

WHO/CHD/97.3.K. Rev.1
DISTR.: GENERAL
ORIGINAL: ENGLISH

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

COURSE DIRECTOR'S GUIDE

World Health Organization and UNICEF
1999

Integrated Management of Childhood Illness was prepared by the World Health Organization's Division of Diarrhoeal and Acute Respiratory Disease Control (CDR), now the Department of Child and Adolescent Health (CAH), and UNICEF through a contract with ACT International, Atlanta, Georgia, USA.

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The *Course Director's Guide* is one part of a set of materials for conducting the course, *Integrated Management of Childhood Illness*. It assumes that the reader is familiar with the course materials and teaching methods.

PART ONE: PLANNING AND ADMINISTRATIVE ARRANGEMENTS

Careful planning and strong administrative support are essential before, during, and after the *Integrated Management of Childhood Illness* training course. This section of the *Course Director's Guide* describes the necessary plans and arrangements.

Clinical practice is an essential part of the *Integrated Management of Childhood Illness* course. The course provides daily practice in using case management skills so that participants can apply these skills correctly when they return to their own clinics. In addition to daily classroom work, each small group of participants visits an outpatient clinic each day, where they practice the case management process with sick children and young infants. Each group also goes to a centrally located inpatient ward each day for additional practice assessing and classifying clinical signs, especially signs of severe illness. Approximately 4 weeks after the course, participants receive at least one follow-up visit for reinforcement of skills and additional practice in their own clinics.

The clinical facilities and logistical arrangements required for conducting this course and follow-up visits are considerable. It is critical to select a general location for the course (town or area) which has a suitable inpatient facility and several nearby outpatient clinics that can be visited by participants during the course. It is also critical to select suitable facilitators, some of whom may also be available to conduct follow-up visits to participants after the course.

The Ministry of Health may be planning for a series of courses rather than a single course. Given the effort required to set up a course, the need to train facilitators, and the need for a series of courses to train a sufficient number of health workers to justify this investment, arrangements will often need to take into account longer term training plans. There may be a need to build a training team that can conduct courses on an ongoing basis (perhaps every month). If so, long-term considerations may affect the choice of facilitators and inpatient instructors.

For example, a hospital with a large paediatric ward may have several inpatient staff who can be trained and then serve as inpatient clinical instructor on a rotating basis. (One clinical instructor is needed per course, and the time commitment is 4-6 hours per day for 2 weeks per course). The hospital and nearby clinics may have staff who can serve as facilitators for several courses each year.

Part One of this guide describes first how to select clinical facilities to be used during the course. It then presents a checklist of the necessary plans and arrangements for the entire course. Following the checklist are more detailed instructions for making some of the arrangements.

Note about Adaptation

Before this course can be used, the Ministry of Health must review national policies and use the *Adaptation Guide* to determine the relevant recommendations to include in the course materials (the case management charts, modules and other materials). This adaptation process should also be used to modify the clinical session procedures and materials. Modification of the clinical guidelines and drug supply list is helpful so that the same procedures, drugs and equipment are used during the training as will be used later in the participant's own clinic. Ideally, this modification is done well before the course.

However, if the course has not yet been adapted to reflect national policies, refer to the *Adaptation Guide* as you review the national policies and identify the relevant recommendations. Modify the case management charts, clinical session procedures and course materials by filling in the blanks for:

- * recommended first-line and second-line oral antibiotics for pneumonia
- * recommended first-line and second-line oral antibiotics for treating *Shigella* and cholera
- * recommended first-line and second-line oral antimalarials
- * recommended safe remedies for soothing the throat and relieving cough, and dangerous ones to avoid
- * appropriate energy- and nutrient-rich local complementary foods

Add any significant modifiable local feeding problems that are not already on the *COUNSEL THE MOTHER* chart in the space provided in the module *Counsel the Mother*.

In addition, find out whether the course participants work in areas where there is high, low or no risk of falciparum malaria. In areas of low malaria risk, you will use certain optional case studies (which are already printed in the generic course materials). In areas where there is high malaria risk, or where there is some risk but not enough data to decide whether the risk is high or low, you will use the exercises for high malaria risk. (See the *Adaptation Guide* and section 5.0 in the module *Assess and Classify the Sick Child*.)

If there is no risk of falciparum malaria where the participants work, and children do not travel to areas with low or high risk of falciparum malaria, the antimalarial treatment recommendations on the *ASSESS & CLASSIFY* chart are inappropriate. Modifications are also needed for the follow-up of children with fever. The course must be adapted in these circumstances to avoid teaching inappropriate antimalarial treatment.

Also find out whether hookworm/whipworm are a problem in the area. The generic course materials include recommendations for using mebendazole to treat hookworm/whipworm in children with anaemia, if these are a problem in the area. You will need to tell facilitators whether participants need to learn this treatment.

1. Criteria for Selecting Sites for Clinical Practice

Several towns or areas may need to be visited in order to locate one with clinical facilities that meet the criteria for this course. Basically, the selected facilities must have a sufficient case load, acceptable quality of care, and a director and staff who are interested in the course and willing and able to cooperate.

In order for participants to practice clinical management with as many sick children as possible, the clinical practice sessions should take place in facilities where a great many children of ages 1 week up to 5 years are present each day with signs related to cough, diarrhoea, fever, measles, ear problem, malnutrition and anaemia. It is helpful to conduct the training during a time of annual peak incidence for at least some of the following diseases: pneumonia, diarrhoea, malaria and/or measles.

Select one inpatient ward to be visited daily by all course participants, who will come in several small groups throughout the morning and early afternoon. Select several outpatient clinics, depending on the size of the course being planned. Each small group will visit one outpatient clinic daily.

Criteria for Selecting the Inpatient Ward

1. Select a facility with an inpatient ward that admits children with severe illnesses such as pneumonia, meningitis, and severe malaria. (The facility may have several wards, such as a paediatric, neonatal and malnutrition ward, where infants and children are treated.) This will allow participants to observe certain less common clinical signs, particularly for pneumonia, malnutrition, and signs of serious bacterial infection in young infants.
2. The inpatient ward should be within a reasonable distance of lodging and classrooms, as clinical practice will occur almost every day. Transportation will need to be arranged.
3. The inpatient ward should correctly use Oral Rehydration Therapy (ORT) for dehydrated children who can drink. This will allow participants to see the transition from severe dehydration (requiring IV therapy, plus ORT when the child can drink) to some dehydration (requiring ORT only).
4. The inpatient ward director should be willing for groups of participants to visit the ward daily during a period of about 2 weeks (several groups per day for 11 days of the course). The dates of the course should be acceptable to the inpatient ward director.
5. A clinical staff member should be available starting at 6:00 or 7:00 a.m. each day to assist the inpatient instructor in selecting cases for that day.
6. Some supplies are needed in the inpatient ward for assessing and classifying patients, such as scales and thermometers. ORT supplies are also needed. Supplies that may be needed for clinical practice in the inpatient ward are listed

in the *Guide for Clinical Practice in the Inpatient Ward*. You may need to bring some of the supplies if the inpatient ward does not have enough.

7. Treatment of children in the ward should meet or exceed minimal standards of acceptable care. See Annex H.

Criteria for Selecting the Outpatient Clinics

1. Select several outpatient clinics where many children are seen each day. One of these clinics may be in the same facility as the inpatient ward.
2. The clinics should be within a reasonable distance of lodging and classrooms, and close to the inpatient ward as well. Transportation may be needed for small groups from lodging to the clinics, and also from the clinics to the inpatient facility.
3. In the clinics there should be an ORT (Oral Rehydration Therapy) area for treating children with diarrhoea who are dehydrated. The ORT treatment area may be in a corner of a one-room multipurpose assessment and treatment area, or it may be in a separate room. Some outpatient clinics may also have 1 to 2 beds for giving IV therapy to severely dehydrated children.
4. Within or immediately adjacent to the outpatient clinics, there should be a large well-lit area or two smaller areas (such as exam rooms) where participants can assess patients. These areas should be relatively calm and quiet, so that children who are being assessed will remain calm when their signs are assessed. They must be near enough to the main treatment area of the clinic that children are easily returned to clinic and any emergencies can be managed by the regular clinic staff.
5. The clinic director and staff should be willing to accommodate use of the assessment, classification, and treatment processes described on the case management charts. As this training course is used more widely, it is hoped that clinics can be selected where the staff already know the IMCI case management approach and use it with confidence.
6. It is best if the clinic director will permit participants (with supervision of facilitators) to dispense oral drugs to mothers and give the first dose in clinic.

7. In the ideal situation, the clinic staff would already be using the appropriate antibiotics, antimalarials and other drugs correctly, as follows:

For Acute Respiratory Infections: Appropriate oral antibiotics are given for the outpatient management of non-severe pneumonia. Pre-referral or inpatient treatment of severe pneumonia routinely uses intramuscular (IM) rather than intravenous (IV) antibiotics; antibiotics are not used to treat coughs or colds. The management of chronic ear infection focuses on wicking the ear dry; repeated courses of antibiotics are not given for a draining ear.

For Control of Diarrhoeal Diseases: Oral rehydration therapy (ORT) is used appropriately to treat children with diarrhoea who are dehydrated; IV therapy is not used when ORT would be effective. If staff are trained and supplies are available, IV therapy is given when needed. As soon as the child is able to drink, ORS is given in addition to IV therapy. Antidiarrhoeal drugs are never used. Food is given to children on Plan B after 4 hours of ORT.

For Malaria Case Management: First-line oral antimalarial has been identified; if appropriate, a second-line oral antimalarial is also provided at the first-level health facility; staff are trained to safely administer quinine for severe malaria. Microscopy is not required.

For Measles Case Management: Vitamin A is given to all measles cases. Staff are trained to manage stomatitis and conjunctivitis.

For Management of Malnutrition: Staff accurately weigh children. Mothers are counselled about breastfeeding and good complementary foods.

For Immunization: BCG, DPT, OPV and measles immunizations are available for administration to sick children in the outpatient setting.

8. A staff member such as a nurse should be available at each clinic to participate in the selection of cases. This nurse helps to identify suitable children as they come into the clinic. The nurse arranges for the child and mother to leave the regular clinic line and be seen by the participants. The nurse then takes them to the appropriate station in the clinic for any additional treatment and care, minimizing subsequent waiting time.
9. Many supplies are needed at the clinical practice sites, such as scales, thermometers, drugs, and ORS supplies. All of the supplies that may be needed are listed on pages 31-33 of this guide. Depending on how the case management charts have been adapted for the local area, you may not need all of the different drugs or different formulations of drugs listed. Be sure that the drugs listed on the adapted charts are available. You may need to bring some of the equipment or supply some of the drugs if the clinic's supply is low.

2. Checklist for Planning and Administrative Arrangements

As the Course Director, you may not be directly responsible for all of the items on this checklist, but you can ask questions to ensure that appropriate arrangements are being made, or can assign someone responsibility for making them.

Arrangements may not be listed in the exact order in which they will be made. Space has been left for any additional reminders.

Initial Planning

1. _____ Case management guidelines incorporated into the Case Management charts after agreement within the Ministry of Health. (For example, policies for treatment of malaria, recommended antibiotics, etc. must be agreed on. See *Adaptation Guide*.)
2. _____ Plans for follow-up after training developed at the national and district levels. (See *Guidelines for Follow-Up after Training*.)
3. _____ General location (town or area) of course selected. The location must be near an inpatient facility and several outpatient clinics where many children under 5 years old present each day with signs related to cough, diarrhoea, fever, measles, ear problems, malnutrition, and anaemia. The clinical facilities must all be visited to assess their adequacy in terms of the course needs. (See the section of this guide titled "Criteria for Selecting Sites for Clinical Practice.") The location must also have adequate lodging and classroom facilities (see item 12 on this list).
4. _____ General time-frame for giving the course identified (preferably during a time of peak incidence for some of the following illnesses: pneumonia, diarrhoea, malaria, measles).
5. _____ Common local feeding problems, feeding recommendations, good local complementary foods, and local terms for signs of illness identified in order to adapt *COUNSEL* chart, the module *Counsel the Mother*, and the Mother's Card. (See *Adaptation Guide*.)
6. _____ Course adapted as needed, translated, and printed for the area in which it will be given. (See *Adaptation Guide*.)
 - a. _____ Case Management charts adapted, translated, and printed.
 - b. _____ Sick Child and Young Infant Recording Forms adapted and printed.
 - c. _____ Mother's Card adapted, pretested, and printed.

- d. _____ Modules and *Facilitator Guide for Modules* adapted, translated, and printed.
 - e. _____ Optional: Facilitator aids (visual aids) produced from the adapted and translated case management charts and recording forms. *Note: One set of these aids is provided with the course materials. The set includes enlargements of certain parts of the charts, Recording Forms, etc. Their use is described at appropriate points in the Facilitator Guide for Modules. You are encouraged to provide a set of aids for each small group of participants. Various ways to produce these aids are described in Annex D of this guide.*
 - f. _____ Plans made for monitoring participants' progress and cases seen throughout the course. See checklists given in Part Four of this guide. Monitoring checklists adapted as desired and reproduced.
 - g. _____ Optional: New facilitator trainees or high-level course participants (such as physicians or Ministry of Health officials) may need technical background information not provided in the course materials. If you feel that technical seminars are needed, obtain materials from CHD WHO or the national IMCI secretariat. The course must not be shortened to conduct these extra seminars; if they are needed, time must be added to the schedule.
7. _____ Specific dates of course and facilitator training selected. As indicated on the schedules provided in Annexes A and B:
- a. _____ 5 days (plus at least 1 day off) allowed for facilitator training.
 - b. _____ 11 days (plus days off) allowed for the course itself.
 - c. _____ Course Director available 2-3 days before facilitator training, as well as during all of facilitator training and the course itself.
8. _____ Letters sent to the appropriate district/regional/local office asking that office to identify appropriate first-level facility (outpatient) health workers for training. Letter:
- a. _____ announces the course in *Integrated Management of Childhood Illness* and explains the purpose of the course.
 - b. _____ clearly states the number of participants to attend the course (24 maximum), and that these should be health workers who are responsible for treating children with illnesses such as respiratory infections, diarrhoea, malaria, measles,

malnutrition, and anaemia in outpatient clinics or health centres.

- c. _____ states the length of the course (11 days plus days off) and that participants should plan to attend the entire course.
 - d. _____ explains that participants will be visited in their own clinics approximately 4 weeks after the course in order to reinforce skills and assist in implementation of IMCI in their clinics.
 - e. _____ states that participants who complete the course will receive a certificate from the World Health Organization, UNICEF and the Ministry of Health.
 - f. _____ describes the general location and dates of the course.
 - g. _____ states the date by which course participants should be nominated and the person to whom names should be sent.
 - h. _____ clearly states required language and reading skills.
9. _____ Persons identified to conduct follow-up visits approximately 4 weeks after the course. (These may include course facilitators, supervisors in the district, or others with IMCI and facilitation skills.) Plans made for preparing these individuals to conduct follow-up visits after training. (See *Guidelines for Follow-Up after Training*.)
10. _____ Facilitators and inpatient instructor selected and invited. (See "Criteria for Selecting Inpatient Instructor and Facilitators" on pages 17-19. See also *Guidelines for Follow-Up after Training*.) Ensure that:
- a. _____ there will be at least one facilitator for every 3-4 participants expected to attend the course.
 - b. _____ facilitators will attend all of facilitator training and the course.
 - c. _____ inpatient instructor is qualified and is available from 1-2 days before facilitator training through the end of the course.
(*The inpatient instructor must arrive early to assist with arrangements for clinical sessions. He should attend facilitator training, if he has not done so before, to become familiar with the course and learn facilitation skills.*)
11. _____ Arrangements made with one local inpatient facility and several outpatient clinics to conduct clinical practice sessions. (See section of this guide on "Criteria for Selecting Sites for Clinical Practice.")
12. _____ Precise locations selected and reserved for classrooms and lodging. (To

minimize transportation needs, classrooms should be within easy walking distance of the lodging complex.) Selection based on availability of:

- a. _____ adequate lodging for all facilitators and participants
 - b. _____ daily transportation to and from clinical practice sites
 - c. _____ convenient meal service
 - d. _____ large room for seating all participants, facilitators, and visitors to the course
 - e. _____ videotape player and monitor (1 or more)
 - f. _____ smaller rooms for groups of 6-8 people to work in, plus separate space for individual consultations (*During Facilitator training, only one of these small rooms will be needed. During the course, one room is needed for each small group of participants.*)
 - g. _____ tables, chairs, wall space for hanging charts, adequate lighting, and blackboard or poster stand for each of these small rooms
 - h. _____ separate room for secretariat
13. _____ List compiled of health workers who will be invited to participate in the course.
14. _____ Letters of invitation sent out to selected health workers. Letters:
- a. _____ briefly describe the purpose and organization of the course.
 - b. _____ state desired arrival and departure times for participants and stress the importance of attending *entire* course.
 - c. _____ describe arrangements for travel and payment of per diem.
 - d. _____ explain that participants will be visited in their own clinics at least once, about 4 weeks after training, for follow-up and skill reinforcement.
15. _____ Arrangements made for a secretary to arrive at the course location 5 days before facilitator training to ensure that necessary administrative tasks are done. (See next section of this checklist for administrative tasks.) During the course the secretary will need to work with local staff to ensure that things go smoothly and that the facilitators' and participants' work is not unduly interrupted. This person may also need to stay an extra day after the course to pack up remaining materials and pay bills.

16. _____ Travel authorizations sent to facilitators, inpatient instructor, and participants.
17. _____ Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities, and drugs and other supplies for clinical practice. (Necessary materials and supplies are listed in Part One of this guide.)
18. _____ Arrangements made for sending/transporting necessary materials and supplies to the course location.

At the Course Location, Before Facilitator Training Begins

5 days before facilitator training: Secretary arrives at the course location early to take care of administrative arrangements described in this section of the checklist.

1-2 days before facilitator training: Course Director and Inpatient Instructor visit the sites for clinical practice and discuss/confirm arrangements. (See items 28 and 29 on this checklist.)

19. _____ Adequate lodging arrangements confirmed for all facilitators and participants.
20. _____ Arrangements made for welcoming facilitators and participants at the hotel, airport and/or train station, and hotel.
21. _____ Arrangements confirmed for rooms for conducting facilitator training:
 - a. _____ one room for conducting facilitator training (with characteristics listed in 22b below).
 - b. _____ one room for the secretary with space for storing modules, forms, and other supplies, available during both facilitator training and the course.
 - c. _____ one overhead projector
22. _____ Arrangements confirmed for adequate rooms for conducting the course:
 - a. _____ large room available on the first and last day of the course for seating all facilitators, participants and visitors.
 - b. _____ smaller room available during the course for each small group of participants, each room having:
 - _____ sufficient table/desk area and chairs for up to 6 participants and 2 facilitators, plus separate

- consultation area with additional chairs
- _____ additional table area for supplies
- _____ blackboard or flipchart stand with paper
- _____ wall space for hanging charts
- _____ adequate lighting and ventilation
- _____ freedom from distractions such as traffic or construction noises or loud music
- c. _____ videotape players and monitors, preferably on carts which can be moved around. (Ideally, there would be one player and monitor per small group, but if this is not possible, the available equipment should be shared.)
- d. _____ one room for a secretary and the course supplies
- e. _____ one overhead projector for introductory lecture on the first day of the course
- 23. _____ Arrangements made for registering facilitators for facilitator training and participants for the course.
 - a. _____ Sample registration form (in Annex E of this guide) reviewed and items added if needed
 - b. _____ Registration Form prepared
- 24. _____ Arrangements made for typing and copying of materials during the course (for example, registration forms, schedules, lists of participants, course evaluation questionnaires).
- 25. _____ Arrangements made for meals and coffee/tea service, including the opening ceremony.
- 26. _____ Arrangements made for reconfirming or changing airline, train, bus, car reservations for participants.
- 27. _____ Arrangements made for paying per diem to participants and facilitators.
- 28. _____ Inpatient ward for clinical practice visited and confirmed to be suitable for clinical practice. Director and staff informed about practice sessions to be held during the course. No inpatient practice is done during facilitator training. (See the *Guide for Clinical Practice in the Inpatient Ward* for more information about preparing for inpatient clinical practice. In this guide, see “Part Two: Preparing the Inpatient Instructor for his Job.”)

- a. _____ Daily schedule discussed and agreed on with inpatient ward director. (See section of this guide titled "Scheduling Clinical Practice.")

_____ during the course, _____ groups per day scheduled.

_____ dates and schedules confirmed in writing
 - b. _____ Drugs and supplies checked and supplemented as necessary (See *Guide for Clinical Practice in the Inpatient Ward.*)
 - c. _____ Role of inpatient staff during practice sessions discussed with inpatient ward director.
29. _____ Outpatient clinics for clinical practice visited (during morning, at the time outpatient sessions will be held) and confirmed to be suitable for clinical practice. Director and staff informed about practice sessions to be held during facilitator training and during the course. (See section of this guide on "Preparing for Clinical Practice.")
- a. _____ Adequate number of sick children actually available at planned time for outpatient session.
 - b. _____ ORT treatment corner or area available.
 - c. _____ Quiet area or exam rooms available where participants can assess patients.
 - d. _____ Drugs and supplies checked and supplemented as necessary.
 - e. _____ Role of clinic staff during practice sessions discussed with clinic director.
 - f. _____ Clinic staff briefed on their role.

