



CIEE Gaborone, Botswana

Course name:	Community Health Practicum
Course number:	PUBH 3002 GCPH
Programs offering course:	Community Public Health
Language of instruction:	English
U.S. Semester Credits:	03
Contact Hours:	45
Term:	Summer 2019
Course meeting times:	TBD
Course meeting place:	Block 247, Room 18
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Office hours:	By appointment

Course Description

The course takes a multi-disciplinary approach to examining theory and conceptual frameworks in public health, epidemiology, and health care administration. Students gain an understanding of major social, behavioral, cultural, environmental, ethical and regulatory factors that affect the health of local and global populations.

TOTAL IN CLASS HOURS: 26 HOURS (2 hours a week for 15 weeks)

Students shadow healthcare service providers in government-sponsored clinics as well as other public health-focused non-governmental organizations (NGOs) to gain a better understanding of current health problems and hazards in Botswana.

TOTAL HOURS: HOURS: 75 HOURS (5 hours per week: 15 weeks)

Students also spend a week in a rural Botswana observing in clinics for purposes of investigation, observation, and community education and also understand the difference between health care delivery system in urban and rural Botswana.

TOTAL HOURS: 25 HOURS (5 Hours per day for 5 days)

Through observation and discussions with local healthcare professionals, students gain a better understanding of current health problems and hazards in Botswana, and a final project is based in part upon the two field experiences

Learning Objectives



1. Illustrate public health's interdisciplinary, cross-cutting character and the contributions of different disciplines and professions to improving health.
2. Explain how practitioners assess interventions for improving population health.
3. Identify how social and behavioral interventions affect population health.
4. Explain how policy and law affect population health in Botswana.
5. Identify the impact of the environment and describe how communicable disease affects health.
6. Explain the burden of infectious and chronic diseases and injuries on morbidity and mortality and approaches to early detection and prevention.
7. Describe the basic organization of healthcare and public health systems in Botswana and the contributions of health professionals.
8. Identify the roles of public health in addressing health disparities and the needs of vulnerable populations
9. Participate in the implementation of health care policies in the various community health settings.

Course Prerequisites

There are no prerequisites required for this course.

Methods of Instruction

This course is taught through a combination of approaches: i.e. direct instruction, clinic observations, and field trips. Students will also actively engage course material through in-class discussions and review of public health related current events. The set of assigned readings and written assignments will broaden the student's understanding of topics covered in class and reinforce the concept of multidisciplinary integration in public health. Regular class attendance and active participation in class discussions are essential for achieving a meaningful learning experience.

Assessment and Final Grade

1. Reflective Journal X 3	30%
2. Public Health Intervention review	50%
3. Class Presentation on a public health intervention	10%
4. Class Participation	10%

This course will be assessed by continuous assessment only and there will be no final examination.

Course Requirements

Clinical Activities/Observations

Students will rotate through the following clinical sites:

- Health Clinics in Gaborone
- A week in Kanye (Village Clinics)



There will be a weekly clinical conference where students are expected to analyze and share experiences from the health care settings.

What to Observe in the Clinics:

- How patients are received?
- Communication between patients and providers – language used
- Health information they are given concerning their health condition (verbal, handouts, brochures)
- Privacy and confidentiality during the interaction with providers
- Availability of supplies, equipment & medications
- Sanitation and hygiene
- General health status of clients/patients (malnutrition)
- Health promotion activities (health education)
- Environmental hygiene
- Health policies, manuals and guidelines used in the facilities
- Health message and signage (signs)
- How patients are screened
- How child growth and development is monitored
- Observe other services

G-West: Focus on how patients are screened, human resource issues, how children are assessed, and child development and immunizations

Block 6: Focus on how non-communicable diseases are treated, including diet

Phase 2: Focus on the Infectious Disease Care Clinic, specifically how patients are received, types of service providers available, what type of information is given, and treatment adherence rates

Mafitlhakgosi, Tlokweng: HIV/ AIDS and male circumcision; Referrals from Tlokweng to Gaborone

