment Analysis

During 2020, 365 CGAs were performed in CAR. At the beginning of 2020, there was still some catching up to do as some participants were yet to undergo the CGAs. This was especially true for the technical assessment of staff in Sica and SSR Castors, as the arrival of mannikins to perform the CGAs was delayed and arrived in CAR only at the end of 2019.



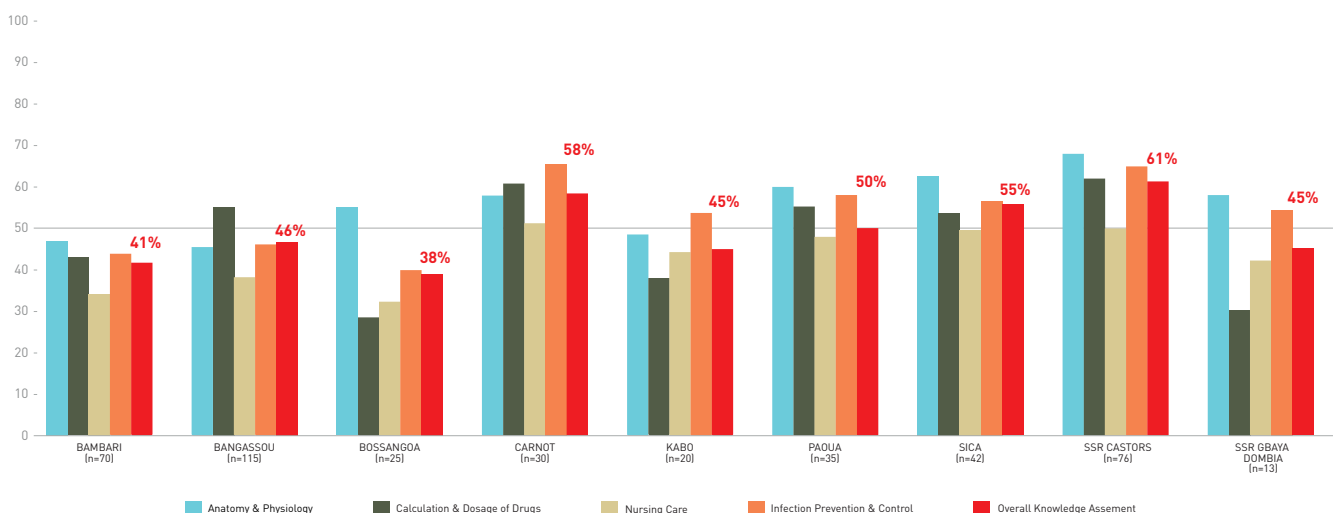
Joséphine, midwife with the MSF Tongolo project for sexual violence in Bangui, is placing a catheter on a mannikin arm during the technical CGA.

Whereas CGAs were initially performed once the participants were identified and enrolled in the programme, decision was taken to approach this differently. When a new project is included, we now kick off with all staff performing nursing duties being assessed via the CGA, regardless of their potential future enrolment in the programme. Not only does this allow the hospital team to have a complete snapshot of the level of competencies of its staff, but it also enables the training programme to directly focus on the learning activities, once it starts.

In August 2020, the MSF Academy team thus carried out the CGA for 70 staff in Bambari, and for 115 staff members in Bangassou in September. So far, these are the only two projects in CAR where all staff carrying out nursing duties in the hospital have undergone the CGA.

As explained previously, the CGA is composed of two assessments: one on knowledge and one on the performance of nursing techniques.

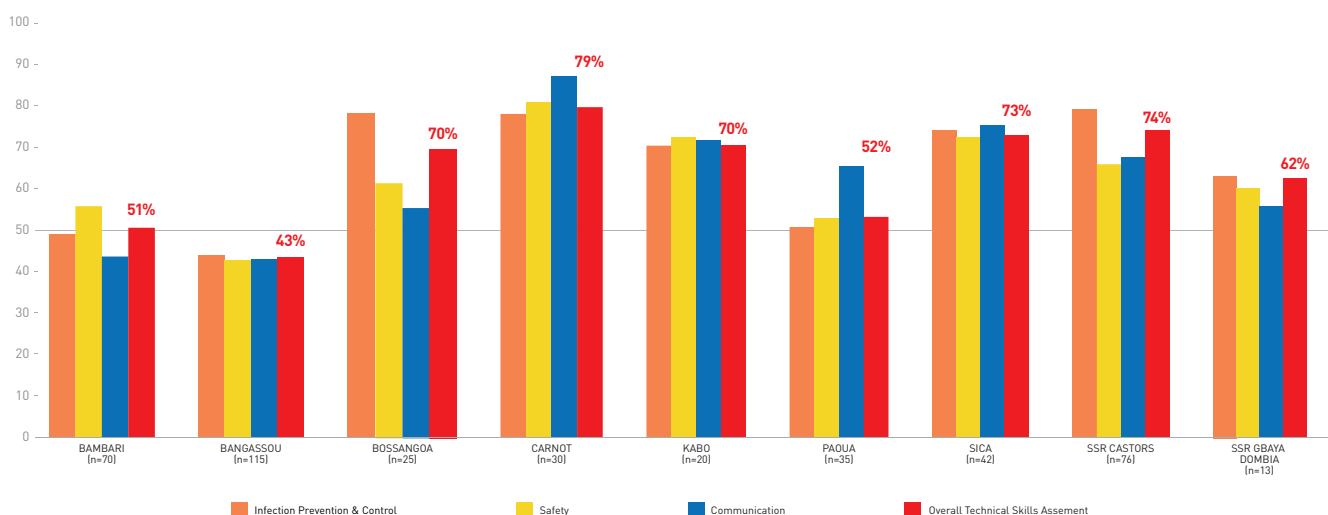
AVERAGE SCORES FOR KNOWLEDGE ASSESSMENT



The results obtained in the projects based in Bangui (SSR Castors for OCB and Sica for OCP) are generally higher than that of the rural projects, which can be explained by a higher percentage of staff with high school and nursing diplomas. The overall results emphasize that improvements in basic nursing knowledge is necessary to ensure a safe nursing practice and quality of care.

Regarding the technical skills assessment below, we do have some reservations on the accuracy of the results obtained in Sica, SSR Castors, Carnot and Kabo as we have noted inconsistent applications of assessment methodology. Once we realised this, we worked on ensuring consistency in these technical assessments by thoroughly preparing the assessors accordingly: the teams that carried out the CGAs in Bambari and Bangassou underwent this thorough preparation prior to their visit.

AVERAGE SCORES FOR TECHNICAL SKILLS ASSESSMENT



When focusing on the last two projects where the technical CGA was performed under more rigorous guidance, the level is worrying and clearly demonstrates the need for continuous professional development programme in basic clinical nursing care.

Learning activities roll-out

Since mid-2019, we had a total of 212 participants enrolled in the BCNC programme in six projects from four OCs. A total of 104 were active participants by the end of December 2020, due to the halting of the BCNC programme during the second quarter of 2020 in Sica and Castors and Gbaya Dombia. A few learners also stopped their participation in the programme due to prolonged sick leave, termination of contract or change of position. Three learning companions also moved on to become clinical mentors for the MSF Academy.

During travel restrictions, despite remote support, most learners reviewed units already started. When projects visits resumed, the priority was to pick up activities

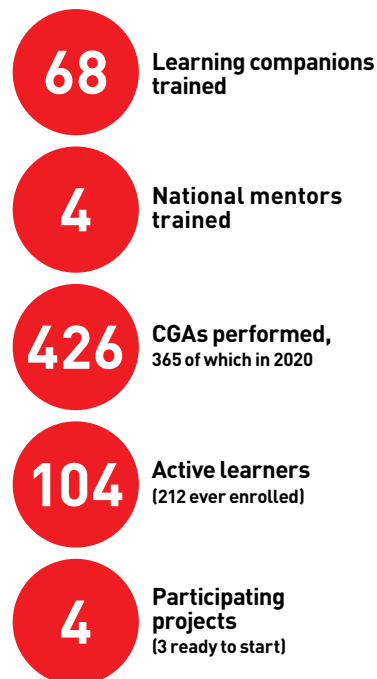
done during the first half of the year, with thorough feedback on the formative theoretical evaluations and recording of progress in the learning journals, which had lacked the expected rigor. There were several reasons for this: the lack of regular presence of the clinical mentors in the projects, the learning companions still learning their facilitation role and the lack of time set aside within the learners' day for learning.

As travelling resumed in the second quarter of 2020, the clinical mentoring and bedside teaching were emphasised within the MSF Academy field team.

Each of the 40 units of the BCNC comes with a formative theoretical test. The programme also defines 84 skills, for which mentors and learning companions accompany their learners' self-assessments and document the outcomes⁵. The evolution of the progress of each learner is now systematically recorded on a quarterly basis.

Below is a summary of the current delivery status of the BCNC programme at the end of 2020 per project (the detailed status per project per unit and skill can be found in Annex 6).

End 2020 in CAR



	Module	Units covered	Bedside transfer - skills
Bossangoa	A	80% tackled 7 units, and 60% did the test	3 units being assessed, 30% validated for 2 units
	B	6 units ongoing, 50% did the test for 3 units	3 units being assessed
Carnot	A	60% did the test for 8 units	6 units being assessed for CAs and 10-25% of learners
	B	6 units tackled by CAs, 2 being transmitted	4 units being assessed with CAs, 1 with learners
Paoua	A	8 units ongoing, 30% did the test for 3 units	5 units started with the CAs
	B	7 units tackled by CAs, transmission ongoing for 4	Not started yet
Kabo	A	50% did the test for 8 units	Planned for 2021
	B	70-100% did the test for 2 units	Planned for 2021

Even if distance support was provided between visits, projects benefitting from regular clinical mentors' presence in the field show a significantly faster progression in the programme, in comparison to others. Bossangoa benefitted from regular mentor's field visits in the second half of the year, which allowed the learners to move forward in the programme. Kabo, on the other hand, only had two visits from clinical mentors this year, and the February visit was limited in time; the visit in November concentrated on reviewing the activities since February

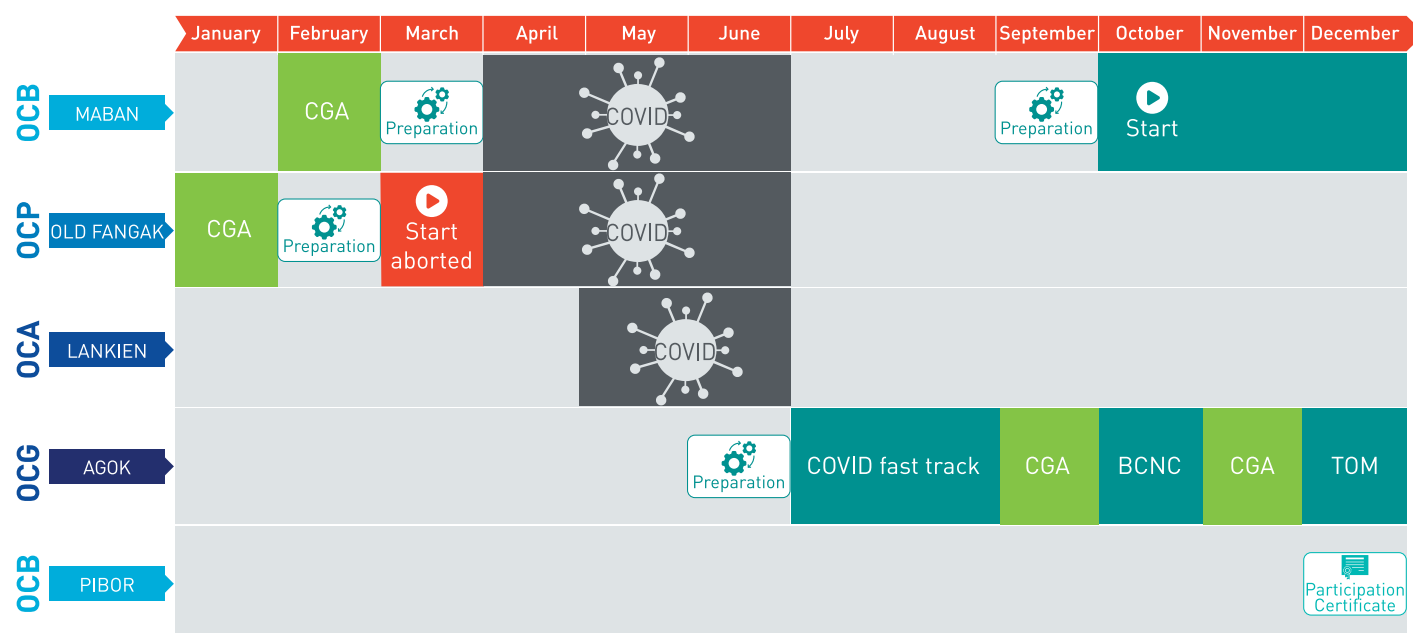
⁵These directed self-assessments are recorded in the learning journals, and when the learner is validated for a specific skill, they will be granted a sun; if the skill is assessed but not yet validated, it will be a cloud.

