

Pre-Service Training Of IMNCI In Medical Colleges – MUHS experience

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Abstracts: Background: IMNCI training improves knowledge and skills in newborn and child health care. If adopted in pre service training, this will help in improvising the health system. Objectives: To investigate the opinion and effectiveness of in-service training of IMNCI and impact on medical college teachers and students which will reflect on their management and care of the seriously ill newborn or child at community set up. So It was decided to take feedback of the students and medical college teachers who have undergone IMNCI training. Methodology: 115 students and 36 medical college teachers were given prevalidated questionnaire to test knowledge, methodology and open comments about IMNCI. Questionnaire with 30 items was designed to know feedback about IMNCI Training. Results: It was found that the 66 % were satisfied with IMNCI training, 50 % use IMNCI in practice, 72% knew principles of IMNCI and 91% understood assessment of the children based on IMNCI guidelines, colour coded system and components of IMNCI. Introducing IMNCI in syllabus and textbooks may improve usage of IMNCI in practice. The students felt color coded system of IMNCI will help in early referral. Integration at field and in other subjects was appreciated and students wanted more hands on training at hospital and field level. Only 25% medical college teachers who have undergone F IMNCI training felt it is better than IMNCI which includes protocol based and skill based workshop. Conclusion: IMNCI and FIMNCI adopted in pre service training will improve skill and knowledge of health professionals. [Menon P et al NJIRM 2012; 3(5) : 14-16]

Key words: IMNCI, skills and knowledge, newborn and child health care

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Introduction: Almost 10 million deaths occur annually in developing countries in children under-5 years old¹. The most deaths are due diarrheal dehydration, acute respiratory infections, measles, malaria, and malnutrition which preventable and easily treatable childhood diseases². A variety of training courses based on developed country models are being promoted as a strategy to improve the quality of care of newborn child in developing countries. One of them is Integrated Management of Neonatal and Childhood illnesses (IMNCI) training which is supposed to improve skills and knowledge in newborn and child health care. It is worth to review these training programmes which will help in improvising the health care delivery system. To find out the effectiveness of in-service training of IMNCI, it was decided to take feedback of the students and medical college teachers who have undergone IMNCI training.

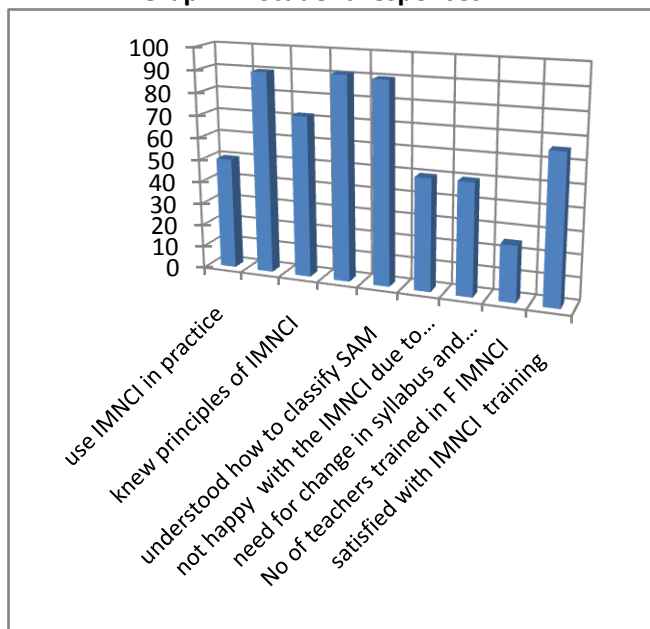
Material and Methods: 115 students and 36 medical college teachers were given prevalidated questionnaire to test knowledge, methodology and open comments about IMNCI. Local Ethical committee permission and informed consent of

subjects was taken. Questionnaire which was prevalidated was to assess Impact Of IMNCI Training. Ethical committee permission was obtained and informed consent of subjects was taken. There were 30 items which included time of IMNCI training, application of IMNCI in practice and teaching, reasons for not using IMNCI, comparison with facility based IMNCI, principles of IMNCI, expansion of IMNCI and SAM, diagnosis of hypothermia, tachypnea, color coded system of IMNCI and level their satisfaction about IMNCI.

