

# CORE COMPETENCIES REFERENCE MANUAL FOR CLINICAL OFFICER GENERAL TO PRACTISE IN ZAMBIA

**CORE COMPETENCIES & MINIMUM STANDARDS** 

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# QUALIFICATION AND RESPONSIBILITIES

Title of the programme: Diploma in Clinical Medicine-General

Key accountability for the job: First line contact with patient in a primary health care setting.

Primary roles and responsibilities:

- Provision of curative and preventive health care services
- Carry out health centre administrative roles
- Refer patient to appropriate level of health care

#### 1.0 INTRODUCTION

The Health Professions Council of Zambia (HPCZ) is a statutory body that was established by the Health Professions Act No. 24 of 2009. The Act renames and continues the existence of the Medical Council of Zambia established by the Medical and Allied Professions Act of 1977. The Health Professions Act No. 24 provides for the registration of health practitioners and regulation of their professional conduct; provides for the licensing of health facilities and the accreditation of health care services provided by health facilities; and provides for the recognition and approval of training programmes for health practitioners.

Following the issuance of the guidelines for introduction of licensing examinations for health professionals to be registered with the Health Professions Council of Zambia, this bulletin provides an outline of core competencies and minimum standards for registrants who have completed the Diploma in Clinical Medical Sciences-General seeking full registration as health practitioners in Zambia.

# 2.0 EXIT EXAMINATIONS AND AWARD OF THE DIPLOMA CLINICAL SCIENCES-GENERAL BY TRAINING INSTITUTIONS

Training institutions, private or public, approved by the Health Professions Council of Zambia are mandated to examine and graduate their students under their own seal and authority as prescribed by the HPCZ act number 24 of 2009. The Diploma in Clinical Medical Sciences-General is also designated as a pre-service diploma qualification for specialist clinical ophthalmology, anaesthesia, dermatology and Bachelor's degree in clinical medicine. Accordingly, a holder of this qualification will be required take and pass the HPCZ licensing examination to qualify for registration with the Council as a health practitioner.

# 3.0 LICENSURE EXAMINATIONS BY THE HEALTH PROFESSIONS COUNCIL OF ZAMBIA

A person shall not practise as a health practitioner, unless that person is registered as a health practitioner in accordance with the Health Professions Act No. 24 of 2009. In the exercise of its functions under this Act, the 2<sup>nd</sup> Council and the 3<sup>rd</sup> Council of the Health Professions Council of Zambia instituted Licensure Examinations to help maintain standards given the emergence of multiple private and public training institution. This "Bulletin of Information on the Core

Competencies and Minimum Standards for Medical Practitioners to Work in Zambia" binds all parties regulated under this Act. Examination fess for licensure examinations, as prescribed by the Council, are payable to the Health Professions Council of Zambia as part of the eligibility to sit licensure examinations.

The HPCZ Licensure Examination assesses a health practitioner's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centred skills, that are important in health and disease and that constitute the basis of safe and effective patient care. The HPCZ Licensure Examination includes, but is not limited to, theoretical and clinical examinations which complement each and the other components as prescribed in the curriculum for which this programme was approved. No component is a stand-alone in the assessment of readiness for medical practice in Zambia.

The candidate will be assessed under three domains, namely:-

- Knowledge,
- Skills
- Attitude.

The above domains will be assessed by means of a theory exam comprising of multiple choice questions followed by a composite objective structured clinical examination (OSCE).

The four main **subject areas** (assessed under all three learning domains) for Clinical Officer General (COG) in Zambia are:

- 1. Internal Medicine
- 2. Obstetrics and Gynaecology
- 3. Paediatrics and Child Health
- 4. Surgery

Other subject areas prescribed by the curriculum such as public health, health systems management and psychiatry will only be assessed as cognitive domain in the theory paper. The overall expected outcomes of the Clinical Officer general licensure examination is to ensure that the candidate will meet the minimum expectations for the role as a front line health worker in the primary health care setting.

