



Call for Contributions!

We are pleased to invite all physiotherapists in Ethiopia as well as those working in the field of disability, physical rehabilitation, and HIV and AIDS to contribute articles for our future issues. Non-Ethiopian physiotherapists are also welcome to submit articles on the latest physiotherapy updates.

If you wish to submit an article or if you have any queries and/or suggestions, feel free to e-mail the editor at ethiophysio@gmail.com.

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Prospective MSc in Physiotherapy at Gondar University

By Joanna Grffin, VSO Volunteer Physiotherapist, Gondar University

The Ministry of Health has recently provisionally approved a new Masters Degree curriculum in Physiotherapy at Gondar University.

The curriculum, developed by a VSO volunteer has been in the process of development for the past year, and in mid-April was presented at a National Stakeholder Workshop, attended by stakeholders including representatives from the Ministry of Health and the University itself.

The curriculum, which focuses on developing expertise in clinical practice and the integration of evidence into practice covers four main areas: musculoskeletal, neurological, trauma and orthopaedic and paediatric physiotherapy.

The aim of the Masters programme, is to create depth of knowledge and expertise in the assessment and management of conditions commonly encountered in Ethiopia. It is also hoped that the programme will begin to strengthen and develop the physiotherapy profession through generation of a professional knowl-

edge base, and prevent loss to the profession of physiotherapy professionals who are currently leaving to pursue Masters level education in other subjects.

The National Stakeholders Workshop began with a brief presentation of four curricula currently being developed at the university. During the physiotherapy presentation, the opportunity was taken to emphasize the importance of physiotherapy in disability rehabilitation and prevention.

The presentation was followed by a lengthy discussion of the curricula in individual groups. The physiotherapy discussion was attended by a Ministry representative, physiotherapists and representatives from the University's Departments of Public Health, Occupational Health and Internal Medicine.

The discussion examined the content of the curriculum and recommendations were made. Finally a panel discussion was held in the College of Medicine and Health Science's main hall during which questions were

answered and issues discussed by those responsible for the development of the curricula.

The workshop was very positive and the physiotherapy profession was clearly well supported by the department itself and also other departments within the University.

The Ministry of Health has subsequently approved the programme but only applications from physiotherapists currently practising at Gondar University Hospital will currently be accepted, but it is hoped that the programme will in the future extend to include physiotherapists practising outside Gondar who wish to further their careers and develop their departments.

The curriculum is now being finalised before being submitted to the University Senate for final approval. Meanwhile work on tutor recruitment is in progress and it is anticipated that, subject to approval by the University Senate and recruitment of appropriate tutors, the programme will begin in September of this year.

Uni Decision Makers Get HIV&AIDS Mainstreaming Training

By Reiza Dejito (VSO Volunteer Physiotherapist, Gondar University)

Around 25 decision makers from the three campuses of the University of Gondar converged on April 12-14, 2010, at the newly inaugurated University Guesthouse for a workshop on HIV and AIDS mainstreaming.

The training was spearheaded by the Gender, Special Needs, and HIV and AIDS Mainstreaming Office with technical support from USAID, Peace Corps, and VSO (Voluntary Service Overseas) volunteers, and funded by the CDC Project (otherwise known as the University HAPCO).

HIV and AIDS mainstreaming is a relatively new concept in Ethiopia.

Hence, the workshop's main objective was to increase awareness of the impact of HIV and AIDS in the university community and to successfully implement HIV and AIDS mainstreaming as a means of preventing further transmission and mitigating the effects of the epidemic at the



A group discussion during the workshop

University of Gondar.

During the 3-day workshop, the participants were introduced to the concepts, implementation, and practicalities of HIV and AIDS mainstreaming. At the last day, the participants had a go on formulating action plans appropriate to their workplace and designed ways to monitor and evaluate them.

The main part of the workshop was conducted and facilitated by Kasozi Silvester, an HIV and AIDS Mainstreaming Expert from VSO. Other presenters were from Gondar HAPCO, Physiotherapy Department, and from the Gondar University HIV&AIDS Mainstreaming office.

Creating a Journal Club Culture

By Eskedar Abebe (Academic Staff, Physiotherapy Department, Gondar University)

The physiotherapy department's Journal Club was started as one part of service development within the department since January 2010.

A Journal Club is a group of people who meet to discuss and critique research articles that appear in professional journals. The main aim of this undertaking is for the staff to develop understanding of the principles of evidence-based practice (EBP) and to increase critical appraisal skills, and as a result enhance patient management.