- g. _____ Schedule for clinical practice sessions discussed and confirmed in writing. (Practice should be at times when many patients are likely to be seen, usually in the morning. See section of this guide titled "Scheduling Clinical Practice Sessions.")
- h. _____ Charts hung at sites to be used during facilitator training.
- 30. _____ Arrangements made for daily transportation to and from clinical practice sites.
- 31. _____ Sufficient copies made of registration forms, schedule for facilitator training, Sick Child and Young Infant Recording Forms, Mother's Cards, and monitoring checklists for use in clinical practice sessions.

During Facilitator Training

- 32. _____ Facilitators registered.
- 33. _____ Schedule for facilitator training provided on the first day. (Suggested schedule for facilitator training is in Annex A.)
- 34. _____ Plans for opening ceremony of course finalised with local authorities.
- 35. _____ Course schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and participant. (Suggested course schedule is in Annex B.)
- 36. _____ Pairs of facilitators assigned (near the end of facilitator training) to work together during the course. To the extent possible, consideration given to the following when making assignments:
 - * fluency in language in which the course is given and language spoken with mothers in the clinic
 - * strengths (for example, clinical expertise, experience with IMCI case management procedures, understanding of course content, capability as a classroom trainer or clinical trainer)
 - * motivation to be a facilitator
 - * personal dynamics/temperament (for example, shy paired with outgoing)
- 37. _____ Facilitators introduced to staff at sites where they will be conducting clinical practice. Case Management Charts hung at outpatient clinics.
- 38. _____ Course materials and supplies organized and placed in the appropriate rooms. Case Management Charts hung in classrooms.

During the Course

- 39. _____ Course participants registered using registration form in Annex E.
- 40. _____ Groups of up to 6 participants assigned to pairs of facilitators following registration. Participants grouped so that individuals of similar training and position are together, to the extent possible. (This is important so that all the participants in the group are more likely to begin with similar skills and progress at a similar pace.) Group assignments posted following opening ceremony.
- 41. _____ Copies of Registration Forms for participants in each group distributed to the facilitators for that group.
- 42. _____ Secretariat monitors or carries out administrative activities for which arrangements were made in items 19-31.
- 43. _____ Course Directory (including names and addresses of all participants, facilitators, inpatient instructor, and the Course Director) provided to everyone.
- 44. _____ Course photograph, if desired, made in time to be developed before closing ceremony.
- 45. _____ Course Evaluation Questionnaire modified as needed and reproduced in sufficient quantity to give a copy to each facilitator and participant.
- 46. _____ Arrangements made for closing session.
- 47. _____ Course completion certificate prepared for each participant.
- 48. _____ Plans for follow-up visits finalized and announced at closing session.

The chart on the next page shows a possible timeline for carrying out the items on this checklist.

TIME LINE: PLANNING AND ADMINISTRATIVE ARRANGEMENTS FOR INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Date/ 2-week period Beginning:															
Weeks Before Course:	28	26	24	22	20	18	16	14	12	10	8	6	4	2 (Arrival/Facilitator training)	COURSE
(Months Before):	(7)	(6)	(5)	(4)	(3)	(2)	(1)								
Checklist Items	<div>Steps 1-6 of Checklist (agreements, plans for follow-up*, adaptation, translation, printing)</div>														
	<div>Steps 7-16 (dates set, facilitators and participants selected, invitations, reservations, clinics identified, travel authorizations, etc.)</div>														
	<div>Steps 17-18 (copies, materials, supplies)</div>														
	<div>Steps 19-38 (on-site arrangements, facilitator training)</div>														
	<div>Steps 39-48 (course)</div>														

* Follow-up visits to participants occur approximately 4 weeks after the course. Planning for these visits is described in *Guidelines for Follow-Up after Training*.

3. Criteria for Selecting Inpatient Instructor and Facilitators

A full-time inpatient instructor is critical for conducting this course. The inpatient instructor will be responsible for selection of cases and all clinical practice done in the inpatient ward. The inpatient instructor's tasks are described in detail in the *Guide for Clinical Practice in the Inpatient Ward*.

A group of motivated facilitators is also needed. The facilitators will work in pairs with small groups of participants to guide them through work on the modules and to supervise clinical practice in the outpatient clinics. Two facilitators are needed for each small group of up to 6 participants. The facilitators' tasks are described in detail in the *Facilitator Guide for Modules* and the *Facilitator Guide for Outpatient Clinical Practice*.

Criteria for Selecting Inpatient Instructor

1. The inpatient instructor should be **currently active in clinical care** of children, if possible on the inpatient ward of the facility where the training is being conducted. (If the inpatient instructor is not on the staff of the facility, a staff assistant will be needed to help with arrangements and perhaps with translation.)
2. The inpatient instructor should have proven **clinical teaching skills**.
3. The inpatient instructor should be very **familiar with the integrated case management process** and have experience using it. He or she should have **participated in the course *Integrated Management of Childhood Illness*** previously as a participant or facilitator.
4. He or she should be **clinically confident**, in order to sort through a ward of children quickly, identify clinical signs that participants need to observe, and assess and classify children easily according to the *ASSESS & CLASSIFY* charts. He or she should understand the child's clinical diagnoses and prognosis so as to avoid confusing cases and critically ill children who need urgent care. He or she should be comfortable handling sick children and **convey a positive, hands-on approach**.
5. He or she must have **good organizational ability**. It is necessary to be efficient to accomplish all of the tasks in each clinical session, including reviewing 6 cases. The individual must be able to stay on the subject, avoiding any extraneous instruction or discussion. Although teaching 3 to 4 groups of participants requires only 3 to 4 hours, these are very active periods. He or she must be energetic.
6. The individual must be **outgoing and able to communicate** with ward staff, participants, and mothers. He or she should be a good role model in talking with

mothers. (A translator may be provided if needed.)

7. It is helpful if the individual has **some training or experience in assessing breastfeeding** and teaching mothers to improve positioning and attachment for breastfeeding. Experience with neonates and 1-month-old infants is helpful.
8. If possible, in preparation for this role, the individual should work as an assistant to an inpatient instructor at another course to see how to select cases, organize the clinical sessions and interact with participants. Or another skilled inpatient instructor can join him or her during the first few days of the facilitator training or the course.
9. The inpatient instructor must be available 1-2 days prior to facilitator training, during all of facilitator training, and during all of the course. (If he has previously attended facilitator training, he does not need to repeat this training, but it is important to attend facilitator training at least once to learn facilitation skills.) The inpatient instructor must be willing and motivated to get up early each morning during the course to select cases in the inpatient ward and prepare for the day's clinical sessions.
10. The inpatient instructor should be available to teach several other courses over the next year, if possible.

Criteria for Selecting Facilitators

Note: Facilitators may have different strengths and weaknesses. If a facilitator is weak in one of the following areas, it is important to pair him with another facilitator who is strong in that area.

1. Facilitators should be **currently active in clinical care**. They must have the **basic clinical skills and technical knowledge** which will allow them to teach the integrated case management process used in this course.
2. They must recently have **been participants in the course *Integrated Management of Childhood Illness***.
3. They must have **good communication skills**, including the ability to explain things clearly and simply to others. Facilitators in this course are not expected to give lectures, but to guide participants through written materials, role play exercises, discussions, clinical practice, etc. It is most important that facilitators be observant individuals who can see when participants are having difficulty, explain things clearly, and give helpful feedback.
4. If participants speak a **language** other than the language in which the course is written, it is helpful for at least one facilitator per group to speak that language.
5. Facilitators must be **confident in an outpatient clinic setting**. They must be

able to work with clinic staff in selecting patients for participants to see. They must supervise the participants' work in the clinic by ensuring they are given cases to manage and checking their assessments, classifications, treatments, and counselling.

6. They must be **organized**. They must be able to keep the group on schedule and ensure that they arrive for clinical practice on time and with the necessary supplies.
7. They must be **flexible in order to use time well**. For example, if a child with a rarely seen clinical sign appears, they must be able to stop what they are doing and present the sign to the group.
8. Facilitators must be **available during all of facilitator training and during all of the course**. They must have the **energy and motivation** to work a long day with participants and then attend a facilitator meeting to review the day's work and prepare for the next day.
9. Facilitators should be available to teach several subsequent courses over the next year, if possible.

Note: In any course, facilitators may identify participants who would eventually make good facilitators themselves. Ask facilitators to point out participants who:

- understand the modules easily,
- perform well in the clinical sessions,
- communicate clearly,
- help others and work well with others in their group,
- participate confidently in discussions and role plays.

4. Scheduling Clinical Practice Sessions

Scheduling Outpatient Clinical Practice for Facilitator Training

During each of the last three days of facilitator training, the group of facilitator trainees will visit an outpatient clinic. Each outpatient session will require about 4 hours. Allow for travel time in the day's schedule.

The outpatient sessions should be set for a time when there are many sick children (usually in the morning). Talk with the directors of the outpatient clinics to determine the best time to see a variety of patients. For example, the best time for visits might be each day from 8:00 a.m. - 12:00 noon. To make things simple, it is best to follow the same time schedule each day, unless patient flow is markedly different on some days. Note: The schedule described in this *Course Director's Guide* assumes that clinic visits will be in the morning. If clinic visits cannot be done in the morning, you will need to adjust the schedule accordingly.

If feasible, it is best to visit several different outpatient clinics during facilitator training. This will allow trainees to observe the routines and meet the staff at different clinics, one of which will be their assigned clinic during the actual course. If it is not possible to visit several clinics, the group may go to the same clinic each day.

After discussing possible schedules with the clinic directors, fill in the following grid. Confirm arrangements with each clinic director.

Note that no visits to an inpatient ward will be scheduled for facilitator training, but such visits are required during the course. See the section on scheduling visits for the course. You may wish to make these arrangements while you are arranging the clinic visits for facilitator training.

**SCHEDULE FOR CLINICAL PRACTICE
FOR FACILITATOR TRAINING**

Date*	Name of Outpatient Clinic	Time of Outpatient Session (allow 4 hours)

*Days 3, 4, and 5 of Facilitator Training

Scheduling Inpatient and Outpatient Clinical Practice for the Course

Plan the schedule so that each small group will visit the inpatient ward and one outpatient clinic each day (except for the first day of the course). Each inpatient visit will require one hour, and each outpatient session will require 2½ to 3 hours. Allow for travel time between the inpatient ward and the clinic.

Several outpatient clinics will be used, with each small group visiting the same one of those clinics each day. (Note: If it happens that one clinic has very few patients for two days in a row, you may need to locate another clinic for that group to visit.)

The number of clinics needed may depend on the patient load and the time at which patients arrive at each clinic. If a clinic has a large group of patients early in the morning, but usually has no new patients after 10:00 a.m., then it will only be possible to schedule one group to visit that clinic per day. On the other hand, if a clinic has a continual flow of new patients until lunch break, then 2 groups may be able to visit, one after the other. It is important to talk with each clinic director about the best time(s) for seeing a variety of new patients.

Example

Here is an example of a schedule for a course in which there are four small groups (groups A, B, C, and D). Each group will visit the inpatient ward and one of three clinics daily. One of these clinics, the City Hospital Outpatient Clinic has a steady flow of patients throughout the day, so two groups will use it for clinical practice.

The schedule will be the same each day of the course, unless changes are needed. It shows where each group will be until 2:00 each day. (Remember that your schedule may be very different, depending on the number of groups and the number of clinics used.)

Example Clinical Practice Schedule for a Course with Four Small Groups

Time	City Hospital Inpatient	City Hospital Outpatient	Main Street Clinic	Hope Clinic	In Classroom
8:00-9:00 a.m.	A	C			D,B
9:15-10:15 a.m.	B	C	A	D	
10:30-11:30	C	B	A	D	
11:45-12:45 p.m.	Lunch	B	Lunch		
1:00-2:00 p.m.	D	Lunch-B			A,C

On the next page is a blank form for you to use in figuring out your schedule for clinical training during the course. Be sure to confirm all times in writing with the director of the inpatient ward and the outpatient clinics.

SCHEDULE FOR CLINICAL PRACTICE FOR THE COURSE

Note: Add more columns (for additional clinics) or rows as necessary.

Time	Inpatient Ward:	Clinic:	Clinic:	Clinic:	In Classroom

5. Checklist of Instructional Materials Needed at the Course

Instructional Materials Needed by Each Small Group

Each small group will need the following instructional materials to work on modules in the classroom setting.

ITEMS NEEDED BY EACH SMALL GROUP FOR MODULE WORK	NUMBER NEEDED
<i>Facilitator Guide for Modules</i>	1 for each facilitator
<i>Facilitator Guide for Outpatient Clinical Practice</i>	1 for each facilitator
Set of 7 modules, photograph booklet, chart booklet (titled <i>Integrated Management of Childhood Illness</i>), and Mother's Card	1 set for each facilitator and 1 set for each participant
Set of 4 WHO/UNICEF Case Management Charts (Large version -- to display on the wall)	2 sets for each small group
Videotapes	Videotapes for each small group, of if groups will share video equipment, a set of videotapes for each video player being used.
Set of Facilitator Aids	1 set for each small group
Young Infant Recording Forms (for exercises in the module)	5 for each participant, plus some extras
Group Checklist of Clinical Signs	1 checklist per group
Set of Answer Sheets	1 for each participant

Additional Instructional Materials Needed by Entire Group for Clinical Practice

The following additional instructional materials will be needed for **clinical practice sessions**. Enough supplies are listed here for 11 clinical practice sessions during the course. In addition, the facilitators will need these supplies for clinical practice during facilitator training.

ITEM NEEDED FOR CLINICAL PRACTICE	NUMBER NEEDED
Extra sets of wall-size Case Management Charts to hang at clinical practice sites	1 set for each outpatient clinic and the inpatient ward
Copies of Mother's Card to distribute to mothers	500 or more copies
Sick Child Recording Forms	80 per participant plus 80 per facilitator
Young Infant Recording Forms	10 per participant plus 20 per facilitator
Drug envelopes and labels	500 or more, if sites will use them
Bag or box of drugs and other clinical supplies (such as cups) for a facilitator from each group to carry to outpatient clinics*	1 for each small group

* The *Facilitator Guide for Outpatient Clinical Practice* lists supplies needed each day.

6. List of Other Supplies Needed in the Classroom

Supplies needed for each facilitator during facilitator training and each participant during the course:

- | | |
|-----------------------|--|
| * name tag and holder | * 2 pencils |
| * paper | * eraser |
| * ball point pen | * folder or large envelope to collect answer sheets |
| * felt tip pen | * clipboard to hold Recording forms and to write on during clinical practice |
| * highlighter | |

Supplies needed for each small group:

- | | |
|-----------------------|---|
| * paper clips | * 2 rolls transparent tape |
| * pencil sharpener | * rubber bands |
| * stapler and staples | * 1 roll masking tape of adequate quality to fasten large charts and flipcharts to wall |
| * staple remover | |
| * scissors | * flipchart pad and markers <i>or</i> blackboard and chalk |
| * extra pencils | |
| * extra erasers | * pink, yellow and green highlighters to colour chart booklets if necessary |

Supplies for demonstrations, role plays and group activities for each small group:

- | | |
|---|--|
| * a baby doll (or a rolled up towel to represent a baby) | |
| * cotrimoxazole tablets | |
| * chloroquine tablets and syrup | |
| * iron syrup and tablets | |
| * paracetamol tablets (500 mg) | |
| * vitamin A capsules | |
| * mebendazole tablets | |
| * knife or other tool for dividing tablets | |
| * common spoon for measuring and giving syrup | |
| * drug envelopes and small bottles with labels (for mothers to take drugs home) | |
| * vials of chloramphenicol | |
| * sterile water or diluent | |
| * ampoules of quinine | |
| * tuberculin syringes with needle | |
| * 5 cc syringes with needle | |
- } *bottles should contain at least 10 tablets*
- } *one of each of these items for participants plus several for demonstration*

-- list continued on next page

- * sharps container (or other safe container for disposal of needles)

- * ORS packet
- * clean drinking water
- * common spoons for mixing ORS
- * litre measure or other measuring container
- * several containers used commonly in local area
- * glass or cup for tasting ORS solution

Near the classrooms, all groups need access to the following equipment and supplies, to be shared by the groups:

- * photocopier machine
- * video player and monitor, preferably on a rolling cart

7. Preparing for Clinical Practice at Outpatient Clinics

Prior to facilitator training, visit the outpatient clinics where clinical sessions are to be conducted to meet the clinic directors and staff and to discuss/confirm arrangements.

1. Briefly describe to the clinic director the objectives of the course, the importance of clinical practice in the course, and the types of clinical signs and diseases participants will need to observe.
2. Tour the clinic and check supplies:
 - Observe where children arrive and where they are directed. (During outpatient sessions in the course, a staff member will select children as they arrive.)
 - Determine if there is an ORT treatment corner or area.¹
 - Determine what areas or exam rooms are available for participants to use in assessing cases.
 - See what supplies are available. Supplies which are essential for outpatient sessions are listed in this section of this guide. If any necessary supplies are not available, arrange to bring them for clinical practice.
 - See whether a table or tray is available to use for drug supplies.
3. Discuss and confirm the schedule for clinical practice. (If the schedule has not already been arranged, make arrangements as described earlier in section 4, pages 20 - 24.) Ensure that scheduled times are the best times for participants to see many new patients. Explain how many people will be coming to practice and for how long

Ask about any changes in schedule from day to day, such as special MCH days, mornings with specialty clinics, etc.

Confirm the schedule in writing.

4. Plan with the director of the clinic what role the clinic staff will play during the participants' clinical practice sessions.

Try to arrange for a regular clinic staff member such as a nurse to participate in the selection of cases for clinical practice sessions. This staff member would help to identify suitable children as they come into the outpatient department. He or she would arrange for the child and mother to leave the regular clinic line and

¹ If an outpatient clinic chosen as a site for clinical practice does not have an ORT corner for managing diarrhoea patients with dehydration, it is advisable to set one up before the course or during facilitator training. (See Annex B in the module *Treat the Child*.)

be seen by the participants and then return them to the appropriate station in the clinic for their treatment and additional care.

Confirm that participants will be permitted to dispense oral drugs to mothers and give the first dose. (However, if this must be done by clinic staff, discuss how this will be managed.)

5. Brief clinic staff so they understand what to expect during the clinical sessions (e.g., how many people will be there, what participants will be doing and learning). Explain that participants will usually assess and classify patients, and then patients will return to the regular staff for treatment. During 2 or 3 sessions participants will do some treatment, such as giving oral antibiotics or ORT.

Brief the nurse who will identify suitable children and send them to be seen by participants.

Tell the staff that it is preferable that the child's weight and temperature be taken on arrival at the clinic and recorded for participants to use.

DRUGS AND SUPPLIES ESSENTIAL FOR CLINICAL PRACTICE IN OUTPATIENT SESSIONS

Drugs:	<p>ORS packets - a least 8 per participant</p> <p>First-line oral antibiotic for pneumonia</p> <p>First-line antimalarial</p> <p>First-line oral antibiotic for dysentery</p> <p>Mebendazole</p> <p>Vitamin A capsules</p> <p>Paracetamol</p> <p>Iron (tablet and syrup if possible)</p>
Supplies:	<p>Plastic cups (one for each participant - to offer drinks to child with diarrhoea)</p> <p>Clean water supply (for mixing ORS, offering fluid to child when assessing signs of dehydration; and making crushed drugs)</p> <p>Enough watches or other timing devices (participants will usually use their own watches)</p> <p>Mother's cards</p> <p>Banana or other acceptable food to use when mixing crushed tablets. Banana is handy, portable and children like it.</p>
Other essential supplies for ORT Corner	<p>Containers for mixing ORS</p> <p>Spoons</p> <p>Oral Rehydration Salts premixed packets²</p>
Other essential clinic supplies	<p>Thermometer</p> <p>Wash basin, towel, soap</p> <p>Functional scale for weighing children and young infants accurately</p>

²If pre-mixed packets of ORS are not available, use the following ingredients with amounts specified for mixing with 1 litre of water:

- Glucose (20.0 g) -- (or 40 g sucrose)
- Sodium chloride (3.5 g)
- Trisodium citrate, dihydrate (2.9 g) - (or 2.5 g sodium bicarbonate)
- Potassium chloride (1.5 g)

Desirable for use in clinical practice:	<p>Tetracycline eye ointment* - 1 tube per group</p> <p>Gentian violet* - small bottle of 0.5%</p> <p>Soft cloths for applying gentian violet and washing eyes with pus</p> <p>(*These are unlikely to be used during the session. However, facilitators can keep a small supply to use when demonstrating treatments of local infections.)</p>
Desirable for ORT corner if IV fluids to be given:	<p>Ringer's Lactate solution for IV administration</p> <p>Beds or tables with wires above for hanging bottles of IV fluid</p> <p>IV supplies such as scalp vein (butterfly) needles</p>

* * *

Note: It would be an ideal situation if clinics where outpatient sessions are held are stocked with **all** the drugs listed on the adapted case management charts and with the necessary equipment for administering them. The drugs which are needed for doing all the steps as described on all of the case management charts include the following (less would be required after charts are adapted):

TO PROVIDE CARE AS TAUGHT IN THE COURSE *Integrated Management of Childhood Illness*:

Antibiotics:	<ul style="list-style-type: none"> * Cotrimoxazole <ul style="list-style-type: none"> -- Adult tablet (80 mg trimethoprim + 400 mg sulphamethoxazole) -- Paediatric tablet (20 mg trimethoprim + 100 mg sulphamethoxazole) -- Syrup (40 mg trimethoprim + 200 mg sulphamethoxazole) Amoxycillin <ul style="list-style-type: none"> * -- Tablet (250 mg) -- Syrup (125 mg per 5 ml) Chloramphenicol Intramuscular (1000 mg vial) * Gentamicin Intramuscular <ul style="list-style-type: none"> * -- (2 ml vial containing 20 mg) OR -- (2 ml vial containing 80 mg) Benzympenicillin <ul style="list-style-type: none"> * -- (600 mg vial [1 000 000 units] OR (3 g vial [5 000 000 units]) Nalidixic Acid Tablets (250 mg) * Tetracycline Tablets (250 mg) * Erythromycin Tablets (250 mg)
Antimalarials:	<ul style="list-style-type: none"> * Chloroquine Tablets

- 150 mg base **or**
- 100 mg base
- Syrup (50 mg base per 5 ml)
- * Sulfadoxine and Pyrimethamine Tablets
(500 mg sulfadoxine + 25 mg pyrimethamine)
- * Quinine Intramuscular
 - 300 mg/ml (in 2 ml ampoules using quinine salt) OR
 - 150 mg/ml (in 2 ml ampoules using quinine salt)

- Antipyretic:**
 - * Paracetamol
 - Tablet (500 mg) OR
 - Tablet (100 mg)

- Other drugs**
 - * Small bottles of safe, soothing cough remedy (*optional*)

- Vaccines:**
 - * Adequate supplies of BCG, OPV, DPT and Measles vaccines

- Other supplies:**
 - * Sugar
 - * Cloth for wicking draining ears
 - * Large drum (5, 10, or 15 litre size) with cover and side tap for holding large quantities of ORS in ORT corner
 - * Food to give patients on Plan B
 - * Nasogastric tube
 - * Sterile syringes and sterile needles:
 - 5 cc sterile syringes and sterile needles
 - 10 cc sterile syringes and sterile needles
 - * Sterile water for diluting IM antibiotics and IM antimalarials
 - * Cotton swabs and alcohol or spirits
 - * All appropriate cold chain supplies such as a reliable refrigerator or cold box, sterilizers, sterile syringes and sterile needles, immunization cards.