Extension Two Clinic: Health policy especially referral guidelines, what kind of conditions/health problems are referred to Princess Marina Hospital and how referrals are done, Sanitation and hygiene

Clinics in Kanye- Health education/promotion, common health topics, how are health messages disseminated and availability of supplies, equipment & medications

Reflective Journals

Students are expected to keep an experiential diary to record their learning experiences. The students will then submit **THREE** reflective journals (2-3 pages) which will include but not limited to:



- Observations
- Reflections (analysis of one experience)
- Recommendations

The journals will address the following areas:

1. Strengths and weaknesses of the health care system.
2. Perception of the public health ethics in the primary care settings you have been in – rural and urban.
3. Make recommendations based on your own clinical observations

Final Assignment

Public Health Intervention Review

All students are expected to complete a written report of the intervention observed in the clinic as part of the Community Public Health Practicum. The written report is worth 50% of the final grade. This intervention observation affords opportunity to participate in the full spectrum analyzing public health intervention, either directly or through observation, consultation with stakeholders (either affected or offering services), and pertinent reading.

The following are some of the programs that students can review:

- **Child welfare program (various aspects e.g. Immunizations, Nutrition and feeding program, integrated management of childhood illnesses)**
- **Health promotion message dissemination**
- **Prevention of mother to child transmission of HIV**
- **Antenatal care service**
- **Postnatal care service**
- **Directly observed treatment of TB**
- **Community management of TB**
- **Palliative care interventions**
- **Transportation of patients (referral to high level care)**
- **etc**

The written report must be approximately 6-8 pages in length, 1.5 lines spacing excluding appendix and references. Each section should be clearly labelled with appropriate headers.

- 1) Title
- 2) Background of the Health intervention observed
- 3) Health Intervention issues/problems and target population
- 4) Rationale and Justification for the intervention
- 5) Discussion of the health intervention (strategies, policy and priority settings,
- 6) Challenges and lesson learned
- 7) Recommendations

Requirements

- Borrowed information must be properly cited.



- Your opinion should be backed up with facts and citations and write your opinion as a thesis.
- You can use any referencing style but be consistent.

Oral Presentation of the Public Health Intervention observed

Students are also expected to present to their peers the public health intervention that they observed in the clinic. The presentation will be approximately 15 minutes (plus 5 minutes for questions) and worth 10% of your final grades. The presentation must have visual components. The following rubric will be used in grading the presentation:

	Poor 1 point	Fair 2 points	Good 3 points	Excellent 4 points
Organization of the presentation				
Content/Subject knowledge				
Clarity				
Presentation visuals				
Response to questions				

Suggestion for the Presentation

- Do not “read from the slides”
- Prepare not more than 20 slides
- Whenever possible use graphics, charts, photos to support your discussion, rather than text only power-point slides
- Load your presentation onto a memory stick as internet access is not always available
- Support all your work

Attendance and Class Participation

A roll call will be taken during class. You are expected to attend class 100% of the time. There should be valid reasons for missing class. Submission of assignments should be made on due date. Late submission and lack of class attendance should be supported by valid reasons such as sick leave etc. Late submission of assignments will be marked down 5% after the first day and 1% every day afterwards), and that no coursework will be accepted after the last day of class.

Weekly Schedule

Week 1

Introductions and expectations



Lecture on Ethics in Clinic

Overview of the Botswana health care delivery system

Lecture notes & class discussions

Week 2

Overview of the HIV/AIDS Response in Botswana

Readings:

- Botswana National Strategic Framework II (2010-2016)

Reflective Journal 1 due

Week 3

Child Health and Development; Vaccinations and Nutrition

Class discussion

Readings:

- Accelerated Child Survival & Development Strategy- Botswana
- Botswana National Roadmap for Reduction of Maternal and Newborn Mortality
- Botswana Expanded Programme on Immunization