As physiotherapists, we are ethically obliged to update our practice through lifelong learning and continuing professional development. We are also obliged to base our practice on up-to-date and valid evidence in order to prevent unsafe and ineffective practice, and to enhance clinical practice and promote cost effectiveness. This is clearly stated by the WCPT (World Confederation for Physical Therapy) in its Declaration of Principles:

- ◆ Lifelong learning and professional development is the hallmark of a competent physiotherapist
- ◆ Physical therapist have a duty and responsibility to use evidence to inform practice

and to ensure that the management of patients/clients, their carers and communities is based on the best available evidence (WCPT statement on EBP, 2007)

- ◆ Physical therapist has a duty and responsibility not to use techniques and technologies that have been shown to be ineffective or unsafe (WCPT statement on EBP, 2007)

How is the club conducted?

The leader will

- √ Select/search relevant literature and articles
- √ Formulate questions that will help for the appraisal process
- √ Distribute the literature and the guide questions to the group at least four days before the date of the discussion
- √ Lead the discussion of the journal based on the guide questions

All staff who will participate are asked to read the article before the Journal Club session and think about the find-

ings and their relevance to practice.

Questions frequently asked for the discussion are the following:

- Is the article current?*
- What level of evidence is the study? (study design)*
- Is the objective clearly stated?*
- What are the inclusion and exclusion criteria?*
- How is the researcher defining—? (specific topic)*
- How is the quality of the study ensured? (in case of systematic review)*
- What are the main findings?*
- What are the limitations of the study?*
- What are we currently doing in our practice, how is this different from the evidence, and how will this research change our practice?*

The last question will take most of the discussion time as each therapist will have different approaches and understanding; still, this facilitates the importance of developing a culture that promotes critical appraisal and willingness to look further than personal experiences in the clinical setting.

“... we are ethically obliged to... base our practice on up-to-date and valid evidence in order to prevent unsafe and ineffective practice...”

HIV and AIDS Corner by Mulugeta Bayisa

Condoms in the Workplace: Boon or Bane?



At present, when there is continuing spread of HIV and AIDS globally, designing a good and effective prevention program is must. Among the three preventive methods, ABC (abstinence, being faithful, and condom use), the third is probably the most talked about and possibly the most controversial as far as our department is concerned.

Even though we all know that condom promotion plays a very important role in HIV prevention, questions of how successfully we have to promote, how informed we are, and how responsible people are when it comes to safer sexual behavior remains difficult to answer.

One of the most controversial issues in HIV prevention education is the varying response towards the use of condoms. Different beliefs give rise to different attitude toward condom use. Concerns such as condom use affects sexual performance and some myths about condoms (i.e. they have holes big enough for HIV to pass through) make it difficult to promote their use.

Research reveal that condoms, when used consistently and correctly, are highly effective at preventing HIV infection and other sexually transmitted diseases (WHO, UNAIDS).

A mini research on the attitudes of condom distribution in workplace and degree of its utilization among physiotherapy department staff was conducted through anonymous self-administered questionnaires.

Questions on the importance of condom distribution among the staff in workplace were included in the questionnaire. Of the 16 respondents, 75% believe that provision of condom in the workplace is important, 18.75% do not agree for the provision of condom in workplace, and 6.25% is in dilemma whether or not it is essential to keep condoms in the department toilet.

Those who disagree (18.75%) in provision of condoms in the department toilet was asked for their reason. Their answers range from the inappropriateness of providing condoms in the department toilet, to condoms increasing sexual activity, to and the importance of providing education on the importance of putting condoms in the toilet and behavioral change among the staff on condom use is important prior to put condoms in the toilet.

We kept one box (containing 100 pieces) of condoms in our department toilet that was obtained from Gondar Zonal HAPCO two months before,

after the concept of HIV and AIDS mainstreaming was introduced to the department staff in July 2009.

The decision on whether to continue the provision of condom for the staff in the department, it was found essential to evaluate whether the staff is happy in using the condoms supplied in the department. Around 87.5% of the respondents is found not using condoms kept in the toilet. When asked for their reason, 18.75% responded that they are uncomfortable in using condoms, 12.5% prefer to buy their own, and 6.25% have doubt on the quality of condoms supplied by the department, and the rest (50%) gave different answers.

Much research show no evidence that promoting condoms leads to increased sexual activity. Other studies support claims that condoms prevent HIV and AIDS and STDs regardless of their type. Therefore, condoms should be made readily and consistently available to all those who need them.

What is your attitude of condom distribution in the workplace as a means of fighting HIV and AIDS?