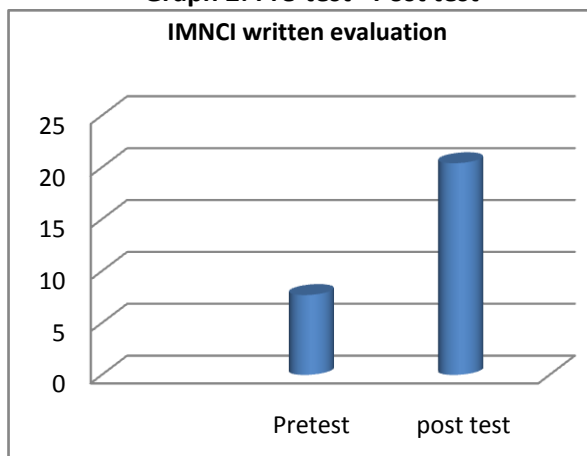
Result: It was found that the 66 % were satisfied with IMNCI training and 50 % were of the opinion that they would like to use IMNCI in practice. 72% knew principles of IMNCI and 91% understood how to assess the children based on IMNCI guidelines, colour coded system and components of IMNCI. This shows response to understanding of application based question on IMNCI was better than recall. 50 % were not happy with the IMNCI because they are taught in conventional method and not able to practice IMNCI because of unavailability color cards. They also opine that need in change in syllabus and textbook is required

which may help for the usage of IMNCI in practice. The students learnt about color coded system of IMNCI after training. They felt it will help in early referral. Many felt it is good to have integration at field and in other subjects. Instead of lectures and videos students wanted more hands on training and skills at hospital and field level. 25% medical college teachers who have undergone F IMNCI training felt F IMNCI is better than IMNCI which includes protocol based and skill based workshop. Long term retention was not checked. This is one the limitation of this study which we may plan for future

Graph 1: Student responses



Graph 2: Pre-test –Post test



Discussion: IMNCI introduced in medical colleges of Bangalore in February 2003, CMC Ludhiana in April 2003, LTMC, Mumbai in September 2003, GMC Bhopal in December 2003 and AFMC Pune in July 2007. IMNCI MUHS PROJECT was started with aim of building capacity for IMNCI among every medical graduate and post graduate. The aim was to implement IMNCI in field practice, in the medical colleges & demonstrate the results to policy makers. This was collaborative effort of Pediatrics and Preventive and social department in all medical colleges. It was also included in internal assessment which included short note on IMNCI /objective type questions & practical assessment as internal. Many medical colleges undertook TOT workshops for all the faculty, Training of the Postgraduates, Training of the Undergraduates. These trainings lead to dissertations in Community Medicine and Pediatrics in Maharashtra. Both faculty and students felt IMNCI helps to simplify the subject, addresses need of the country, It adds to clinical skills & essential care & conventional teaching but cannot substitute hard core pediatrics. The Major Strength of IMNCI is evidence based practices like 50% clinical training, feasibility of its incorporation into pre-service education and in service training focus on communication and counselling skills⁷. By improving the coordination and quality of services provided by existing child health and other programmes, the IMNCI strategy will increase the effectiveness of care and simultaneously reduce the cost. Our medical teachers also shared similar opinion.

Conclusion: IMNCI and F IMNCI are good training programmes started by Government of India to improve child health system. The students are really interested in these programmes which include hands on training than theoretical knowledge. It was strongly felt that IMNCI and F IMNCI which can be introduced in undergraduate level which will definitely help in their field practice. If we implement these at undergraduate and reinforce at postgraduate level will definitely result in better skilled doctors in child health care.

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Conflict of interest: None

Funding: UNICEF