SOUTH SUDAN

Early 2020, the MSF Academy field team started the preparation for the roll-out of the BCNC programme in two projects, with CGAs in both as shown below. Learning activities were due to begin in March in Old Fangak, in April for Maban, with Lankien project to follow suit, but all activities came to a halt and plans were to be revised, mainly because of the Covid-19 pandemic, but also for security reasons in the case of Old Fangak.



Most MSF Academy team members were seconded to operations as the OCs faced major shortages of experienced staff due to the significant travel restrictions: they were deployed to Yei, to the MSF Covid-19 intersectional country taskforce, and our representative, stuck in Kenya, assisted the Kenyan mission with Covid-19 training activities. The work of the pedagogical manager was also severely impacted until the summer.



In May, decision was reached with OCG to start the BCNC learning programme in their project in Agok. Once the collaboration was defined, activities started with a fast-track training on the Covid-19 related BCNC units. The CGA was carried out first with 107 staff in September and an additional 64 followed in November. The learning programme started in October 2020.

For Maban, preparations resumed in September and it was agreed to deliver only parts of the overall content to the 63 participants, as operations have decided to progressively pull out of Maban. Learning activities started in October.

Participation certificate delivered to 47 Pibor staff members of OCB

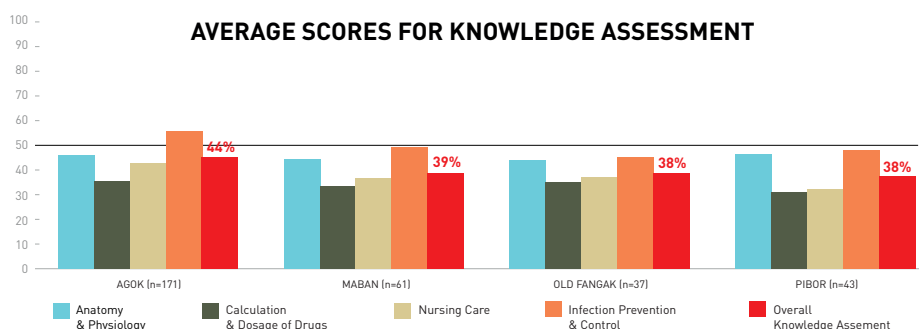
A year after the MSF Academy ended its programme in Pibor due to insecurity and floods, our team managed to return in order to deliver certificates to all 47 concerned staff for completing 12 out of the 40 units of the BCNC programme.



Competency Gap Assessments

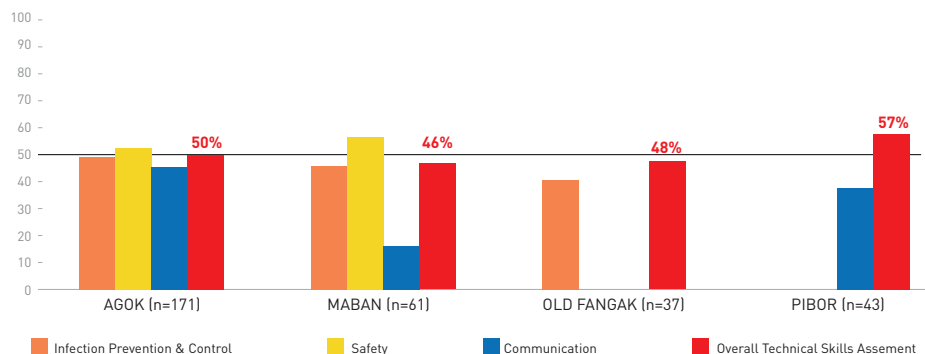
During 2020, **269 CGAs were performed in South Sudan**. A total of 37 staff members were assessed in Old Fangak, 61 staff members in Maban, and a total of 171 staff members in Agok.

Both the knowledge and technical assessments underscore the challenge in raising the level of competencies of the staff, and only confirm the pertinence of longer-term investment in this area.



Regarding the technical skills assessment, for some projects it was a real challenge to evaluate the skills while performing on a mannikin, and this was especially true when focusing on safety or communication. Nonetheless it does allow for a picture of the overall tendency. The nursing team is working on finding better ways to manage this for the future.

AVERAGE SCORES FOR TECHNICAL SKILLS ASSESSMENT



Learning activities roll-out

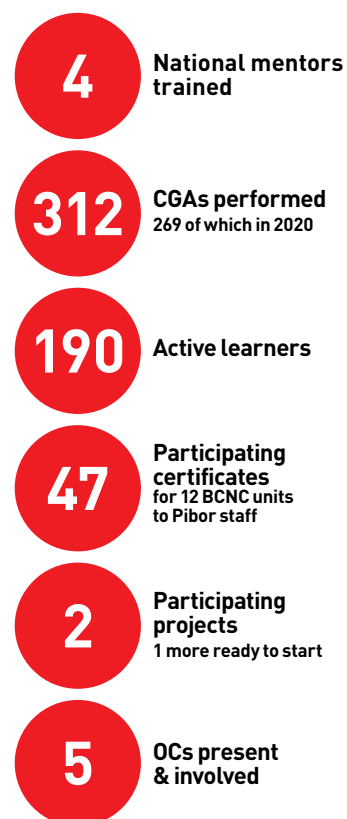
By the end of 2020, we had a total of **190 active learners** in the BCNC programme in South Sudan, **involving two projects of two different OCs**. Since the beginning of our activities in South Sudan mid-2019, a total of 235 participants have been enrolled in the programme – this includes the learners from Pibor where we had to halt our activities at the end of 2019 due to insecurity and floods.

In Agok, 127 learners enrolled in the programme, and 21 of them underwent the TOF and TOM in December 2020 to take on the role of learning companions for cascade-delivery strategy. By the end of 2020, most learners had tackled seven units of module B of the BCNC – in the Covid-19 context, priority was given to the IPC-related modules. Clinical mentoring at the bedside has started for about a third of the learners for half of the related skills.

In Maban, the BCNC programme delivery started in October with initial focus also given to IPC. At the request of the Operations' managers, the plan is to only provide a **partial BCNC** with no beside clinical mentoring, given the future of the project. Ten of the 63 learners were trained as learning companions. By the end of 2020, almost all learners had tackled all nine IPC units, with the theoretical formative tests performed for over 90% of them. In addition, as they moved on to module A, 70% of learners already completed the theoretical formative tests for two units.

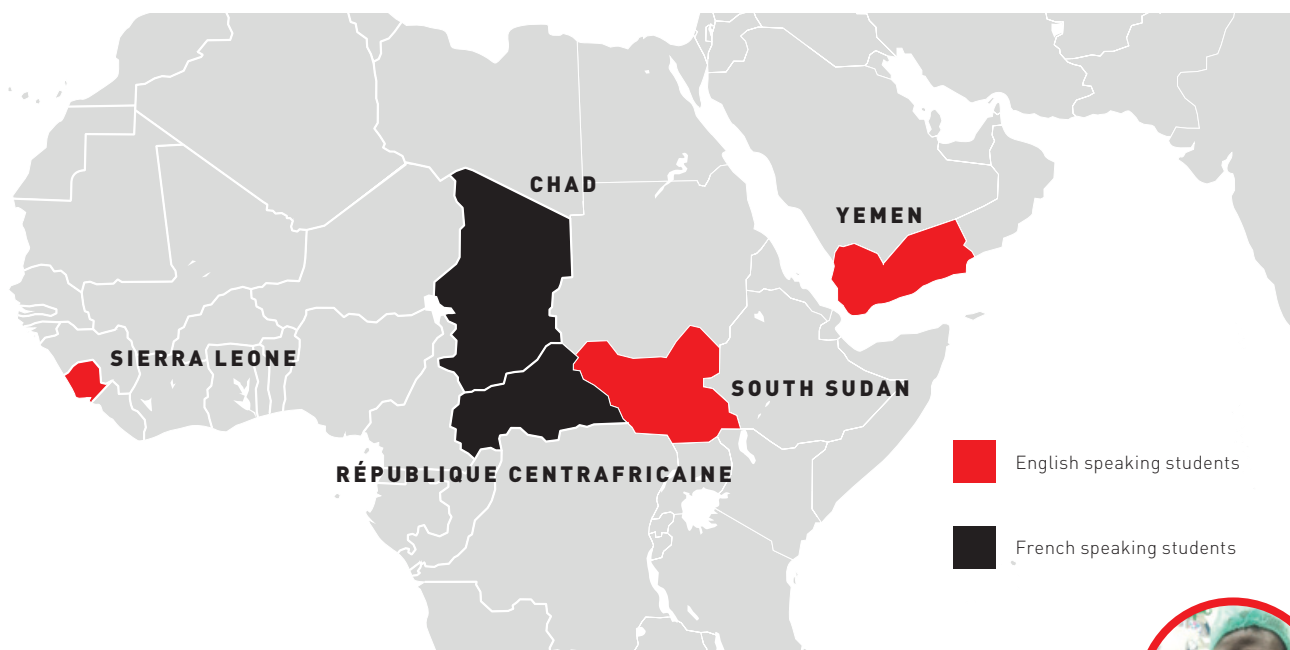
The delivery status of the BCNC programme at the end of 2020 can be found in detail per project in Annex 7.

End 2020 in South Sudan



2. Anaesthesia Scholarship Programme for Nurses

To address the shortage of trained nurse anaesthetists available within MSF projects, the MSF Academy partnered with established anaesthesia diploma courses that could accept an extra cohort of students and tailor their courses to the specific requirements of MSF. These academic partnerships had been successfully established in 2019 for English and French speaking students.



English-speaking students - Ridge School of Anaesthesia

The MSF Academy partnered with the Ridge School of Anaesthesia based in Accra, Ghana, to deliver an 18-months Nurse-Anaesthetist Diploma course. All 15 students who started the course in March 2019 graduated in November 2020. Five students resumed work in their home countries: four with the Ministry of Health (MOH) in Sierra Leone and one as an OCBA employee in Juba, South Sudan.

Funding was found to enable the 10 most meriting students to carry on with the BSc programme due to finish in March 2021. Two are MOH staff from Sierra Leone, 6 are OCB staff in Sierra Leone, one is OCBA staff in South Sudan and one is OCBA staff in Yemen.

The benefit of continuing to undertake the BSc programme is that rather than receiving a Diploma in Nurse Anaesthesiology, the recipient receives a Bachelor's degree and becomes a Certified Nurse Anaesthetist. In many countries, the Diploma course is being phased out and courses are being uplifted to respond to the requirements of a Bachelor course.



This course has taught me to look at things from different angles. The breadth of knowledge and skills we have been exposed to have made me a different person. I want to make a difference in terms of knowledge and skills also - Now I have the pathway. ”

Nhal Gatkuloth Chung, South Sudan, one of the participants to the anaesthesia scholarship programme.



Surgeon Christos Christou and anaesthetist Abdullahi Mohammed Ali and the OT nurses on extensive debridement of burn wounds on a young boy, South Sudan.

French-speaking students – Institut National de Formation des Agents de Santé

A partnership was formed with the Institut National de Formation des Agents de Santé (INFAS) in Abidjan, Ivory Coast. By compressing the holiday periods, the course was delivered in 18 months rather than their standard 24 months.

All 20 students enrolled on the course in 2019 graduated in January 2021 with a Nurse-Anaesthetist Diploma. All students returned to their home countries at the end of January 2021: two students went back to Chad (OCP), and the other 18 students went back to Bangui, CAR. Twelve work for OCB, two for OCBA, one for OCA and three for the Central African Ministry of Health.



Participants to the Anaesthesia Scholarship programme marking the start of the programme in front of the INFAS School, Abidjan, Ivory Coast.

Next steps

Before the start of the course, all participants committed to working with MSF or their Ministry of Health for five years after completing the course, and they all signed a tripartite scholarship agreement with MSF and their national Ministry of Health.

The graduates from both the Ridge School and the INFAS cohorts will be monitored over the next year to evaluate the impact of this special initiative. The induction of the graduates will be overseen by the MSF intersectional Anaesthetist working group who will identify and equip supervisors on site. The MSF Academy will be training these supervisors to clinical mentoring competencies, and the supervisors will be provided with specific terms of references and assessment tools to help the graduates reach autonomy in their practice.

3. Outpatient Care Initiative

The need to improve the competencies of the staff carrying out ambulatory consultations was identified in the countries where we work as one of the main factors that can bring improvements to the quality of the care provided. Content adapted for an on-the-job training programme was developed, mostly based on existing material and designed to supplement established guidelines and protocols: the material developed is geared towards easy transmission and aims to put the learner at the centre of their learning, encouraging them to seek out more information to reinforce their learning.

