

Terms of Reference

This consultancy is requested by:

Unit:	Maternal Child Health and Quality Safety
Division:	Division of Health Systems and Services

1. Purpose of the Consultancy

The purpose of this consultancy is to improve the accessibility to surgical education through developing a virtual competency-based educational delivery model for essential general surgery primarily for non-specialists in first-level hospitals in low resource settings. This will be achieved with the creation of surgical modules for ultimate inclusion in the WHO Learning Academy which include a simulation-based assessment component. The modules will undergo a cycle of continual evaluation and refinement.

2. Background

There is an urgent need to increase the number of providers capable to perform surgical, anaesthetic, and obstetric (SOA) procedures in the Western Pacific Region. Currently, only 4 of 14 (29%) Pacific Island countries have at least 20 surgical, anaesthesia and obstetric providers in their workforce per 100 000 population, with a range of 1.6 (Samoa) to 22 (Cook Islands). Three of 13 (23%) Pacific Island countries met the target surgical volume of 5000 procedures per 100 000 population, with five performing less than 1600. Retention of local SAO providers is problematic and insufficient in-service education has occurred in local hospitals to cover this gap. However, this is a recurrent problem in many Low- and Middle-Income Countries.

Workforce decentralization and promoting competency-based surgical care for healthcare providers can circumnavigate this problem including through simulation-based medical education. This is defined as the acquisition of essential core technical and cognitive skills in a safe controlled learning environment prior to patient contact, hence ensuring patient safety and clinician preparedness. There has also been a recent paradigm shift in the delivery of education to a virtual format with the COVID-19 pandemic worldwide.

The modules of this project will form part of a much wider Table of Content (ToC) as part of the WHO Learning Academy platform currently under development.

3. Planned timelines (subject to confirmation)

Start date: 1 December 2021

End date: 31 August 2022

4. Work to be performed

The consultant will form a working group with key stakeholders for surgical care in Low- and Middle- Income Countries (LMICs). This group will provide advice for development of the modules and will test these in their country settings to inform revision and subsequent iterations of the modules.

Design, implement, validate, and refine simulation-based assessment components for the different submodules to form the assessment component of the module for competency-based assessment. These should be techniques and principles that may be applied to a low-resource settings.

Liaise with the other key content creators and stakeholders at the WHO Academy to potentially incorporate these into the remote training laboratory will relevance to the wider LMIC and low-resource setting.

Work with the WHO Academy Designers to ensure that the content is formatted to the overall design requirements of the WHO Academy content. Provide feedback on suggestions from the designers to increase the interactivity of the content utilising key educational concepts and principles. Lead of the testing of these modules with the working groups to ensure maximisation of relevance and engagement

Method(s) to carry out the activity

Output/s

Output 1: Form a working group of key stakeholders for surgical care from countries in the WPR. This group will provide advice for development of the modules and will test these in their country settings to inform revision and subsequent iterations of the modules.

Deliverable 1.1: List of participants from interested countries, and an initial meeting to discuss timeline and priorities

Deliverable 1.2: Schedule of meetings planned to discuss educational requirements and testing of modules

Output 2: Based on the proposed WHO Academy ToC, creation of the theoretical content for the modules “Fundamental of Operative Care” (Sub-modules 3,4&5) and also the “Organization of Operative Care at 1st Level Hospital” (Sub-modules 1).

Deliverable 2.1: Creation of draft educational content, and adaptation and refinement of the content based on feedback obtained from the working group (Output 1)

Deliverable 2.2: Report of specific methods applied, including variances from the initial planned approach

Deliverable 2.3: Report of the final modules following the implementation and evaluation with refinement cycles

Output 3: Creation of simulation-based assessment tasks to test the core competencies of the modules which can be applied to a wider range of country contexts.

Deliverable 3.1: Creation of simulation-based virtual or practical assessment tasks that evaluate the competency of participants having completed the theoretical content of the modules.

Deliverable 3.2: Implementation and testing of these assessment tasks with the working group prior to finalisation for inclusion into the final module.

Deliverable 3.3: Liaising with the wider WHO Academy educational content team for the potential inclusion of these simulation-based educational assessment tasks into the portable learning labs.

5. Technical Supervision

The selected consultant will work on the supervision of:

Responsible Officer:	Dr Howard Sobel, Coordinator Maternal Child Health and Quality Safety WHO Regional Office in the Western Pacific	Email:	sobelh@who.int
Manager:	Mr Martin Taylor, Director Division of Health Systems and Services	Email:	taylorm@who.int

6. Specific requirements –

Qualifications required:

- Doctor of Medicine
- Masters of Surgical Education or equivalent
- Fellowship of Royal Australasian College of Surgeons or equivalent

Experience required:

- Minimum of 10 years working in surgical simulation-based medical education and proven application of the principles and techniques of simulation-based education to low resource settings
- Minimum of 10 year relevant work experience at national and international level
- Published evidence of evaluation and assessment of techniques used in a low resource setting
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Skills / Technical skills and knowledge:

- Extensive experience in surgical education in High- and Low- resource settings
- Evidence of a high level of evaluation and assessment techniques with educational interventions within a low resource setting.
- Creation of educational resources that include simulation-based educational methods.
- Ability to apply simulation-based and other educational techniques to create interactive learning resources that maximise the learner and participant engagement.
- Ability to create simulation-based and other educational curriculum in both high- and low-resource settings.
- Research background in educational techniques including data analysis and interpretation.
- Ability to lead working groups and incorporate feedback into a continual process of refinement and adaptation to individual circumstances.

Language requirements:

- Written and spoken fluency in English is essential

7. Competencies

- Technical Expertise
- Producing Results
- Teamwork
- Respecting and Promoting Individual and Cultural Differences
- Communication

8. Place of assignment

As this is a virtual educational project, the consultant can be remote for the duration of the project. Coordination to carry out the work will be carried out by email and teleconferences

9. Medical clearance

The selected consultant will be expected to provide a medical certificate of fitness for work.

10. Travel –

Should travel be necessary for completion of this work, all travel arrangements will be made by WHO. While on mission under the terms of this consultancy, the consultant will receive subsistence allowance.

WHO will not be responsible for tickets purchased by the consultant without the express, prior authorization of WHO.

Visas requirements: it is the consultant's responsibility to fulfil visa requirements and ask for visa support letter(s) if needed.