CIRCLE
COORDINATING IMPLEMENTATION RESEARCH
TO COMMUNICATE LEARNING AND EVIDENCE

QUESTIONS AND ANSWERS FROM PSBI COP WEBINAR 12-20-18

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Building and Sustaining Skills through Distance Learning

QUESTION: DOES THE EXAMINATION INCLUDE SKILLS ASSESSMENT?

Yes. It does. The examination is made up of knowledge questions and skills stations where learners are examined on clinical skills. Initially we wanted to do this on actual patients, but when you have twenty participants and you have to complete it in a few hours, it is difficult. So, we ended up using videos or pictures, and then case scenarios using OSCE (objective structured clinical examination) approach similar to clinical examinations. When I went back to my university, that's actually how they are doing clinical examinations. Before I joined WHO we were doing examinations on patients and it was very important, but now because the student population is so high they have changed the structure of the examination to OSCE. I don't know what happened subsequently, but in South Africa and Tanzania where I participated, we were doing the exams like that. It was both clinical and theoretical, but the clinical was done using proxy examinations.

QUESTION: OVERALL, WHAT PERCENTAGE OF STUDENTS WERE ABLE TO COMPLETE THE COURSE? WAS THERE A CERTIFICATE GIVEN TO THOSE HEALTH WORKERS WHO MANAGED TO COMPLETE THE DISTANCE LEARNING COURSE?

I think once or twice we had participants who could not pass. I think it was partly due to some family problems and they couldn't finish the modules. There is a progressive assessment. We look at the progressive assessment, but the last face-to-face meeting is a little tight for the facilitators because one of them has to go through the progressive assessment and make sure they have answered all questions on each module, and when they have not, they don't go to the exams. So, there were one or two participants who could not do that. For those who did, they were given certificates.

QUESTION: HOW CAN WE ENSURE THAT THE ACTUAL TRAINEE DID THE COURSE BY THEMSELVES? HOW LONG WILL IT TAKE TO COMPLETE THE COURSE?

The only thing we want to be sure of is that they are alone when they take the examination. Otherwise, we are encouraging participants who read the modules to discuss the modules with their colleagues and with other staff members in the health center. In the modules there are self-assessment questions with

nicely written answers. We want them to go through the questions on their own first and then verify their answers, and when they are in a group, they do that, I believe. We want them to use all kinds of ways to learn and the intention is that we instill the idea of self-learning because learning does not stop once you finish the IMCI course. You need to continue learning. We want to instill the idea of reading, updating yourself, self-learning and then discussing it with your colleagues. So, we have no problem with that except of course during the exam when we want them to be alone.

Roughly, it took us three months. If you are having a series of training with batches of students you need to decide when will you do the first, second, and third face-to-face meeting with each group. You need to have that calendar set already. Let us say the last face-to-face comes after three months. You need to agree with the participants on the schedule because you want to avoid holidays and other crucial days for participants. In general, three months is a good timeline. There is a set schedule, and if you look at the Facilitators Guide there is a series of annexes, and one is the schedule for participants. You can also find the distance learning and IMCI facilitators guide at the WHO website.

QUESTION: WHAT DOES THE SELF-STUDY PROCESS ENTAIL?

The self-study process starts with a case scenario. There's a case study that they read and comment on, it's usually a case that they might encounter on daily basis in their clinical setting. There are discussions, they are given some information, and then they do the self-assessment exercises, and so on. We arrange it in such a way that it is user-friendly for facilitators. You start with a scenario, you read a bit, then do the exercises, read bit, do exercises, and so on. Learners give feedback on their reading. In places where there are only one or two participants, such as small clinics with only two nurses, they might decide to meet together and go over the self-assessment exercises and discuss. In the bigger health facilities, this is usually not a problem. In fact, they might use a common TV in the health center.

QUESTION: WHERE CAN WE ACCESS THE VIDEOS ON TRAINING ON THE USE OF GENTAMICIN THAT YOU REFERRED TO? IS THERE A VIDEO FOR THAT AND HOW CAN WE ACCESS IT?

The video that I prefer is one that was prepared by a group called Global Health Media Project, and it is free and available to the public. It is also found on the PSBI community of practice website.

QUESTION: YOU TALKED ABOUT THE IMPORTANCE OF ESTABLISHING A LEARNER SUPPORTED SYSTEM. WHAT DOES IT TAKE TO HAVE THAT, AND WHAT'S YOUR ADVICE TO COUNTRIES THAT ARE INTERESTED IN INTRODUCING DISTANCE LEARNING? WHAT WOULD THAT LEARNER SUPPORT SYSTEM NEED TO MEET THE REQUIREMENTS?

During the first day, introduce the idea of peer learning, group learning, and before they leave, let them meet and decide who will be leading them. Each one of them should share their telephone numbers. If there are several facilitators, they should already have the facilitators listed with the groups they will be supporting, with the facilitator's telephone number. Some of this needs to be arranged. The last face-to-face meeting is mostly about how to connect.

An example that sticks in my mind comes from a small country where the nurse who is responsible for child health in the ministry of health took over the task of following up participants. She took the names of all the participants and their telephone numbers, and she called each of them to find out if there faced any problem. The reverse is also done, where some participants are stuck with questions they cannot answer within the peer group, so they send a message. This type of coordination may be difficult in bigger countries, it may be easier to do it at might have provincial level. SMS costs were covered by the

organizers and thus there must be some arrangement for health workers to cover the cost of calling the facilitator, and so on.

We did not recommend the facilitators to go and visit learners during the self-learning period, but some did. What we recommended was to keep in touch by SMS and telephone calls. Then, at the end of the course, once they are certified, go and visit them after 4-6 weeks. You do that every three months. I remember in few situations we had to tell them during the follow up visits about some additional topics we felt they needed to cover or new policies they had to be aware of.. The supervision is absolutely essential for distance learning.

QUESTION: IS THERE A STANDARDIZED GUIDE?

There is a standardized guide available on the WHO website.

QUESTION: ARE ANY OF THESE COUNTRIES DOING AN EVALUATION? DID THEY PLAN TO DO AN EVALUATION SEVERAL MONTHS AFTER TRAINING?

Yes ,there was a plan but I am not sure if it was done.

QUESTINO: DURING YOUR PRESENTATION, YOU MADE A COMMENT ABOUT STAND-ALONE PACKAGES IN DISTANCE LEARNING, AND IN RETROSPECT WHETHER OR NOT THAT WAS GOOD. IF YOU WERE TO DO DISTANCE LEARNING AGAIN TODAY, IS THERE SOMETHING THAT YOU WOULD REVISIT?

We started with stand-alones because at that time the expert group was saying the way countries were doing national adaptation was not very scientific or epidemiologic, that the changes were not great. South Africa was mentioned as an example. Why can't South Africa just focus on HIV and newborns? So, we were pushed towards these stand-alone models. If you go to the website and look at the pneumonia or young infant module, they are stand-alone because they consist of the counseling component, follow-up component, etc. So, you can learn with one module the full concept. The problem I noticed in Tanzania with that is some of those topics repeat in nearly every module if you're doing several modules together, one after the other. If I had to do it again, I would have redesigned it in such a way that it's flexible, so that countries could decide on either a stand-alone or integrated module. In Tanzania now, there are 12 or 13 modules, one after the other. If I had to re do it I would have designed it in such a way that it's easier for countries to select whether to add the follow up and counseling modules for each topic as standalone or integrated modules, to offer more flexibility.