

Sensitization meeting for healthcare workers on Training Module

From: January 7, 2023

To: January 8, 2023

Name of Member Organization: Southern Health Improvement Samity

Number of Participants: 21



Group photograph with participants and facilitator

Table of contents:

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:

- a. List of participants and CDMU team
- b. Training plan

| 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 partner organizations to strengthen its medical care programs. It was also felt during personnel visit to its partner organizations as well as in the meeting that one of the area of strengthening medical care is to educate the care givers of its 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 district 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 drugs and consumables.</p> <p>With such objectives CDMU initially conducted a training need assessment to understand the training need of member organizations and 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 effective and efficient health care delivery.</p> |
| 3 | Why the training being conducted | This training is a part of rational use of medicines promoted by CDMU for its member organizations. Through this capacity building program 50 participants [health staff and health workers] of 5 MOs in 5 districts are being trained |
| 4 | How the specific training identified? | CDMU project personnel visited selected member organization and meet with their representatives and shared with them with 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. |

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| 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 | Southern Health & Improvement Samity |
| 2 | Date of training | January 7-8, 2023 |
| 3 | Description of venue | It is well designed training hall with windows, two gates for entry/ exit and space to accommodate 40 participants for a training session. There was seating arrangement with chairs that was perfect for training, as it had handled to place notebooks to write notes. Arrangement was available for a writing chart. |
| a | Advantage of venue | It is located in the headquarters as a result it is known to all the participants and also participants could be reached to ensure all are available. |
| b | Disadvantage of venue | Nil |
| c | Description of physical infrastructure | It was a 650 sq ft hall with a whiteboard and table for the trainers. having audiovisual system in place. |
| d | Accessibility for participants | Since on first floor without wheelchair accessibility or elevator, access to any participants with any mobility disability was limited. |
| e | Light/ ventilation | Enough windows to ensure light and ventilation in the room |
| f | Audio/ visual privacy | Was not used |
| g | Others | |
| C | 3. Opening: | |
| 1 | Was there a registration process at location? | Yes, there was registration process that was informal. As the participants seated themselves, the attendance sheet was signed and the kit was given consisting of the training booklet, notepad and pen. |
| 2 | Who gave the introductory speech and what was the content? | Sushanta Roy, Project Coordinator gave the introductory speech. He narrated the process of |

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| | | evolution of the sensitization meeting and about CDMU |
| 3 | Were the participants introduced - any brief on them? | Yes, the participants introduced themselves during the course of the session. |
| 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 • Receive regular training necessary for their work |
| 5 | How many facilitators were there – who were they and what was their responsibility? | 1 facilitator was there in the program. Suchandra Ghosh was the facilitator. Her responsibility was to conduct the sessions to introduce the material in the booklet, give clarification to participant query. |
| 6 | Any other differentiator/ specification of the session mentioned upfront | The session was expected to be interactive |
| 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> <p>Lecture-reading the chapter-Q&A session</p> <p>2 sessions were conducted by the following ways:</p> <p>Lecture-reading the chapter and presentation by the participants</p> <p>And 1 session were conducted by:</p> <p>Lecture-reading the chapter-in-person demonstration</p> |
| 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? | All the sessions were interactive. Some of the sessions where the participants had hands-on experience were more interactive. |
| 4 | Sessions that were less interactive - did the facilitator make an effort to make the participants talk? What was done? | Yes, the facilitator ensured that all sessions were interactive to make sure that participants were involved in what was happening and there was sufficient learning being taken away |
| 5 | Was there a less responsive participant, what was done to get her/ his input? | There were some less responsive participants who were asked questions or asked to read sections and narrate their experiences |
| 6 | In the interactions – was the facilitator able to respond adequately to the | Yes |

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| | participants? Please provide highlight of response in each session. | Please refer to the session summary 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 sessions were rated well and as informative and well presented |
| 2 | What were the informal feedback from each session? | The sessions were all very much appreciated, and expectation was that similar sessions are conducted on a regular basis. The health workers felt that their daily work kept them too busy and also that they had limited access to updates, hence such sessions were necessary to keep them relevant in their field of work. Also, these sessions were important for them to perform their work effectively according to prescribed standards |
| 3 | Comment on expectation from participants in the future | The participants requested more such trainings and updation regularly of changes in treatment |
| 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 | Session summary details both in-session highlights and the closing remark |
| H | 8. Annexure: list of participants, facilitators and support staff who conducted the training. | |
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Session summary:

Sushanta introduced the session stating that 2018 the programme started with identification of training requirement by the various health NGOs. This resulted in the publication of the booklet on common health issues and do's & don'ts in their treatment. The sessions were designed to disseminate the modules in the booklet.

