

Sensitization meeting for healthcare workers on Training Module

From: December 27, 2022

To: December 28, 2022

Name of Member Organization: Institute for Indian Mother and Child

Number of Participants: 18



Group photograph with participants and facilitator

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1. Introduction

Brief outline of how the training was conceptualised and designed over last few months; rationale for the training from the perspective of CDMU, the funding agency and the Member Organization, felt need of the organization, challenges and how it was overcome eventually

2. Location and period of the training

Description of the venue, advantage and disadvantage, of physical infrastructure, accessibility for the participants etc., light/ventilation, audio-visual privacy, seating arrangement etc. duration in hours

3. Opening

How the programme started with mutual introduction/ inaugural session if any including registration, expectation of participants etc. who gave the opening remarks, roles and responsibility assigned to the facilitators. Pretest etc.

4. Workshop sessions

In three days, brief description of how these were conducted, not much on technical contents, but rather on the methods used in training like reading/discussion/role play/flip chart/ AV aids/ question-answer.

5. Questions

Raised by participants regarding technical issues, how the facilitator responded, Highlight the rapport building and also session with interaction with less interaction. how the less vocal participants were engaged into discussion.

6. Post test-change & feedback

Formal/informal feedback & future expectation from participants and facilitators.

7. Closing remarks

By whom, key take home messages

8. Annexure:

- List of participants
- List of facilitators and support staff who conducted the training

SN	Item	Details
A	1. Introduction:	
1	Training name	Sensitization meeting for healthcare workers on Training Module
2	Training details / concept in brief	<p>Community Development Medicinal Unit [CDMU] is not-for-profit health care organization working on medicines access & rational use working with its network organizations [referred to as MOs] for last 3 decades. The need was felt by CDMU as well by its member organizations to strengthen its medical care programs. It was an area requiring attention that was apparent during personnel visit to its member organizations as well as an element in the feedback received in various group meeting organised by CDMU. Time and again one of the areas of strengthening medical care that was highlighted was to educate the care givers of the MOs.</p> <p>A study on training need assessment was conducted among willing member organizations [MO] of CDMU from June, 2018 – August, 2019. These MOs are spread over 10 districts of West Bengal and engaged in different types of healthcare activities. Some are located in tea gardens, some of them are mental hospitals or rehabilitation centre, some runs health camps in village whereas some have their static clinic. The commonality being their transaction with CDMU in connection with medicines and consumables.</p> <p>CDMU initially conducted a training need assessment to understand the training need of member organizations and also assess effective delivery of information as well as knowledge with frontline health workers – the first contact with the patient in the clinic of member organizations. The common agenda for CDMU, its member organization and the donor is to provide learning so that effective and efficient health care delivery is facilitated.</p>
3	Why the training being conducted	This training is a part of rational use of medicines promoted by CDMU for its member organizations. As identified in the need assessment, the training module was drafted, tested by experts and recipients for finalization and printing and through this capacity building program, 50 participants [health staff and health workers] of 5 MOs with capacitate in 5 districts will be trained.

4	How the specific training identified?	CDMU project personnel visited selected member organization and met with their training coordinator and Director of the institution and shared with them the proposal for sensitization meeting with their healthcare workers on training module. The Project Coordinator narrated the module and plan for 1 ½ days program with the health workers. The MO accepted the need and recognised the benefit of the training module and hence the training was finalised.
5	How is training justified basis the objective of funding organisation	In the project proposal it goes under the objective 2: The rational use of medicines promoted by CDMU for its MOs through capacity building of 50 participants [health staff and health workers] of 5 MOs in 5 districts
6	Challenges faced for developing the training	Identification of effective hands-on trainers to impart the training detailed in the module. Also, availability of the trainers in the time duration finalised by CDMU and the MO.
7	How were the challenges overcome	The various doctors and institutes CDMU work with helped in identifying a list of trainers. Thus, a panel of trainers with availability was charted out and depending on their availability the same date was finalised for training at the MO.
B	2. Location and period of the training:	
1	Location of training	Institute for Indian Mother and Child training centre
2	Date of training	December 27 – 28, 2022
3	Description of venue	It is well designed training hall with windows and space to accommodate 40 participants for a training session
a	Advantage of venue	It is located in the headquarters as a result it is known to all the participants
b	Disadvantage of venue	Access to people with special needs was limited.
c	Description of physical infrastructure	It a 500 sq ft hall with dias usually used to accommodate a small number of people within close proximity. Having audiovisual system in place.
d	Accessibility for participants	The location is where all participants come regularly and hence access to location was not an issue.
e	Light/ ventilation	There was enough window providing natural light and ventilation.
f	Audio/ visual privacy	The hall was such that the presentation was visible and audible only to the participants in the hall.
g	Others	NA
C	3. Opening:	
1	Was there a registration process at location?	Yes there was registration process