#### 4.0 COMPETENCE OUTCOME GUIDELINES

The curriculum must identify attributes in each educational domain (knowledge, skills and attitude) and present them to guide student learning and assessment by examiners. HPCZ directs medical practitioners to be compassionate and empathetic in caring for patients and to be trustworthy and truthful in all their professional dealings. Medical practitioners have a

responsibility to respect and provide care that is up to standard for the lives and health that are entrusted by patients. The expectations are largely in six competences:

#### **OVERALL COMPTENCES**

#### Medical knowledge

- Basic and clinical sciences in the management of patients appropriate to their level of care.
- Order and interpret appropriate investigations.

#### Patient care

- Obtain a thorough medical history
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Competently perform medical and surgical procedures considered essential in the area of practice.
- Demonstrate caring and respectful behaviours when interacting with patients and their families
- Provide health care services and education aimed at maintaining health and preventing health problems.
- Work effectively with other health care professionals to provide patient-centred care.

### Interpersonal and communication skills

- Communicate effectively with the patients, family and health care team.
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety.
- Accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

#### **Professionalism**

- Create and sustain a therapeutic and ethically sound relationship with patients.
- Exhibit -culturally sensitive and acceptable behaviour when interacting with patients, family and other caregivers.
- Adhere- to ethical, legal and regulatory requirements of the profession.

## **System based practice**

- Apply medical information and clinical data systems to provide effective and efficient patient care.
- Manage and refer patients to appropriate levels of care
- Demonstrate understanding of the funding sources and payment systems that provide coverage for patient care.
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Work in a multidisciplinary team of health care professionals.
- Use information technology to support patient care

# 5.0 CORE COMPETENCIES: CLINICAL OFFICER GENERAL

	COMPETENCY	COMPETENCY STATEMENT	SUBCOMPETENCIES
KNOWLEDGE	MEDICAL KNOWLEDGE	Candidates should demonstrate understanding about established and evolving biomedical, clinical sciences and application of this knowledge to patient care	<ul> <li>Explains the biomedical basis of disease</li> <li>Applies biomedical knowledge to clinical practice</li> <li>Orders and interpret various laboratory investigations</li> <li>Demonstrates understanding of clinical practice in Medicine, Paediatrics, Obstetrics/Gynaecology, Surgery, Psychiatry and Public Health.</li> </ul>
	PRACTICE-BASED LEARNING & IMPROVEMENT	Candidates should be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidences & improve their patient care practice	<ul> <li>Utilizes best practices from routine patient care audits</li> <li>Applies recommendation of routines updates on patient care</li> <li>Utilizes information technology</li> <li>Demonstrates understanding of the research process</li> <li>Mentors other professionals</li> </ul>
SKILLS	INTERPERSONAL & COMMUNICATION SKILLS	Candidates must demonstrate interpersonal and communication skills that result in effective information exchange & teaming with patients, families & professional associates	<ul> <li>Demonstrates ability in creating a therapeutic relationship with patients</li> <li>Demonstrates listening skills in a patient encounter</li> <li>Demonstrates ability in educating patients and family</li> <li>Demonstrates skills in communicating patient related findings to colleagues</li> </ul>

	PATIENT CARE	Candidates must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems & the promotion of health	<ul> <li>Demonstrates caring &amp; respectful behaviours</li> <li>Conducts effective consultation(medical history)</li> <li>Develops &amp; carry out patient management plans</li> <li>Performs routine physical examinations</li> <li>Performs appropriate medical procedures</li> <li>Performs preventive &amp; promotive health care</li> <li>Refers complicated cases to next level of care</li> </ul>
ATTITUDES	PROFESSIONALISM	Candidates must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, & sensitivity to a diverse patient population	<ul> <li>Demonstrates ethically sound practice</li> <li>Practices informed decision making</li> <li>Respects patients privacy in handling matters</li> <li>Practices confidentiality with patient information</li> <li>Demonstrates adherence to code of practice</li> <li>Demonstrates sensitivity to diverse patient groups</li> </ul>
	SYSTEMS-BASED PRACTICE	Candidates must demonstrate an awareness of and responsiveness to the larger context & system of health care & the ability to effectively call on system resources to provide care that is of optimal value	<ul> <li>Demonstrates knowledge of the interaction of their practice with other members of the multidisciplinary team</li> <li>Practices cost-effective care</li> <li>Demonstrates knowledge of management principles in health care management</li> </ul>