PART TWO: PREPARING THE INPATIENT INSTRUCTOR FOR HIS JOB

An inpatient instructor who meets the criteria specified in Part One of this guide (See "Criteria for Selecting Inpatient Instructor and Facilitators") will not require extensive training. He has been a participant or facilitator in a previous IMCI course, and he is experienced in assessing and classifying children using the integrated case management process, and so does not require clinical training. He is familiar with the role of an inpatient instructor. However, he must adapt to the method of selecting and reviewing cases presented in the *Guide for Clinical Practice in the Inpatient Ward*. For some clinical instructors, this is a major change in how they normally conduct rounds.

As the Course Director, you are responsible for supervision of the inpatient instructor. Preparation of the inpatient instructor should include the following steps:

- * The inpatient instructor should study thoroughly the *Guide for Clinical Practice in the Inpatient Ward*. (Note: Explain to the inpatient instructor that inpatient sessions will not be conducted during facilitator training, only during the course.)
- * The inpatient instructor should also study Annex C of this *Course Director's Guide* which is a supplement to the *Guide for Clinical Practice in the Inpatient Ward*. Based on the experiences of past inpatient instructors, Annex C describes specific signs and symptoms which require special attention in inpatient clinical demonstrations. Give a copy of Annex C to the inpatient instructor.
- * The inpatient instructor should discuss his responsibilities and any questions with you, so that you both understand and agree what he will do.
- * With assistance from you as needed, the inpatient instructor should obtain the necessary permissions and supplies.
- * He should meet and brief the staff in the inpatient ward.
- * He should find out the ward routine and layout, so that he can select children in the morning and conduct the sessions efficiently and also without disrupting the ward.
- * He should begin working with the clinical assistant, to prepare the assistant for his tasks (and a translator, if needed).

- * **At some time before the course begins**, he should go early in the morning to practice working with the clinical assistant and translator, if needed, to select at least 6 children and prepare Recording Forms for a clinical session. He should then show you, the selected cases and Recording Forms and work out any problems encountered during the practice. The inpatient instructor should also do a practice demonstration for you using one of the selected children.

Refer to the *Guide for Clinical Practice in the Inpatient Ward* for details on how the inpatient instructor should prepare himself and the inpatient ward. Go over the list with the inpatient instructor to be sure that everything is ready, and make arrangements for any remaining items.

- * If you expect the inpatient instructor to collect data on the cases and the performance of participants during the course, discuss that with him. Ensure that he understands how to complete the Checklist for Monitoring Inpatient Sessions. See "Collection of Data During the Course" in Part Four of this guide for a copy of this checklist. Also see Annex B of the *Guide for Clinical Practice in the Inpatient Ward* for instructions for completing the checklist.

PART THREE: TRAINING FACILITATORS

Preparation of a facilitator for the IMCI course occurs in three phases:

1. The individual attends an IMCI course as a participant in order to learn the course content and develop skill in managing children using the IMCI process.
2. Within the next two months, the individual attends a 5-day facilitator training session (usually immediately prior to a course in which he or she will serve as a novice facilitator).
3. He or she has a first experience as a facilitator, paired with an experienced facilitator and closely supervised by the course director.

After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in IMCI courses. Part Three of this guide describes in detail how to conduct the 5-day facilitator training session mentioned above.

A. General Structure of the Facilitator Training Session

The 5-day facilitator training session occurs before the course. As Course Director, you are responsible for conducting facilitator training. You should be assisted by an experienced facilitator. As the training is intensive, it is very helpful to have two people work together. By working together, you can also demonstrate how co-facilitators share the work during the actual course.

Facilitator training is extremely important, and all new facilitators should attend. 8-10 facilitators may be trained during a session. Well-trained and supportive facilitators are necessary for the success of the IMCI course.

All facilitator trainees should have taken the course as participants within the previous two months. They should already have learned the course content and developed clinical skill in managing children using the integrated case management process. During facilitator training, they must learn **how to teach** the course.

Facilitator trainees will take turns practicing the teaching activities described in the *Facilitator Guide for Modules*. They will also practice leading clinical practice and giving feedback as described in the *Facilitator Guide for Outpatient Clinical Practice*.

The facilitator trainees will not visit inpatient wards during their training, as they have already experienced inpatient sessions during a previous course, and it will not be their responsibility to teach those sessions. An inpatient instructor will lead those sessions during the course.

Four methods will be used to demonstrate and practice teaching activities:

1. You (the Course Director) act as a facilitator. Facilitator trainees observe appropriate behaviours as you introduce a module, provide individual feedback, do a demonstration, conduct a video exercise, lead a group discussion, coordinate a role play, lead an oral drill, or supervise clinical practice.
2. A facilitator trainee acts as a facilitator speaking to a group of participants. The trainee is practicing teaching activities when introducing a module, doing a demonstration, conducting a video exercise, leading a group discussion, coordinating a role play, leading an oral drill, or summarizing a module. While practicing, the trainee is also demonstrating these teaching activities for the others in the group.
3. One trainee acts as a course participant and another acts as a facilitator providing individual feedback. Both sit in front of the room positioned as a facilitator and participant would be. The facilitator trainee is both practicing and demonstrating individual feedback. He asks questions to ensure that the "participant" understands the exercise, discusses how the concept is applicable in real situations, and mentions all the major points specified in the *Facilitator Guide for Modules*.

NOTE: Situating these two individuals apart from the rest of the group is important because it clearly shows that giving individual feedback is different from leading a group discussion. In the past, individuals have not understood the individual feedback procedure until they have observed and participated in it. If facilitator trainees are told that feedback is to be given individually, but they never practice it or see it done, they are not likely to provide it during the course.

4. A trainee acts as a facilitator who is supervising clinical practice. He identifies patients who have relevant signs for the day's objectives, demonstrates a clinical skill to other facilitator trainees, assigns patients, observes other trainees as they manage the patients, gives feedback as necessary, completes a Checklist for Monitoring Outpatient Sessions, or summarizes the session in a discussion.

B. Daily Schedule

The 5-day facilitator training schedule will focus on teaching skills to be used in the classroom and clinical sessions. The first two days will be spent in the classroom reviewing the *Assess and Classify* module, learning techniques for teaching modules, and practicing those techniques. The last three days will be divided between clinical practice and classroom work. In the mornings, the facilitator trainees will visit outpatient clinics, where they will learn to supervise clinical practice. In the afternoons, they will continue learning how to lead course participants through the modules.

A suggested schedule for facilitator training is provided in Annex A. A suggested schedule for the course itself is provided in Annex B. These schedules can be used to make more precise schedules including specific dates and times once you know the times for clinical sessions, transport to clinical sessions, and the arrangements for lunch, tea breaks, etc. (*Note: If clinic visits will not be held in the mornings, the schedule will need to be adjusted.*)

The schedule for facilitator training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 5 days what they will teach to course participants in 11 days. In facilitator training, modules will be reviewed very quickly; the facilitator trainees will not re-do the written exercises that they have previously done, but will focus instead on learning to give feedback for those exercises. Some exercises will be skipped once trainees have learned the related teaching technique.

From time to time, you will need to remind facilitator trainees that the course will **not** be conducted the way that facilitator training is conducted. During the course, participants will read a section of the module, do an exercise, receive feedback, etc., as described in the *Facilitator Guide for Modules*. They will attend nine outpatient sessions, as described in the *Facilitator Guide for Outpatient Clinical Practice*. Refer to the facilitator guides and the actual course schedule frequently, so everyone understands how the actual course will differ.

Note: In some cases, technical seminars may have been scheduled for the purpose of explaining specific local adaptations that have been made in the course materials. These seminars are highly recommended for the training of new facilitators. If such seminars have been scheduled, explain when and where they will take place.

C. Practice of Facilitator Techniques

At appropriate points during facilitator training, you will introduce the following facilitator techniques:

- introducing a module
- giving individual feedback
- working with a co-facilitator
- doing a demonstration required for a module
- leading a discussion
- conducting a video exercise
- coordinating a role play
- leading oral drills
- summarizing a module
- doing a clinical demonstration
- monitoring and providing feedback on clinical practice
- assigning patients to participants at the clinic

Once a technique has been introduced, you will assign facilitator trainees to practice the technique in front of the group. For all teaching activities except individual feedback and oral drills, it is suggested that two trainees practice together, acting as co-facilitators. This will allow them to practice working in pairs, as they will in the course. After every

practice activity, it is useful and important to discuss the trainees' performance and give feedback.

Occasionally, if time allows, it is helpful to have two pairs of trainees practice the same demonstration one after the other. Then the group can compare the demonstrations, commenting on the strengths of each. This has the benefit of giving more opportunities to practice and also focusing on the teaching technique, instead of only the content.

By the end of the training, every trainee should have practiced each teaching technique several times. A Practice Assignment Grid is provided in Annex F to help you ensure that each trainee has adequate practice. Fold out the grid and list the names of the trainees. Whenever someone practices a technique, make an entry on this grid.

D. Using this Guide to Conduct the Facilitator Training

We assume you are already familiar with the course and have been trained as a facilitator yourself. To prepare to teach others to be facilitators, read this guide, and reread and study:

- * *The Facilitator Guide for Modules*
- * *The Facilitator Guide for Outpatient Clinical Sessions*

When conducting the facilitator training, keep available the schedule in Annex A for an overview of the steps to be accomplished each day.

This guide gives instructions, day by day and step by step, for conducting facilitator training. Just turn to the appropriate part, the appropriate day, and follow the instructions.

Some instructions tell you to go to the *Facilitator Guide for Modules* or to the *Facilitator Guide for Outpatient Clinical Practice* and do certain steps described there. When you do that, leave the *Course Director's Guide* open to keep your place. When you have finished the steps in the other guide, look back to the *Course Director's Guide* to find out what to do next. (You will end up with several books open at the same time. Therefore, it is a good idea to have a large area for yourself at the table so that you can arrange your guides and modules in front of you as you lead the training.)

FACILITATOR DAY 1

1. Opening Session

A. Introductions

Introduce yourself as the Course Director and write your name in large letters on a blackboard or flipchart. Ask the facilitator trainees to introduce themselves and write their names under yours on the flipchart. They may also wish to tell other information about themselves.

B. Administrative Tasks

Make any necessary announcements regarding meals, transportation, payments, hotel regulations, etc.

C. Review of Purpose of the IMCI Strategy

Use a few slides from Annex I, Introductory Lecture, to review the purpose of the IMCI strategy and the rationale for selecting the diseases that are included on the case management charts. Do **not** give the entire lecture outlined in Annex I, as the trainees have heard it before and will hear it again on opening day of the course. Limit your remarks to about 5 minutes. It is important to state the commitment of the Ministry of Health to the IMCI strategy and this training course.

2. Introduction to Facilitator Training and *Facilitator Guides*

A. Context of Facilitator Training

Cover the following points:

- * There will be (*number*) participants attending the course titled *Integrated Management of Childhood Illness*, (*dates*) .
- * The course is for health workers who manage children with common childhood illnesses such as acute respiratory infections, diarrhoea, malaria, measles, and malnutrition and anaemia.
- * All of you (*number*) will be facilitators to assist participants to learn the skills presented in the course materials. You are already familiar with the course since you have taken it recently. This is your time to prepare to teach others.
- * As facilitators, you will work in pairs to teach the course. Each pair will be assigned a group of about (*number*) participants. Pairs for the course will be assigned later. During facilitator training, each of you will work with a variety of other trainees.

B. Materials Needed

Ensure that all facilitator trainees have brought their modules, photo booklets and chart booklets from their previous course. (Have several extra sets available just in case some people forgot or their luggage was lost.) Give each person the *Facilitator Guide for Modules* and the *Facilitator Guide for Outpatient Clinical Practice*. Explain that during the actual course, facilitators will follow procedures described in these guides.

C. Objectives of Facilitator Training

Explain that, in the course that facilitator trainees took previously, they learned the course content and developed clinical skill in managing sick children using the integrated case management process.

Now, they will learn how to **teach** the course, specifically how to:

- * Do all the teaching activities used with the modules, such as
 - introducing a module
 - giving individual feedback
 - doing a demonstration
 - leading a discussion
 - conducting a video exercise
 - coordinating a role play
 - leading oral drills
 - summarizing a module
- * Supervise course participants' practice at outpatient sessions including:
 - preparing for the outpatient session
 - explaining session objectives and what to do
 - demonstrating the case management skills
 - assigning patients to participants
 - monitoring participants as they manage assigned cases
 - providing feedback and guidance as needed in the clinic
 - leading discussion to summarize the session
- * Work effectively with a co-facilitator.
- * Interact with participants in a supportive way that reinforces learning.
Facilitator training offers an opportunity to discuss problems that may be faced during the course (for example, slower readers, logistical difficulties at a clinic, or sections of a module which may be difficult to teach) and to prepare to handle these difficulties.

Facilitator training is far more than review of the course materials. It is training in techniques of classroom and clinical teaching.

D. Teaching Methods

Explain that the teaching methods of this course are based on several assumptions about learning.

1. *Instruction should be performance-based.*

Instruction should teach the student tasks he will be expected to do on the job. This course is developed based on an analysis of tasks involved in managing childhood illness. The case management charts describe the steps of case management. Each module addresses the knowledge and skills needed to perform some of these steps. At the beginning of each module is a list of learning objectives describing the steps taught in that module.

2. *Active participation increases learning.*

Students learn how to do a task far more quickly and efficiently by actually doing it than by just reading or hearing about it. Retention is also substantially greater in participants who practice a skill than in those who merely observe it. Active participation also keeps students interested and more alert. This course actively involves the participants in doing the written exercises in each module, participating in group discussions, drills and role plays, and most importantly, in clinical practice.

3. *Immediate feedback increases learning.*

Feedback is information given to a participant on how well he is doing. If a participant does well on an exercise, and is reinforced immediately, he is more likely to retain what he has learned. Immediate feedback also allows misunderstandings to be corrected before they become strong beliefs, or before the student becomes further confused. In this course, the facilitators give immediate feedback on each exercise, tailored to each participant's needs. Feedback is provided through group discussion or individual consultation.

4. *Learning is increased when instruction is individualized.*

Participants attending this course will learn at different speeds and in different ways. For maximum learning to occur, the instruction must be flexible enough to allow each participant to proceed at a pace that is comfortable for him. Each participant should ask questions and receive explanations to the extent necessary for him to understand and acquire the skill and knowledge. This course is structured so that the participants are able to do the exercises at a pace which is comfortable for their group, and then discuss any problems or questions with a facilitator.

5. *Positive motivation is essential if learning is to take place.*

Participants must want to learn for instruction to be effective. Most of the time, participants come to this course anxious to learn and highly motivated. Facilitators help the participants to maintain this motivation by providing individual attention, giving prompt feedback, reinforcing them for their work on the exercises, ensuring that they understand each exercise, and encouraging them in group activities and clinical practice.

E. Adaptation of this Course

Explain that the case management charts and the modules to be used in this course have been adapted for this country. For example, national drug policies have been reviewed to ensure that the charts accurately list first- and second-line drug choices. Local feeding problems and corresponding recommendations have been included in exercises and examples. These adaptations will help ensure that the materials are relevant for participants. *(Note: If detailed explanations of the rationale for certain adaptations are needed, you may need to schedule a technical seminar, as mentioned on the first page of Annex A.)*

Ensure that all facilitator trainees have the same version of the course materials. If not, provide appropriate copies.

F. Schedule for Facilitator Training

Distribute a written schedule for facilitator training based on the one in Annex A. Explain that this 5-day schedule is very much condensed from the full 11-day course. Give facilitator trainees a copy of the draft course schedule as well, so that they can compare the activities and pace of the actual course with those of facilitator training.

Since facilitator trainees have already experienced the full course, they will move very quickly through the modules and will focus mainly on teaching techniques. They will have three clinic visits in which to practice supervising clinical practice. They will not have inpatient sessions during facilitator training, since they will not need to learn to teach those sessions. The inpatient instructor will lead those sessions during the course.

G. Introduction of *Facilitator Guides*

Explain that there are two *Facilitator Guides*, one for use in teaching modules and one for outpatient clinical practice. Trainees will first learn to use the *Facilitator Guide for Modules*. On the third day of the training they will begin using the *Facilitator Guide for Outpatient Clinical Practice*.

1. Ask trainees to read pages A-1 to A-5 of the *Facilitator Guide for Modules* -- an elaboration on the roles and responsibilities of a facilitator.

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2. Answer any questions about pages A-1 to A-5. Then, briefly summarize the major duties of a facilitator:
 - * to introduce the modules,
 - * to answer questions and assist participants while they work,
 - * to provide individual feedback on completed exercises,
 - * to do demonstrations and give explanations of certain steps,
 - * to conduct oral drills,
 - * to lead and summarize video exercises and group discussions,
 - * to coordinate role plays,
 - * to summarize the modules,
 - * to supervise clinical practice at outpatient sessions as instructed in the *Facilitator Guide for Outpatient Clinical Practice*.

Answer any questions about the duties and manner of facilitators.

4. Urge facilitator trainees to follow procedures in both *Facilitator Guides* and make the points specified. Review the parts of the *Facilitator Guide for Modules* (Procedures table, notes for each step of the procedures, answer sheets, the blank boxes for additional points, and Guidelines for All Modules).

NOTE: Write the message "Remember to use your *Facilitator Guides*" on a flipchart. Leave the message visible throughout the training.

Encourage trainees to write notes in their guides about important points to make during the course.

3. Module: *Introduction*

A. Review and Demonstration

Ask facilitator trainees to open to page B-2 of the *Facilitator Guide for Modules*. Point out the Procedures table and the corresponding notes. Ask the group to follow along as you use the notes to lead them through the *Introduction* module.

Follow the procedures closely, but save time by asking trainees to quickly review the contents of the module rather than reading carefully. They should remember the module from their earlier course and need only a brief review.

Turn to your assistant for help in remembering to include all of the relevant points. For example, ask him or her aloud, "Have I forgotten anything?" In this way, you will demonstrate one way to work together as co-facilitators.

When you have completed the module summary as described on pages B-5 and B-6 of the *Facilitator Guide for Modules*, tell the group that you have just demonstrated how to follow the procedures for the *Introduction* module.

Answer any questions about the *Introduction* or about how to use the *Facilitator Guide for Modules*. Be sure that everyone understands how to answer the questions given on pages B-6 and B-7 of the *Facilitator Guide for Modules*.

B. Facilitator Techniques: Working with a Co-Facilitator

Explain that there are several ways that co-facilitators can help each other and work as a team. For example, while one facilitator is leading a discussion, introducing the module, or doing a demonstration, the other facilitator can:

- * record information on the flipchart,
- * operate the video player,
- * point to the sections of the IMCI wall charts that are being discussed, or
- * follow along in the *Facilitator Guide for Modules* to ensure that no important points are omitted, and politely add certain points if necessary.