Week 4

Observation of rural health care delivery system

Kanye Village Clinic Shadowing this week

Week 5 Pediatric and Adolescent HIV Care, Treatment and Support in Botswana

Week 6 Non-Communicable Disease and Health Promotion Strategies in Botswana

Lecture notes & class discussions

Annotated Bibliography assignment due

Week 7 Non-Communicable Disease and Health Promotion Strategies in Botswana

Class discussions

Readings:



- Botswana STEPS Non-communicable Disease Risk Factors Survey 2007

Reflective journal 2 due

Week 8

MID-SEMESTER BREAK

Week 9

The Role of Traditional Medicine in the Botswana Health Care Delivery System

Guest Lecture

Readings:

- Chipfakacha, V. G. (1997). STD/HIV/AIDS knowledge, beliefs and practices of traditional healers in Botswana. *AIDS care*, 9(4), 417-425.
- King, R., & Homsy, J. (1997). Involving traditional healers in AIDS education and counselling in sub-Saharan Africa: a review. *Aids*, 11, S217-25.

Week 10

Men's Health Issues in Botswana

Guest Lecture

Readings:

Botswana in the grip of a male sexual revolution

<http://www.sundaystandard.info/article.php?NewsID=17919%26>

Tudiver, F., & Talbot, Y. (1999). Why don't men seek help? Family physicians' perspectives on help-seeking behavior in men. *The Journal of family practice*.

Reflective Journal 3 due

Week 11

Maternal Health, Sexual Reproductive health in Botswana

Class discussions

Readings:

Mogobe, K. D., Tshiamo, W., & Bowelo, M. (2007). Monitoring maternity mortality in Botswana. *Reproductive health matters*, 15(30), 163-171.

Bearinger, L. H., Sieving, R. E., Ferguson, J., & Sharma, V. (2007). Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention, and potential. *The Lancet*, 369(9568), 1220-1231.

Week 12

Ethical Challenges in the Health Care Delivery System



Week 13 General Discussion and Evaluation of the Course
Research Proposal Due

Week 14
Last week of CPH Visits to Clinics
Class Presentations

Week 15
Class Presentations

Week 16 **Final Examinations period begins**

Week 17
Final Examination period ends

Readings

1. Corbett, EL., Marston, B., Churchyard, G. & De Cock, KM. (2006). Tuberculosis in sub-Saharan Africa: opportunities, challenges, and change in the era of antiretroviral treatment
2. Samandari, T., Agizew, TB., Nyirenda, S., Tedla, Z. et al. (2011). 6-month versus 36-month isoniazid preventive treatment for tuberculosis in adults with HIV infection in Botswana: a randomised, double-blind, placebo-controlled trial. *The Lancet*, vol 377, pp. 1588-1598.
3. Shannon K, Leiter K, Phaladze N, Hlanze Z, Tsai AC, Heisler M, Iacopino V, Weiser SD. (2012) Gender inequity norms are associated with increased male-perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland. *PloS One*, 7(1) e28739.
4. The impact of universal access to antiretroviral therapy on HIV stigma in Botswana.
Wolfe WR, Weiser SD, Leiter K, Steward WT, Percy-de Korte F, Phaladze N, Iacopino V, Heisler M.(2008). *Am J Public Health*, 98(10) 1865-71.
5. Shaibu, S. (2007). Ethical and cultural considerations in informed consent in Botswana. *Nursing Ethics*.
6. Rennie, S., Muula, AS., & Wetreich, D. (2007). Male circumcision and HIV prevention:ethical, medical and public health trade offs in low income countries.*JMed Ethics*, 33:357-361.



7. Global Health Ethics for Students. Pinto, AD. & Upshur, R.E.G.(2009). Developing World Bioethics.
8. Botswana National HIV and AIDS treatment Guidelines (2012). Ministry of Health.
9. Botswana TB/HIV Policy Guidelines (2011). Ministry of Health.
10. Guidelines for Diagnosis and Treatment of Malaria in Botswana. Ministry of Health.