2	Who gave the introductory speech and what was the content?	Sushanta Roy, Project Coordinator gave the introductory speech. He narrated the process of evolution of the sensitization meeting and about CDMU
3	Were the participants introduced - any brief on them?	Yes, the participants introduced themselves.
4	Was the participant expectation asked? If yes, what was it in summary.	<ul style="list-style-type: none"> ▪ To receive updated information on health and disease ▪ How to share information within their catchment areas-
5	How many facilitators were there – who were they and what was their responsibility?	1 facilitator was there in the program -Mrs Sharmista Gupta. Her responsibility was to conduct the sessions
6	Any other differentiator/ specification of the session mentioned upfront	The session had to be interactive for better learning, that was narrated upfront.
D	4. Workshop sessions:	
1	How many sessions were there?	11 sessions were there in the program
2	Describe how were the sessions conducted	<p>The 8 sessions were conducted by the following ways:</p> <ul style="list-style-type: none"> ▪ Lecture-reading the chapter-Q & A session <p>2 sessions were conducted by the following ways:</p> <ul style="list-style-type: none"> ▪ Lecture-reading the chapter and presentation by the participants <p>And 1 session were conducted by:</p> <ul style="list-style-type: none"> ▪ Lecture-reading the chapter-Video demonstration
3	Advantages and disadvantages of the specific way the session was conducted	The advantage of the session is that it gives the opportunity to the participants to learn through dialogue, group task and sharing experiences.
E	5. Questions:	
1	Were the sessions interactive? Rate the sessions from 1 to 5 on interaction (1 being least and 5 being most)	3
2	How well did the facilitator build rapport with the participants? Rate the sessions from 1 to 5 on rapport building (1 being least and 5 being most)	3
3	What are the highlights of the best session and the not so interactive session?	<p>The topic where most of the participants had first-hand experience, like fever, vector borne disease, cut wounds, etc.</p> <p>As for the session on COVID and burns, the hands-on experience being limited, it was challenging for the team to comment or question, hence it was less interactive.</p>
4	Sessions that were less interactive - did the facilitator make an effort to	The less interactive session, where the facilitator was doing the narrative, she attempted to ask

	make the participants talk? What was done?	questions for participants to make some informed guesses. Thereafter, tried to cross question the other participants to make them think and participate.
5	Was there a less responsive participant, what was done to get her/ his input?	Nil
6	In the interactions – was the facilitator able to respond adequately to the participants? Please provide highlight of response in each session.	Yes Please refer to the summary section below
7	What are the learning from each session on the way the sessions were conducted and questions being asked by participants	The learning of participants: <ul style="list-style-type: none"> • Updated information on snake bite • When to refer a critical patient • Health and well-being
F	6. Post test-change, feedback (formal/informal) Future expectation from participants and facilitators.	
1	What were the formal feedback from each session?	The formal feedback rated each session good and informative
2	What were the informal feedback from each session?	The informal feedback consistently remained that there needed to be many more training sessions whether in the present context or otherwise. All health workers felt that since they had limited access and time for updation, these sessions were very helpful and a necessity.
3	Comment on expectation from participants in the future	Further training on the issues is also required
4	Comment on expectation from facilitators	Sessions were conducted in very interactive ways which helped them to share their practical experiences
G	7. Closing remarks (by whom, key take home messages)	
1	Who gave the closing remark	The project coordinator gave the closing remarks
2	Summary of the closing remark	Summary of sessions and closing remark detailed below
H	8. Annexure: list of participants, facilitators and support staff who conducted the training.	