When first assigned to work together, co-facilitators should take time to exchange information about prior teaching experiences and individual strengths and weaknesses. They should agree on roles and responsibilities and how to work together as a team. Here are some suggestions:

1. Discuss in advance how you will work together on upcoming exercises, demonstrations, etc. Review the teaching activities for the next day, and agree who will prepare for each demonstration, lead the drill, play each role, collect supplies, etc. However, do not divide your work with a feeling that “this is your piece and this is mine.” Be flexible and ready to assist or adjust roles if needed.
2. Work together on each module rather than taking turns having sole responsibility for a module. Within a module or clinical session, you will at some times be the leader and at other times the helper, writing on the flipchart, stopping and starting the video player, etc.
3. When you lead a discussion, always try to ask the opinion of your co-facilitator. For example, ask “Dr. King, do you have something to add?” or “Would you agree with this explanation?”
4. When you are assisting, be respectful and polite. Give your co-facilitator your full attention. If you need to add information, wait until a suitable point in the presentation. Then politely ask, “Do you mind if I add something here?” Or say, “Excuse me, but there is one more point I would like to mention.”
5. If you think that your co-facilitator is doing a demonstration incorrectly, or giving incorrect information, avoid directly contradicting him or her in front of the group. It may be possible to say, “Excuse me, but may I clarify that?” If the situation is more complicated, quickly excuse yourselves, discuss the error privately, and decide how to clarify the explanation or demonstration to the group. The group

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must be given correct information as soon as possible. If there is a serious disagreement between you and your co-facilitator, you may need to seek help from the Course Director.

During facilitator training, pairs of trainees will practice working together on demonstrations, video exercises, group discussions, and other exercises. When given an assignment, each pair should discuss in advance how they will work together.

4. Module: *Assess and Classify the Sick Child Age 2 Months up to 5 Years*

Facilitator trainees will now begin the *Assess and Classify* module. In the actual course, this module will take about four days to cover. During facilitator training, however, trainees will review the module and practice teaching techniques used in the module in only two days. It will be necessary to do homework and to work quickly this week. In contrast, in the actual course, facilitators should not rush participants through the materials, but should allow them to proceed at a comfortable pace. Homework is not recommended during the course, as participants will be tired in the evenings.

A. Review and Reading

Ask trainees to quickly review the *Assess and Classify* module through section 4.1 and Exercise D (pages 1 - 37). They do not need to do the exercises but simply refresh their memories. Tell them to use their coloured markers to highlight points in the module at which the facilitator should intervene. For example, highlight the places where individual feedback is given or where a discussion is held. It will be helpful to highlight all of the modules in this manner.

Trainees should then read the corresponding notes in the *Facilitator Guide for Modules*, pages C-2 through C-33. Allow 30-40 minutes for review and reading.

B. Facilitator Techniques: Introducing a Module

Demonstrate introducing the module as described on pages C-7 through C-9 of the *Facilitator Guide for Modules*. Ask trainees to notice the instructions for introducing the module as you speak. Tell them that from now on you will ask them to introduce each module. Tell them to keep introductions brief. They should not lecture on the content on the module, but should cover the points in the *Facilitator Guide for Modules*.

Give the trainees 5 minutes to review pages C-7 through C-9 of the *Facilitator Guide for Modules*. Then ask for a volunteer to practice introducing the *Assess and Classify* module as you have just done. Ask for another volunteer to serve as the "co-facilitator" and follow along in the *Facilitator Guide for Modules*, assisting as necessary. This will be repetitive, but it is important to begin practicing teaching techniques as soon as possible. Trainees will pay much closer attention to the reading and demonstrations if they know that they will immediately be expected to practice in front of the group. Always give constructive feedback after practice.

C. Facilitator Techniques: Conducting a Demonstration

Referring to the procedures table on page C-2 of the *Facilitator Guide for Modules*, point out that after the introduction of the module, course participants will read through section 2.0, and then the facilitator will demonstrate use of the Recording Form. Point out the guidelines for the demonstration on pages C-9 through C-11 of the *Facilitator Guide*.

Acting as a facilitator, demonstrate use of the Recording Form. Then discuss the technique of conducting a demonstration. Include the following points:

- * A demonstration introduces something that participants will soon read about in the module, such as the Recording Form, a box on the chart, or a process such as classifying. The purpose is to begin to explain it, so that participants will understand more easily when they read the text.
- * A demonstration may be easier to understand for some participants who have difficulty reading, or who are more used to listening to oral presentations than reading.
- * The *Facilitator Guide for Modules* describes how to do the demonstration. Follow the guide closely, and do not explain more than is included in the instructions. It may be confusing if you go farther than the next step that participants will learn in the module.
- * Be sure that all the participants can see the wall chart or visual aid that you are using. If needed, have the participants get up from their chairs and come over to the wall chart to see what you are describing.
- * Be sure to speak clearly and loudly enough. Do not turn your back to participants as you speak. Try not to read directly from the guide or module. Speak in a conversational tone, varying the pitch and speed of your voice.
- * Pairs of facilitator trainees will be assigned at least one demonstration to do as practice. Sometimes two pairs will do the same demonstration, one after the other. Then the group will discuss the good aspects of each demonstration.
- * Even if you have seen other facilitator trainees do the demonstration, you need to practice the demonstration before doing it in front of your group during the course. Study the guide and then practice what to say so you will not have to read from the guide. Practice using any visual aids so you can do the demonstration comfortably and smoothly.

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Ask for two volunteers to demonstrate use of the Recording Form as you have just done. One trainee should do the demonstration and the other should assist. Give constructive feedback after the demonstration.

D. Facilitator Techniques: Individual Feedback

Referring to the procedures table on page C-2 of the *Facilitator Guide for Modules*, point out that the next step is for participants to do Exercise A. Exercise A requires individual feedback, as indicated in the "Feedback" column of the table. Point out the related notes and answer sheets on pages C-12 through C-13.

Explain that individual feedback is done by one facilitator, not two together. Each facilitator may set up a place in a separate area where participants can come to them for individual feedback.

Ask for a volunteer to act as a "course participant" who has just completed Exercise A. The participant will present his or her answers as written in the module during the course taken previously. (He or she may wish to make up a wrong answer or two.) You will act as the facilitator, modeling the technique of giving **individual feedback**. Sit face to face with the participant in the front of the room and speak clearly so that everyone can "overhear."

After modeling giving individual feedback, ask facilitator trainees to look at fold-out page I-11 of the *Facilitator Guide for Modules*. It explains what facilitators should do when giving individual feedback. Review each point on that list.

Then review the additional points below:

- * If space allows, provide individual feedback somewhat away from the group, in order to avoid disturbing others and to give the participant some privacy. For example, a participant and facilitator could sit in chairs in the hall where a case management chart is posted, or in the corner of the room.
- * Individual feedback may be fairly brief. During the course, individual feedback may not be as complete and lengthy as it is during facilitator training, when you are learning how to provide feedback.

- * Sometimes the guidelines for feedback on an exercise suggest a question to ask about the participant's own clinic and its procedures. For example:
 - Where do you refer children who need urgent referral? How far away is that?
 - Do you dispense drugs to mothers yourself? Who teaches the mother how to give a drug at home?
 - Can your clinic give IV therapy? Can your clinic give treatment with a nasogastric tube?
 - Will mothers bring a child back for a follow-up visit? How could you make follow-up more convenient for mothers?

When these questions are suggested, ask them and listen carefully to the participant's answers. You will understand his situation better and may help the participant think through any concerns.

- * Some of you will practice giving individual feedback after the next exercise. You will review a "participant's" answers and discuss how he arrived at his answers. You will practice consulting the guide and mentioning any key points. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the course. Actual participants are likely to be more shy and may read or understand less quickly.

E. Practice of Facilitator Techniques

Assign facilitator trainees to practice doing the next teaching activities in the module. These activities are listed below. Assign the demonstrations to pairs of trainees who seem ready for a challenge. For the individual feedback, assign one trainee to act as the "facilitator" and another as the "participant." Be sure that each person has an assignment. You may give the same assignment to more than one person or pair. Remember to record assignments on the grid in Annex F:

_____	Demonstration: Introduce the classification tables and demonstrate how to classify cough or difficult breathing. (pages C-15 through C-16 of the <i>Facilitator Guide</i>)
_____	Demonstration: Review classification of cough or difficult breathing. Introduce the chart booklet. (pages C-17 through C-20)
_____	Individual Feedback, Exercise B, Case 1 (pages C-21 and C-23)
_____	Individual Feedback, Exercise B, Case 2 (pages C-21 and C-24)
_____	Individual Feedback, Exercise B, Case 3 (pages C-21 and C-24)

Give the trainees any necessary materials such as enlargements of the classification tables. Allow some time to prepare for this practice session. (*While the trainees are preparing, set up the video equipment and prepare to demonstrate Video Exercise C.*)

After each demonstration or individual feedback, invite the rest of the group to comment. Always start by mentioning good points, and then discuss what should be improved. Be sure to clarify the content of the module if there is any confusion. Refer to the performance criteria on pages 80-81 while providing feedback.

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Explain: Although feedback was given separately on Cases 1, 2, and 3 in order to give more people a chance to practice, feedback on all of Exercise B is given at once during the course. During the feedback, it is important to discuss how the participant determined his answers, in order to find out if he understands how to use the classification table. Any confusion must be clarified before the participant proceeds.

F. Facilitator Techniques: Video Exercise

Referring to the procedures table on page C-2 of the *Facilitator Guide for Modules*, point out that the next step is video Exercise C. Point out the related notes and answer sheets on pages C-25 through C-30.

Show the group how the video player works. Ask them to come close as you show them how to insert the videotape, turn on the power, rewind, play the tape, stop the tape, etc. Explain where the equipment will be during the course.

Lead a brief discussion about the techniques of leading a video exercise. Include the following points:

- * It is mandatory to practice with the video before the exercise, so that you know what to expect, when to start and stop it, and how to adjust it. If it is a temperamental machine, give yourself enough time to get it working or arrange to have someone there who works well with the machine.
- * Be sure that the lighting and the arrangement of chairs will allow everyone to see the television screen clearly.
- * Tell the participants the subject of the video. State clearly whether they will be expected to write answers and where they should write them.
- * The first few times you show a video, it may take participants a few minutes to focus their attention on the video, and become accustomed to the picture and the narrator's voice. If you feel this is true, ask the participants if they would like you to restart the video.
- * Replay exercises as needed until all the participants can understand and recognize the clinical signs shown in the video.

Ask the facilitator trainees to follow in the *Facilitator Guide for Modules* as you talk them through video Exercise C. To save time, fast forward through the demonstration and short answer sections of the video unless the group feels a real need to see them again. Focus on the case study of "Ben." After leading the group through the case study, answer any questions. There will be a chance for trainees to practice leading a video exercise later.

G. Facilitator Techniques: Leading a Discussion

Referring to the procedures table on page C-2 of the *Facilitator Guide for Modules*, point out that the next step involves some reading and Exercise D, a photograph exercise done as group discussion. Point out the related notes and answer sheets on pages C-31 through C-33.

Ask facilitator trainees to open their photograph books. Demonstrate how to lead the group discussion in Exercise D, being careful to use good facilitator techniques and follow the steps in the *Facilitator Guide for Modules*.

Ask trainees to fold out the page on leading a discussion, page I-13 of the *Facilitator Guide for Modules*. Review the points on page I-13. Explain that from now on trainees will practice leading the group discussions.

H. Review and Reading

Ask facilitator trainees to quickly review sections 4.2 through 5.1 of the *Assess and Classify* module (pages 38 - 69), using their highlighters to mark the places where the facilitator should intervene. They do not need to do the exercises but simply refresh their memories. They should then begin reading the corresponding notes in the *Facilitator Guide for Modules*, pages C-34 through C-59. Allow about 30-40 minutes for review and reading. (If they do not finish the reading in this time, they may finish at night. Proceed with the discussion of oral drills.)

I. Facilitator Techniques: Oral Drills

Referring to the procedures table on page C-2 of the *Facilitator Guide for Modules*, point out that the next step is an oral drill. Point out the related notes and answer sheets on pages C-34 through C-37.

Explain that certain skills, such as determining dosages of drugs, require lots of practice. This course provides oral drills for such skills. Explain how to lead an oral drill:

- * Gather the participants together. A drill works best when the chairs are arranged in a circle.
- * Tell the participants that you are going to do a drill. A drill is not a test. It is an opportunity to practice a step, in order to develop speed and confidence.
- * Ask a question and direct a participant to answer. He should answer quickly. If he cannot answer or answers incorrectly, you will ask the next person. Continue asking questions to participants in order, going around the circle.
- * Keep the pace lively and the mood cheerful. Congratulate participants as they improve in their ability to answer correctly or more quickly.

Facilitators have some flexibility in when to lead a drill during the course. They may lead a drill when it is mentioned in the module, or they may wait until a time when participants need a break from reading. They may do a drill after a tea break or lunch, as a way to

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focus the group's attention. However, they should not forget to do the drill sometime during the day.

Begin the drill on checking for danger signs and assessing cough or difficult breathing as described in the *Facilitator Guide for Modules* (pages C-34 through C-37). Then, after the pace of the drill is set, let several trainees take turns being the "facilitator" while the others act as "participants." Afterwards, discuss how the drill went. Did the facilitators make the participants feel comfortable with the process? Were there ways that the drill could have been improved?

5. Assignments for the Next Day

Assign facilitator trainees to be prepared to practice the following teaching activities in front of the group tomorrow. For demonstrations, video exercises and group discussions, assign pairs to work together. For individual feedback, assign one person to act as the "facilitator" and one person to act as the "participant." For oral drills, assign one person to act as the facilitator, or two people to lead the drill one after the other.

Keep track of assignments on the grid in Annex F. Be sure that each trainee is assigned a variety of practice. For example, if he has already practiced individual feedback, assign him a demonstration or group discussion.

_____	Demonstration: Classify dehydration (pages C-38
_____	through C-39)
_____	Individual feedback, Exercise E (pages C-40
_____	through C-42)
_____	Individual feedback, Exercise F (pages C-43
_____	through C-46)
_____	Video exercise, Exercise G (pages C-47 through
_____	C-50) <i>Explain where to find video equipment to practice</i>
_____	<i>ahead. Explain that they should plan to fast forward through</i>
_____	<i>the demonstration and short-answer sections and focus on</i>
_____	<i>the case study to save time.</i>
_____	Group discussion of photographs, Exercise H
_____	(pages C-51 through C-53)
_____	Group discussion of photographs, Exercise I
_____	(pages C-54 through C-55)
_____	Group discussion of photographs, Exercise J
_____	(pages C-56 through C-57)
_____	Drill: Determining fast breathing in children 2
_____	months up to 5 years (pages C-58 through C-59)

Tell trainees to be ready to practice their assigned tasks in front of the group first thing in the morning. Also ask them to continue reviewing the rest of the *Assess and Classify* module, and continue reading the corresponding guidelines in the *Facilitator Guide for Modules*. If they are able to read ahead, it will allow more time for practice tomorrow.

FACILITATOR DAY 2

1. Continuation of Module: *Assess and Classify*

A. Practice of Facilitator Techniques

Have facilitator trainees practice the tasks assigned yesterday in the order that they come in the *Facilitator Guide for Modules*. (They are also listed in order on the Agenda.) During each practice, trainees should refer to the *Facilitator Guide* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved. Refer frequently to the *Facilitator Guide*, pages C-2 and C-3, so that trainees stay aware of the order of events that they will follow during the real course.

Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary.

B. Review and Reading

Allow about 40 minutes for the following review and reading if not done last night:

- * Section 5.2 through the end of the *Assess and Classify* module (pages 70-146).
- * Corresponding notes in the *Facilitator Guide for Modules*, pages C-60 through C-98.

C. Facilitator Techniques: While Participants Are Working

Explain that helping participants with modules means more than giving feedback when they finish an exercise. It also means helping them as they work, if needed.

Ask facilitator trainees to look at fold-out page I-9 of the *Facilitator Guide for Modules*. Review each point on the list. Also mention the following points:

- * Watch participants as they are getting started on an exercise to be sure they understand what to do. If it takes a participant a long time to figure out the instructions for an exercise, or if he misunderstands the instructions, this can use a lot of time and create frustration. If you observe such difficulty, help the participant right away.
- * If a participant is having trouble, you can lean down beside him and quietly give him some brief help. Try not to disturb other participants around him.

D. Practice of Facilitator Techniques

Assign the following to be practiced in front of the group. Remember to keep track of assignments on the Practice Assignment Grid in Annex F. **When everyone has mastered a skill such as individual feedback, you may stop assigning practice of that skill.** You may simply point out where the exercise occurs and the type of feedback required, and answer any questions about the exercise. Remember to assign someone to be the "participant" for individual feedback:

_____	Group discussion prior to Exercise K (page C-60)
_____	Individual feedback, Exercise K (pages C-61
_____	through C-67) <i>This exercise has six cases; you may assign just one or two.</i>
_____	Video Exercise L (pages C-68 through C-70)
_____	<i>Remind them just to focus on the case study.</i>
_____	Individual feedback, Exercise M (pages C-71
_____	through C-72)
_____	Group discussion of photographs, Exercise N
_____	(pages C-73 through C-74)
_____	Group discussion of photographs, Exercise O
_____	(pages C-75 through C-76)
_____	Individual feedback, Exercise P (pages C-77
_____	through C-81)
_____	Individual feedback, Exercise Q (pages C-82
_____	through C-84)
_____	Drill: Determining weight for age (pages C-85
_____	through C-86)
_____	Individual feedback, Exercise R (pages C-87
_____	through C-91)
_____	Video Exercise S (pages C-92 through C-93)
_____	Video Exercise T (optional exercise, pages C-94
_____	through C-96)
_____	Video Review Exercise on chest indrawing
_____	(pages C-94 and
_____	C-97) <i>This exercise is done in the course at any convenient time after the Assess and Classify module.</i>

Allow trainees time to prepare before they practice in front of the group. As always, provide constructive feedback after practice.

E. Facilitator Techniques: Summarizing the Module

Point out the guidelines for summarizing the *Assess and Classify* module in the *Facilitator Guide for Modules* (page C-98). Show trainees the blank box in which they may write additional points to include in the module summary. Ask for any suggestions to put in the box for this module.

Then summarize the module as instructed. (If there is time, you may ask a volunteer to summarize the module again after you have done so.) Explain that from now on you will be asking trainees to introduce and summarize modules. Guidelines are always given in

the *Facilitator Guide for Modules*. Record on the Practice Assignment Grid as trainees have a chance to introduce or summarize modules.

2. Assignments for the Next Day

Ask facilitator trainees to read carefully the *Facilitator Guide for Outpatient Clinical Practice* through Day 5, page 31. Explain that the outpatient session tomorrow will focus on how to do a clinical demonstration. They will take turns doing clinical demonstrations which will occur on Days 2 - 5 of the course. Assign pairs to be prepared to do the following demonstrations described in the guide. (You may assign more than one pair to do the same demonstration; they can practice one after the other.)

- _____ Demonstrate how to check for general danger signs and assess and classify a child for cough or difficult breathing (pages 23-25 of the *Facilitator Guide for Outpatient Clinical Practice*)
- _____ Demonstrate how to assess and classify diarrhoea (pages 26-27)
- _____ Demonstrate how to assess and classify fever (pages 28-29)
- _____ Demonstrate how to assess and classify ear problem (page 30)
- _____ Demonstrate how to check for malnutrition and anaemia and use the weight for age chart (pages 30-31)

Remind trainees that each clinical demonstration will involve assessing a child completely up through the assigned point. For example, the person demonstrating assessment of diarrhoea will first assess the child for danger signs, cough and difficult breathing. However, the demonstration will focus on diarrhoea.

Suggest that trainees also review the module *Identify Treatment* and the corresponding guidelines in the *Facilitator Guide for Modules*. This will allow more time for practice tomorrow afternoon.

Explain where to meet in the morning. (The first 30 minute session of the morning, on the role of the facilitator in outpatient sessions, could be done in the usual classroom, or in an area of the outpatient clinic.)

Ask trainees to bring pencils, chart booklets (*Integrated Management of Childhood Illness*) and the *Facilitator Guide for Outpatient Clinical Practice*. Give each trainee 8 copies of the Recording Form to bring on his or her clipboard. Tell trainees that they will each need a watch with second hand or other timing device to count the breathing rate in clinic.

Notes for Course Director on Preparation for the Next Day:

To prepare for tomorrow morning, review in the *Facilitator Guide for Outpatient Clinical Practice* the section titled "How Outpatient Clinical Sessions are Conducted" and the Summary Table and Notes for Days 2 - 5. Make the preparations described. Be ready to do the first demonstration of checking for general danger signs and assessing and classifying a child for cough or difficult breathing.

Make an enlarged copy of the Group Checklist of Clinical Signs (pages 20-21 of the *Facilitator Guide for Outpatient Clinical Practice*). The group will use this checklist when they return to the classroom tomorrow.

Bring extra copies of the Recording Form to the outpatient clinic in the morning.

Facilitator Day 2

Note: If you know the facilitator trainees well enough at this point to determine how they will be paired during the course, you may wish to inform the pairs now. Then the pair who will work with the clinic to be visited tomorrow can use the opportunity to get to know the clinic staff and routine and the supplies available.

FACILITATOR DAY 3

1. The Facilitator's Role in Outpatient Clinical Practice

The facilitator trainees experienced outpatient and inpatient clinical sessions in the IMCI course that they took as participants. Over the next three mornings they will learn to facilitate outpatient clinical sessions. (Inpatient sessions will not be held during facilitator training as facilitators are not responsible for leading these.)

Ask facilitator trainees to open the *Facilitator Guide for Outpatient Clinical Practice*. Explain that they should follow this guide closely during the course. Review the role of the facilitator as described in the box on page 4. Emphasize the importance of observing the participants and providing feedback and guidance.

