

Original Article

IMNCI Training at a Medical College in Gujarat-A feedback from the facilitators and Nursing Participants.

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Abstract

The paper describes the feedback from facilitators based on checklist used for monitoring clinical sessions during IMNCI (Integrated Management of Neonatal and Childhood Illness) trainings at a Medical College in Gujarat. Randomly selected checklists were analyzed for classification and problems faced by nursing staff participants. Ability to correctly classify and treat the illnesses ranged from 35% to 93%. The article also discusses the feedback from 55 participants (Nursing staff) drawn randomly from 25 batches of IMNCI trainings, gathered by VIPP (Visualization in Participatory Programmes) method applied at the end of the training. Suggestions to improve the quality of IMNCI trainings are recommended based on the findings.

Key words:-IMNCI, Checklist form, VIPP

Introduction:

Implementation of IMNCI is one of the center piece components of RCH (Reproductive & Child Health) II Child health programme. The Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy includes the integrated management of the most common childhood diseases and health problems with a focus on important causes of death⁽¹⁾. The desired impact of IMNCI is the reduction of mortality, as well as morbidity and suffering, through assuring children's access to quality health care in the health facilities and improved health management at home. Maintaining the performance of health and village workers will be essential to achieve this impact⁽²⁾. IMNCI training network at Medical Colleges is to conduct TOT (Training of Trainers) for health workers and IMNCI for MO's (Medical Officers) and staff nurses for 8 – 10 days. Baroda Medical College is responsible to train

MO's, staff nurses, health workers and ICDS workers from 5 districts viz. Vadodara, Panchmahal, Dahod, Bharuch and Narmada over 4 years starting from August'05 to 2012 .

Methods:

In order to assure quality in IMNCI training some of the basic tools currently available to maintaining quality not in only the training sessions conducted, but also in the compliance of health/village workers to IMNCI protocols and algorithms are; daily review of clinical monitoring forms/ checklists, summary of training performance and external observer feedback. The feedback from 55 participants (2 Nursing staff per batch) randomly drawn from 27 batches of IMNCI trainings conducted at Medical College Baroda till January 09, gathered by VIPP (Visualization in Participatory Programmes)⁽³⁾ method applied at the end of training are discussed and analyzed in this paper. They were asked to give not more than 2 opinions each on good aspects and aspects of training which need improvement on 2 different colored cards. A checklist for monitoring clinical sessions is an integral component of training. Randomly selected checklists (4 per batch) for monitoring clinical sessions were analyzed for classification and problems faced by participants.

Results and Discussion:

The facilitation was felt to be good by 37% of respondents, for 25% training was practical, 24% felt that they had acquired necessary skills, for 22% training environment and facility provided were good. Almost all of them seemed to be happy at the end of training. However, only 15% approximately, responded that the training has helped build confidence. The feedback for scope for improvement was given due importance and MOs as a group was separated from

Paramedical /nursing staff trainees. Medium of instruction for the training suitably was changed to Gujarati (vernacular language).

Analysis of checklist for monitoring clinical sessions showed that 76% could classify possible serious bacterial infections correctly and it was observed that few over diagnosed chest in drawing, grunting and nasal flaring. 35% classified local bacterial infection correctly. 60% mentioned no dehydration correctly while rest failed to write no dehydration as classification when diarrhea was present. 93% assessed breast feeding correctly. Not able to feed – possible serious bacterial infection, feeding problem and no feeding problem were correctly classified by 70%, 74% and 83% respectively. 93% prescribed oral drugs correctly and 95% could give correct advice on home care.

In 79% of cases of General danger signs, 80% Severe Pneumonia or very severe disease, 87% Pneumonia and 90% of cold were classified correctly. In 80% of Severe dehydration, 62% some dehydration and 87% No dehydration were correctly classified. 67% of Very severe febrile disease was classified correctly and this was mainly because participants forget to use general danger signs if present while writing this classification. All the cases of severe malnutrition and severe anemia were correctly classified. 96% each of Very low weight and Not very low weight were correctly classified. 93% and 91% of Anemia and No anemia were correctly classified.

Majority of participants tried memorizing the classifications and found it unusual to use chart booklet every time. A few of them left reference chits incomplete or forgot to write it altogether. The check-lists also reflect the type of cases given to participants for assessment and classification during clinical sessions. They were found to be adequate.

Conclusion:

The feedback of participants helped identify problems related to medium of instruction, classifying some illnesses, usage of chart booklet and completing referral notes.

Useful information related to supportive and problem solving attitudes of facilitation, conducive training environment and skill development through clinical sessions also came out. It is also important to note that

over 80% participants perceived that they learnt what was intended to be learnt.

Limitation:

A follow-up visit as recommended within four to six weeks after training of these trainees was needed to ensuring supply of medicines and equipment that are required in the practice of IMNCI strategy along with supportive supervision.

Recommendation:

VIPP method- a qualitative research method, used regularly with IMNCI can come up with findings which can help improve quality of this ongoing training programme impacting the entire health service manpower.

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