The competency framework upon which the content is based was designed with a focus on clinical decision-making, patient assessment skills and therapeutic aspects. It is built upon a patient-centred model of care which includes preventive actions and environmental and supportive components. Extra support reinforced the team in 2020 to develop the content of the curriculum, composed of ten training modules (the detailed curriculum can be found in Annex 8 of this report).

An *ad hoc* MSF intersectional group was created, comprising of persons with the most relevant expertise. They were tasked by the MSF medical directors to validate the content of the outpatient care training curriculum. Their role was to review the content and provide suggestions, recommendations, guidance and ultimately validation with regards to technical aspects, appropriateness, completeness, comprehensibility, and clinical reasoning. Their input was extremely supportive and valuable and has helped to significantly increase the quality and relevance of the content.

Outpatient care: Background

Following a feasibility study conducted in 2019, the Outpatient Care Initiative was launched. The objective is to tool those carrying out consultations in health centres so that they are formally trained in patient assessment, clinical reasoning and decision-making using a patient centred model of care.

A four-pronged approach to intervention in Out-Patient Department (OPD) pilot sites was identified, focusing on:

- Efficient training of the healthcare workers (primarily nurses and clinical officers)
- Solid and continuous OPD supervision and support model in place
- The use of tools to support clinical decision-making
- Adapted Monitoring & Evaluation system towards quality of care (dashboards).



© Mohammed Sanabani

An MSF Academy clinical mentor and a nurse from MSF supported Hangha Community Health Centre in Sierra Leone in consultation with Ka Mus, a young mother, and her baby who was diagnosed with malaria.

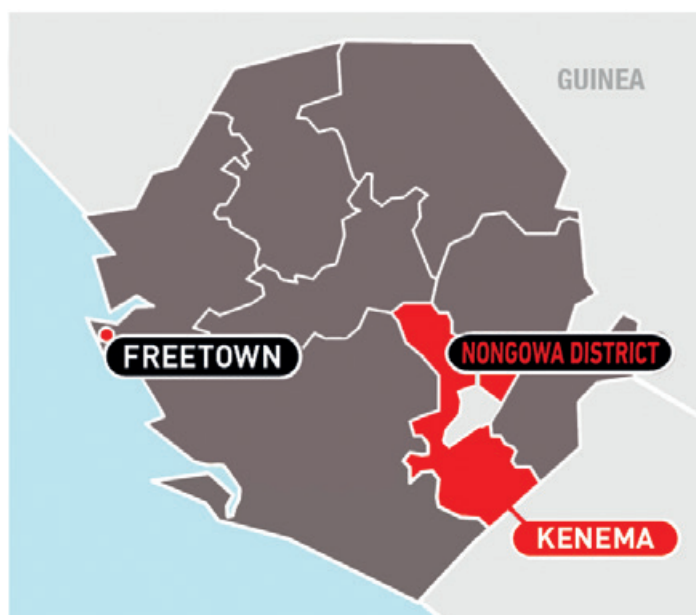
Field implementation

This initiative was to develop the adequate training content for improving the quality of outpatient care, but also to pilot this through innovative pedagogical approaches to the frontline health workers in the primary level of care.

The first pilot project selected was in Kenema, Sierra Leone. Based on the ‘*Sierra Leone Basic Package of Essential Health Services*’ and taking into consideration the different primary healthcare structures to be supported by the project, the Kenema project team and the MSF Academy developed a strategy to deliver the programme in six Primary Health Centres around Kenema.


Implementation started in December 2020 and will continue over the next 12 months in three Community Health Centres in Nongowa district: Hangha, Largo and Nekabo. Originally, it was supposed to start mid-2020, but with the Covid-19 pandemic, all pilot projects’ starting dates were delayed.

Discussions and planning for the start of the second pilot project are underway for Kouroussa, Guinea. A total of five pilot projects will be included as part of this initiative: consultations with OCs will take place in the next three project sites.



4. Fellowship in Medical Humanitarian Action

The project to develop an ambitious programme for MSF medical leadership remains high on the agenda of the MSF Academy. Medical coordinators (MedCo) and Project Medical Referents (PMR) are key positions in every mission to define and lead the implementation of the medical strategies of MSF's field projects. The Fellowship in Medical Humanitarian Action (FMHA) will offer a comprehensive and tailor-made 24-months work-based programme to develop all key competencies required for these professions in MSF.

 ***I applied for the FMHA course as I found the curriculum to be very relevant and apt to the role I am currently holding in the field: PMR. I felt this course would help me a lot in improving my skills and guiding me to build my capacity to perform better. The unique feature which really fascinated me was the hands on training on different key areas which is really needed in these roles to get guidance on practical implementation issues and how to deal better.*** ”

Dr. Aparna Iyer, project medical referent (PMR)

The general strategy of this initiative has evolved since last year. Instead of the original form of a master's degree, and upon validation from MSF Academy Programme Board, the programme was converted into an internal 24-months Fellowship programme. A **certificate** will be delivered to all participants upon completion, for which the Academy will complete its own quality assurance framework, comparable to that of an academic course.

Upon this decision, the team started to design the programme content in detail. The introductory course in epidemiology and statistics, tailored to the learning needs of the MSF medical coordinators will be given by Epicentre⁶ with whom we partnered for this project. The rest of the content is being developed by a core team of subject matter experts gathered by the Academy, based on the extensive MSF training libraries. They are being supported by pedagogical experts and an experienced eLearning development team. All content will be **available online** on the MSF Learning Management System Tembo, and will be progressively developed and uploaded online for **the pilot cohort starting in May 2021**.

The **Medical Coordinator** is responsible for the medical quality of the projects. They develop MSF medical programmes in the country of assignment and coordinate the medical response in case of crisis, in collaboration with the head of mission, and in conformity with MSF policies and medical ethics.

The **Project Medical Referent** is responsible for defining, implementing and monitoring medical activities and programmes in the field, in collaboration with the Project Coordinator, Medical Coordinator and Ministry of Health partners. They also coordinate human and material related resources needed to ensure the quality of care provided by MSF.

⁶Epicentre conducts epidemiology activities in the field, research projects and training sessions in support of the objectives of MSF to provide medical aid in regions where people suffer from conflicts, epidemics, disasters or for whom access to healthcare is insufficient or non-existent.

I am working as a medical coordinator and my last mission was in Iraq. I faced so many challenges in various fields like HR, operations, security, pandemic and so on, but I am sure that I will be more efficient if I have all the tools and skills, most of which I can get from this course.

Htet Aung Kyi, medical coordinator

The curriculum, structured in modules, is based on the 8 core competencies identified as essential for the role in MSF projects, with a focus on strategic management, quality analysis and support of MSF medical activities:

- Designing operational strategies, considering the needs and policy environment of the participant’s specific context;
- Ensuring optimal operational management and overview of medical interventions;
- Managing and supporting the medical team;
- Coordinating and/or managing emergency preparedness and response;
- Coordinating pharmacy management;
- Contributing to medical humanitarian analysis in the mission and actively participating in MSF’s positioning, including promoting it externally;
- Facilitating operational research;
- Coordinating staff health.

The pedagogical approach will be hybrid. All the learning will take place as participants hold postings in MSF projects of missions, and it will be tailored to their individual needs and context. The participants will be supported and guided by a professional MSF tutor, with whom they will draw up an individual learning agreement. The ongoing operational activities will be used as learning opportunities, backed up by online resources, allowing to learn in real time, while gaining competencies and confidence in the daily tasks.

The professional tutors will be MSF experienced medical coordinators trained for this purpose. They will support the work-based learning strategy and combine online classes, face-to-face sessions, and on-the-job learning, with one full-time tutor for every ten participants.

In 2020, the FMHA team focused on the curriculum development, but also on the structure of the programme for the participants, defining strategies about advertising the programme to the target population across the movement, and a selection process, in collaboration with the Learning & Development team from OCB. This led to the building of a selection committee, representing a diversity of expertise and nationalities. The team also worked across departments to build up a strong contractual package, necessary to ensure attraction, retention, and proper learning time and success for participant. This will offer a long-term contract to the participants, with resting and studying time, and will ensure commitment during the 24-months period, as well as retention of participants, with an 18-months work commitment after graduation.



The professional development of local health workers is one of the top priorities for MSF in Sierra Leone. Clinical mentor Musa discusses areas of improvement with the mentee as they fill in the learning journal.

5. Post-Graduate Diploma in Infectious Diseases

Modules:	Adult infections	Paediatrics infections	HIV and TB	Surgical/trauma infections	Community Health	
Number of weeks	24	18	18	8	8	
Transversal themes:						
Sexual and Reproductive Health	2		4			
Infection Prevention and Control	2	2	2	3	1	
Antimicrobial stewardship	2	2		4	2	
Infection related imaging	2	2	2	2		
Basic biology and laboratory diagnosis	2	2	2	2	2	
Total credits	34	26	28	19	13	=120

Whilst the development of the Post-Graduate Diploma in Infectious Diseases (PGDip ID) faced some delays due to the time of the infectious diseases specialists at Stellenbosch University taken up by the burden of the high Covid-19 caseload in South Africa, much progress has still been made. The development of the HIV and TB module was finalised at the end of 2020, with the invaluable contribution from the South African Medical Unit (SAMU). Planning workshops are organised on a regular basis for the remaining four modules, and content development is moving along. This means that we will be able to start the pilot course in April 2021.

Stellenbosch University has been awarded a grant by the South African government for its hybrid learning team to invest in this course; this enables us to benefit from high-quality learning designers and graphic support to develop an innovative learning strategy. The eLearning related to the course will be on the Stellenbosch University Learning Management System, SUNLearn.

Recruitment for the pilot group is complete and will begin with nine MSF participants. All OCs have shown interest in the programme. Participants will work in clinical positions in MSF projects for the duration of the course, providing optimal variety through different field assignments. This will be supported by face-to-face intensive training, eLearning and individual tutoring. Tutoring will be organised with senior clinicians to support the learners on an individual basis. They will assure the progress in the learning and most importantly create the links between the daily clinical practice of the participants in the field and the content of the different modules.

The course is awaiting final approval by the South African Government; the process was started over 18 months ago and is well under way⁷. This will officialise the course as a post-graduate diploma equivalent to 120 CATS. This recognition should be valid for the participants of the first cohort. Subsequently, a yearly intake of students in January is planned to also include Stellenbosch students.

PGDip ID: Background

The objectives of this diploma are to significantly strengthen the clinical skills of MSF clinicians to correspond to the needs of MSF's various projects and to enable the clinicians to function more autonomously and with increased confidence. With such trained professionals, we aim to have an impact on the quality of care offered to patients and to increase the emphasis on clinical medicine within MSF. The course is being developed through an established partnership with Stellenbosch University in Cape Town, Republic of South Africa. The course will take 24 months and contains five main modules that integrate five transversal. As a post-graduate diploma, it will offer 120 CATS.

⁷Official recognition for new academic courses usually takes a minimum of two years in South Africa.



Clinical medicine in low-resource settings is a never ending human and intellectual challenge, due to the complexity of clinical presentations, the limitation of diagnostic tools, the many unstudied questions, the scarcity of very experienced clinicians, etc. I felt that I needed to learn much more to give quality health care in this context, while the resources to do so were not easily available.

Dr Laetitia Fagnoul, Medical doctor, participant to the first Post-Graduate Diploma course

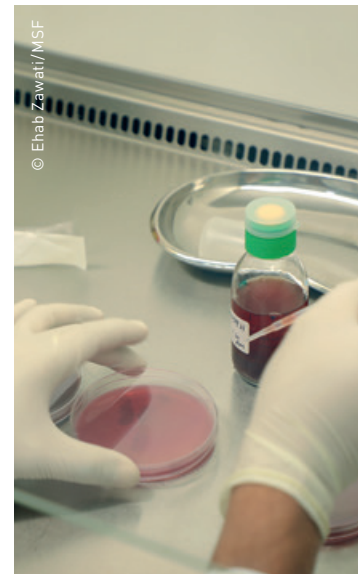
6. Antimicrobial Resistance Learning Initiative

Antimicrobial Resistance (AMR) is a central priority for the medical and operational departments of MSF. Microbial resistance to medicines is rapidly spreading and affecting the morbidity and mortality of current and future patients throughout the world. The full extent of AMR in the places where MSF intervenes is not yet properly known, let alone addressed. Currently in MSF hospital projects, there are two specific positions that are to address the issue: the IPC Supervisor and the Antibiotic Stewardship Focal Point. The individuals recruited in these functions often lack experience and support: this initiative intends to address this through tailor-made courses that aim to provide them with the practical skills and knowledge to implement an IPC or ABS strategy within their hospital-setting and support MSF staff in best practices.