Point out the Checklist for Monitoring Outpatient Sessions (pages 15 -18 of the *Facilitator Guide for Outpatient Clinical Practice*). This checklist will be the tool for monitoring course participants' work so that specific feedback can be given. Trainees will practice using the checklist tomorrow.

Ask trainees to turn to page 3 of the *Facilitator Guide for Outpatient Clinical Practice*, which shows the schedule of clinical practice sessions for the course. During facilitator training, there will be only three mornings to practice skills taught in 10 sessions during the course. This should not be a problem, since trainees have experienced the course before, but they will need to work efficiently. Today they will practice conducting clinical demonstrations done on Days 2 - 5 of the course.

2. Outpatient Clinical Session: Clinical Demonstrations

On arrival at the clinic, make the proper introductions and become oriented to the clinic's routine. Discuss with the clinic staff the types of children you will want to see throughout the morning.

A. Facilitator Techniques: Clinical Demonstrations

Ask the facilitator trainees to open the *Facilitator Guide for Outpatient Practice* to Day 2 (page 23). Point out the demonstration that occurs on Day 2: checking for danger signs and assessing and classifying for cough and difficult breathing.

Select children with cough or difficult breathing and any child with a general danger sign. Let the group see how you select the children. Tell them that selecting the children for demonstrations and for practice will be an important part of their job as a facilitator.

Following the guidelines in the *Facilitator Guide for Outpatient Clinical Practice*, do the demonstration of checking for danger signs and assessing and classifying for cough and difficult breathing. Act as though you are a facilitator doing the demonstration for participants in the course.

After your demonstration, review the following guidelines with facilitators before they do their assigned demonstrations:

- * Use the instructions in the *Facilitator Guide for Outpatient Clinical Practice*.
- * State the objectives of the demonstration; that is, describe what you are going to do and the sections of the IMCI charts that you are going to use.
- * Stand where everyone can see the procedure clearly.
- * Demonstrate the entire correct procedure (no short cuts).
- * Describe the steps aloud as you do them.
- * Encourage observers to ask questions; ask them questions to check their understanding.
- * Project your voice so all can hear; make eye contact when speaking.
- * When showing visual aids (such as sections of the chart), ensure that all can see.

B. Practice of Clinical Demonstrations (Days 2 - 5 of the Course)

Tell facilitator trainees that they should select children for demonstrations who are likely to have relevant signs. For example, if they will demonstrate how to assess and classify diarrhoea, they should find a child with diarrhoea.

One by one, have each trainee select a suitable child and do the assigned demonstration in front of the group. (Remind them to start at the beginning of the *Assess and Classify* chart and go through the assigned step.) The demonstrations should be done in the following order, if possible, but if a certain child needs to be seen quickly, you may change the order. As in the course, if any child presents with infrequently seen signs (such as stiff neck, measles rash, or corneal clouding or others listed on page 12 of the *Facilitator Guide for Outpatient Clinical Practice*), you should take time to show those signs.

- * Demonstrate how to check for danger signs and assess and classify the child for cough or difficult breathing
- * Demonstrate how to assess and classify diarrhoea (page 26-27 of the *Facilitator Guide for Outpatient Clinical Practice*)
- * Demonstrate how to assess and classify fever (page 28-29)
- * Demonstrate how to assess and classify ear problem (page 30)
- * Demonstrate how to check for malnutrition and anaemia and use the weight for age chart (page 30-31)

During each clinical demonstration, the group should observe and use their Recording Forms. After each demonstration, have the group give feedback.

Facilitator Day 3

Ask trainees to keep their Recording Forms to use when they return to the classroom. When they return, show them the enlarged Group Checklist of Clinical Signs. Have them write their own initials in the box for each sign that they have seen. Explain that, during the course, participants will fill in this chart in the same way after every clinical session. During the course, facilitators should notice which participants have not seen certain signs and take special care to point out those signs when an appropriate child presents.

3. Module: *Identify Treatment*

Facilitator trainees will now begin the *Identify Treatment* module. In the actual course, this module will take about four hours to cover. During facilitator training, however, the group will review the module very quickly. At this point, all of the trainees have probably practiced giving individual feedback. Therefore it is no longer necessary to practice individual feedback every time that it occurs. Select only those exercises where you think that course participants may have many questions or particular difficulty.

A. Review and Reading

If trainees did not review the *Identify Treatment* module and corresponding facilitator guidelines last night, ask them to quickly review the module now. They do not need to do the exercises but simply refresh their memories. They should use their highlighters to mark places where the facilitator intervenes.

They should then read the corresponding notes in the *Facilitator Guide for Modules*, pages D-2 through D-29. Allow about 30 minutes for review and reading.

B. Practice of Facilitator Techniques

Referring to your Practice Assignment Grid, assign trainees to practice the following as needed. Allow 10-15 minutes to prepare.

- _____ Introduction of the module (page D-3 of the *Facilitator Guide for Modules*)
- _____ Explanation of "Decisions involved in Plan C" and Section 1.0 (pages D-4 through D-5)
- _____ Individual feedback on one or two exercises of your choice: Exercise A, B, C, D, or F -- *Select an exercise that may present difficulties for participants.*
- _____ Demonstration: How to use the back of the Sick Child Recording Form (pages D-8 through D-10)
- _____ Drill: When to return immediately (pages D-17 through D-19)
- _____ Group discussion following the written part of Exercise E (pages D-24 through D-25)

-----	Role of the mother in the role play in Exercise E (page D-26)*
-----	Role of the health worker in Exercise E* (instructions on page 50 of the module)
	* <i>Since this is the first role play, you will facilitate it and lead the discussion afterwards.</i>
-----	Summary of the module (page D-29)

Have trainees practice the tasks assigned in the order that they come in the *Facilitator Guide for Modules*. During each practice, trainees should refer to the *Facilitator Guide for Modules* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved. Refer frequently to the *Facilitator Guide for Modules*, page D-2, so that trainees stay aware of the order of events that they will follow during the real course. Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary.

C. Facilitator Techniques: Coordinating Role Plays

After you facilitate the role play in Exercise E, explain that this is the first of many role plays in this course. Role plays are especially useful for practicing communication skills, and so are used often to practice instructing the mother on continuing treatment at home, and to practice counselling the mother.

Ask trainees to fold out page I-15 of the *Facilitator Guide for Modules*. Discuss each point on page I-15 and answer any questions. Also review the following points:

- * Role plays will not (and should not) be perfectly prepared and rehearsed performances. The point of role plays is to practice dealing with newly-acquired information about the child, or unexpected but realistic characteristics of the mother.
- * The person playing the role of the health worker should not be told in advance any more information than is provided in the module; however, this person should be encouraged to review the relevant sections of the charts, or the communication skills to be used. The facilitator should be sure that the health worker understands the purpose of the role play and the steps or points to cover.
- * The person playing the role of the mother should behave realistically, incorporating any background information given to her about her role. She may make up additional information if necessary, as long as it is realistic and consistent with the background information.
- * It is important to look ahead in the guide to see when role plays will occur and prepare for them. Some role plays require supplies such as drugs or a baby doll. These supplies will be listed in the instructions for the exercise. Explain where these supplies are located now and that most of the supplies will be furnished in each small group's room during the course.

Tell trainees that they will all have opportunities to practice coordinating role plays and playing roles during the next few days. Keep a record on the Assignment Grid of who has coordinated role plays and who has played roles.

4. Module: *Treat the Child*

Facilitator trainees will now begin the *Treat the Child* module. In the actual course, this module will take about 2 days to cover. During facilitator training, trainees will review the module very quickly. At this point, all of the trainees have probably practiced giving individual feedback. Most have also practiced leading drills. Be selective about the exercises that you assign at this point. The most critical demonstrations, discussions, etc., are listed for you in these guidelines. Add practice only when there are certain trainees who still need to practice a technique, or when you think an exercise presents special difficulties.

NOTE: When you skip exercises in facilitator training, be careful to keep everyone oriented to the order of events for the actual course by referring frequently to the Procedures table and notes in the *Facilitator Guide for Modules*. You are essentially giving a "guided tour" of the process of teaching the module.

A. Review and Reading

Ask trainees to quickly review the module *Treat the Child* now. They do not need to do the exercises but simply refresh their memories, using their highlighters to mark places where the facilitator intervenes. They should then begin reading the corresponding notes in the *Facilitator Guide for Modules*, pages E-2 through E-92. (They will probably need to continue this reading at night.) Allow about 30-40 minutes for review and reading now.

B. Practice of Facilitator Techniques

Referring to your Practice Assignment Grid, assign trainees to practice the following. Assign practice of additional exercises only if needed. Allow 10-15 minutes to prepare.

- _____ Introduction of the module (pages E-4 to E-5 of the *Facilitator Guide for Modules*)
- _____ Demonstration: How to read a drug table (pages E-5 through E-7)
- _____ Drill: Selecting an oral antibiotic (pages E-11 through E-16)
- _____ Drill: Asking checking questions (pages E-28 through E-29)

Have trainees practice the tasks assigned in the order that they come in the *Facilitator Guide for Modules*. During each practice, trainees should refer to the *Facilitator Guide for Modules* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Between each practice, refer to the next steps in the *Facilitator Guide for Modules*, pages E-2 through E-3, so that trainees stay aware of the order of events that they will follow during the real course. Draw attention to the notes on exercises that are being skipped; for example, Exercise B is skipped in the sequence above.

5. Assignments for the Next Day

If trainees did not have enough time to finish reading the module and facilitator guidelines for *Treat the Child*, ask them to complete this reading tonight. Assign the following teaching activities from *Treat the Child* to be practiced tomorrow after returning from the outpatient clinic. Note that many exercises are omitted at this point.

- _____ Demonstration (scripted) role play: Coordinator and role of health worker (pages E-30 through E-34)
- _____ Role of mother in demonstration role play
- _____ Role play in Exercise E, teaching a mother to give oral drugs: Coordinator (pages E-38 through E-39)
- _____ Role of mother
- _____ Role of health worker
- _____ Drill: Determining amounts of ORS to give to a child on Plan B (pages E-70 through E-71)
- _____ Summary of the module (page E-92)

Also ask trainees to read carefully the *Facilitator Guide for Outpatient Clinical Practice* for Days 7-8 of the course, pages 32-35. Assign pairs to be prepared to do the following clinical demonstrations during the outpatient session tomorrow:

- _____ Demonstrate how to identify treatment (pages 32-33 of the *Facilitator Guide for Outpatient Clinical Practice*)
- _____ Demonstrate how to teach mother to give an oral drug at home (pages 32-33 of *Facilitator Guide*)*
- _____ Demonstrate how to treat a child with SOME DEHYDRATION using Plan B (pages 34-35).
- _____ Demonstrate how to treat a child with NO DEHYDRATION using Plan A (pages 34-35).*

**At the end of these, the trainees should demonstrate how to advise the mother of when to return using the relevant part of the Mother's Card.*

If time allows, trainees should also review the module *Counsel the Mother* and the corresponding guidelines in the *Facilitator Guide for Modules*.

Explain where to meet for transportation to the outpatient clinic in the morning. Ask everyone to bring pencils, chart booklets, timing devices, and the *Facilitator Guide for Outpatient Clinical Practice*. Give each trainee 8 more copies of the Recording Form and 8 copies of the Monitoring Checklist to bring on his or her clipboard. Explain that the group will learn to use the Monitoring Checklist tomorrow.

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Also give each trainee 8 copies of the Mother's Card to bring. Point out the items (such as drugs, ORS supplies) needed for tomorrow's session; these are listed in the section titled "To Prepare" for each outpatient session. Explain that you will make these preparations now, but during the course the facilitators will be responsible.

Notes for Course Director on Preparation for the Next Day:

To prepare for tomorrow morning, review in the *Facilitator Guide for Outpatient Clinical Practice* the Summary Table and Notes for Days 7 - 8. Make the preparations described. You will need to be sure that the appropriate oral drugs and ORS supplies are available at the clinic to be visited. If not, you will need to bring them with you.

Be prepared to explain use of the Monitoring Checklist to the group.

Bring extra copies of the Recording Form, Monitoring Checklist, and Mother's Card to the outpatient clinic in the morning.

Note: If you have decided on pairs of facilitators who will work together during the course, inform them. Then the pair who will work with the clinic to be visited tomorrow can use the opportunity to get to know the clinic staff and routine and the supplies available.

FACILITATOR DAY 4

1. Outpatient Clinical Session: Assigning Patients and Monitoring Clinical Practice

After completing a few more clinical demonstrations from Days 7 and 8 of the course, this session will be devoted to learning how to assign patients to participants and monitor their work using the Monitoring Checklist.

A. Practice of Clinical Demonstrations (Day 7 of Course)

You have assigned facilitator trainees to be prepared to do demonstrations of:

- identifying treatment, and
- teaching mothers to give an oral drug

For these demonstrations, ask the clinic staff to select a child who has fast breathing, fever, or an ear problem and would need an oral drug. This same child can be used for both demonstrations, with one pair of trainees continuing where the previous pair left off. Then, if you assigned additional trainees to do these demonstrations, another child can be selected, and they can again do the demonstrations in succession.

So that you do not delay the child's receiving treatment, wait and give feedback to the trainees after the child is returned to the clinic's care.

B. Facilitator Techniques: Assigning Patients to Participants

Tell facilitator trainees that an important part of their job will be to select suitable patients for participants to assess, classify, treat, and counsel. Each day they may need patients with different characteristics. The *Facilitator Guide for Outpatient Clinical Practice* explains the type of patients needed. For example, the previous demonstrations required a child who was likely to need an oral drug, so you looked for children with fast breathing, fever, or an ear problem.

During the course, facilitators will need to work with clinic staff to identify appropriate children. Sometimes there may not be enough suitable patients. In such cases, participants may have to group together to work with the available patients.

Facilitators should ensure that each course participant sees as many signs on the *ASSESS & CLASSIFY* chart as possible. By looking at the Group Checklist of Clinical Signs each day, facilitators can see which participants have not seen certain signs and try to assign them patients with those signs.

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Whenever a participant has finished with a patient, a facilitator should give feedback and quickly find him another patient to see. It is important to keep participants busy. If there are few patients to see, facilitators can conduct a drill or a demonstration until more patients arrive.

C. Practice of Clinical Demonstrations (Day 8 of Course)

Ask a facilitator trainee to help you select two children with diarrhoea: one with SOME DEHYDRATION and one with NO DEHYDRATION.

Have the assigned trainees do the following demonstrations:

- * Demonstrate how to treat a child with SOME DEHYDRATION using Plan B (pages 34-35).
- * Demonstrate how to treat a child with NO DEHYDRATION using Plan A (pages 34-35).

Give feedback after each demonstration.

D. Facilitator Techniques: Monitoring Clinical Practice

Review the following ways to monitor clinical practice:

- * Whenever possible, directly observe participants working with patients to ensure that clinical skills are done correctly. Use the Checklist for Monitoring Clinical Outpatient Sessions to record the participant's assessments and any errors. If you see the participant make a mistake, ask him to look or try again. If the participant cannot correct his own mistake, provide an explanation or assistance. Also check the participant's Recording Form to see that information is correctly recorded. Provide feedback as needed. Comment on things done well and on things that need improvement.
- * When you are not able to directly observe the participant's work, take note of the patient's condition yourself. Then ask the participant to present the case to you. He should refer to his Recording Form and tell you the child's main symptoms, signs, and classifications (and, later in the course, the treatment plan). Discuss the case and verify the assessment and classification. If treatment has been specified, verify that it is correct.
- * If time is very limited, at least look at the participant's Recording Form. Compare your observation of the child's condition with the participant's findings. Ask questions to be sure the participant understands how to identify particular signs and classify them correctly.

Emphasize the following points:

- * Teaching has priority over completion of the monitoring checklist. If you are very busy, put the checklist aside during the outpatient session and concentrate on teaching. Then fill out the checklist at the end of the session, or after several cases, referring to the participants' Recording Forms as needed. Cases managed by each participant will be counted at the end of the course, so be sure to record each case managed, even if you do not observe the entire process.
- * Since participants are learning this process, some errors are expected. If you find no errors on the checklists, you may not be paying close attention, or you may be dismissing all problems as minor. On the other hand, do not be overly critical, finding fault with the participant's work on every step of every case.

E. Practice Assigning Patients and Monitoring

Select one facilitator trainee to help assign patients to the others. This person should select patients who may have fast breathing, fever, an ear problem, or diarrhoea.

Divide the remaining trainees into groups of 2 or 3. One person in each group will act as the "facilitator" by monitoring another person who will assess and classify the child, identify treatment, advise when to return, and (if appropriate) teach the mother how to give an oral drug at home. The "facilitator" should use the Monitoring Checklist and give feedback. If there is a third person in the group, that person will also use the Monitoring Checklist and compare results.

After awhile, ask a different trainee to help with assigning patients. Try to let each trainee have a turn with this task today or tomorrow.

Each small group should see at least two patients. If there is a shortage of patients, you may need to combine the groups.

Remind trainees to keep their Recording Forms so that they may complete the Group Checklist of Clinical Signs when they return to the classroom.

2. Continuation of Module: *Treat the Child*

A. Practice of Facilitator Techniques

Have facilitator trainees practice the following teaching tasks from *Treat the Child* that were assigned yesterday:

- * Demonstration (scripted) role play
- * Role play in Exercise E
- * Drill: Determining amounts of ORS to give on Plan B

After role plays, give any suggestions to the coordinator on how he might have prepared the players better. Mention that sometimes course participants get confused about

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exactly what they should do in the role play. If that happens, the "health worker" may talk about many things which are not necessary and leave out important points. In that case, the facilitator can interrupt kindly and remind the players of the essential points to cover.

Between the practice of the above tasks, point out all of the steps on the Procedures Table in the *Facilitator Guide for Modules* (pages E-2 and E-3). You are continuing your "guided tour" of the module. Draw attention to the notes on exercises that are being skipped (for example, the group activity on handling and measuring drugs). Give any necessary explanations related to these skipped exercises (for example, tell where the drugs will be located).

B. Use of Annexes Related to Plan C for Severe Dehydration

When you get to step 21 of the facilitator procedures, explain that course participants will study **only** the parts of Plan C that they will use in their own clinics. Some course participants may learn simply to refer all patients needing Plan C. Other participants, who work in clinics where IV therapy is available, may learn to determine amounts of IV fluid needed. Each of these options for Plan C is taught in a different Annex (C-1, C-2, C-3, or C-4). Participants will use the Plan C Flowchart to select the Annex to study.

Demonstrate how to use the Plan C flowchart (page 77 of the module, guidelines on page E-75 of the *Facilitator Guide for Modules*). Explain that participants may select different annexes than the facilitator trainees have already completed in their own experience with the course. Therefore, each facilitator trainee needs to complete each annex before the course begins. If there is time, have trainees complete any remaining annexes now and check their answers. Otherwise, they should do this for homework.

Ask the assigned trainee to summarize the module.

3. Module: *Counsel the Mother*

Remind facilitator trainees that the *Counsel the Mother* module introduces the third of the Case Management Charts. Explain that both the module and the chart have been adapted to include local feeding problems and local foods, so they should be very relevant to participants. (Confirm that everyone has the same adapted version.)

A. Review and Reading

If trainees did not review the *Counsel the Mother* module and corresponding facilitator guidelines last night, allow 30 minutes to do so now. The relevant notes in the *Facilitator Guide for Modules* are on pages F-2 through F-33.

B. Practice of Facilitator Techniques

Referring to your Practice Assignment Grid, assign trainees to practice the following. (Only selected exercises are listed; add exercises only if needed.) Allow 10-15 minutes to prepare.

- _____ Introduction of the module (page F-3 of the *Facilitator Guide for Modules*)
- _____ Drill on feeding recommendations (pages F-6 through F-10)
- _____ Role play and discussion in Exercise B, assessing feeding: Coordinator (pages F-11 through F-14)
 - _____ Role of mother
 - _____ Role of health worker
- _____ Role play and discussion in Exercise D, giving feeding advice: Coordinator (pages F-22 through F-25) *There are two role plays in this exercise. Depending on time constraints, you may select one or both.*
 - _____ Role of mother of Sudi (role play 1)
 - _____ Role of health worker in role play 1
 - _____ Role of mother of Javas (role play 2)
 - _____ Role of health worker in role play 2
- _____ Group discussion in Exercise F, local feeding problems (page F-33) *Facilitator trainees may reflect on their experience in their previous course for this discussion.*
- _____ Summary of the module (page F-33)

Have trainees practice the tasks assigned in the order that they come in the *Facilitator Guide for Modules*. During each practice, refer to the *Facilitator Guide for Modules* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Between each practice, refer to the next steps in the *Facilitator Guide for Modules*, page F-2, so that everyone stays aware of the order of events to be followed during the real course. Draw attention to the notes on exercises that are being skipped, and give any necessary explanations related to these skipped exercises. Be sure that facilitator trainees understand that they must not skip any exercises during the real course.

Explain about Short Answer Exercises. These are written exercises that course participants work independently in the module. During the course, facilitators should look around the room to be sure that participants actually do these exercises, which will help their understanding. Facilitators should offer help if a participant is having trouble with a Short Answer Exercise.

4. Assignments for the Next Day

Ask facilitator trainees to review the module *Management of the Sick Young Infant* and read carefully the corresponding guidelines in the *Facilitator Guide for Modules*.