- **COVID:** It was discussed that patients with symptoms should be evaluated basis RAT, if negative result but symptoms persist then RTPCR should be done necessarily for accurate medication. Use of steroids should be only basis physician reference and not adhoc as it may lead to fatal bacterial infection in an already immunity suppressed situation due to Covid. Washing and sanitisation should be a necessary and persistence suggestion. There were queries on vaccination which were clarified by the trainer.
- **COMMON FEVER:** Vulnerable and safe group distinction was discussed. As far as a treatment is concerned, it should start with reassurance and hydration needs to be emphasised. The myth of cold compression needs to be debunked. Normal temperature water should be used to provide

compression when temperature is high. If temperature does not reduce after 48 hours, and there is no sleep at night, with lots of perspiration, one could look at checking for Tuberculosis. Antibiotics should not be used randomly. Aspirin also needs to be given carefully, as if it is Dengue, it can lead to bleeding. At the end of the session, certain common do's and don'ts were repeated by the participants.

- Tuberculosis: Malnutrition as the cause of TB was highlighted in the session. The fact that immunity is compromised was also emphasised. Along with the spread of the disease, even special care needs to be taken so that the patient may not contract other diseases in the meantime. Symptoms include low grade fever, sudden perspirations in the night, sudden weight loss and maybe chest pain. Chest X-ray and sputum test for 3 consecutive days for diagnosis, medication needs to start immediately through D.O.T. (Direct Observation Therapy). LFT (Liver function Test) should be done and it has to be ensured that the 9 month course is completed. There is a high tendency of default that needs to be addressed to ensure complete cure.
- Vector borne disease: Malaria, dengue and diarrhoea are the most common disease. The training identified the symptoms of the three and also filaria as well as Japanese encephalitis. The identification of cause, like stagnant water in case of dengue, sewage for malaria, fly defecating on food being consumed, etc are things that community needs to be made aware of by the health workers. Thereafter government protocol and various treatment and diagnosis parameters were highlighted.
- Substance abuse: The types of abuse are numerous like, cigarette, alcohol, drug, cough syrup, etc, and causes are likewise many from broken homes to mental health issues. The various ways of addressing such issues were highlighted and understanding the background of patient was important. Empathy was important for handling such patients.
- Cut wounds: First and foremost, it needs to be identified if it is capillary or arterial cut, as that decides the treatment to address the wound. In the former, since it is a superficial wound the focus is to clean the wound and apply antiseptic. In the latter one needs to understand if there is a tissue damage or breakdown. Again, if it's a vein cut, stopping bleeding is tough, the objective should be to keep the wound closed for a minimum of 10 minutes to try and stop the bleeding. Thereafter the patient to be taken for proper care in terms of stitching, if required. Tetanus is a must, which is 3 dosage starting from immediate, then after one month and lastly after six months.

The sessions that were taken the following day were driven by the participants. They were divided into four groups and were given the below topics that they addressed. The trainer assisted in providing clarification and emphasis wherever needed.

- Personal hygiene: The personal hygiene section was well presented by the group highlighting what needed to be done from head to toe. However, interestingly the two specific aspects of personal hygiene i.e. besides physical, mental part was emphasised by the training team. Also, the trainer made the participants practice the seven steps of handwashing, an important focus to be shared with all specifically after COVID.
- Lifestyle modification: The team effectively captured all aspects of the chapter. They shared with all the primary consideration namely, eating habit and eating of food groups, namely starch,

protein and fat, in that order. Also, one needs to sleep well and have an active lifestyle. The trainer emphasised the importance of interaction with positive people. Thus mental health also needs addressed under lifestyle, given that it has a strong impact on physical health. Poor mental makeup affects hormones, thus immunity and creates pseudo illness. In such a case reference to psychiatrist was mandated.