Mid-2020, a feasibility study was undertaken by the MSF Academy in partnership with MSF OCA. The study explored the possibilities for developing and implementing two courses: Infection Prevention & Control (IPC), and Antibiotic Stewardship (ABS). At the end of 2020, a pilot project was greenlighted by MSF OCA, supported by the MSF Academy, to develop and implement two online courses for IPC and ABS that will aim to provide theoretical knowledge and practical know-how on management and implementation of IPC and ABS in MSF hospital-settings. The two courses will be developed in partnership with the British Society for Antimicrobial Chemotherapy (BSAC) and made available through the MSF eLearning platform Tembo.

Each of the courses will be designed to provide a total of 80-hours learning in four-hours blocks, supported by clinical mentors who will play a central role in the delivery of the learning. The courses will be developed and delivered in both English and French, in a form of hybrid learning. The MSF Academy will establish a strategy of clinical mentoring for all the participants, adapted to the needs of all the learners. This strategy needs to consider the fact that all learners are spread over many individual MSF project sites in the world.

A total of 30 learners will be selected to participate in 2021 from OCA, OCB and OCP projects in Africa, Asia and the Middle East; the overall duration is currently estimated at seven months in total. The long-term objective is to scale up the initiative in the following years to broaden the access and include more MSF structures.



MSF bio lab at MSF's Aden hospital, Yemen.

7. Intersectional Surgical Training Programme

The International Surgical Training Programme (ISTP) is a project that is initiated by the Berlin Medical Unit (BeMU), for which they have engaged in a partnership with the MSF Academy in 2019.

The ISTP aims to provide training for MSF surgeons to acquire the surgical skills required in MSF projects offering surgical care. Specifically, the objective is to address skills which new surgeons have not been exposed to before (for example trauma, C-sections, basic orthopaedics, general reconstructive surgery or burns) or wish to improve before working in the field. The ambition is to offer training for all MSF surgeons, increasingly focusing on the national staff. Together, the BeMU and the MSF Academy have revised the overall strategy of the project, coming back on the original plans to implement a training site in an operational project in Cameroon. In the new vision, the aim is to identify a suitable established training hospital site rather than an MSF project. The Tygerberg hospital in Cape Town, South Africa was identified as a suitable institution to be explored, thanks also to the existing partnership with the Stellenbosch University (SU).

A steering committee involving directors from OCB, OCP and OCG was created for the governance of the project. An adapted framework of training objectives was developed with members of the MSF intersectional surgical working group. Funding was secured through MSF's Transformational Investment Capacity (TIC) for the pilot project.

Representatives from BeMU and the MSF Academy visited Cape Town in December 2020 to analyse the feasibility of organising the skills training in collaboration with SU and the Tygerberg hospital and to formalise the partnership. The structure fits all the requirements, with a high caseload on all essential cases, a good learning environment, a setting that shares similarities with a typical MSF field-setting and a good willingness to establish collaboration.

The plan is to have the first group of trainees go to South Africa by July 2021. With the operations of OCB, a specific pilot is to be organised around the training of the surgical team of the Kunduz trauma centre in Afghanistan.



The MSF surgery team in Bangassou, CAR, is operating a patient who suffers from inguino-scrotal hernia.

MAIN LESSONS LEARNED AND PRIORITIES FOR 2021

Beyond the expansion of each initiative, as already described above, the MSF Academy has defined priorities to focus on for the coming year based on the lessons that can be drawn from our experiences so far. While the MSF Academy emphasizes recognition and celebration of success, we equally underline the importance of reflecting on the challenges faced and how to move forward, especially in such a young initiative.

LESSONS LEARNED

2019 & 2020

Clinical mentoring competencies not to be taken for granted.

Experienced quality nurses, including potential international clinical mentors, need to be trained and “nurtured” into this new role

PRIORITIES TO FOCUS ON

In 2020, we have invested a lot of energy on raising the level of our international clinical mentors through continuous accompaniments and regular online action-learning sessions among peers. We have also developed and dispensed trainings specifically geared towards the development of clinical facilitation (TOF) and clinical mentoring (TOM) competencies.

For 2021, we continue to focus on:

- Formalising the training programmes and create an eLearning version of these trainings, including practical components.
- Broadening the pool of staff with clinical mentoring expertise, with a special focus on building these skills within the nationally-recruited teams. For all new expatriates taking on the function, whether under an MSF Academy or OC-specific contract, this training is now an integral part of the briefing.
- Developing the clinical mentoring skills for distance support (challenge linked to the implementation of the AMR learning initiative).
- Creating a community of practice for clinical mentoring, to promote the sharing of experience and accompany the continuous learning curve for all.
- Obtaining formal recognition within the MSF function grid of clinical mentoring competencies.

2019 & 2020

Field collaboration between Operations, Medical & HR departments and MSF Academy team members is key.

Our experience shows that it is essential to have managers and supervisors in the projects to be closely involved and vested in the learning of their team members.

In 2020, we realised that we have overestimated the capacity of operations to assist and guarantee continuity of learning activities.

Even though this was identified as a priority, not much occurred in 2020, mainly due to the Covid-19 pandemic. Most teams were understaffed, priorities shifted, and high turn-over made this an even greater challenge.

For 2021, emphasis will be put on strengthening the partnerships at field level and increasing network with operations by:

- Setting the grounds for guaranteed and functional institutional memory with and inside operations (agreements, briefings, list of learners, etc.).
- Structuring the integration of students from scholarship programmes when integrating their new function, and following through diploma recognition.
- Supporting Operations when needed in creating the space (time and physical) for the learning – a.o. assistance in planning the nurses' rosters, budgeting and planning of supernumerary staff.
- Building our monitoring & evaluation (M&E) system, feeding accurate data and share results (also project per project).
- Communicating regularly on MSF Academy activities and providing operational managers/supervisors with targeted information, while giving access to overall info (including M&E).
- Ensuring more exchanges with operational teams on fluctuating priorities (e.g. Covid-19 pandemic, decision to close a project) and identifying together best scenario shift for MSF Academy involvement.

2019

Academic institutions work on a different timeframe.

While this seems obvious, this different relation to time is also felt between MSF Academy programmes and MSF medical humanitarian operations – the challenge is on how to articulate the two

For the FMHA, in one of the two academic programmes, we have taken the decision to stop the collaboration with the Liverpool School of Tropical Medicine and to design and develop the course inhouse.

With the Stellenbosch University, the collaboration progressed much better, despite the initial slow start, and we are now ready to start the post-graduate diploma in infectious diseases.

Seeing that the recognition by national authorities of our nursing programme was not tackled, as ministries and training institutions were concentrating on managing the continuation of their activities despite the pandemic, this is carried over to our 2021 priorities.

2020

The Covid-19 pandemic confirmed the adopted approach.

The Covid-19 pandemic reinforced our conviction to:

- Reinforce national staff clinical competencies, firstly for nurses.
- Adopt an intervention model that does not solely rely on expatriate presence.
- Install a solid capacity inside the project to implement clinical mentoring for each clinical course. Expand this capacity by developing an approach of distance clinical mentoring.
- Complement the face-to-face approach with eLearning.
- Have fixed teams present in the main intervention countries, as it provides greater flexibility, adaptability of plans, and is key to maintain the learning dynamic.
- Maintain our planning to organise also the longer courses as work-based learning, allowing medical staff to learn while working in the field.

2020

Bringing transversal priorities to the forefront. With the Covid-19 pandemic, focus in 2020 was geared towards the operationalisation of MSF Academy initiatives, to the detriment of transversal themes, such as M&E, accreditation, financial sustainability or inter-OC interaction.

In 2021, the global team will also be investing in these transversal themes, among others

- M&E: Ensure rigorous and methodological evaluations and data collections across our teams. Develop a robust web-based database and a user-friendly interface to produce regular dashboards and *ad hoc* reports.
- Quality Assurance: Define an internal process for our initiatives. This will allow to progress on different forms of accreditation, internal or external.
- At country-level, work on recognition or accreditation of our continuous development programmes in both nursing and outpatient care by the relevant ministries.
- Financial sustainability: The future business model for the MSF Academy within the MSF movement needs to be defined and agreed upon, and targeted fundraising needs to take place – this is a new field of activity for MSF, and we need to make this known to potential future donors.
- Inter-OC interaction: As discussed during the inter-OC vision workshop on the MSF Academy, the path to setting the learning culture within the movement has started, but it is lengthy and it involves interaction with many actors in the movement. While it is becoming clearer, the roles and shared responsibilities also need to be defined, (e.g. with L&Ds, etc.). Finally, some initiatives starting in 2021 could have benefitted from more inter-OC discussions and exchanges during inception; we aim to correct that in 2021.

GOVERNANCE AND EXECUTIVE TEAMS

Programme Board

In 2020, the Programme Board of the MSF Academy met a first time to discuss the progress and future directions, and potential synergies to establish with other initiatives across the movement. This led to the organisation of a workshop to discuss the vision, scope and position of the MSF Academy within the movement, to serve as a basis for the future setup of the MSF Academy.

An extraordinary Programme Board meeting also took place to discuss the options and decide upon the future of the master's programme in Medical Humanitarian Action. After deciding to discontinue the collaboration with the Liverpool School of Tropical Medicine (see specific chapter on the FMHA above), the Board later confirmed the willingness to continue the initiative internally, renaming the programme Fellowship in Medical Humanitarian Action.

As for the **vision workshop**, the MSF Academy executive team prepared an intersection online workshop in September. Over 20 people from all five OCs⁸ participated in addition to the representatives from the MSF Academy team and the Programme Board members. The objective of the workshop was to clarify the vision of MSF Academy for Healthcare for the next five to ten years, with the desire to broaden the consultation basis for orienting the MSF Academy's choices.

Priorities were confirmed, and the MSF Academy is expected to remain a source of quality and innovation.

The Programme Board of the MSF Academy normally meets twice yearly. It is composed of:

- The General Director of OCB, namely Meinie Nicolai
- The Medical Director of OCB, namely Sebastian Spencer
- The Operations Director of OCB, namely Marc Biot
- A Representative for the OCBA General Direction, namely Silvia Moriana until June, and then Raquel Ayora, Deputy General Director
- The Medical Director of OCBA, namely Cristian Casademont.

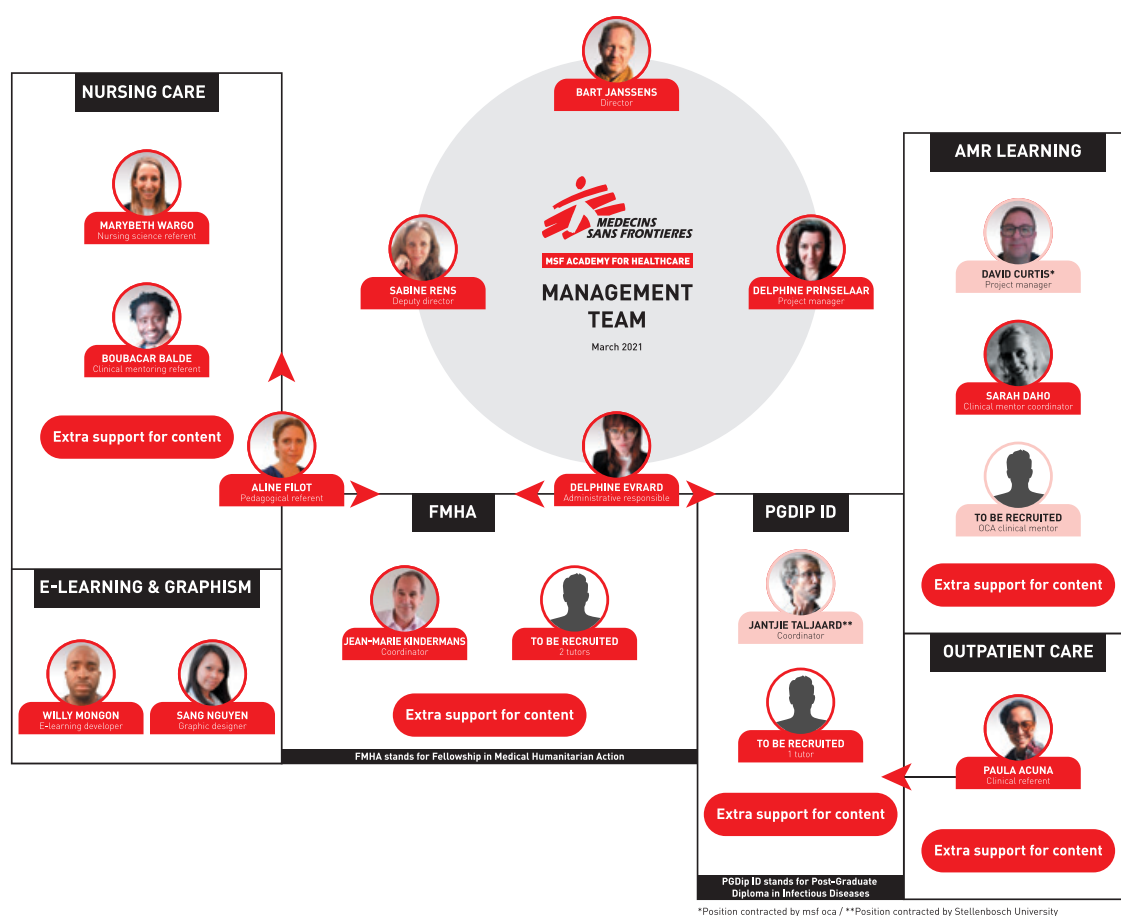
⁸The departments of the OCs' representatives included medical, operations, human resources and learning & development

Training priorities	Target beneficiary group reconfirmed	Position in the MSF movement	MSF Academy resources
<ul style="list-style-type: none"> • Inpatient Department Nursing • Clinical mentoring in general • Public health programming • Outpatient care • eLearning with access for remote field workers 	<ul style="list-style-type: none"> • Medical and paramedical staff • Specific focus on national staff • Including Ministry of Health staff where appropriate 	<ul style="list-style-type: none"> • Build strong partnerships inside and outside MSF • Ensure it serves all OCs • Be well connected with operations in all OCs and continue to interact with the various intersectional medical groups 	<ul style="list-style-type: none"> • Remain autonomous and work towards a more robust funding mechanism • Progressively shift to a more inclusive (inter-OC) governance • Maintain MSF Academy resources 'ring-fenced'; this was recognised as key to preserve activities from priority conflicts and guarantee more autonomy of action
































The Executive Team

Over 2020, the executive team has grown towards the end of the year, going from eight at the end of 2019 to eleven in March 2021.