Also ask them to read carefully the *Facilitator Guide for Outpatient Clinical Practice* for Days 9-11 of the course, pages 36-42. Assign pairs to be prepared to do the following clinical demonstrations from course days 9 -11.

- _____ Demonstrate how to assess feeding and counsel the mother about food, fluids, and when to return (page 36 of the *Facilitator Guide for Outpatient Clinical Practice*)
- _____ Demonstrate how to assess and classify a sick young infant for bacterial infection and for diarrhoea (pages 38-39)
- _____ Demonstrate how to assess breastfeeding and counsel the mother about correct positioning and attachment according to steps on the YOUNG INFANT chart (pages 40 - 42) *Select someone who will feel comfortable doing this demonstration and will do a good job.*

Explain when and where to meet for transportation tomorrow. Distribute copies of **both** Recording Forms (sick child, sick young infant), **both** Monitoring Checklists, and Mother's Cards to bring to the clinical sessions. Remind everyone to bring chart booklets, clipboards, Recording Forms, Monitoring Checklists, and timing devices.

Notes for Course Director on Preparation for the Next Day:

To prepare for tomorrow morning, review in the *Facilitator Guide for Outpatient Clinical Practice* the Summary Table and Notes for Days 9 - 11.

Tomorrow you will lead a "case simulation exercise." This exercise will provide practice in giving feedback on cases that a participant reports about, but that the facilitator has not seen himself. The exercise can be used during or after the outpatient session tomorrow. To prepare for the exercise, make copies of the Recording Forms for two simulated cases provided in Annex G. (Note: These forms include some errors; leave in the errors. If an adapted Recording Form is being used in this area, you will need to transfer information from the example forms to adapted Recording Forms before making photocopies.)

Tomorrow you will act as a "participant" reporting to a "facilitator" (a facilitator trainee) on one or both of these cases. All of the trainees will review the Recording Form as they listen to your report. They will make note of any errors. The "facilitator" will give you feedback. The group will then compare the errors that they found.

Be ready to distribute a final schedule for the course tomorrow. If you have not already done so, plan which facilitators will work together during the course and which outpatient clinic each pair will use. Facilitators need to visit their assigned clinics before the course, introduce themselves, and make any necessary arrangements. Facilitators assigned to the clinic to be visited tomorrow should use that opportunity to introduce themselves, etc.

When leaving for the clinic in the morning, be sure to bring extra copies of both Recording Forms, both Monitoring Checklists, and Mother's Cards.

FACILITATOR DAY 5

1. Outpatient Clinical Session: Clinical Demonstrations (Days 9-11 of Course) and Monitoring

A. Practice of Clinical Demonstration: Assess Feeding and Counsel the Mother

For this demonstration, select a child who appears to be very low weight for age or anaemic, or who is less than 2 years old. Have the assigned facilitator trainees do the demonstration:

- * Demonstrate how to assess feeding and counsel the mother about food, fluids, and when to return (page 36 of the *Facilitator Guide for Outpatient Clinical Practice*)

In giving feedback, comment on whether the trainees demonstrate good communication skills. They should:

- ask all the questions to assess feeding
- praise the mother for what she is doing well
- limit feeding advice to what is relevant
- give accurate advice
- ask checking questions

B. Introduction of the Sick Young Infant Recording Form and Monitoring Checklist

Review the use of the *YOUNG INFANT* chart and the Recording Form for Management of the Sick Young Infant. Introduce the Monitoring Checklist for the sick young infant. Explain that this checklist is used in the same way as the one they have been using.

C. Practice of Clinical Demonstration: Assess and Classify Sick Young Infant for Bacterial Infection and Diarrhoea

For this demonstration, select an infant age 1 week up to 2 months. (Any infant with a severe sign should be seen first by the clinic staff, but trainees may observe the sign after treatment is begun.) Have the assigned trainees do the demonstration.

- * Demonstrate how to assess and classify a sick young infant for bacterial infection and for diarrhoea (pages 38-39 of *Facilitator Guide for Outpatient Clinical Practice*)

Give feedback after the demonstration.

D. Practice of Clinical Demonstration: Assess Breastfeeding and Counsel the Mother

For this demonstration, select an infant age 1 week up to 2 months. Look for a breastfeeding mother who may need help. Have the assigned facilitator trainees do the demonstration of assessing breastfeeding and counselling the mother about correct positioning and attachment according to the YOUNG INFANT chart.

Give feedback. Ask trainees to share ideas about how to put the mother at ease when assessing breastfeeding and counselling about breastfeeding.

E. Practice Assigning Patients, Monitoring, and Giving Feedback

Select one facilitator trainee to help assign patients to the others. This trainee should select patients who appear to be very low weight for age or anaemic, or who are less than 2 years old. Sick young infants (age 1 week to 2 months) will be especially relevant this morning. (Again, any infant with a severe sign should be seen first by clinic staff.) After awhile, let another trainee have a turn selecting patients.

Divide the remaining trainees into groups of 2 or 3. One person in each group will act as the "facilitator" by monitoring another person who will assess and classify the child, identify treatment, advise when to return, and counsel about feeding. The "facilitator" should use the appropriate Monitoring Checklist and give feedback. If there is a third person in the group, that person will also use the Monitoring Checklist and compare results.

Each group should see a number of patients, including at least one sick young infant if possible. Return patients to the clinic staff with a note to continue treatment.

Remember that the focus of this clinical session is practice in providing feedback to participants correctly. Your role as the Course Director is to observe and listen to interactions between "facilitators" and "participants" and make corrections or provide assistance only as needed.

Be sure that trainees keep their Recording Forms. When they return to the classroom, they will indicate the signs seen on the Group Checklist of Additional Signs in Young Infants.

F. Case Simulation Exercise: Using Monitoring Checklist and Providing Feedback

This exercise may be done in the outpatient clinic (if there are not many patients to see) or back in the classroom. This exercise illustrates how to give feedback to a course participant when you have not actually observed the participant assessing the patient.

1. Explain the objectives of the exercise. Given a report about a case seen by a “participant,” the facilitator trainees will practice:
 - identifying what feedback is needed,
 - giving the feedback, and
 - using the Monitoring Checklist to record findings about the participant’s clinical work.
2. Give each trainee a copy of a Recording Form on a simulated case (prepared based on the forms in Annex G). Explain that the form includes some recording errors. Tell the group to assume that clinically the assessment of signs was correct.
3. Explain that you will present the case as if you were a participant. Ask the trainees to review the Recording Form as they listen to your report and complete the Monitoring Checklist.
4. Acting as a “participant,” give your report on your assessment and treatment of this case.
5. When everyone has finished recording on the Monitoring Checklist, check whether everyone has correctly completed it.
6. With the group, discuss what types of problems the “participant” had, and identify the problems that would require feedback.
7. Ask one trainee to role-play giving individual feedback to the “participant” (you).
8. Then discuss with the entire group how the feedback was given and what could be improved or changed.

If time permits, or if the first simulation was not successful, use the second case from Annex G to repeat steps 2-8 of the exercise as described above.

2. Module: *Management of the Sick Young Infant*

A. Practice of Facilitator Techniques

Since facilitator trainees reviewed the module last night and have already practiced many of the clinical skills, you will be able to move quickly through this module. Assign exercises of your choice to be practiced. For example, if more work on individual feedback is needed, assign exercises with individual feedback. If more work on video exercises is needed, assign video exercises. You may want to assign pairs who will work together in the course. Allow 10-15 minutes to prepare.

Record assignments here. For ease of reference, all of the teaching activities in the module are listed here. However, do not include all of the assignments; **select only a few that you feel are most needed:**

- _____ Introduction of the module (page G-4 of the *Facilitator Guide for Modules*)
- _____ Drill: Cut-offs for fast breathing (pages G-4 through G-6)
- _____ Exercise A, Part 1 (Video) and Part 2 (photographs) and group discussions (pages G-6 through G-8)
- _____ Individual feedback on Exercise B (selected cases, pages G-9 through G-12)
- _____ Drill: Reading weight for age chart (pages G-13 through G-14)
- _____ Video Exercise C (pages G-15 through G-16)
- _____ Exercise D, Part 1 (Video) and Part 2 (photographs) and group discussions (pages G-17 through G-19)
- _____ Individual feedback on Exercises E and F (selected cases, pages G-20 through G-31)
- _____ Exercise G, Part 1 (Video) and Part 2 (photographs) and group discussions (pages G-32 through G-34)
- _____ Individual feedback on Exercise H (pages G-35 through G-36)
- _____ Drill: Reviewing points of advice for mothers (pages G-37 through G-39)
- _____ Summary of the module (page G-40)

Have trainees practice the assigned tasks in the order that they come in the *Facilitator Guide for Modules*. During each practice, trainees should refer to the *Facilitator Guide for Modules* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Between each practice, refer to the next steps in the *Facilitator Guide for Modules*, pages G-2 through G-3, so that everyone stays aware of the order of events to be followed during the real course. Draw attention to the notes on exercises that are being skipped and give any necessary explanations related to these skipped exercises. Be sure that facilitator trainees understand that they must not skip any exercises during the real course.

Facilitator Day 5

B. Facilitator Techniques: Review

Facilitator trainees now have practiced all of the techniques they will use in the course. Ask them to turn to pages I-3 through I-8 of the *Facilitator Guide for Modules*. These pages describe ways to motivate course participants and improve teaching. Allow about 10 minutes to read these pages.

While the group is reading, review the list of “Performance Criteria for Facilitators” given on pages 80 - 81 of this guide. These are the criteria that you will use when supervising, monitoring, and giving feedback to facilitators during the course. Write a star by any of the criteria that you feel need to be reinforced with this particular group.

When all have finished reading, lead a brief discussion on the reading and on the criteria that you have starred.

3. Module: *Follow-Up*

A. Review and Reading

Ask facilitator trainees to quickly review the module titled *Follow-Up* and the corresponding notes in the *Facilitator Guide for Modules*. Encourage them to use their highlighters to mark places where the facilitator should intervene. Allow about 20 - 30 minutes for reading.

B. Practice of Facilitator Techniques

All of the exercises in this module are written exercises with individual feedback, so this module is a good opportunity to practice the technique of giving individual feedback, if practice is still needed. If not, you may not need to assign practice in this module, but simply give a "guided tour" of the module pointing out the highlights.

As needed, select a few of the following teaching activities to be practiced. Allow 10-15 minutes to prepare.

- _____ Introduction of the module (page H-4 of the *Facilitator Guide for Modules*)
- _____ Individual feedback, Exercise A (pages H-6 through H-8)
- _____ Individual feedback, Exercise B (pages H-9 through H-12)
- _____ Individual feedback, Exercise C (pages H-13 through H-15)
- _____ Individual feedback, Exercise D (pages H-16 through H-18)
- _____ Individual feedback, Exercise E (pages H-19 through H-21)
- _____ Summary of the module (page H-22)

Have trainees practice the assigned tasks in the order that they come in the *Facilitator Guide for Modules*. During each practice, trainees should refer to the *Facilitator Guide for Modules* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Between each practice, refer to the next steps in the *Facilitator Guide for Modules*, page H-2, so that everyone stays aware of the order of events to be followed during the real course. Draw attention to the notes on exercises that are being skipped, and give any necessary explanations related to these skipped exercises. Be sure that facilitator trainees understand that they must not skip any exercises during the course.

4. Practical Arrangements for the Course

If you have not already done so, announce assignments of facilitator pairs who will work together during the course. Announce the clinic where each small group will do outpatient clinical practice. Provide facilitators with any needed information about the site (e.g., location, director's name, staff nurse who will be assisting them). Ask facilitators to visit their assigned clinics themselves and make any necessary arrangements. For example, they need to find out what supplies or drugs they may need to bring with them.

Give facilitators the written schedule for the course and the schedule for visits to the inpatient ward and the outpatient clinics. Explain when and where participants will meet for transportation to the clinical sessions.

Inform facilitators that lists of the participants in each group will be prepared on the first morning as soon as participants have registered. Facilitators will be given a copy of the Course Registration Form for each participant in their groups.

Tell facilitators which classrooms they will use. Tell them when and where they can obtain the course materials for their group, or when the materials will be delivered to their classrooms. Ask them to plan time before the course to go to their classrooms and:

- * arrange the tables, chairs, and materials,
- * arrange a place for individual feedback,
- * put charts on the walls,
- * discuss with their co-facilitators how they will divide the work for the first few sessions.

Tell facilitators whom to contact if they need extra supplies or materials during the course.

Remind facilitators where the video player and monitor will be during the course. Inform them of any problems with electrical supply which could affect when to show the video. Remind them to decide each day which of them will conduct the video exercises on the following day, so that the facilitator can find an opportunity to practice with the video.

5. Closing Remarks to Facilitators

Briefly review the major duties of a facilitator. (See pages A-2 and A-3 of the *Facilitator Guide for Modules*.)

Tell facilitators when the daily facilitator meetings will be held. Explain the objectives of these brief meetings, which are:

1. To assess progress made by each group and identify any problems. To agree on actions to solve each problem. The Checklists for Monitoring Outpatient Sessions can be used to help report progress and problems in clinical practice.
2. To provide opportunity to meet with the inpatient instructor, who also has feedback on your group of participants.
3. To discuss techniques which some facilitators found useful and can recommend to others (for example, techniques for leading a group discussion, providing individual feedback, using a visual aid, discussing content in modules, or supervising clinical practice).
4. To prepare for the next day (for example, to review points to be emphasized in modules, remind facilitators of group activities, plan activities for clinical sessions, discuss any modifications which may be needed in the schedule or locations for clinical practice).
5. To consider moving participants between groups if one is much slower or quicker than the rest and there is another group where his pace would fit better. However, be aware that such moves must be done very tactfully (and done early in the course), because of the possible significant (perhaps unexpected) effects, such as feelings of shame, or resentment of disrupting or intruding on a group.
6. To make any necessary administrative announcements.

Tell facilitators that their schedule will be very busy. Remind facilitators that when their group is at the inpatient session, they may take a rest break or make other preparations (for example, practicing with the video, practicing a demonstration, or completing monitoring checklists).

Encourage *informal* discussions to be held after class hours (for example, to discuss practical use of what they are learning, potential problems such as unreliable drug supply, or other ideas related to the course). Ask facilitators to suggest ways, times, and places that such informal discussions could take place.

If a course evaluation questionnaire will be used, tell facilitators that they will be given the questionnaire at the end of the course to distribute to participants.

Thank the facilitators for their hard work. Tell them that they will receive certificates along with the course participants at the end of the course.

PART FOUR: RESPONSIBILITIES OF THE COURSE DIRECTOR DURING THE COURSE

1. Suggestions for Opening Remarks to Course Participants

As Course Director you will want to make some opening remarks to all participants, probably during the opening ceremony. Keep in mind, however, that facilitators will provide a detailed introduction to the course in their small groups. Your remarks should be on a more general scale, perhaps focusing on the importance of the course to health care in the country. You may wish to adapt the following outline:

A. Welcome and introductions

B. Introductory Lecture

Give an introductory lecture which presents the need for the course *Integrated Management of Childhood Illness*. Explain the rationale for IMCI, the IMCI strategy and its components, and the fact that this course has been specially adapted for this country. It is also important to state the commitment of the Ministry of Health to the IMCI strategy and this training course. See Annex I.

C. Key characteristics of the course

1. This course may be rather different from many you have attended in that you will actually *practice* the skills being taught, both in a classroom and in a clinical setting.
2. You will primarily be working in small groups where there will be many opportunities for individual and group discussion.
3. The course will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually *use on the job* when you return home.
4. After you return home, you will be visited in your clinics to help you apply your new skills on the job.

D. Announcements about schedule, posting of group assignments, etc.

2. Supervision of Facilitators

A. Observe facilitators at work

1. Visit each group in their classrooms each day. Also observe one or two outpatient clinical sessions each day.
2. When observing facilitators, refer to the “Performance Criteria for Facilitators” listed on the next pages. Use the appropriate section(s) of the list for the activity that is underway when you visit the group. For example, if they are having a group discussion, refer to the sections titled “Facilitator Technique: Leading a Discussion.” Also refer to the section titled “Facilitator Technique: Working with a Co-Facilitator.”

The performance criteria are not intended to be used as a “report card” for the facilitators, but rather as a job aid for your observations and feedback. You do not need to mark on the list for each facilitator; simply keep it in front of you as you make your observations. After your visit to each group, make notes on things that the facilitators were doing well, and things that could be improved. You may give feedback to a facilitator privately, or if the feedback applies to a number of facilitators, in a daily facilitator meeting. Be careful never to embarrass a facilitator by correcting him in front of his group.

3. On the first day of the course, tactfully but firmly enforce the practice of providing individual feedback and commend those who do provide it. Be sure that facilitators have set up and are using a comfortable place for individual consultations. If not, help them find a better spot, such as on a terrace near the room or in a hallway, and encourage them to move the necessary chairs there, etc.

Ensure that the facilitators are mentioning all the major points of each module specified in the *Facilitator Guide for Modules*.

4. During outpatient sessions, be sure that facilitators are observing participants and giving feedback as needed. Ensure that facilitators are using time wisely during outpatient sessions. For example, be sure that they are not taking too long to do the demonstration. Be sure they are assigning patients according to participants' needs. Be sure that they are not leaving some participants idle while talking at length with another.

Performance Criteria for Facilitators

When observing facilitators with their groups, refer to this list as a reminder of appropriate facilitator techniques for the activity observed. Technique 1 (working with a co-facilitator) is applicable in both the classroom and the outpatient sessions. Techniques 2–9 are typically used in the classroom setting. Techniques 10–12 apply in the outpatient clinic setting.

1. Facilitator Technique: Working with a Co-Facilitator

- a. shares the work on each module in an organized way (each facilitator has a role in the exercise, discussion, presentation, etc.)
- b. is flexible and able to adjust role as needed
- c. is polite and respectful when adding comments or making suggestions while his partner is leading
- d. when leading, invites his partner to participate by adding comments or an opinion

Techniques Used in the Classroom

2. Facilitator Technique: Introducing a Module

- a. keeps introduction brief
- b. includes all points mentioned in the *Facilitator Guide for Modules*
- c. points to and explains relevant sections of the IMCI charts appropriately

3. Facilitator Technique: Individual Feedback

- a. sits privately with the participant to give feedback
- b. checks answers carefully; listens as participant discusses reasons for his answers
- c. encourages and reinforces participant's efforts
- d. helps participant to understand any errors; gives clear explanations
- e. refers to the IMCI charts and encourages participant to do so as well
- f. when appropriate, asks questions about the participant's own clinic and how the exercise applies to the situation there

4. Facilitator Technique: Video Exercise

- a. starts the videotape at the right spot and knows how to work the video player
- b. directs the exercise in an organized manner
- c. replays parts of the video as needed until all participants recognize clinical signs shown

5. Facilitator Technique: Leading a Discussion

- a. sets up the discussion by explaining its purpose and how it will proceed
- b. involves all participants in the discussion
- c. reinforces participants by thanking them for comments, praising good ideas, etc.
- d. handles incorrect or off-the-subject comments from participants tactfully
- e. asks questions to keep the discussion active and on track
- f. responds adequately to unexpected questions; offers to seek answers if not known
- g. records ideas on the flipchart in a clear, useful manner
- h. includes points listed in the *Facilitator Guide for Modules*
- i. at the end of the discussion, summarizes the major points made

6. Facilitator Technique: Oral Drills

- a. arranges the group appropriately
- b. gives clear instructions on how the drill will proceed
- c. keeps the pace of the drill appropriate for the group

- d. encourages participants; gives positive feedback; makes corrections tactfully

7. Facilitator Technique: Coordinating Role Plays

- a. sets up role play carefully by obtaining any necessary props, briefing those participants who will play roles, and allowing time to prepare
- g. clearly introduces role play by explaining the purpose, the situation being enacted, background information, and the roles being played
- h. interrupts only if players are having tremendous difficulty or have strayed from the purpose of the role play
- i. guides discussion after the role play so that feedback is supportive and includes things done well and things that could be improved

8. Facilitator Technique: While Participants are Working

- a. looks available, interested, and willing to help
- b. encourages questions
- c. watches participants as they work; offers individual help to participants who appear confused
- d. gives individual help quietly, without disturbing others in the group

9. Facilitator Technique: Summarizing the Module

- a. keeps summary brief and clear
- b. includes the major points to be remembered from the module

Techniques used at Outpatient Clinical Sessions

10. Facilitator Technique: Clinical Demonstrations

- a. states the objectives of the demonstration (that is, the clinical steps to be demonstrated and the sections of the IMCI charts to be used)
- b. follows the instructions in the *Facilitator Guide for Outpatient Clinical Practice*
- c. demonstrates the entire correct procedure (no short cuts)
- d. describes the steps aloud while doing them
- e. projects voice so all can hear; stands where everyone can see
- f. encourages questions from participants
- g. asks participants questions to check understanding
- h. at the end of the demonstration, summarizes and highlights main points

11. Facilitator Technique: Assigning Patients to Participants

- a. selects suitable patients for the day's objectives
- b. tries to assign participants to patients with signs they have not yet seen (refers to Group Checklist of Clinical Signs)
- c. keeps participants busy by promptly giving feedback and assigning another patient
- d. when there are not enough patients, finds ways to use the time well (e.g., by assigning several participants to one patient, or by conducting a drill or demonstration until more patients arrive)

12. Facilitator Technique: Monitoring Clinical Practice

- a. observes participants carefully while they work with patients
- b. uses the Checklist for Monitoring Clinical Outpatient Sessions
- c. reviews participants' Recording Forms and discusses findings with them
- d. tries to get participants to see and correct their own errors (e.g., by asking them to look or try again); provides assistance only as needed
- e. provides feedback on things done well and on things that need improvement

B. Conduct daily facilitator meetings

Facilitator meetings are usually conducted for about 30-45 minutes at the end of each day. Facilitators will be tired, so keep the meetings brief.