Session Summary:

The sessions were held over two days. The first day the trainer alongwith participants went through some of the symptoms and do's and don'ts as detailed in the manual. It was an interactive session, wherein the participants' doubts were clarified.

On the second day, the participants presented the topics allocated to their respective groups. This was also an interactive session, where other groups and the trainers asked clarificatory questions. To wrap up, Sushanta asked whether the participants had any specific doubts on the topics discussed across the manual. The topics discussed were:

- COVID: Clarification on detection/ confirmatory test RTPCR was sought and it was expressed that COVID was limited and even cases if detected, they were kept at home only as the patient refused to go to quarantine centre. The team was impressed that their role is to make patients understand the need for isolation, but at the same time the stigma around COVID should allayed. There were queries on booster dose, whether needed and if there were any allergic reaction for that dose. There was sensitisation being done that the booster is advisable but people should be asked to let the administrator know of any health issues that might be existing before taking the injection. Clarification was sought whether COVID can happen even after the booster dose
- Fever: It was once again clarified that in case of high fever, the patient can be given bath but in normal water and not cold water. Same for head bath
- Chest pain: Reiterated that doctor's advice necessarily needs to be taken
- Lifestyle: Once again emphasised that patients and community to be made aware to make small changes to address lifestyle disease, by changing food habit, exercise, sleep, etc. Community to be made aware that health well-being ensures better mental health. Also, the medication needs to be necessarily lifelong and not to be discontinued.
- Way of life: Emphasised that community to be made aware of keeping surrounding clean, personal hygiene and washing of hand properly
- Food habit: Avoid packaged food, fruits with high antioxidants, and eat seasonal fruits. Drink plenty water, minimum 8 glasses
- Drug/ alcohol abuse: Counselling to be followed with expert and doctor consultation. The attitude of the workers need to be neutral and not judgmental, also family of patient needs to be sensitised by the community workers
- Air-borne disease: Wanted clarification on the type of fly that cause diarrhoea besides house fly, namely sandfly
- Dog-bite: Clarification sought whether process of handling should be cleaning with water, use of antiseptic and then taken to the clinic for administration of injection

A final advice was given on referral that once the details are provide to the referred doctor, a feedback should be taken to ensure that correct communication has been undertaken.

Annexure 1: List of participants and trainers

Sl no	Name of the participants	Age	Sex	Qualification	Role of participants in the organization
1	Puja Halder	27	F	12 th standard	Involved in education program and home visit
2	Mamoni Manna	32	F	12 th standard	Involved in education program, home visit, dispensing of medicines
3	Moutusi Naskar	40	F	12 th standard	Involved in education program, home visit, dispensing of medicines
4	Sikha Debnath	41	F	12 th standard	Involved in education program, home visit, dispensing of medicines
5	Binapini Halder	25	F	12 th standard	Involved in education program, home visit, dispensing of medicines
6	Madhabi Ghosh	29	F	10 th standard	Involved in education program, home visit, dispensing of medicines
7	Tapati Ghosh	88	F	12 th standard	Involved in education program, home visit, dispensing of medicines
8	Suja Mondal	27	F	12 th standard	Involved in education program, home visit, dispensing of medicines
9	Priyanka Das	28	F	12 th standard	Involved in education program, home visit, dispensing of medicines
10	Sonali Sadhukhan	43	F	12 th standard	Involved in education program, home visit, dispensing of medicines
11	Madhumita Dolui	39	F	Graduate	Involved in education program, home visit, dispensing of medicines
12	Moumita Baidya	21	F	Graduate	Involved in education program, home visit, dispensing of medicines
13	Mitali Mondal	38	F	12 th standard	Involved in education program, home visit, dispensing of medicines
14	Supriya Pal	38	F	12 th standard	Involved in education program, home visit, dispensing of medicines