# 6.0 BLUEPRINT WEIGHTS BY COMPETENCIES FOR THEORY AND PRACTICAL EXAMINATIONS

S/N	COMPETENCY	WEIGHTS
1	Medical knowledge	20%
2	Patient care	60%
3	Practice-based learning & improvement	5%
4	Interpersonal & communication skills	5%
5	Professionalism	5%
6	System-based practice	5%

# 7.0 CORE PROCEDURES (LIST NOT EXHAUSTIVE)

The following procedures are the minimum standards and a full list could be found in the curriculum

Common Procedures(these procedure cut across all the four subject areas mentioned in 4.0)	Conduct a relevant history taking in all specific subject areas
	Conduct relevant Physical Examination in all specific subject areas
	Interpret specific radiological and sonographic investigation (X-ray, basic Ultrasonography)
	Perform bed side procedures (Vitals, Vene puncture, catheterization, NGT insertion, Injection administration etc.
	Conduct Cardiopulmonary resuscitation (CPR) incl. HBB in paediatrics
	Perform basic laboratory procedure (RDT,RPR,HIV, Microscopy)
	Collect specimens and Interpret common laboratory investigation [Blood (FBC, RFT, LFT, ABGs etc.), urine (urinalysis, MCS), stool, sputum etc.]
Internal Medicine	Perform lumbar Puncture and interpret the results
	Drug administration(dose, form and route)
	Interpret basic ECG
	Performs Thoracocentecis and abdominocentecis
	Oxygen Administrastion
Obstetrics and Gynaecology	Perform and
	APGAR scoring
	Demostrate the use of a partograph in management of labour
	Conduct Vaginal speculum Examination (incl. VIA, pap smear collection)
	Perform MVA
	Perform and repair an episiotomy

Paediatrics and Child Health	Perform appropriate family planning services
	Conduct Support ventilation (Ambu bag)
	Interpret lumbar Puncture
	implement EPI
Surgery	Perform Heimlich manoeuvre (abdominal thrust)
	Immobilising( POP,splinting,arm sling etc)
	Perform Bandaging
	Perform suturing
	Conduct wound dressing
Public health	
	Indentify ,plan and implement health promotion activities
	Formulate a research proposal and conduct simple research in a community
	Conduct community diagnosis
	conduct school health services

# 8.0 REFERENCES (TEXT BOOKS)

	Tortora J, Derrickson B (2014) <i>Principles of Anatomy and Physiology</i> 14th ed. Hoboken, NJ: John Wiley and Sons.
	Prescott, et al. (2011) <i>Microbiology</i> 7th Ed. New York: McGraw-Hill.
Biomedical basis of disease	Murray KR, Botham KM (2012) <i>Harper's Illustrated Biochemistry</i> 29th ed. New York: McGraw-Hill
American Academy of Orthopaedic Surgeons (2013) Emergency Care and Tranof the Sick and Injured. Orange Book series, USA.	
	Robbins <i>Basic Pathology</i> , 8th edition. Saunders Elsevier; 2007. USA: The McGraw-Hill Companies Inc.;
Internal Medicine	Edwards C, Munro JF, Broucher I (2010) <i>Davidson's Principles and Practice of Medicine</i> 21st Ed. Edinburgh: Churchill Livingstone
	Kumar, P. & Clark, M.(2005). <b>Kumar and Clark's Clinical Medicine</b> , 6 <sup>th</sup> ed. London: Elsevier Saunders
Obstetrics and Gynaecology	Monga A, Dobbs S (2006) <i>Gynaecology by Ten Teachers</i> 18th Edition. London: Hodder Arnold
	Malcolm, S., Ian M. Symonds (2006) <b>Essential Obstetrics and Gynaecology</b> 4th edition. Edinburgh: Churchill Livingstone
Paediatrics and Child Health	Marcdante K, et al. (2011) <i>Nelson Essentials of Paediatrics</i> 6th ed. Philadelphia: Saunders Elsevier.
	Goldbloom R.B. (1992) Paediatric Clinical Skills, London: Churchill Livingstone