Today, the MSF Academy is composed of a management team of four people, five full-time technical experts (in nursing sciences, pedagogy, clinical medicine and clinical mentoring), an eLearning developer and a graphic designer, and additional extra punctual support for course content development in the various initiatives. During the second quarter of 2021, additional tutors and clinical mentors will join the team to support specific initiatives.



The MSF Academy field teams in Sierra Leone, Central African Republic and South Sudan have grown quite significantly over 2020, especially with the addition of national clinical mentors in Sierra Leone and the Central African Republic. The field teams are composed of representatives, pedagogical managers and clinical mentors, and they are responsible for developing programme-specific strategies, for ensuring their successful implementation and for networking with the concerned MSF projects and other stakeholders (inside and outside government).

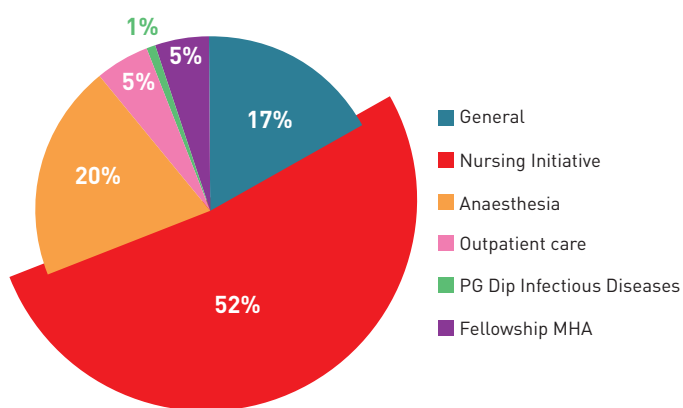
SIERRA LEONE			CENTRAL AFRICAN REPUBLIC			SOUTH SUDAN		
 VICTOR S. <small>Representative</small>			 TO BE RECRUITED <small>Representative</small>			 EREPHINA R. <small>Representative</small>		
NURSING	CHO	OUTPATIENT CARE	NURSING			NURSING		
 CHLOE W. <small>Pedagogical manager</small>	 MARIA M.M. <small>Clinical mentor</small>	 MARIANA V.B.L. <small>Clinical mentor</small>	 SOLANGE H. <small>Pedagogical manager</small>	NURSE CLINICAL MENTORS		CLINICAL MENTORS		
 REBECCA E.F. <small>Clinical mentor</small>				 LAURENT M.	 DÉSIRÉ J.	 WILSON K.T. <small>Pedagogical manager</small>	 SEBASTIAN K.	 EVA-MARIA S.
OPERATIONS CLINICAL MENTORS			 TATIANA M. <small>Midwife Clinical mentor</small>	 MARCELLIN M.	 SYMPHORIEN D.	OPERATIONS CLINICAL MENTORS		
 MOHAMED S.B.K.		 MOHAMED M.	 FABRICE JUNIOR K.B. <small>Training officer</small>	 OLIVIER M.L.	 HOLDINE J.	 KENYI J.K.	 SHADRACK N.M.	
 MUSA M.		 JONATHAN K.				 MICHAEL S.M.	 JACOB T.	
 REBECCA S.L.			OUTPATIENT CARE			 MEDECINS SANS FRONTIERES <small>MSF ACADEMY FOR HEALTHCARE</small> FIELD IMPLEMENTATION TEAM <small>March 2021</small>		
 MORIE F.	<small>Clinical Health Officer</small>		CLINICAL MENTORS					
			 TO BE RECRUITED <small>Representative</small>					

FINANCIALS

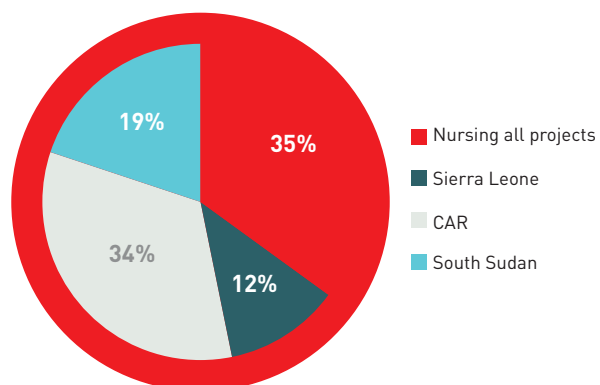
In 2020, the MSF Academy for Healthcare totalled 2,246,574 euros in expenses across its initiatives. While this ended up far below the initial foreseen budget, mostly due to Covid-19 delays in implementation, it still constitutes a 21% increase as per 2019 actuals.

As for 2019, the Nursing initiative has been predominant in 2020 in financial terms, using up over half of the entire budget. This was to be expected, as this initiative was implemented in three countries with field teams, and still requires investments in terms of curriculum content development. The Anaesthesia Scholarship programme comes in second position accounting for 20% of our expenditures, to cover all costs related to our 35 participants throughout the year, with the adaptations linked to the Covid-19 pandemic. The Outpatient Care's expenditure has grown compared to 2019: the curriculum content was developed and field implementation started end of the year, but with delays due to Covid-19.

**2020 ACTUALS:
DISTRIBUTION PER INITIATIVE**
TOTAL: 2,246,574 €



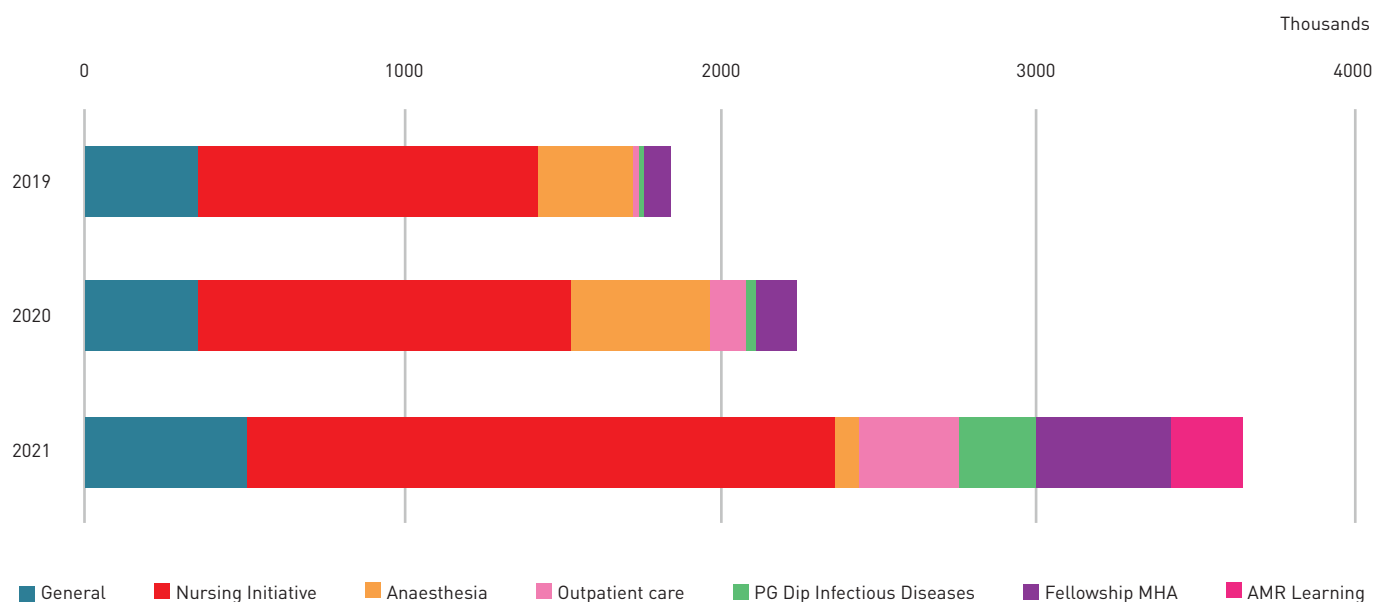
**DISTRIBUTION OF 2020
ACTUALS FOR NURSING**
TOTAL: 1,160,555 €



The FMHA was still in preparation mode in 2020, while the PGDip ID, remains with low expenditures as Stellenbosch University managed to take on a big share of the investment costs. Finally, the general costs for the global team remained in similar proportions to that of 2019, with 17% of overall expenditures.

The budget that we foresee for 2021 constitutes a steep increase: a total of 3,644,849 euros, which means an additional 62% as of 2020 actuals. This takes in consideration the planned increase of coverage of the Nursing initiative, with additional learners and participating projects in the current countries of intervention, but also expanding to new countries. It factors in the start of the implementation of the Outpatient Care initiative in Sierra Leone and soon in Guinea, with two additional projects during the last quarter of the year. As for the two major courses (FMHA and PGDipID), it includes not only the continuation of the development costs, but also the start of the first cohorts of participants in the second quarter of the year. Finally, it also includes the cost of the start of the new AMR learning initiative, with the first cohorts of participants planned to start this summer.

ACTUALS 2019 & 2020 AND BUDGET 2021



PARTNERSHIPS

The MSF Academy is very grateful for the partnerships which have been formed to help enable the delivery of quality trainings in MSF projects and through scholarships which help improve the skills and knowledge of MSF teams.

Internal to MSF, the MSF Academy aims to interact with all relevant stakeholders. With the OCs to plan the learning in practice, with the relevant technical working groups to achieve the validation of the content or with specific partners to establish the learning projects.

External to MSF, we aim to further improve our network and active collaboration with all the relevant health and educational authorities in the countries where we work, with the aim to find mutual support and to share and obtain recognition for the curriculums that are taught. The Academy seeks to find fruitful collaboration with teaching institutes at global, regional and national levels in the development of the courses or the organisation of scholarships.

Main partnerships inside MSF

OCB	Initiator and core sponsor of the MSF Academy for Healthcare, hosting section
OCBA	Overall co-sponsor of the MSF Academy TIC, and member of the steering committee
OCA	Initiator and sponsor for the AMR Learning Initiative
OCP and OCG	Co-sponsors for the International Surgical Training Programme
BeMU	Initiator of the International Surgical Training Programme
SAMU	For the HIV/TB module of the PGDip ID and for clinical mentoring
OCBA Tembo	Learning Management System adopted for the eLearning of several initiatives
OCBA simulation project	Support for the clinical mentoring, nursing and outpatient care initiatives
OCG eCare project	Partner of the Outpatient learning project
Epicentre	For the epidemiological module of the FMHA

Main partnerships outside MSF

British Society for Antimicrobial Chemotherapy (BSAC)	Collaboration on AMR Learning Initiative
Institut National de Formation des Agents de Santé (INFAS)	Scholarship for French-speaking nurses anaesthetists
Ridge School of Anaesthesia of Ghana	Scholarship for English-speaking nurses anaesthetists
Stellenbosch University of South Africa	Partner for the PGDip ID
ITM Antwerp	On the design and initial strategy of the Outpatient learning project

ANNEXES

Annex 1: Pedagogical Approach



Learners and MSF Academy Staff pose for a picture, Sica Hospital, Bangui, CAR.