Annexure: List of facilitators and support staff who conducted the training

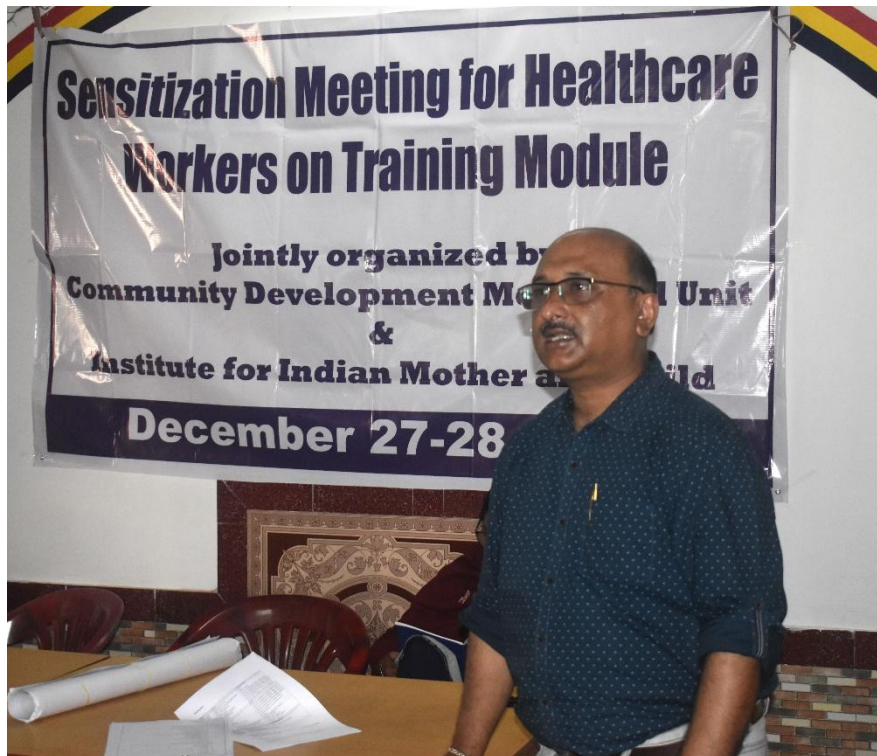
Sl no	Name of the participants	Role in the training program
1	Sarmistha Gupta	Facilitator
2	Sushanta Roy	Coordinator
3	Sulagna Dutta	Observer

Annexure 2: Training plan

Time	Day-1	Training method
1020-1030	Registration & Tea	CDMU
1030-1045	Overview of the training & Pretest	CDMU-Lecture
1045-1115	Fever & COVID-19	Lecture-reading the chapter-Q&A session
1115-1145	Tuberculosis	Lecture-reading the chapter-Q&A session
1145-1215	Vector Borne diseases	Lecture-reading the chapter-Q&A session
1215-1245	Substance Abuse	Lecture-reading the chapter-counselling (Role-Play)- assign any two of the group
1245-1315		Lunch
1315-1345	Snake Bite	Lecture-reading the chapter-Q&A session
1345-1405	Burn	Lecture-reading the chapter-Q&A session
1405-1425	Cut wound	Lecture-reading the chapter-Q&A session
1425-1500	Chest Pain	Lecture-reading the chapter-Q&A session
1500-1545	Loss of consciousness	Lecture-reading the chapter-Video demonstration- practical hands-on session
1545-1615	Referral and transport mechanism	Lecture-reading the chapter
1615-1700	Distribution of topics (distribute among rest 8, who have not participated in earlier role-play) & Tea	A: balanced diet B: personal hygiene C: lifestyle modification D: regular check up
Time	Day-2	Training method
1000-1030	Recapitulation & Tea	
1030-1115	Personal Hygiene	Skit- lecture and reading
1115-1200	Lifestyle modification	
1200-1245	Regular medical check up	
1245-1300	Post-test and feedback	
1300-1345	Valedictory/ doubt clearing & lunch	