Surgery	Rains H, Richie D (2003) Bailey, Hamilton, <i>Bailey &amp; Love's Short Practice of Surgery</i> 26th ed. London: H. K. Lewis.
	Bhat, S. R.(2012). <i>SRB's Manual of Surgery</i> (4 <sup>th</sup> Ed.), Jaypee Brothers Medical Publishers, Inc.
Psychiatry	Gelder M, Mayou R, Harrison P, Cowen P (2005). <b>Oxford Textbook of Psychiatry</b> . Oxford: Oxford University
	American Psychiatric Association. (2000). <b>Diagnostic and Statistical Manual of Mental Disorders</b> (4th Ed). Washington, DC: American Psychiatric Association Press.
Public health	McKenzie J, Pinger R. (2011) <i>Introduction to Community Health</i> 7th ed. Burkington, MA: Jones & Barlett Learning.
	Kothari CR (2004) <i>Research Methodology Methods and Techniques. New Delhi:</i> New Age International (P) Limited Publishers.
INTERPERSONAL & COMMUNICATION SKILLS	Guffey ME (2007) <i>Essentials of Business Communication</i> 7th ed. Australia: South-Western College Publishing.
	Hybels S, Weaver R (2004) <i>Communicating Effectively</i> . 7th ed. New York: McGraw-Hill
PROFESSIONALISM	HPCZ (2016) Guidelines for good practice in the Healthcare profession – Maintaining Patient Confidentiality. HPCZ Lusaka
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	HPCZ (2016) Patients rights and responsibilities. HPCZ Bulletin, Lusaka
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SYSTEM-BASED PRACTICE	Cole A (2002) Personnel and Human Resource Management. London: Book Power.
	Handy CB (2000) Understanding Organizations. Oxford: Oxford University Press.

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	Collier J, Longmore M, Scally P (2003) <i>Oxford Handbook of Clinical Specialties</i> 6th ed.
	Oxford: Oxford Press.
	Bennett PN, Brown MJ, Sharma P (2012) <i>Clinical Pharmacology</i> 11th Ed. London:
	Churchill Livingstone

	Epstein O, Perkin GD, Cookson J, Bono P (2003) <i>Clinical Examination</i> 3rd ed. London: Hamblen D, Simpson H (2007) <i>Adams's Outline of Fractures</i> 12th ed. London: Churchill Livingstone Elsevier.  Mosby Ministry of Health (2013) <i>Antiretroviral Therapy: Reference Manual for Health Workers in Zambia</i> . Lusaka: Government Printers.  Symonds EM, Symonds IM (2013) <i>Essential Obstetrics and Gynaecology</i> . 5th ed. Edinburgh: Churchill Livingstone.  Monga A, Dobbs S (2006) <i>Gynaecology by Ten Teachers</i> 18th Edition. London: Hodder Arnold Hanretty KP (2010) <i>Obstetrics Illustrated</i> 7th ed. London: Churchill Livingstone.  Behrman RE, Kliegman RM, Jenson HB (2013) <i>Nelson's Textbook of Pediatrics</i> 18th ed. Philadelphia: Sanders Publishers.
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