Competency-based curriculums and assessment

Whatever the context, whether for an academic training leading to a diploma or a continuous professional development program, competencies form the backbone of our curriculums. We work with subject matter experts from the various MSF medical departments to identify and describe the relevant competencies for each curriculum. This ensures that the training is targeted to our learners' context and professional tasks. Learning activities and assessments are then aligned with these competencies. For the assessment part, we use a variety of methods depending on the learning objectives, such as direct performance observation checklists for technical and procedural skills, quizzes to test knowledge, case-based discussion checklists for clinical reasoning and directed self-assessment grids. We also encourage learners to reflect on their learning and to set their own objectives and action plans through the learning journal.

Learner-centred learning

Supporting the development of competencies requires a learner-centred training approach. Becoming competent implies being autonomous in one's work and taking responsibility for one's learning. Trainers and mentors therefore need to provide a facilitation role. Our Training of Facilitators program (TOF) allows mentors and learning companions to become familiar with a range of learner-centred training activities. These can include facilitating brainstorming, group discussions, developing games based on actual cases, exercises on how to apply knowledge, role plays and simulations or even using videos. Building on the learners' experience and incorporating their input and feedback to co-construct their knowledge is essential to their success.

Work-based learning

We know that a crucial step to translate training into improved performance is supporting the **transfer of training into work**. The cornerstone of our approach is therefore 'on-the-job training' where we provide practical training directly in the work environment. Whether for continuous professional development or for degrees created with academic partners, we have developed a structured approach which links competency-based curriculums with on-the-job training activities from the beginning of each course. For example, in the nursing care training, learners may undertake bedside practice with a clinical mentor. In the Post-graduate diploma in Infectious Diseases, some of the assignments and assessments will be real cases written and analysed by the students. In this way, we build transfer of learning as part of the educational experience rather than leaving it for the student to practice after the training.

Clinical mentoring

Structured work-based learning requires on-the-job trainers who link the "classroom" and skills lab with daily work. The role of the clinical mentor is therefore a critical element of our approach as they help the learner set goals and plans to develop and improve the competencies in the course curriculum. The clinical mentor then observes the learner at work and helps them reflect on their performance through debriefing and constructive feedback. Our Training on Clinical Mentoring (TOM) course helps the mentors define their role, use portfolio tools, and develop attitude and clinical mentoring skills such as building trust, briefing, and debriefing, action planning and providing feedback. The Clinical Mentors program is crucial to provide learners with the right support to enable them to transfer their learning into their everyday working environment.

Flexible delivery strategies

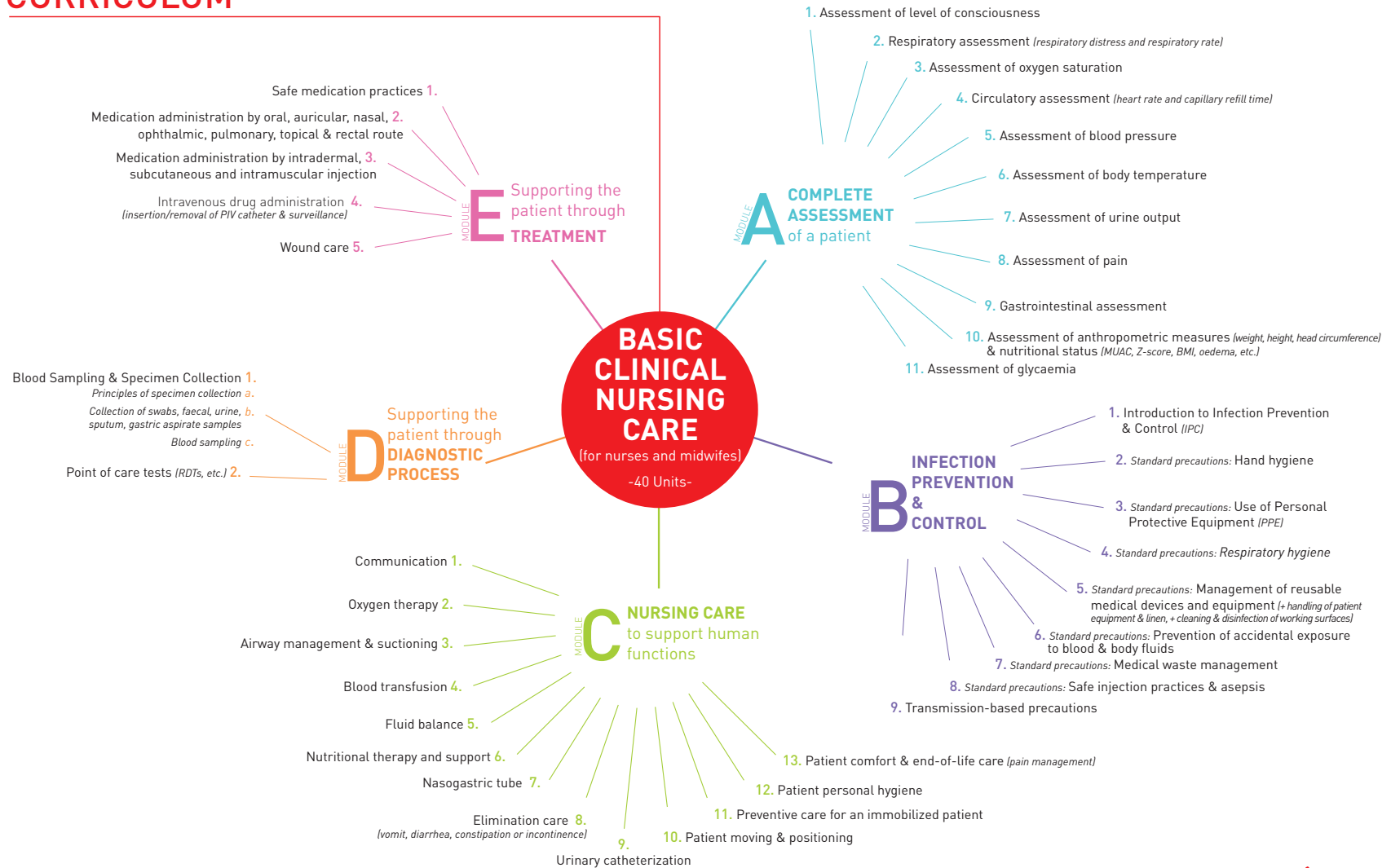
One of the challenges the MSF Academy faces is training busy national staff who cannot afford to leave their project to be trained, or if they can, only for a limited period of time. The MSF Academy's goal is therefore to bring the training to the MSF staff in their place of work. This requires having trainers and mentors who can travel to the various project sites, or who are already working in the project.

Depending on the context, we can recruit tutors and clinical mentors who deliver the training to several projects at a time, or we can set up a cascade system whereby we train learning companions to become trainers for their colleagues. Each approach is accompanied by the continuous support from MSF Academy clinical mentors. Using the learnt skills in the right way is key, so having the training delivered in small blocks directly in the project fosters application of skills directly into work. It provides opportunities for the clinical mentors to make the learners fully grasp the links between theoretical sessions and practice at work.

To reinforce this bridge between theory and practice, we have been experimenting with electronic tablets which contain all the training materials and are available in the learner's project. This allows clinical mentors and learning companions to deliver training with minimum equipment with small groups of learners, even on the wards.

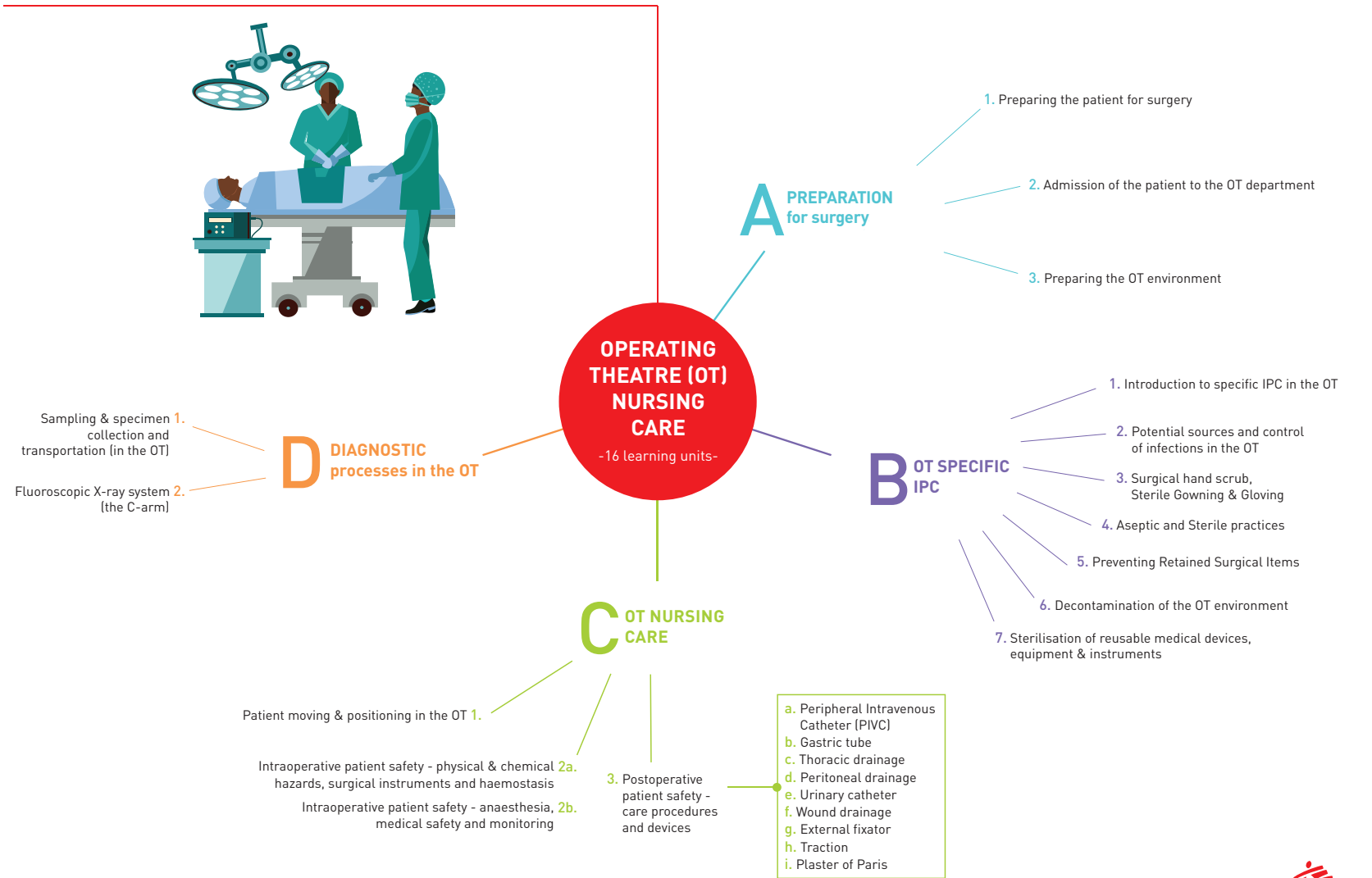
Annex 2: Basic Clinical Nursing Care Curriculum