I can be reached at multiphysio@yahoo.com



Condoms for the department from Gondar HAPCO

Integrating HIV & AIDS into Education Curricula

By Kasozi Silvester (VSO HIV & AIDS Mainstreaming Expert, Federal Civil Service Agency)

Integration, as used in the context of HIV & AIDS programming, means implementing AIDS work along with or as part of development and humanitarian work. The focus is still on direct prevention, care, treatment or support but with the difference that the work is conducted in conjunction with and linked to other projects within wider programs: in this case, *education*.

The integration of HIV & AIDS into curricula is based on two major aspects namely:

Personal motivation – with the intent of enhancing life skills, behaviour change through prevention-orientated content or messages, and

Professional motivation – seeking to improve professional competence through professionally oriented skills such as clinical skill, policy development, planning, research, programme development and implementation

Several factors influence the choice of the most feasible, relevant and appropriate implementation mode or curricula approach. This issue is often more crucial with secondary level curricula than primary level curricula since there are more teachers at the secondary level than there are at the primary level. Nonetheless, primary level teachers also require clear and realistic guidelines on how to integrate HIV & AIDS education into school programmes.

The main factors affecting integration of HIV & AIDS education into curricula include:

- 1. The stage of curricular reform:** the existing possibilities/opportunities for formally integrating HIV & AIDS education depend on the stage of the curricular reform in a particular country
- 2. The structure or framework of the curriculum:** the way the content is organised determines to a large extent the manner and form in which HIV & AIDS education can be integrated. For example; Are subjects organised into thematic blocks (i.e. social sciences, languages, communication, natural science, etc), or as a range of separate subjects (i.e. history, geography, civic education, biology, chemistry, physics, mathematics, etc)?

Thus, the structure of the curriculum would determine the level at which teaching - learning objectives and out-

comes are defined: i.e. at the level of an interdisciplinary block or per subject?

3. Centralised or decentralised curriculum design: at what level is the curriculum designed, or what degree of flexibility is allowed to localise the content?

The stage of curricula reform and the extent to which the curriculum design is (de) centralised are not addressed here. Instead, the tools included subsequently deal primarily with technical aspects relating to curriculum design.

In the following section, we will look closely at issues which need to be taken into consideration when integrating HIV & AIDS education into an existing curriculum. Most of what follows is more easily applicable in a context of curricula reform.

How to integrate HIV & AIDS into curricula

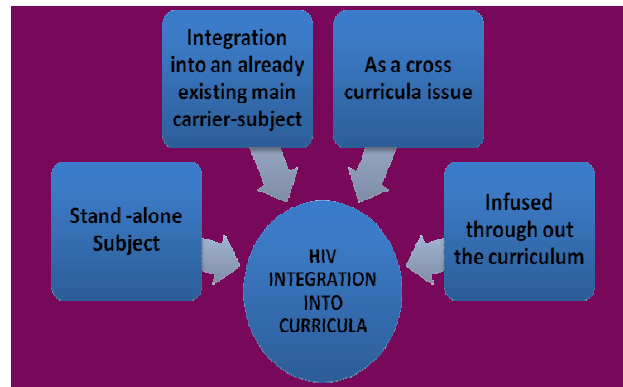
The existing curricula are often so crowded, so in order to increase their relevance and adapt their contents to new needs, there is often pressure to add new learning areas or enhance existing ones. Potential new areas include HIV & AIDS, human rights, sustainable development, foreign and national languages, etc.

The introduction of new subject areas requires the removal of some other subject areas or a reduction in the allocation of time to existing subjects.

Integrating new learning areas is always challenging. Different countries have attempted to do so using different approaches. It has been found that, within a given curricular structure, HIV & AIDS education is usually integrated using one of the 4 main curricular approaches:

- HIV & AIDS as a new **stand-alone subject**, clearly labelled and including all core aspects of HIV & AIDS education.
- HIV & AIDS, integrated in **one already existing main carrier-subject** containing most of core aspects of HIV & AIDS education.
- HIV & AIDS as a **cross-curricular issue**, integrated in a few existing subjects clearly defined and containing most of core aspects of HIV & AIDS education, in a complementary and coordinated approach.
- HIV & AIDS **infused throughout the curriculum**, integrated in most/all subjects included in the curricu-

lum, with, or without any specific mention of HIV & AIDS in subject areas.



Advantages and drawbacks of the different options

The *infusion in the entire curriculum* and the *integration in one main existing carrier subject* methods are favoured approaches because they don't require a revision of the structure of the curriculum or a reallocation of time between the different teachers. These approaches are thus technically and administratively simpler and more feasible to accomplish.

