

049

DEVELOPMENT OF TRAINING COURSES ON THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI) USING A BLENDED LEARNING APPROACH FOR FRONTLINE HEALTH WORKERS IN TWO URBAN COMMUNITIES IN THE PHILIPPINES

Noel R Juban,¹ Jose Alvin P Mojica,¹ Elizabeth R Paterno,¹ Amiel Nazer C Bermudez,¹ Dyan Geleen B Tuble,¹ Kristine Joy L Tomanan,¹ Raoul A Bermejo,² Pura Angela W Co². ¹Department of Clinical Epidemiology, College of Medicine- University of the Philippines, Manila, Philippines; Health Futures Foundation, Inc., Quezon City, Philippines; ²United Nations International Children's Fund, Makati City, Philippines

10.1136/bmjopen-2015-forum2015abstracts.49

Background The Integrated Management of Childhood Illness (IMCI) is used to address the most common yet preventable causes of child mortality worldwide. However, difficulties in the scale-up of IMCI led to the development of the IMCI Computerized Adaptation and Training Tool (ICATT).

Objectives This paper describes the development of ICATT-based training configurations to be pilot-demonstrated in Davao City and Puerto Princesa City.

Methods The design of training configurations was based on findings from scoping activities, which included literature review, and consultations with expert, stakeholders and end-users. Findings from scoping activities yielded (1) preference for a shorter training courses; (2) allocation of more training days for clinical practicum; (3) preference for blended learning approach; and (4) need to develop a complementation of tools to evaluate training performance.

Result Two specific ICATT-based training configurations (i.e. a seven-day course and an eight-day course) were developed, with the main difference being on the number of classroom-based sessions allocated, and the mode of delivery of integration sessions. For both configurations, two days are allocated for distance learning, one day is allocated for integration, and two days are allocated for practicum.

Conclusion Tools developed to measure changes in knowledge levels on IMCI consists of two written exams, while changes in levels of skills on IMCI is measured using two self-administered surveys and two observation checklists. Readiness to undertake ICATT-based training is assessed through a self-administered survey. User experience and performance is evaluated through key informant interviews and review of records in participating health facilities.