- Burns: The team provided the basic definition of burns alongwith degrees for easy understanding. The diagrammatic representation was effective. However, the trainer focused on source of burn also, eg acid, electric, fire, accidental etc. The impact of each and ways to handle were addressed. Thereafter, the question was asked and addressed as to how evacuation needs to be planned in case of a fire, wherein patients closest to fire source needs to be attended first and then immobile patients and rest should be asked to assemble at assembly point. It was emphasised that all health workers should be trained on how to use fire extinguisher. Some basic was shared on use of extinguisher. The primary thing to remember for health workers is not to panic.
- Snake bite: The team presented had unfortunately used the internet for reference and hence had missed on the don'ts in the booklet. In case of snakebite, one should not tie the spot or use mouth to suck the venom out, or burn the place. First awareness needs to be made as to which is a harmful snake and then the first task is to take patient to nearby doctor for treatment. Spread of wrong information needs to be immediately addressed.
- Chest pain: The session highlighted the need to carry out health check-up after 30 years of age. This should include complete blood test to check for anaemia, thereafter protein, vitamin, thyroid, cholesterol, diabetes, liver test, eye check-up, heart test and detection for cervical, prostate and breast cancer. Focus needs to be kept on BMI and blood pressure levels also. The trainer emphasised that patients need to be given options and not opinions.

Thereafter, the trainer provided demonstrating of CPR. In case of chest pain, details can be taken by the primary healthcare and when being moved to another doctor in case of emergency, the details of patient to be sent to referral doctor in advance preferably. The carotid pulse between Adam's apple and vein to be checked 5/10 seconds. The hand clasped, hard and fast pressure need to be given. In case of mouth to mouth, the mouth needs to be cleaned. Head to be kept at an angle to avoid choking. The process is CAB (Circulation, Airway and Breathing). The method includes sitting on knees and put pressure from shoulder, 30 compressions in 20 seconds. The objective is to reach 40-50 pulse rate. The participants were given hands-on option and they were corrected.

The sessions were appreciated by all and they wanted more such sessions be taken to improve the knowledge of the health workers.

Annexure 1: List of participants and CDMU team

| SN | Name of participants | Age | Sex | Qualification | Role of participants in organization |
|---|------------------------|-----|--------|-----------------|--------------------------------------|
| 1 | Basanti Pal | 55 | Female | Class X | Documentation at stores |
| 2 | Parbati Mondal | 63 | Female | Class XII | Counselling, medicine dispensing |
| 3 | Biswajit Ojha | 47 | Male | Class XII | Maintenance of laboratory |
| 4 | Sirajuddin Molla | 27 | Male | Graduate | Dispensing & Counselling |
| 5 | Sk Ismail Haque | 55 | Male | Graduate | Water testing |
| 6 | Md. Rasihidul Alam | 39 | Male | Class XII | Dispensing & Counselling |
| 7 | Sk Ejajul Hossain | 28 | Male | Graduate | Dispensing & Counselling |
| 8 | Ranuja Molla | 24 | Female | Graduate | Optometrist |
| 9 | Gopa Mali | 27 | Female | Class XII | Dispensing & Counselling |
| 10 | Monirul Biswas | 30 | Female | Class XII | Dispensing & Counselling |
| 11 | Rubel Molla | 32 | Female | Graduate | Dispensing & Counselling |
| 12 | Tithi Mandal | 23 | Female | Graduate | Dispensing & Counselling |
| 13 | Sabana Parvin | 25 | Female | Class XII | Lab technician |
| 14 | Amiran Bibi | 49 | Female | Class X | Dispensing & Counselling |
| 15 | Gandhari Singh | 22 | Female | Class XII | Dispensing & Counselling |
| 16 | MD. Bulul Hossain | 39 | Male | Post-Graduation | Dispensing & Counselling |
| 17 | Paliteti Nagamani | 36 | Female | Graduate | Nurse in clinic |
| 18 | Md. Maruf Billa Biswas | 27 | Male | Post-Graduation | Administration |
| CDMU Team (including external members) | | | | | |
| 19 | Suchandra Ghosh | | | | Trainer/ Facilitator |
| 20 | Sushanta Roy | | | | Project Coordinator |
| 21 | Pallavi Paul | | | | Observer |

Annexure 2: Training plan

| Time | Day-1 | Training method |
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| 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