However, the curricular approach of *infusing* HIV & AIDS education throughout the curriculum, across a wide range of existing subjects has generally been found to lead to fragmentation, lack of cohesion, lack of visibility and an increased likelihood that no teacher will feel responsible for teaching the part of the subject assigned to him/her.

It is also increasingly true that very often no specific allocation of time and no formal assessment of learning outcomes are defined or imposed. It is therefore simple and easy to ignore the subject/topic especially when curricula are already overcrowded.

In order to address the problem of fragmentation and lack of cohesion, teachers should make an effort to collaborate. This would ensure a coherent and comprehensive teaching of the programme. This effort is rarely made. It is even often impossible because of the teacher's allocation of time.

With regards to teacher training, the *infusion* approach could be extremely costly, and practically not feasible. Indeed, all the teachers would have to be

“At the centre of much of the work in combating HIV & AIDS must surely be the recognition that institutions of learning have a key role in the change process.”

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IN FOCUS: CDC Project/University HAPCO



By Daniel Allen (Peace Corps Volunteer, University HAPCO)

University of Gondar's HIV and AIDS Prevention and Control Office (University HAPCO) offers HIV- and sexually transmitted infection (STI)-related support to students, staff, and patients of Gondar University and Gondar University Hospital.

Sponsored by the U.S. government's Center for Disease Control and Prevention (and better known as around the university as the CDC Project), University HAPCO works in collaboration with the university and hospital administrations, international organizations such as I-TECH, local NGOs like Mahibere Hiwot, student anti-AIDS projects, and the government health ministries.

The project's office is located in its AIDS Resource Center (ARC) at the Gondar College of Medicine and Health Sciences (GCMS) campus (building H-18). The ARC provides over a dozen computers with Internet links to several major HIV Web sites (both international and Ethiopian), hard and soft copies of HIV resources like reports and fliers, and space for group meetings or projects. ARC's Tewodros (T-20) and Maraki (M-02) campuses are also running, and invite the students

working on HIV projects to take full advantage of their resources and workspace.

University HAPCO supports the hospital by giving medical students focused pre-service trainings and health professionals in-service training (with a plan to begin mentoring in rural health clinics). University staff have also been trained about how they can protect themselves from the virus, and those living with HIV have been given training on drug adherence. An upcoming project will be forming support groups for those taking the life-saving ART drugs.

Perhaps the most important services provided by the CDC Project are the student HIV voluntary counseling and testing (VCT) sites at each campus, located in the student clinics. A free service, any student can come and be tested for HIV (it takes less than 30 minutes), learn about the risk factors facing them, and receive the necessary care and support. The project's health professionals are also trained in STI diagnosis and support. The project's health professionals are also trained in STI diagnosis and support. Every student is strongly encouraged to know their HIV status.

Since university students are at a higher risk for HIV, University HAPCO supports the groups that are targeting the student population. It recently helped provide test kits and health professionals for Mahibere Hiwot's successful Maraki and Tewodros VCT campaigns. Last December, 120 students received Behavioral Change Communication (BCC) training from the project, which now funds their student-led programs. These programs invite students to participate in HIV-focused poetry readings, dramas, and discussions, and provide information (like how to properly use a condom).

If you want to work on an HIV project with the university community, please contact us for support and cooperation.



For comments/suggestions/queries, e-mail danielallen83@yahoo.com.

Integration of HIV & AIDS (continued from page 3)

a very sensitive topic that leads to difficult questions from learners. Moreover, many teachers are not adequately trained and not enthusiastic about covering this sensitive topic.

Experience shows that behavioural skill development and internalisation of values and attitudes require practice through learner-centred interactive processes within an atmosphere of tolerance and trust. Sufficient time is hence needed and teachers have to be trained in pedagogical approaches as well as the technical content. To ensure the coverage of all the different aspects related to HIV & AIDS, it is often preferable to adopt the *cross-curricula* approach. If it is integrated within several subjects then coordination is very essential.

It is worth noting that the development of clear and explicit learning objectives and the allocation of teaching time are two major recommendations ensuing from challenges and obstacles encountered with the *infusion* approach.

Conclusion

At the centre of much of the work in combating HIV & AIDS must surely be the recognition that institutions of learning have a key role to play in the change process. It is thus critical to ensure that future leaders stay alive!

HIV & AIDS is an across-the-board concern and one part of that 'across the board' must surely be teaching itself.

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