1. Begin the meeting by asking a facilitator from each group to describe progress made by his group, to identify any problems impeding progress, and to identify any skill or any section of the modules which participants found especially difficult to do or understand.
2. Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the modules.
3. Discuss teaching techniques which the facilitators have found to be successful.
4. Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.
 - a. Mention a few specific actions that were well done (for example, providing participants with individual feedback; making all the major points listed in the *Facilitator Guide for Modules*; using oral drills).
 - b. Mention a few actions which might be done better. (For example, provide more guidance individually instead of in discussions with the whole group; explain more clearly which tasks should be practiced during the outpatient session; review any major points of the last module before introducing the next module.)
5. Remind facilitators of certain actions which you consider important, for example:
 - a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations (for example, by setting up tutorials, discussing matters privately with the individuals).

Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.
 - b. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.

- c. Interact informally with participants outside of scheduled class meetings.
 - d. For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
 - * avoid doing exercises *for* them,
 - * reinforce small successes,
 - * be patient (or ask another facilitator to help).
6. Review important points to emphasize in the outpatient session or in the module(s) the next day. On day 6 or 7, suggest facilitators may want to show the additional video segment on chest indrawing, to give participants a review and more practice identifying this sign.
 7. Remind the facilitators to consult the *Facilitator Guide for Modules* and the *Facilitator Guide for Outpatient Clinical Practice*, and gather together any supplies needed for the next day.
 8. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).
 9. After the first week of the course, ask facilitators to point out to you any participants who might be good candidates for facilitator training. These would be participants who:
 - understand the modules easily,
 - perform well in the clinical sessions,
 - communicate clearly,
 - help others and work well with others in their group,
 - participate confidently in discussions and role plays.

3. Supervision of the Inpatient Instructor

During the course, the inpatient instructor may be teaching up to four groups each day. You will not be able to observe them all. Plan to visit some of the sessions. When you do, do not interfere in any way with the session, but observe as inconspicuously as possible. Each hour session is very full, and there is no extra time for conversation with you. Any discussion should take place later at the end of the day.

If the inpatient instructor is new to this position, you may ask an experienced inpatient instructor to observe and give him feedback on his technique.

4. Collection of Data During the Course

This guide provides several forms for collecting data during the course. (Other forms may be used. See *Adaptation Guide*.) The forms given in this guide are:

- A. **Course Registration Form** (located in Annex E) -- completed by participants at registration on the first morning of the course.
- B. **Summary Participant List** (optional, located in Annex E) -- partly completed on the basis of registration data and partly by facilitators as they work with the participants during the course. Includes information on the level of difficulty that participants have in reading the modules. This information can be useful in planning future courses and in planning for follow-up visits.
- C. **Course Director Summary** (located in Annex E) -- completed by the Course Director at the end of the course. Includes information on the total numbers of participants and facilitators, modules completed by each group, hours devoted to clinical sessions, average number of patients seen per participant, etc. All of this information is useful for monitoring numbers of facilitators and participants trained, selecting future training sites (based on adequacy of case load), and ensuring that the course is being given as planned and not altered or shortened unacceptably.
- D. **Group Checklist of Clinical Signs** (located on pages 86-87) -- completed by each small group of participants, day by day. See the *Facilitator Guide for Outpatient Clinical Practice* for instructions for using this checklist. By the end of the course, it is a cumulative record of the clinical signs the participants have seen.
- E. **Checklist for Monitoring Outpatient Sessions** (located on pages 88-89) -- completed by facilitators to record the performance of their participants in outpatient sessions each day. See the *Facilitator Guide for Outpatient Clinical Practice* for instructions for completing this checklist, which has two versions: one for sick children age 2 months up to 5 years, and one for young infants age 1 week up to 2 months. These are briefly reviewed each day by the Course Director and turned in at the end of the course.
- F. **Checklist for Monitoring Inpatient Sessions** (located on pages 90-91) -- completed by the inpatient instructor at the end of each inpatient session. See the *Guide for Clinical Practice in the Inpatient Ward* for instructions for completing this checklist, which also has two versions: one for sick children age 2 months up to 5 years, and one for young infants age 1 week up to 2 months. These checklists are primarily for the use of the inpatient instructor for use in keeping track of signs seen by each participant, but you may wish to review them several times during the course.

It is important to ensure that all the facilitators and the inpatient instructor are trained to complete the monitoring checklists and know that they are expected to do so. Training in use of these checklists is included in the facilitator training.

There are at least two ways that you as the Course Director can use information collected on the monitoring checklists:

1. Review and discuss the information at the daily facilitator meetings. The checklists will help facilitators recall common problems that participants had that morning. It can be very useful to compare the participant's or group's performance in the outpatient and inpatient setting, to understand better what needs further reinforcement. The checklists can also reveal what groups or individuals still need experience treating dehydration, counselling on feeding, etc.
2. Collect the monitoring checklists at the end of the course, and use them to determine the average number of sick children managed by each participant. This information will be recorded on the Course Director Summary shown in Annex E.

If desired, additional tabulations could be made on the basis of the monitoring checklists (for example, number of sick young infants managed, children seen with various classifications). This type of information could be useful in selecting the location or seasonal timing of future courses.

GROUP CHECKLIST OF CLINICAL SIGNS

Sick Child Age 2 Months Up To 5 Years

Not able to drink or breastfeed	Vomits everything	History of convulsions (with this illness)	Lethargic or unconscious
Fast breathing	Chest indrawing	Stridor in calm child	Restless and irritable
Sunken eyes	Drinking poorly	Drinking eagerly, thirsty	Very slow skin pinch
Slow skin pinch	Stiff neck	Runny nose	Generalized rash of measles
Red eyes	Mouth ulcers	Deep and extensive mouth ulcers	Pus draining from eye
Clouding of the cornea	Pus draining from ear	Tender swelling behind the ear	Visible severe wasting
Severe palmar pallor	Some palmar pallor	Oedema of both feet	

ADDITIONAL SIGNS IN YOUNG INFANTS

Age 1 Week up to 2 Months

(Note: These signs may also be observed in older infants and children age 2 months up to 5 years.)

Mild chest indrawing in young infant (normal)	Fast breathing in young infant	Severe chest indrawing in young infant	Nasal flaring
Grunting	Bulging fontanelle	Umbilical redness extending to the skin	Red umbilicus or draining pus
Many or severe skin pustules	Skin pustules	Lethargic or unconscious young infant	Less than normal movement
No attachment at all	Not well attached to breast	Good attachment	Not suckling at all
Not suckling effectively	Suckling effectively	Thrush	

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5. End-of-Course Evaluation

You may wish to use an evaluation questionnaire to determine participants' opinions at the conclusion of the course. A sample questionnaire appears on the next few pages. Review and revise this questionnaire as necessary to ensure that it is appropriate for evaluating the course as it has been conducted.

Specifically, note that there are some blank spaces in the left column of the table on the first page. Add any other activity you wish to evaluate (for example, a plenary on a particular subject) in one of these spaces before you make duplicate copies for the participants.

You may wish to add or delete specific questions. If you make such revisions, remember: 1) keep the questionnaire as short as possible, and 2) only include questions if you will use the responses to the questions for a specific purpose, for example, to plan future courses, or to evaluate helpfulness of a particular activity.

SAMPLE EVALUATION QUESTIONNAIRE FOR INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

1. What are your responsibilities in your clinic or health centre?

2. For each module or activity listed in the left column, tick (☐) the box which you think best describes it.

	Very Useful	Useful	Somewhat Useful	Useless
<i>Introduction</i>				
<i>Assess and Classify the Sick Child Age 2 Months up to 5 Years</i>				
<i>Identify Treatment</i>				
<i>Treat the Child</i>				
<i>Counsel the Mother</i>				
<i>Management of the Sick Young Infant</i>				
<i>Follow-Up</i>				
Outpatient Sessions				
Inpatient Ward Sessions				
Videos				
Photograph examples and exercises				

3. Which module or part of a module, if any, did you find especially difficult to understand? Why?
4. Which case management steps or skills did you find especially difficult to understand or learn to do? What would have helped you learn the skill more easily? (For example, more photographs? More clinical practice?)
5. What was good about the course? What was not good and should be improved or left out for future courses?
6. Are there any skills that you need in managing childhood illness that you think should be added to the course? What are they?
7. Do you have any other comments or suggestions for improvement of the content of the course or the way in which it was conducted?

8. For each activity listed below, tick one box to indicate whether you thought the time spent on that activity was *too short*, *adequate* or *too long*.

Type of Activity	Time Spent Was:		
	Too Short	Adequate	Too Long
Written exercises followed by individual discussions of your work with a facilitator			
Photo Exercises			
Video Exercises			
Role plays			
Group discussions			
Oral drills			
Outpatient sessions			
Inpatient sessions			
Entire course			

9. Are there health care practices that you will do differently when you return to your clinic as a result of what you learned in this course? If so, what are they?

6. Closing Session

- a. Prepare and give a brief summary of the entire course. The summary may include a review of the learning objectives from the beginning of each module and any important points that may have been raised during the course.
- b. Discuss plans for follow-up after training. Explain that participants will be visited in their clinics at least once, about four weeks after training. The visit will be an opportunity for skill reinforcement. Participants should try to begin using the IMCI process in their clinics when they return. If they encounter difficulties, the follow-up visit will be an opportunity to obtain help in resolving those difficulties.
- c. Present course certificates to the participants and facilitators and congratulate them on their hard work.

ANNEXES

- A: Schedule for Facilitator Training
- B: Schedule for the Course
- C: Clinical Demonstrations for Inpatient Sessions
- D: Adapting and Producing Facilitator Aids
- E: Course Registration Form, Summary Participant List, and Course Director Summary
- F: Practice Assignment Grid
- G: Forms for Case Simulation Exercise
- H: Minimal Standard of Care in the Inpatient Ward
- I: Introductory Lecture

ANNEX A

SCHEDULE FOR FACILITATOR TRAINING

A possible schedule for facilitator training is provided on the next page. When adapting this schedule, keep the following points in mind:

1. The schedule is 5 working days.
2. Facilitator training is critical to the success of the training effort. The 5-day schedule is very full. Do not try to shorten the schedule.
3. The schedule will require facilitators to work in a concentrated way. Some homework will be needed each night.
4. Each of the last three days should include 4 hours of clinical practice. (Clinical practice should be scheduled at the time of day when most patients arrive, usually in the morning. This schedule assumes that clinical practice will be done in the morning. If not, adjustments will be needed. See section of this guide titled "Scheduling Clinical Practice Sessions.")
5. The schedule includes time for discussion of facilitator techniques such as individual feedback, leading discussions, etc.
6. When planning the schedule, consider whether facilitator trainees may need technical background information related to the rationale for the IMCI strategy or management of certain illnesses. If you feel that technical seminars are needed, materials can be obtained from CHD WHO or from the national IMCI secretariat. Do not shorten the facilitator training session to allow for these seminars. If they are needed, add time to present the seminars; for example, begin a half day early, or extend by a half day.
7. The schedule should be flexible. If work is completed ahead of schedule on a certain day, facilitator trainees can begin work on the next module or be released early.
8. Reserve one to two hours of the last day for arrangements such as discussion of the schedule for the course, assignments of classrooms, and distribution of instructional materials and supplies.
9. Before the end of facilitator training, assign pairs of facilitators to work together, outpatient clinics to be visited by each group, and classrooms. This will allow the facilitator pairs time to plan how they will work together.
10. There should be at least one day off prior to the course to allow facilitators to rest and visit the outpatient clinics to which they will be assigned during the course.

SUGGESTED SCHEDULE FOR FACILITATOR TRAINING

FACILITATOR DAY 1	
Activity	Time
1. Opening Session A. Introductions B. Administrative Tasks C. Review of Purpose of the IMCI Strategy	0.5 hour
2. Introduction to Facilitator Training and <i>Facilitator Guides</i> A. Context of Facilitator Training B. Materials Needed C. Objectives of Facilitator Training D. Teaching Methods E. Adaptation of this Course F. Schedule for Facilitator Training G. Introduction of <i>Facilitator Guides</i>	1 hour
3. Module: <i>Introduction</i> A. Review and Demonstration B. Facilitator Techniques: Working with a Co-Facilitator	0.5 hour
4. Module: <i>Assess and Classify the Sick Child Age 2 months up to 2 Years</i> A. Review and Reading (pages 1-37 of module and corresponding facilitator guidelines) B. Facilitator Techniques: Introducing a Module C. Facilitator Techniques: Conducting a Demonstration D. Facilitator Techniques: Individual Feedback E. Practice of Facilitator Techniques F. Facilitator Techniques: Video Exercise G. Facilitator Techniques: Leading a Discussion H. Review and Reading (pages 38 - 69 of module and corresponding facilitator guidelines) I. Facilitator Techniques: Oral Drills	5.5 hours
5. Assignments for the Next Day: * Prepare for assigned teaching activity. * Continue review of <i>Assess and Classify</i> module and corresponding facilitator guidelines.	

FACILITATOR DAY 2	
Activity	Time
1. Continuation of Module: <i>Assess and Classify</i>	
A. Practice of Facilitator Techniques <ul style="list-style-type: none"> - Demonstration: Classify dehydration - Individual feedback, Exercise E - Individual feedback, Exercise F - Video Exercise G - Group discussion of photographs, Exercise H - Group discussion of photographs, Exercise I - Group discussion of photographs, Exercise J - Drill: Determining fast breathing 	3.5 hours
B. Review and Reading	0.5 hour
C. Facilitator Techniques: While Participants are Working	
D. Practice of Facilitator Techniques <ul style="list-style-type: none"> - Group discussion prior to Exercise K - Individual feedback, Exercise K - Video Exercise L - Individual feedback, Exercise M - Group discussion of photographs, Exercise N - Group discussion of photographs, Exercise O - Individual feedback, Exercise P - Individual feedback, Exercise Q - Drill: Determining weight for age - Individual feedback, Exercise R - Video Exercise S - Video Exercise T - Video Review Exercise on chest indrawing 	3.5 hours
E. Facilitator Techniques: Summarizing the Module	
2. Assignments for the Next Day	
* Read <i>Facilitator Guide for Outpatient Clinical Practice</i> through Day 5 (page 31). * Prepare for assigned clinical demonstration. * Review <i>Identify Treatment</i> and corresponding facilitator guidelines.	

FACILITATOR DAY 3	
Activity	Time
1. The Facilitator's Role in Outpatient Clinical Practice	0.5 hour
2. Outpatient Clinical Session: Clinical Demonstrations	3.5 hours
A. Facilitator Techniques: Clinical Demonstrations B. Practice of Clinical Demonstrations (Days 2 - 5 of the Course) <ul style="list-style-type: none"> - Checking for danger signs; assessing and classifying the child for cough or difficult breathing - Assessing and classifying diarrhoea - Assessing and classifying fever - Assessing and classifying ear problem - Checking for malnutrition and anaemia and using the weight for age chart 	
3. Module: <i>Identify Treatment</i>	3 hours
A. Review and Reading B. Practice of Facilitator Techniques <ul style="list-style-type: none"> - Introduction of the module - Explanation of decisions in Plan C and Section 1.0 - Individual feedback selected from Exercises A, B, C, D, or F - Demonstration: How to use the back of the Sick Child Recording Form - Drill: When to return immediately - Group discussion following written part of Exercise E - Role play, Exercise E - Summary of the module C. Facilitator Techniques: Coordinating Role Plays	
4. Module: <i>Treat the Child</i>	1 hour
A. Review and Reading B. Practice of Facilitator Techniques <ul style="list-style-type: none"> - Introduction of the module - Demonstration: How to read a drug table - Drill: Selecting an oral antibiotic - Drill: Asking checking questions 	
5. Assignments for the Next Day <ul style="list-style-type: none"> * Prepare assigned teaching activity from <i>Treat the Child</i>. * Read <i>Facilitator Guide for Outpatient Clinical Practice</i> for Days 7-8. * Prepare for assigned clinical demonstration. * As time allows, review <i>Counsel the Mother</i> module. 	

FACILITATOR DAY 4	
Activity	Time
1. Outpatient Clinical Session: Assigning Patients and Monitoring Clinical Practice <p>A. Practice of Clinical Demonstrations (Day 7 of Course)</p> <ul style="list-style-type: none"> - Identifying treatment - Teaching mothers to give an oral drug <p>B. Facilitator Techniques: Assigning Patients to Participants</p> <p>C. Practice of Clinical Demonstrations (Day 8)</p> <p>D. Facilitator Techniques: Monitoring Clinical Practice</p> <p>E. Practice Assigning Patients and Monitoring</p>	A-C: 1 hour D-E: 3 hours
2. Continuation of Module: <i>Treat the Child</i> <p>A. Practice of Facilitator Techniques</p> <ul style="list-style-type: none"> - Demonstration (scripted) role play - Role play in Exercise E - Drill: Determining amounts of ORS to give on Plan B <p>B. Use of Annexes Related to Plan C for Severe Dehydration</p>	1.5 hours
3. Module: <i>Counsel the Mother</i> <p>A. Review and Reading</p> <p>B. Practice of Facilitator Techniques</p> <ul style="list-style-type: none"> - Introduction of the module - Drill: Feeding recommendations - Role play and discussion in Exercise B - Role play(s) and discussion in Exercise D - Group discussion, Exercise F - Summary of the module 	2.5 hours
4. Assignments for the Next Day <ul style="list-style-type: none"> * Review <i>Management of the Sick Young Infant</i> and corresponding facilitator guidelines. * Read <i>Facilitator Guide for Outpatient Clinical Practice</i> for Days 9-11 of course. * Prepare for assigned clinical demonstration. 	

FACILITATOR DAY 5	
Activity	Time
1. Outpatient Clinical Session: Continued Practice of Clinical Demonstrations (Days 9-11 of Course) and Monitoring	A-D: 1hour
A. Practice of Clinical Demonstration: Assess Feeding and Counsel the Mother	
B. Introduction of the Sick Young Infant Recording Form and Monitoring Checklist	
C. Practice of Clinical Demonstration: Assess and Classify Sick Young Infant for Bacterial Infection and Diarrhoea	E-F: 3 hours
D. Practice of Clinical Demonstration: Assess Breastfeeding and Counsel the Mother	
E. Practice Assigning Patients and Monitoring	
F. Case Simulation Exercise	2 hours
3. Module: <i>Management of the Sick Young Infant</i>	
A. Practice of Facilitator Techniques (<i>Teaching activities to be selected by the Course Director</i>)	
B. Facilitator Techniques: Review	1 hour
3. Module: <i>Follow-Up</i>	
A. Review and Reading	
B. Practice of Facilitator Techniques (<i>Teaching activities to be selected by the Course Director</i>)	1 hour
4. Practical Arrangements for the Course	
5. Closing Remarks to Facilitators	

ANNEX B

SCHEDULE FOR THE COURSE

A possible schedule is on the next page. When adapting this schedule, keep the following points in mind:

1. Since groups will work at different paces, the schedule should be flexible. It should not list precise times for completion of modules but should indicate general time frames instead.
2. Every day, with the exception of the first day, should include 4 hours of clinical practice. Clinical practice should be scheduled at the time of day when most patients arrive, usually in the morning.
3. Schedule a specified time apart from regular course hours when at least one facilitator is available to discuss any problems or questions.
4. Approximately eleven days of work are required for the participants to complete the modules and clinical practice. The possible schedule provided assumes that the course will run Monday through Saturday of the first week and Monday through Friday of the second week.
5. Schedule some free time for participants to go to the bank and post office, shopping, sight-seeing, etc.
6. Homework on exercises is not recommended for participants. The course work is tiring, so participants should not be asked to do additional work in the evenings.

Note for special courses: Occasionally the course may be used with special participants (paediatricians, managers or consultants) who already have a high level of clinical training but need to learn the IMCI approach in order to teach others or begin plans for implementation of IMCI activities in their areas. These participants may need more technical background on the basis for the IMCI strategy than is currently in the course. If you as the Course Director feel that this type of technical information will be needed for your course, you may schedule technical seminars in the evenings or add time to the course (e.g., an extra half day at the beginning or end of the course). Do not shorten the actual course time to allow for these technical seminars. Materials for technical seminars can be obtained from CHD WHO or from the national IMCI secretariat.

