Incorporating SLMTA in Pre-service Training
The Malawi experience.

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November, 2016
Background: Basic Disease Burden

- Malawi is in southern Africa with a population of almost 17 million
- Maternal Mortality rate: 634/100000 live births
- Infant Mortality rate: 43.01 /1000 live births
- HIV rate: 10.6%
Status of Health Deliver System and Lab Structure

Three tiers of health delivery system

• Primary health care or community care

• Secondary health care, provides specialized services to patients (district Hospital )

• Tertiary Health care. Provide highly specialized services (central hospital )

• Laboratory is also tiered similarly however there are few laboratories in primary health care level
Pre service Training

Pre service training does not focus much of Quality management system and process based thinking.
Focuses more on bench level testing.
Quality control is taught in basic sciences
Rationale SLMTA in Preservice

The SLMTA modules not on basic curriculum, hence the need

• Include quality management system
  • Help reduce wastage
  • Helps meet customer expectation
  • Improve process control

• To help speed implementation of QMS after pre service
• To fasten laboratory quality improvement process towards accreditation
• To train personnel to let quality be inherent element
• To allow SLMTA concept be a culture of laboratory medicine
Training

120 laboratory personnel graduate annually

• 60% of the graduate are employed by ministry of health
• 40% CHAM and Private laboratories

• However there is a gap in understanding laboratory QMS
  • Productivity, Inventory, continual improvement, equipment, managing performance
  • IQC and Method verification management

• SLMTA modules come to support the bridging of such gaps
  • Productivity, work area, inventory, equipment Management, Quality assurance.
  • Test result reporting, documents and records
    • Quality control and Method verification

• Projects to facilitate practicum for students
College of Medicine (CoM) where training is done
Malamulo College of Health Sciences
Methodology

• Briefed lecturers on SLMTA
• Two Colleges were in enrolled in SLMTA
  University of Malawi College of medicine
  Malawi College of Health Sciences – this helped the college staff to recognize the gaps, reinforcing the commitment for incorporating the modules
• Then a curriculum review was organized 2016.
• SLMTA was incorporated in the course’s curriculum.
Methodology.

• Shared the training Material and made copies which were placed in the college library.
• SLMTA tools were adopted by clinical instructor for use during practicum.
  • Visit the labs where practicum are done every two weeks
• Improvement project were introduced to help continual improvement student practical attachment.
  • Satisfaction survey
  • Competency assessment
Impact/lessons

Quality of students coming from pre service training where SLMTA has been incorporated show

• Good understanding of documentation (reporting of non-conformities)
• Importance of method verification
• Running of IQC and interpretation
• MBBS level 3 adopted some SLMTA modules which are taught (Process mapping, specimen Management)
Feedback From faculty and students

• SLMTA has helped us in changing the way we handle and train our students.
• Improvement projects have helped us in improving the quality of students we produce.
• We have acquired lots of laboratory managerial skills from the SLMTA tool kits.
Recommendations

• Incorporating QMS/SLMTA in Preservice Laboratory training curriculum may be the best option
• Implementing SLMTA QMS through this option would be cheaper than through in-service
• The initiative may be useful for quality improvement across the medical bench
Acknowledgement

• Ministry of Health – Malawi
• CDC Malawi
• Training colleges
• URC
• CDC Atlanta
• Yebo chomene/ Thank you very much