CURRICULUM



Annex 3: Operating Theatre Nursing Care Curriculum

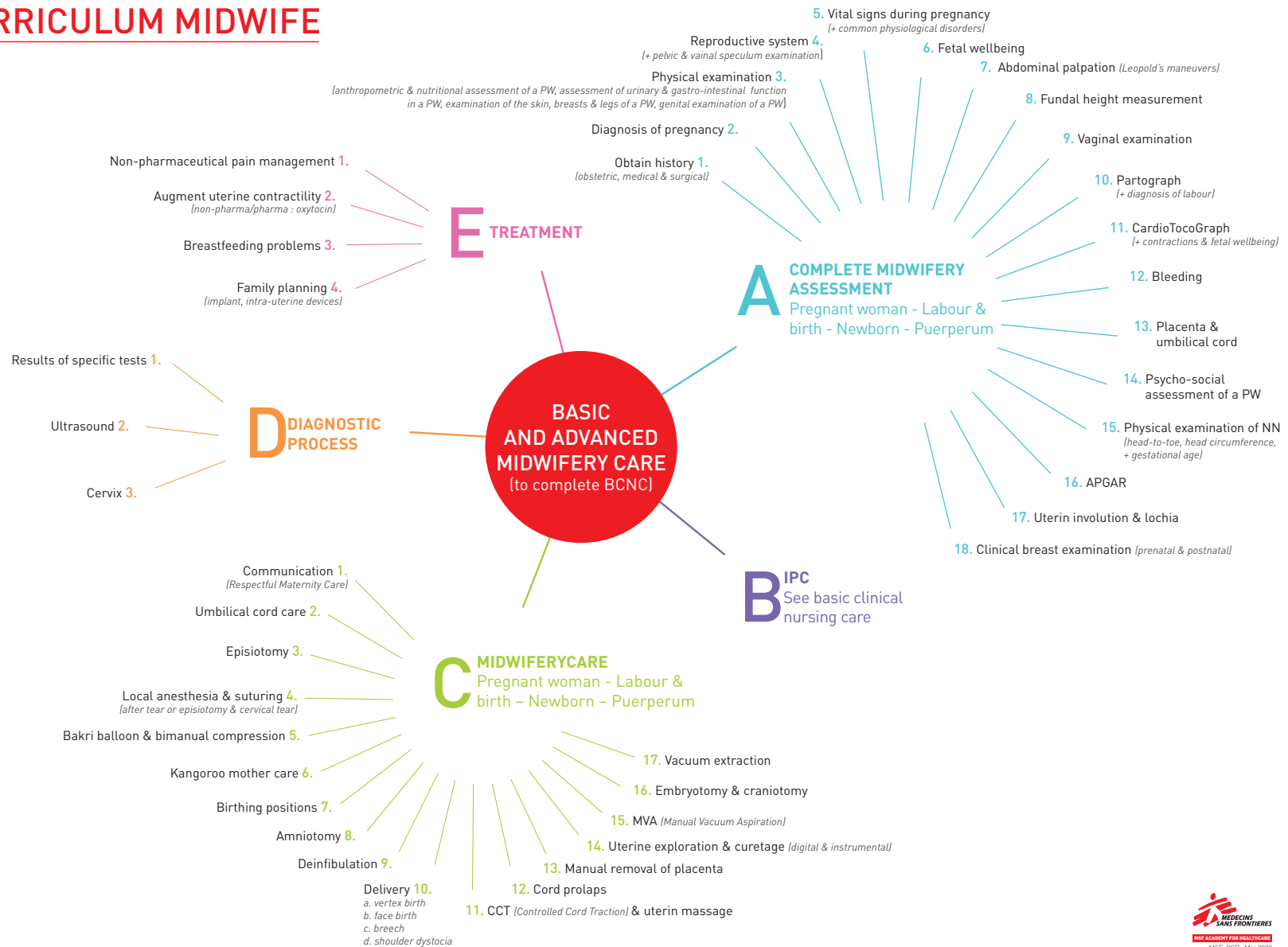
CURRICULUM: ADVANCED CLINICAL NURSING CARE



MSF-OCB-Dec 2019-Graphic Design : A.Fillet

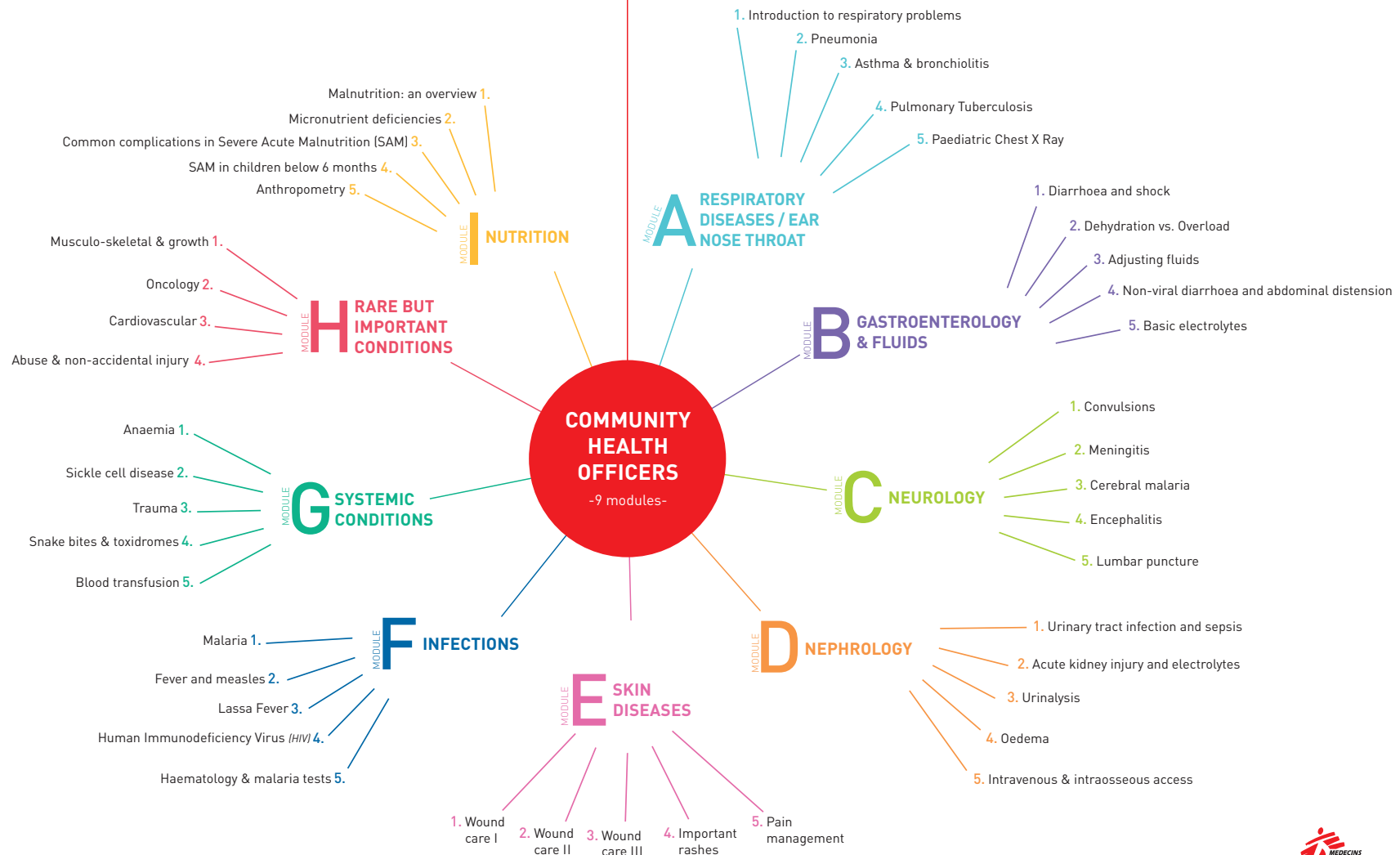
Annex 4: Basic and Advanced Midwifery Curriculum

CURRICULUM MIDWIFE



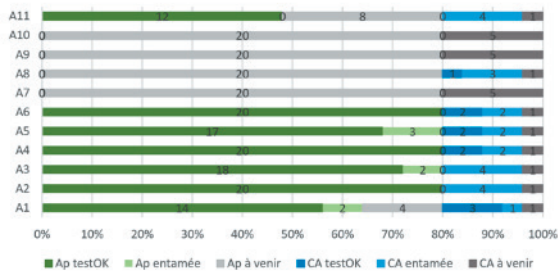
Annex 5: Curriculum for Community Health Officers, Sierra Leone

CURRICULUM

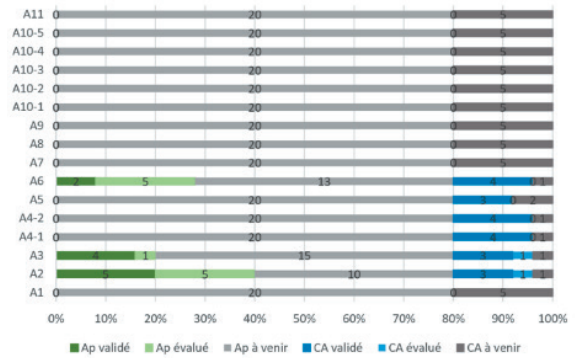


Annex 6: Status of BCNC Delivery per Project: CAR

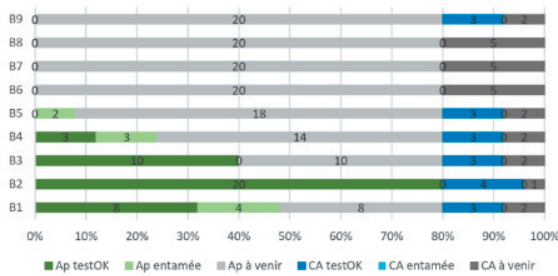
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Couverture Théorie BCNC - Module A



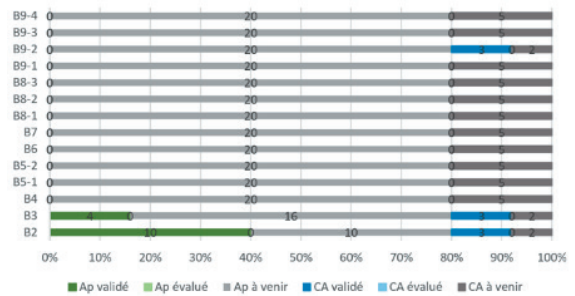
BOSSANGO - Q4 2020
Couverture des Techniques BCNC - Module A



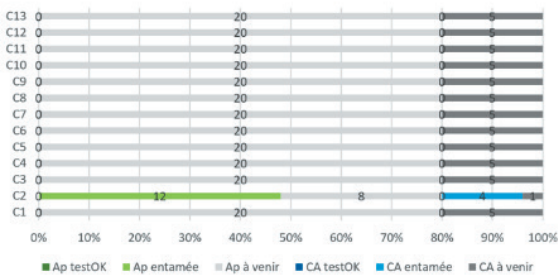
BOSSANGO - Q4 2020
Couverture Théorie BCNC - Module B



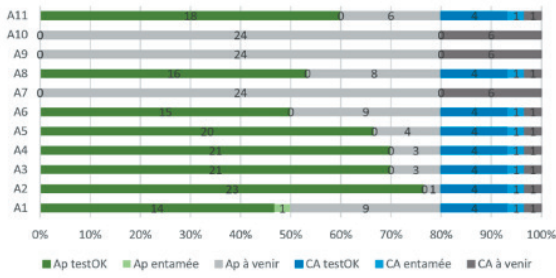
BOSSANGO - Q4 2020
Couverture des Techniques BCNC - Module B



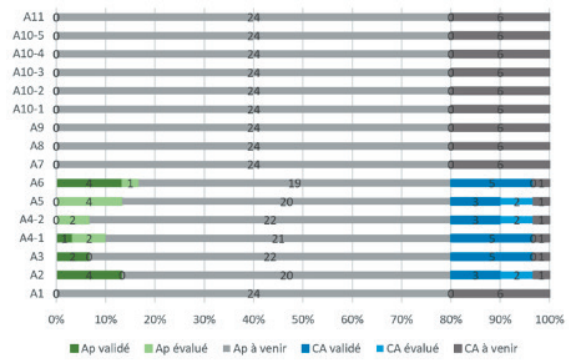
BOSSANGO - Q4 2020
Couverture Théorie BCNC - Module C



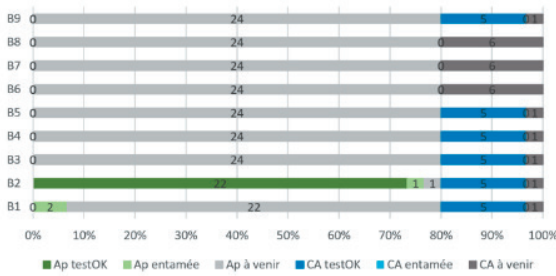
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Couverture Théorie BCNC - Module A



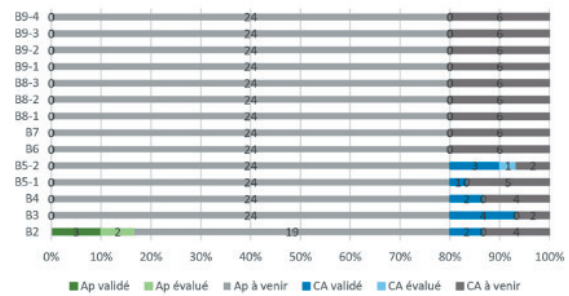
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Couverture des Techniques BCNC - Module A



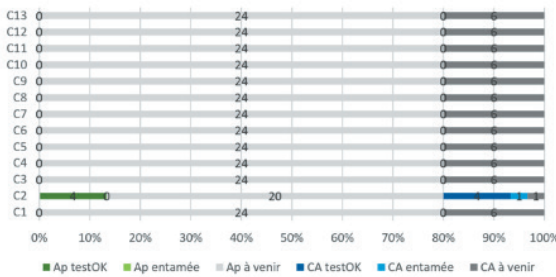
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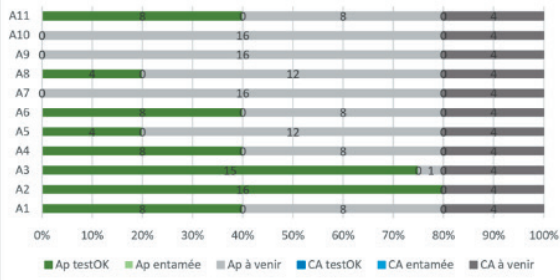
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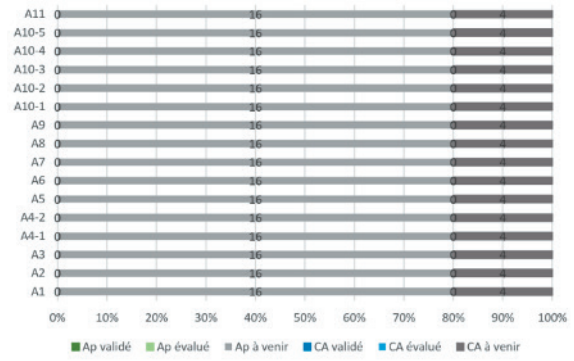
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Couverture Théorie BCNC - Module C