SUGGESTED COURSE SCHEDULE

		TIME
DAY 1	Registration	.5 hours
	Opening presentation	1 hour
	Module: <i>Introduction</i>	1 hour
	Module: <i>Assess and Classify the Sick Child Age 2 Months up to 5 Years</i> through 4.1 Assess Diarrhoea Video: General danger signs, cough or difficult breathing	5.5 hours
DAY 2	Outpatient Session <i>Assess and Classify the Sick Child:</i> Check for general danger signs Assess and classify cough or difficult breathing Inpatient Session Check for general danger signs Assess and classify cough or difficult breathing	4 hours
	Module: Continue <i>Assess and Classify the Sick Child</i> through 5.1 Assess Fever Video: Diarrhoea	4 hours
DAY 3	Outpatient Session <i>Assess and Classify the Sick Child:</i> Assess and classify diarrhoea Inpatient Session Assess and classify diarrhoea	4 hours
	Module: Continue <i>Assess and Classify the Sick Child</i> through 6.2 Classify Ear Problem Video: Fever	4 hours

DAY 4	Outpatient Session <i>Assess and Classify the Sick Child:</i> Assess and classify fever Inpatient Session Assess and classify fever	4 hours
	Module: Finish <i>Assess and Classify the Sick Child</i> Video: Ear Problem, Malnutrition and Anaemia. If time allows, Exercise T, Summary Case Studies on video	4 hours
DAY 5	Outpatient Session <i>Assess and Classify the Sick Child:</i> Assess and classify ear problem Check for malnutrition and anaemia Inpatient Session Assess and classify ear problem Check for malnutrition and anaemia	4 hours
	Module: <i>Identify Treatment</i>	4 hours
DAY 6	Outpatient Session No Outpatient Session on Saturday Inpatient Session Assess and classify malnutrition and anaemia	2 hours
	Module: <i>Treat the Child</i> through 4.0 Teach the Mother to Treat Local Infections	6 hours
DAY 7	Outpatient Session <i>Identify Treatment - Treat The Child:</i> Identify treatment Teach the mother to give oral drugs Advise mother when to return immediately Inpatient Session Assess and classify sick children	4 hours
	Module: Finish <i>Treat the Child</i>	4 hours

DAY 8	Outpatient Session - <i>Treat the Child</i> : Plan A: Treat diarrhoea at home Plan B: Treat some dehydration with ORS Inpatient Session Plan B: Treat some dehydration with ORS Plan C: Treat severe dehydration quickly Assess and classify additional children	4 hours
	Module: <i>Counsel the Mother</i> through 3.0 Counsel the Mother about Feeding Problems	4 hours
DAY 9	Outpatient Session <i>Counsel the Mother</i> : Counsel the mother about feeding problems Inpatient Session Observe and practice Plan B and Plan C Assess and classify additional children	4 hours
	Module: Finish <i>Counsel the Mother</i>	2 hours
	Module: <i>Management of the Sick Young Infant</i> through 1.4 Classify Diarrhoea Video: Assess and classify young infant for bacterial infection	2 hours
DAY 10	Outpatient Session <i>Management of the Sick Young Infant</i> : Assess and classify young infants for bacterial infection and diarrhoea Inpatient Session Assess and classify young infants for bacterial infection and diarrhoea	4 hours
	Module: Finish <i>Management of the Sick Young Infant</i> Video: Assessment of breastfeeding Positioning and attachment	4 hours
DAY 11	Outpatient Session <i>Management of the Sick Young Infant</i> : Assess breastfeeding Correct positioning and attachment Inpatient Session Assess breastfeeding Assess and classify young infants	4 hours
	Module: <i>Follow-Up</i>	3 hours
	Closing	1 hour

ANNEX C

CLINICAL DEMONSTRATIONS FOR INPATIENT SESSIONS

This annex is a supplement to the *Guide for Clinical Practice in the Inpatient Ward*. It should be given to the inpatient instructor along with the guide. This annex lists specific signs and symptoms that should be demonstrated on various days on the course. The list is based on experiences in several courses and includes signs and symptoms that participants may find difficult to observe or differentiate. These signs and symptoms require special attention from the inpatient instructor.

Before each category is the day of the course on which the signs may **first** be demonstrated. They may be demonstrated on subsequent days as well, whenever suitable cases are available and time allows.

DAY 2 – General Danger Signs

1. Demonstrate the difference between a child who is drinking poorly and a child who is not drinking at all.
2. Demonstrate the difference between a child who vomits many times a day and one who vomits everything.
3. Show that for convulsions alone, the history of convulsions has to be during the current illness; a history before the current illness does not relate to this classification.
4. Demonstrate the difference between a lethargic child and a child who is sleepy, and between an unconscious child and a child who is drowsy.
5. A common mistake in demonstrating danger signs is to omit checking for them, or to forget them when classifying the illness. Thus a child with fever plus a general danger sign, or cough plus a general danger sign, may be misclassified. Emphasize that a general danger sign gives a child with cough a pink classification. Further down the chart, a general danger sign also gives a child with fever a pink classification. For example, a child who is vomiting everything and has a fever gets a pink classification.

DAY 2 – Classification of Cough or Difficult Breathing

1. Point out that chest indrawing is difficult to detect in a well-nourished or overweight child (false negatives) and is overcalled in children with severe malnutrition (false positives). In children with severe malnutrition, chest indrawing is often confused with intercostal indrawing.
2. Try to show a child with chest indrawing but without fast breathing.
3. Demonstrate chest indrawing in a child with very fast breathing (>70 breaths/minute) where it may be difficult to detect.
4. Demonstrate that good lighting is crucial for detection of chest indrawing. If it is dark, move the patient or participants to see chest indrawing better.

5. If possible, present a case who does not have cough but does have difficult breathing with chest indrawing. If the child's history were not carefully taken, one might find that the child has no cough and skip the cough section of the chart. However, the history of difficult breathing brings the child into the algorithm and results in a pink classification. This shows the importance of asking about difficult breathing.
6. If possible, demonstrate the differences between stridor, blocked nose, and audible wheeze.
7. Whenever possible, review the respiratory rate cut-offs for fast breathing given on the IMCI chart:
 - * for children 2 months up to 12 months: **50** breaths per minute or more
 - * for children 12 months up to 5 years: **40** breaths per minute or more

For example, ask the group: "How old is this child? What is the breathing rate? So does the child have fast breathing?" Emphasize that a rate of exactly 50 for a child up to 12 months, or exactly 40 for child age 12 months up to 2 years, does count as fast breathing.

DAY 3 – Classification of Diarrhoea

1. Demonstrate that a history of blood in the stool is the only way to classify a child with dysentery. Stress that one must ask about duration of diarrhoea to arrive at a classification of persistent or severe persistent diarrhoea.
2. If possible, show a malnourished child with sunken eyes and diarrhoea but with no other signs of dehydration.
3. If possible, also present a malnourished child with slow skin pinch but no other signs of dehydration. (The slow skin pinch is often misleading in a malnourished child.)
4. Show a child with severe dehydration who is unable to drink or drinks poorly. Show, in contrast, a child who will reach towards a glass, drinking eagerly and thirstily.
5. Demonstrate a skin pinch on different sides of the abdomen and on the chest and other parts of the body to show that the result is only reproducible when the skin pinch is performed on the abdomen.
6. Show the difference between pinching the skin and releasing it slowly and pinching the skin and releasing it quickly.
7. Try to demonstrate slow skin pinch in a chubby child.
8. Try to present a child who has one dehydration sign in the pink box and other signs in the yellow box (for example, a child who is lethargic or unconscious from septicemia or meningitis, but also has diarrhoea and a slow skin pinch). Even though this child has one sign in the pink box, he will receive a yellow classification for dehydration, because it takes two pink signs for a pink classification. (The child will most likely receive a pink classification elsewhere on the chart, for example, in the fever section.) This situation is rare, but it is helpful to present the occasional child who has dehydration signs

in both the pink and yellow boxes.

DAY 4 – Classification of Fever

1. Demonstrate a child with a fever and history of convulsion (febrile seizures, without pneumonia). Because of this danger sign, this child should receive a VERY SEVERE FEBRILE DISEASE classification, but this classification is often missed.
2. Present children who enter the fever box not by history or feeling hot but by taking temperature of 37.5°C or above.
3. Demonstrate the differences between a rectal temperature and an axillary temperature.
4. If you are in a low malaria risk area, try to present a child with fever who has either travelled to or come from a high risk malaria area.
5. Demonstrate false positives for stiff neck, for example, a crying child or infant that resents the physician and arches his or her back as opposed to true neck stiffness.
6. Present fever cases with a history of fever more than 7 days. Point out that these children are referred for assessment of other causes of fever. (See Identify Treatment column, yellow and green boxes for MALARIA and FEVER-MALARIA UNLIKELY.)
7. Try to present a child who had measles within the last 3 months (but no active measles now) to point out that these children need Vitamin A.
8. Present a child from a low risk malaria area with another cause of fever present (such as diarrhoea, boils). Show that the classification would be FEVER-MALARIA UNLIKELY.

Note: For areas in which the IMCI charts have been adapted to include dengue haemorrhagic fever (DHF), point out the signs of DHF and how these children are classified. Explain that a history of melena needs to be taken very carefully, since this may be the only clue to DHF. If possible, illustrate the differences between skin petechiae, mosquito bites (mosquito bites blanche), telangiectasia, and birth marks.

DAYS 5, 6 – Classification of Malnutrition

1. Demonstrate the difference between visible severe wasting and wasting.
2. When demonstrating pallor, show that it is preferable to compare the child's palms to the health worker's palms rather than the mother's palms. If the mother herself were anaemic, this would make the child's palms appear normal. Assuming the health worker is not anaemic, it is better to compare with the health worker's palms. (Look at the participants' palms to determine if any one appears anaemic; usually someone will have some pallor, and this can be a good teaching point.)
3. Demonstrate the difficulty of observing pallor in a small baby with a clenched fist who on forcing open the hand would appear to have some pallor.
4. Try to demonstrate some children who are very low weight but do not have pallor, and some children with pallor who have normal weight. This illustrates that nutritional status does not necessarily mirror the degree of pallor in a child.

If a child has normal weight, he may still have some pallor and receive a yellow classification.

5. Present children who are age 2 years or older and who have weights just above or just below the line for VERY LOW WEIGHT on the Weight for Age Chart. This will illustrate how attention to careful weighing and attention to detail can make the difference between giving nutritional advice or not.

DAY 10 – Sick Young Infants

1. Demonstrate the difficulty of getting accurate respiratory rate counts for a sick young infant.
2. Demonstrate the difference between some chest indrawing and severe chest indrawing.
3. Demonstrate nasal flaring.
4. Explain that it is wrong to feel for bulging fontanelle when the infant is lying down, as this will lead to false positives; the infant should be upright. A bulging fontanelle may disappear when the infant has had its head up.
5. Show the difference between skin pustules and echthyma.
6. Demonstrate normal movement vs. less than normal movement. (This can be difficult in infants who were preterm.)

ANNEX D

ADAPTING AND PRODUCING FACILITATOR AIDS

You have been given a packet of Facilitator Aids to accompany this course. These aids include enlargements of the Sick Child Recording Form and parts of the case management charts. These enlargements will be very useful to facilitators in demonstrating how to use the recording form and the charts. Facilitators will be able to point at the enlargement so that the whole group can see what is being discussed.

When the course modules and case management charts have been adapted for the area in which this course will be given, you will need to produce enlargements of the adapted materials which correspond to those in the Facilitator Aids packet. For example, if the Sick Child Recording Form has been adapted, you will need to make an enlarged copy of the adapted form.

Color the classification tables with pink, yellow and green markers to correspond with the *ASSESS & CLASSIFY* chart.

If possible, laminate (coat with plastic) enlargements of the Sick Child Recording Form and the classification table for cough or difficult breathing. (Lamination of other enlargements is optional.) Facilitators will need to write on the laminated Sick Child Recording Form and cough classification table several times with a special pen that can be wiped off. Instructions are given in the *Facilitator Guide for Modules* on how to use these laminated enlargements.

Enlargements which are not laminated may be mounted on cardboard so they will be easier to display. If they are not mounted, they may be taped to a flipchart when they are needed.

Another option is to convert the aids to overheads for use with an overhead projector, if an overhead projector is reliably available every afternoon for each small group.

After gaining some experience teaching this course, some facilitators may be comfortable using additional visual aids. Below is a description of a more elaborate aid which some programmes may produce.

ASSESS AND CLASSIFY THE SICK CHILD -- CHART ON FELTBOARD

With glue, pieces of velcro, thick sturdy paper and a large cloth with nap or felt (so the velcro will stick to it), one can devise a feltboard version of the ASSESS & CLASSIFY chart.

To make this visual aid: Cut apart a chart as described below. Mount each piece by gluing it to sturdy paper and then trim extra paper away. Then glue bits of velcro (the part with the little hooks) to the back of each piece. Cut the chart into the following pieces:

- the upper part of the chart with the title and the headings, Assess, Classify and Identify Treatment.
- the text above the danger signs box
- the danger signs box
- "Then ask about main symptoms" instruction
- the 4 main symptom questions
- the 4 assess boxes (one for each main symptom)
- the box "Then check for malnutrition and anaemia"
- the box "Then check immunization status"
- the box "Assess other problems"
- the classification tables, including the arrow leading into each of them

To use the aid, place all the pieces on a table near where you have mounted the piece of cloth, arranged in the order you will use them.

To introduce the chart: Put up the top section. Then explain "The ASSESS & CLASSIFY chart presents 3 steps, Assess, Classify and Identify Treatment. The instructions for assessing the child are presented sequentially on the left of the chart, under "Assess."

"First you greet the mother and find out if this is the initial or a follow-up visit. (*Put up this piece and others sequentially as you introduce them.*) Then, in all sick children, you check for danger signs. Then you check for main symptoms. (*Put up "Then Check for main symptoms" and then put up each main symptom, as you read it, leaving enough space in between to later add the assess boxes.*) Then you check all children for malnutrition and anaemia. Then check immunization status. Then you assess other problems. Those are the main steps in the assessment.

"When you ask, "Does the child have cough or difficult breathing?" and the mother answers YES, you then assess the child's cough. (*Put up the cough assessment box.*) You then use the results of this assessment and the danger signs to classify the child's cough or difficult breathing. (*Put up the arrow and cough classification table.*)

"All classification tables have 3 columns. You use the signs (*point*) to determine a classification (*read and point*) "SEVERE PNEUMONIA OR VERY SEVERE DISEASE, PNEUMONIA, NO PNEUMONIA: COUGH OR COLD. These are the 3 possible classifications. Which row you choose determines the treatments.

"Now we are going to start reading the module which explains how to assess danger signs and cough, and then how to classify cough. As we learn each main symptom, we will add the assess box and classify table to the chart."

An alternative use of this visual aid is to present cases. Describe the child's signs and symptoms as you proceed through the assessment, putting up the main symptom assessment boxes which you use for that child. Put up the classification table(s) for each main symptom and use vinyl or other removable material to circle the appropriate classifications.

ANNEX E

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

COURSE REGISTRATION FORM

Please print clearly.

Your Name: _____

Best Mailing Address: _____

Name and location
of health facility
where you work:

District: _____ Region: _____

What is your current work position or job title?

What health care training have you previously received (either in school or in relation to your job)?

What year did you finish your basic clinical training?

THANK YOU

SUMMARY PARTICIPANT LIST

Name	Mailing Address	Position	Clinic/Health Facility	District and Region	Degree of Difficulty Reading Modules	Date Completed Basic Training	Date of Course, <i>Management of Childhood Illness</i>

COURSE DIRECTOR SUMMARY

Integrated Management of Childhood Illness

Location of course: _____

Facilitator Training:

Dates of Facilitator Training: ____/____/____ -- ____/____/____

Number of full days: _____

Number of facilitators trained: _____*

Course:

Dates of course: ____/____/____ -- ____/____/____

Number of full days: _____

Total number of hours worked in course: _____

Number of participants: _____

Outpatient clinical sessions:

Number of outpatient clinical sessions conducted: _____

Number of hours devoted to outpatient clinical sessions: _____

Proportion of total course hours devoted to outpatient clinical sessions: _____%

Average number of patients managed by a participant: _____

To obtain this average, add the number of cases managed by each participant (as recorded on the Checklist for Monitoring Outpatient Sessions); then divide the total by the number of participants.

Inpatient clinical sessions:

Number of inpatient clinical sessions conducted: _____

Number of hours devoted to inpatient clinical sessions: _____

Modules completed: (Tick if all completed, or indicate number of participants who completed.)

Introduction: ____ All completed ____ completed

Assess/Classify: ____ All completed ____ completed

Identify Treatment: ____ All completed ____ completed

Treat the Child: ____ All completed ____ completed

Counsel the Mother: ____ All completed ____ completed

Young Infant: ____ All completed ____ completed

Follow-Up: ____ All completed ____ completed

Chart booklets: Did each participant receive a copy of the chart booklet to take home?

____ Yes ____ No If no, why not?

***Number of facilitators serving at course:** _____ *If different from the number trained above, please explain:*

Ratio of facilitators to participants: 1 to _____

Course Director Comments and Observations (*On the reverse side, please comment on administrative issues, staff attitude and drug supply at clinical training sites, problems and how you solved them, constructive suggestions for future courses, etc.*)

ANNEX F: PRACTICE ASSIGNMENT GRID

(Enter the name of the module and the exercise in which each facilitator trainee practices each skill.)

Names of Facilitator Trainees	Individual Feedback: Facilitator	Module Demonstration	Group Discussion	Video Exercise	Role play: Coordinator	Role Play: Actor	Oral Drill	Module Introduction or Summary	Clinical Demonstration	Monitoring Clinical Practice	Assigning Patients at Clinic

ANNEX G

FORMS FOR CASE SIMULATION EXERCISE

These forms are used with the case simulation exercise described on Day 5 of Facilitator Training (page 73 of this guide).

Recording Forms for two cases are given, Neena and Petra. Errors are intentional, as facilitator trainees will be asked to find the errors.

The Checklists for Monitoring Outpatient Sessions given indicate the errors. They are to be used as answer sheets.

Note: The actual forms used in the course may have been adapted for the specific country in which the course is given. Therefore, the information on these example Recording Forms and monitoring checklists may need to be transferred to the adapted forms before photocopying for use in the simulation exercise.

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ANNEX H

MINIMAL STANDARD OF CARE IN THE INPATIENT WARD

Inpatient care should be delivered competently. It is very distressing to participants to see mismanagement of inpatients or neglect due to lack of the most basic inpatient supplies. Although participants in the course are not learning inpatient management, they are learning to refer children with severe illness to an inpatient facility in order to reduce mortality. Many have some experience managing inpatients.

Ideally, the paediatric ward should practice standard case management of acute respiratory infections (ARI) and diarrhoeal diseases. The ward should also follow the recommendations provided for the management of severe malaria and severe malnutrition.³

Appropriate antibiotics and antimalarials should be used correctly; intramuscular (IM) antibiotics should be given routinely for severe pneumonia, rather than intravenous (IV); antibiotics should not be used to treat coughs or colds; and good nursing procedures should be followed. Children with severe malnutrition, severe malaria, and meningitis should be treated to prevent hypoglycaemia. Immunizations should be available and measles immunizations should be given to all unimmunized children over 6 months if cases are being admitted. Rectal diazepam and/or other appropriate anticonvulsants should be rapidly available for the management of convulsions, and the staff should be trained in the appropriate management of convulsions. Children should be monitored on a regular basis. Basic cleanliness should be maintained.

It should be possible for a mother to stay with a sick infant or child to breastfeed. She should be granted 24-hours access to the ward. When a child is critically ill and unable to suckle, the staff should show the mother how to maintain her milk supply by expressing her breastmilk. They should help her re-establish breastfeeding as soon as the child gets better.

Many wards are filled with children who did not need to be hospitalized in the first place or are ready for discharge. Many clinicians inappropriately hospitalize children with non-severe pneumonia and other conditions that can be managed as an

³Standard case management of inpatients is described in:

- * *Acute Respiratory Infections in Children: Case Management in Small Hospitals in Developing Countries. A manual for doctors and other senior health workers* (1990) WHO/ARI/90.5.
- * *The Treatment of Diarrhoea, A manual for physicians and other senior health workers.* WHO/CDR/95.3.
- * *Management of the child with severe malnutrition: a manual for physicians and other senior health workers.* WHO/NUT.
- * Gilles, H.M., *Management of severe and complicated malaria: A practical handbook.* Geneva, WHO, 1991.
- * *Technical Basis for the Case Management of Measles.* WHO/CDR and EPI, 1995.

WHO is also developing integrated guidelines for the inpatient management of sick children.

outpatient. It is preferable that training take place in a ward where this is not the case.

It may be possible, in some settings, for the inpatient instructor and the Course Director to work with the responsible ward staff in advance of the course to improve ward procedures.

Essential Paediatric Inpatient Supplies

For IM/IV administration:

- Quinine
- Chloramphenicol
- Benzylpenicillin
- D50 (50% dextrose, for injection)

For oral administration:

- Paracetamol
- Iron syrup/tablets
- Vitamin A
- ORS
- First and second line oral antimalarials and antibiotics for pneumonia and dysentery
- Mebendazole

Oxygen by cylinder or concentrator plus oxygen administration equipment

Nasogastric tubes

Disinfectant to wash used NG tubes, oxygen tubing, etc.

ORT corner supplies:

- Clean water
- ORS packets
- Cups and spoons
- Containers for mixing ORS solution

IV equipment including ways to regulate infusion rate of IV and beds or tables with wires above for hanging bottles of IV fluid

IV fluids including Ringer's Lactate Solution and D5W

Cotton swabs and alcohol or spirits

Thermometer

Scale which can be zeroed and weighs accurately

Appropriate food for tube feeding (for severely malnourished children, and children not able to feed)

KCl solution - for IV and oral use

Availability of safe blood transfusion

Sterile needles and syringes

Food to give to patients on Plan B and other patients

Reasonable HIV precautions including safe disposal of needles