

Blended e-learning course: An innovative approach to train private providers on diagnosis and treatment of febrile illnesses

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Introduction

- Market expansion of malaria rapid diagnostic tests (RDTs) into the private sector requires that provider capacity on febrile case management is improved and that best practices are adhered to.
- Costs to conduct facilitator-led venue-based learning at scale are prohibitive and are not suited to the busy schedule of the private providers.
- The cascade approach to training has been shown to consecutively dilute important information.
- A combined instructor led with e-learning course was developed to provide consistent, standardised quality training to a larger audience. This blend allows information to be processed at student's pace and skills to be applied.



Methods

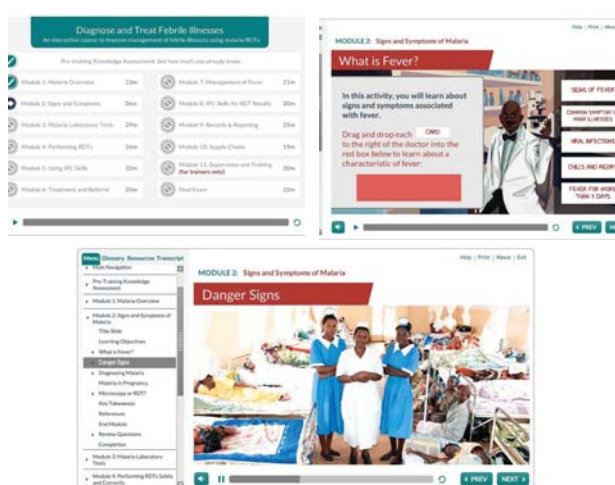
Course content: 11 modules, with 400 slides for six hours of content on various theoretical subjects including the diagnosis and management of febrile illnesses with interactive case studies and quizzes. A glossary, resources link and written transcript are also available. Trainers also received information on supervision and adult learning techniques.

Instructors: National trainers, sales representatives from RDT local distributors, members of the professional associations.

Target audience: Private providers from clinics, pharmacies, drug shops or patent medicine vendors in Nigeria and Uganda.

Course duration: three-day training for trainers; two-day training for providers.

Pass criteria: Trainers: Post-test score >90% or the e-learning course and test needed to be repeated within a month. Providers: Post-test score >75% or the e-learning course and test needed to be repeated within a month.



Results

Trainers course:

- 15 people in Nigeria and 19 in Uganda. All prospective trainers were encouraged to give inputs for course improvements and challenges envisaged.
- Two people in each country did not receive >90 % marks and repeated test at a later date.
- Knowledge was seen to increase by around 10%.
- All participants stated they enjoyed course content:
 - >75% participants stated that they thought that this was an appropriate medium for course delivery
 - <15% thought written hand-outs were necessary

UGANDA TRAINERS					
Cadre	Female	Male	TOTAL	Average Pre-test (%)	Average Post-test (%)
Sales representatives	2	3	5	86%	96%
Regulatory authorities/professional associations	2	6	8	88%	97%
National trainers/district health personnel	3	3	6	89%	97%
TOTAL	7	12	19	88%	97%
NIGERIA TRAINERS					
Cadre	Female	Male	TOTAL	Average Pre-test (%)	Average Post-test (%)
Sales representatives	1	8	9	81%	92%
Regulatory authorities / professional associations	1	4	5	87%	95%
National trainers/district health personnel	1	0	1	86%	97%
TOTAL	3	12	15	84%	94%

Participants' course:

- Provider training:** Two days, 15-20 participants, led by two instructors, a sales representative and a professional association member.
- Semi-quantitative observation checklist used to strengthen trainer capacity to organise and deliver course content that includes checks on infrastructure, administrative issues, participants engagement and ease with course contents and trainer delivery.
- Uganda to date:**
 - 181 providers from 171 outlets (64 clinics, 101 drug shops, 6 pharmacies) in Wakiso District trained
 - Average pre-test score: 67%, Average post-test score: 91%
 - Overall knowledge improvement >25%
 - 4 participants failed to receive a certificate and 9 failed to attend day 2
- Nigeria to date:**
 - 293 providers from 293 outlets (69 clinics, 124 PPMVs and 100 pharmacies) three LGAs in each of Anambra, Ogun and Cross River states were trained over the two days and certified



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