- ✓ **Lecture: 5-7 minutes**
- ✓ **Reading from the book: 10 minutes**
- ✓ **Discussion: 15 minutes**
- ✓ **Skit/presentation by participants- 20 minutes (allow them to use any model/chart/ items they feel important for the purpose)**

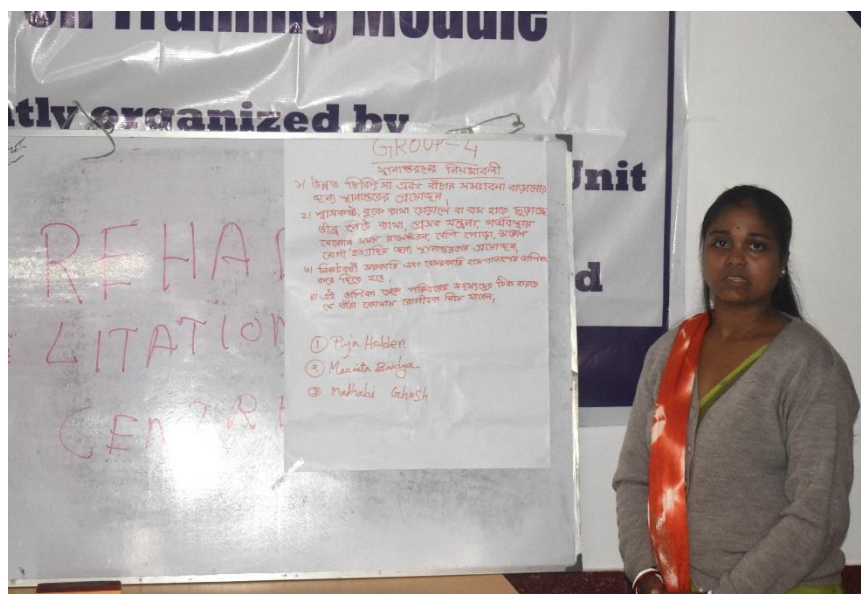
Annexure 3: Photographs



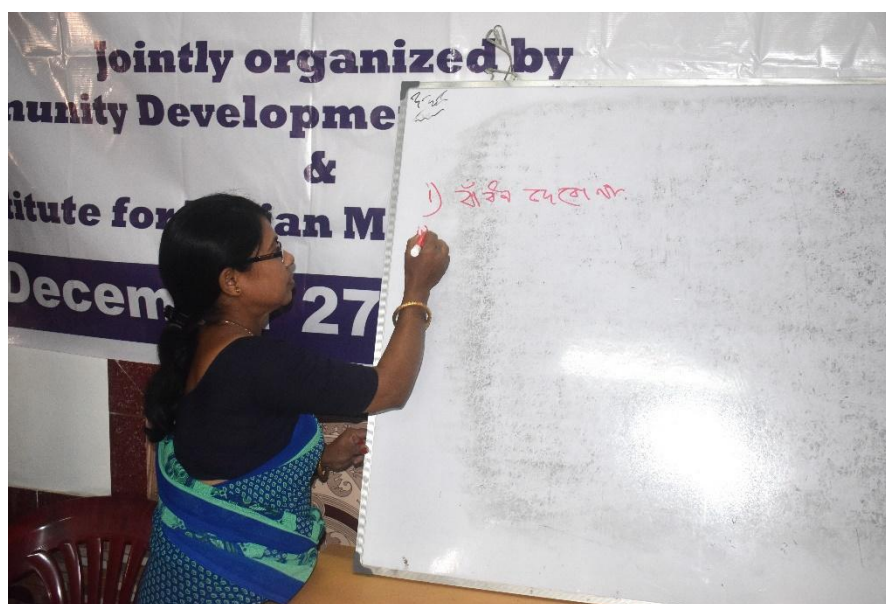
The Project Coordinator in his introductory speech