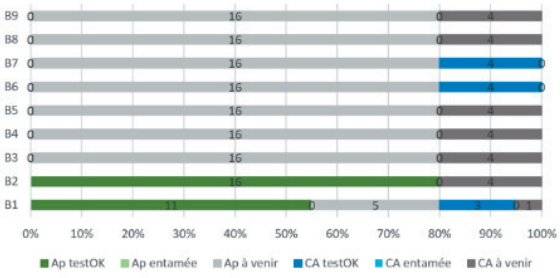
KABO - Q4 2020
Couverture Théorie BCNC - Module A



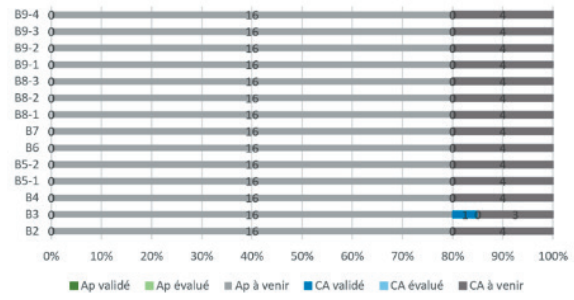
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Couverture des Techniques BCNC - Module A



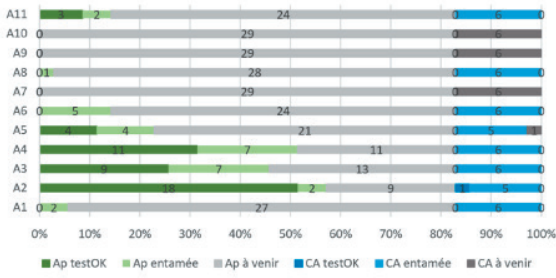
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Couverture Théorie BCNC - Module B



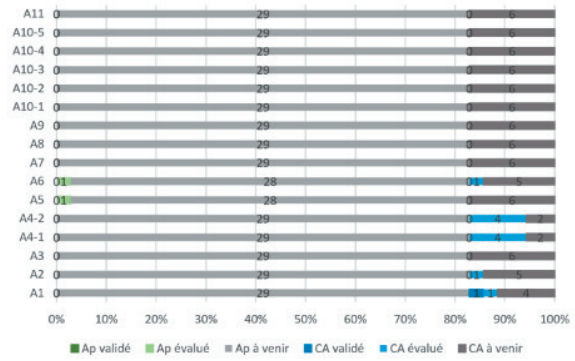
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Couverture des Techniques BCNC - Module B



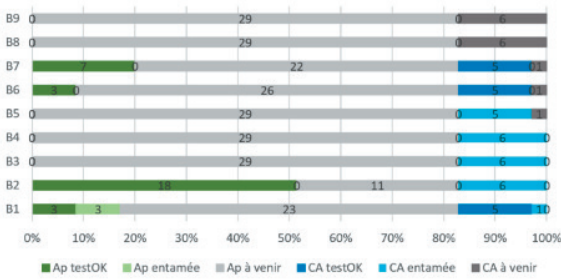
PAOUA - Q4 2020
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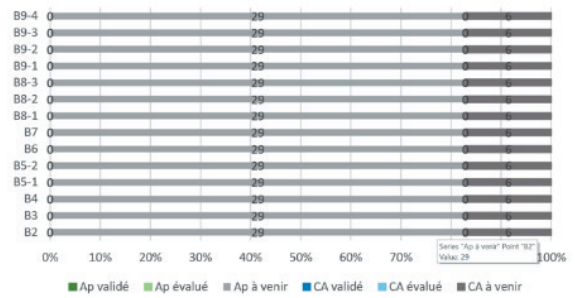
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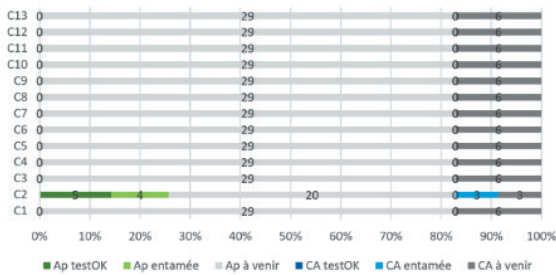
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PAOUA - Q4 2020
Couverture des Techniques BCNC - Module B

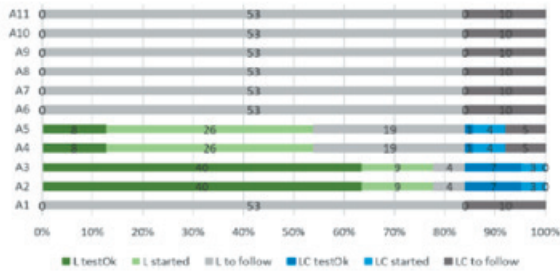


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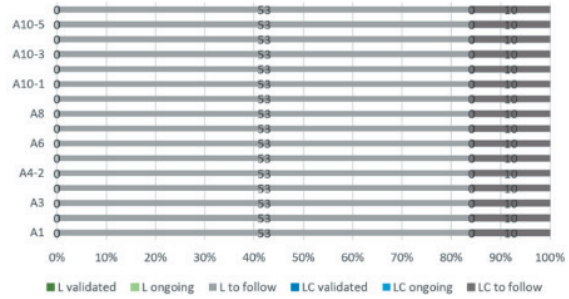


Annex 7: Status of BCNC Delivery per Project: South Sudan

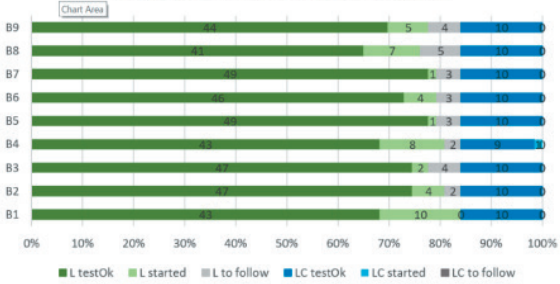
MABAN - Q4 2020
Coverage for BCNC's Theory of Module A



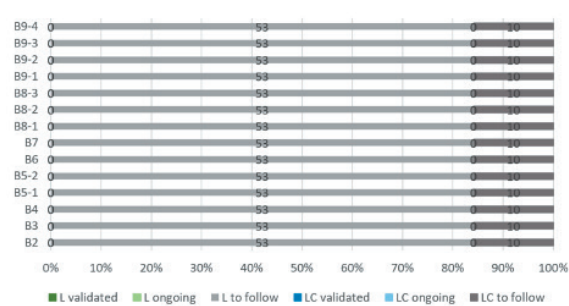
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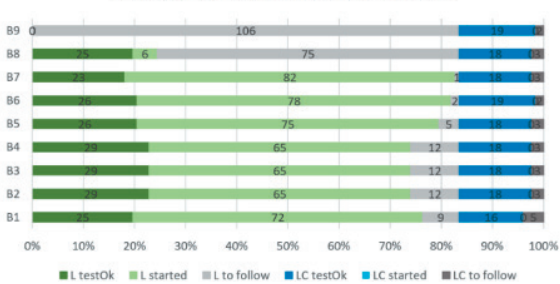
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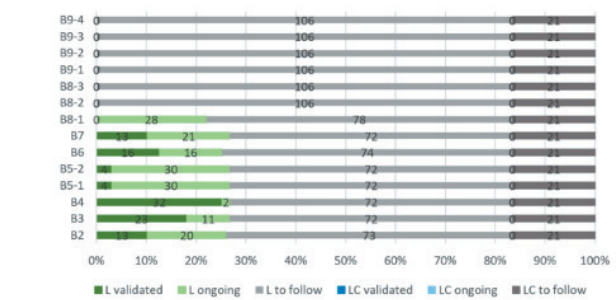
MABAN - Q4 2020
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AGOK - Q4 2020
Coverage for BCNC's Theory of Module B

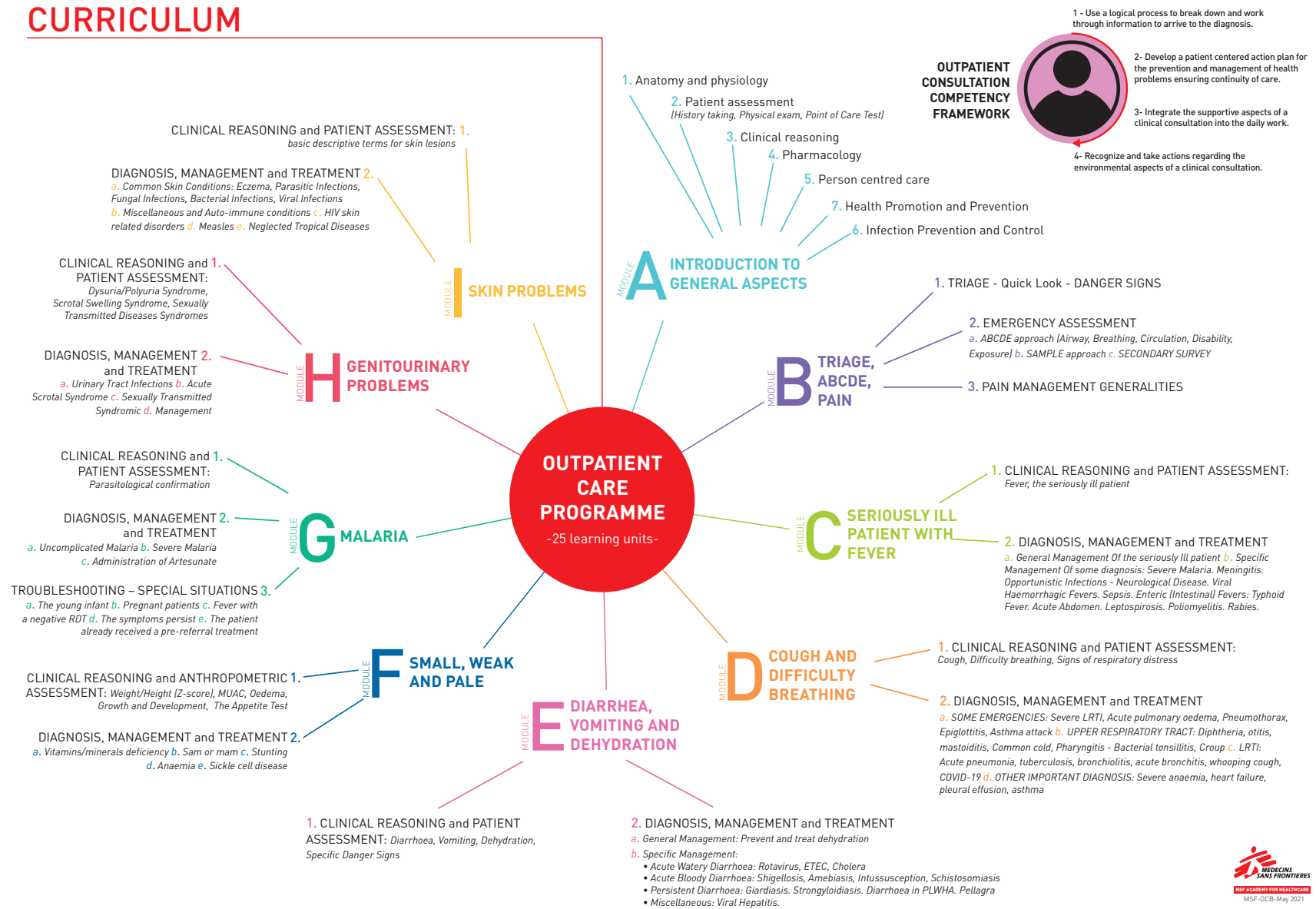


AGOK - Q4 2020
Coverage for BCNC's Techniques for Module B



Annex 8: Outpatient Care Curriculum

CURRICULUM





Contact

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More information:

- <https://www.msf.org/academy>
- A Video on MSF Academy nursing initiative:
https://www.youtube.com/watch?v=X_RZBVneV0w

MSF Academy is delivering a session on good communication in hospitals to participants of the BCNC programme, Sierra Leone.



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