Suchandra Ghosh during her deliberation



A section of participants



Demonstration of recovery position



Demonstration of Cardio Pulmonary Resuscitation

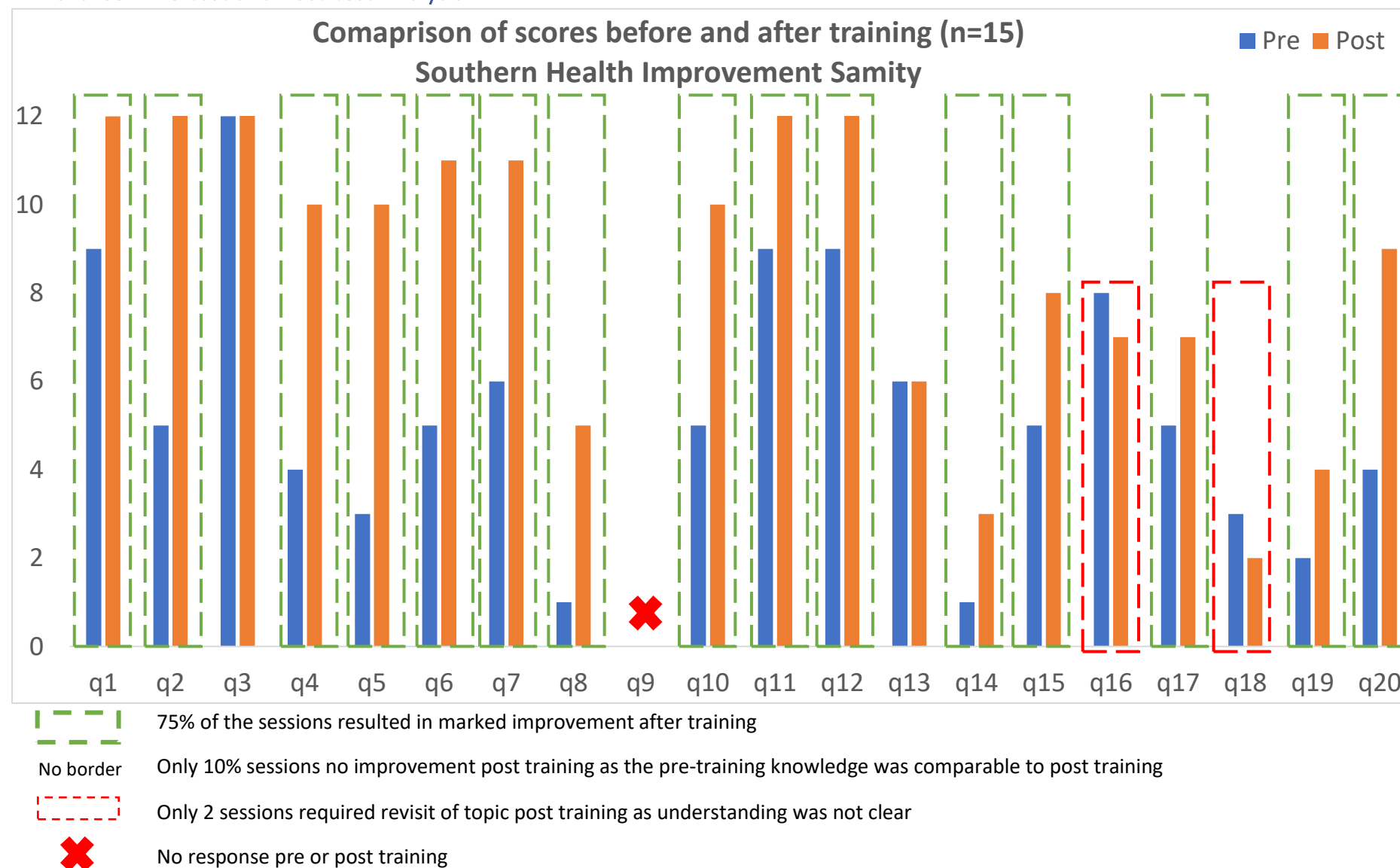


Sharing of group activities



Sharing of group activities

Annexure3: Pre-test and Post-test Analysis



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. 75% of the topics showed a marked improvement from the understanding that they had originally. In around 2 topics, the participants needed a revisit as they were not confident. In one topic there was no response pre or post training.