Facilitator in her session



Presentation of group activities by participants	
1	1.1
2	2.1
3	3.1
4	4.1
5	5.1
6	6.1
7	7.1
8	8.1
9	9.1
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100	100.1



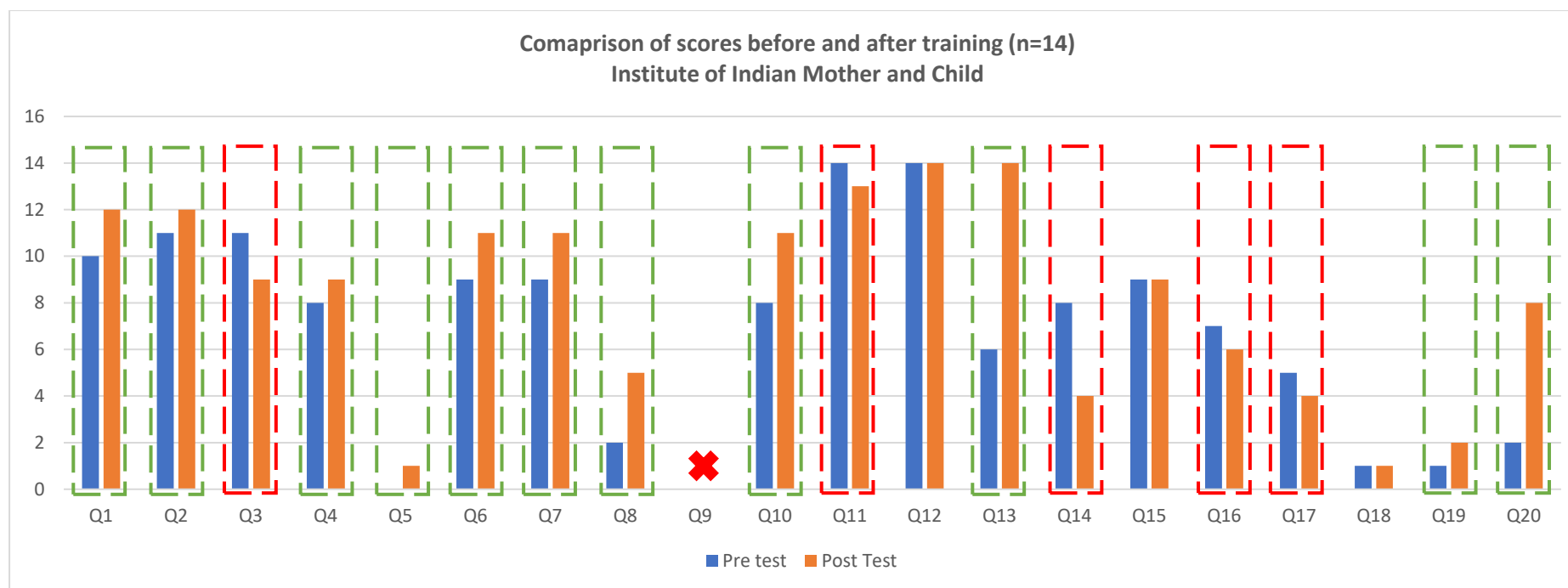
A participant sharing her presentation



Group activities



A section of participants



55% session learning shows marked improvement after training

No border

Only 10% sessions no improvement post training as the pre-training knowledge was comparable to post training



25% sessions showed a marginal dip and hence post training understanding on these topics needed revisit



No response pre or post training

The graph depicts the understanding of the participants on the various topics discussed. As evident 10% of the topics were such that the participants had some understanding and hence there was as such no improvement in the understanding. 55% of the topics showed a marked improvement from the understanding that they had originally. In around 25% topics, the participants needed a revisit as they were not confident. In one topic there was no response pre or post training.