

**IMAI second-level  
learning programme  
for district clinicians  
working at hospitals  
in limited-resource  
settings**

# Course Director Guide:

IMAI second-level learning programme:  
Quick Check +

- Quick Check Essentials*
- Management of the severely ill patient with septic shock or respiratory distress*
- Clinician's role in disease surveillance and case reporting*

**These training courses are based on guidelines in the  
IMAI District Clinician Manual:  
Hospital Care for Adolescents and Adults**

**July 2014**

**Integrated Management  
of Adolescent and Adult  
Illness (IMAI)**



**World Health  
Organization**



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- Quick Check Essentials*
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- Clinician's role in disease surveillance and case reporting*
- Infection prevention and control for the clinician*

**This guide is intended for the course director and the administrator who will oversee the planning and implementation of the IMAI second-level learning programme including four parallel training courses (district clinicians, nurses, managers, and auxiliary personnel):**

**Triage and Emergency Treatments: Quick Check Essentials  
Management of the severely ill patient with septic shock or respiratory distress  
Clinician's role in disease surveillance and case reporting  
Infection prevention and control for the clinician**

**These training courses are based on guidelines in the  
*IMAI District Clinician Manual:  
Hospital Care for Adolescents and Adults***

**July 2014**

Produced by IMAI-IMCI Alliance for WHO HSE/PED

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# Course Director Preparation for the Training Programme

## 1. Overview of training courses

### Introduction

The WHO Integrated Management of Adolescent and Adult Illness (IMAI) second-level learning programme is designed for hospital personnel working at district hospitals in limited-resource settings. The training courses support the *IMAI District Clinician Manual: Hospital care for adolescents and adults* (DCM) and are divided the following learning units:

- Quick check: Triage and Emergency Care
- Management of the Severely Ill Patient
- Disease surveillance and case reporting
- Hospital Management of Other General Medical Conditions
- HIV/TB co-management
- ART/OI
- Substance use: IV drugs and alcohol

Within each learning unit are modules that can be combined to develop courses that are tailored to the needs of a hospital or district.

**This course director guide includes the planning for Quick Check + which incorporates the following modules:**

- Triage and Emergency Treatments: Quick Check Essentials
- Management of the severely ill patient with septic shock or respiratory distress
- Clinician's role in disease surveillance and case reporting for clinicians
- Infection prevention and control for the clinician

These modules are divided into four parallel courses for different personnel (see Table 1):

1. Training for **nurses** (clinical officers may be included here, or in the district clinician course, depending on the cadres in country)
2. Training for **district clinicians**
3. Training for **auxiliary** personnel
4. Training for **hospital managers**

As listed in Table 1, there is an option to also do the paediatric version of this course, Emergency Triage Assessment and Treatment (ETAT), which has been developed by the WHO Integrated Management of Childhood Illness (IMCI) team.

**Table 1: Suggested parallel training courses for Quick Check + combined course**

Day 1	Day 2	Day 3	Day 4	Day 5
<b>IMAI: Training for Nurses:</b> <b>Quick Check Essentials and Management of severely ill patients with septic shock or respiratory distress</b>				<b>Disease Surveillance and Case Reporting</b>
<b>IMAI: Training for District Clinicians:</b> <b>Quick Check Essentials and Management of severely ill patients with septic shock or respiratory distress</b>				
<b>Training for auxiliary personnel: IMAI Quick Check and Triage, IMCI ETAT, obstetrical emergencies</b>				
<b>IMCI: Training for Clinical Staff:</b> <b>Emergency Triage Assessment and Treatment (ETAT+)-paediatric</b>				
		<b>IMAI: Training for Managers:</b> <b>Quick Check Essentials and Management of severely ill patients</b>		

## Parallel training courses

### 1. Clinical training courses

#### a. Modular approach to training

The clinical training courses are designed for nurses, clinical officers, and district clinicians. These courses were developed as learning units for training sites to adapt to their educational needs. Within each learning unit are modules that can be combined to develop courses that are tailored to the needs of a hospital or district.

The first module in this course director guide is *Triage and Emergency Treatments: Quick Check Essentials* (abbreviated as Quick Check Essentials). Quick Check Essentials is intended to train staff in identifying patients with emergent and urgent conditions through a clinical algorithmic approach, and to quickly provide first-line treatments.

If a site chooses to go through all of the chapters in this module, the suggested course duration is 3 ½ days and includes the following chapters:

#### *Quick Check Essentials—3 ½ day course*

1. Quick Check: Assess emergency and priority signs



2. Airway and breathing
3. Circulation
4. Altered level consciousness/convulsing
5. Pain from life-threatening cause
6. Priority signs and their immediate management
7. Continue with urgent management of patients with emergency signs
8. Implementing the Quick Check and emergency treatments

For the district clinicians, an additional chapter on advanced airway management is provided for home study in this module (available in **Training Support Set**).

The next module of the training course covered by this course director guide is in the *Management of the severely ill patient with septic shock or respiratory distress*. This module is designed for clinical staff to continue to manage the severely ill patient who is in respiratory distress or suffering from septic shock after the initial triage and treatments. This course module therefore builds on Quick Check Essentials. Participants will also be trained to use the relevant sections of the IMAI DCM manual to develop a differential diagnosis and continue on-going management in consultation with the district clinician. This section includes additional material for district clinicians to provide support to the clinical team delivering care, to delve into clinical reasoning theory and to practice skills. The suggested course duration for this manual is 2 ½ days and includes the following chapters:

*Management of the severely ill patient with septic shock or respiratory distress – 2 ½ day course*

1. Caring for the severely ill patient
2. Managing patients with septic shock – basic and advanced
3. Managing patients in severe respiratory distress – basic and advanced

The two manuals can be completed by conducting two separate trainings, or as a combined course (see Table 1). Each course includes practical, skill-building sessions, where participants can gain “hands on” experience with medical equipment and case management. Participants will also manage real patients in a supervised setting.

The third module covered in this course is the *Clinician’s role in disease surveillance and case reporting*. This course focuses on disease surveillance in clinical practice at the district hospital and case reporting. The Quick Check Essentials is the prerequisite for this course. The suggested course duration is 1 day and includes the following chapters:

*Clinician’s role in disease surveillance and case reporting - 1 day course*

1. General concepts of disease surveillance and case reporting and the clinician’s role
2. Surveillance: influenza and acute respiratory infections
3. Viral haemorrhagic fever
4. Other priority pathogens with epidemic potential (in development)
5. Neglected tropical diseases (in development)
6. Cases (mixed)

As part of the Quick Check + training curricula, there is also a short course that is presented in plenary for all cadres together:

*Infection prevention and control for the clinician-short course*

There are additional skill-based exercises that are covered during the practical sessions.

Additional short training courses are planned for development based on the guidance in the DCM. Examples of future trainings include, but are not limited to the following:

- Managing other causes of shock (anaphylactic, cardiogenic, hypovolaemic, haemorrhagic)
- Altered mental status
- Poisoning and snake-bites
- Burns and trauma
- Alcohol and substance use

**b. Alternate 5-day combined course: the Quick Check+ (see Table 1)**

The 5-day combined course includes a 4-day consolidation of the Quick Check Essentials and the Management of the severely ill patient with septic shock or respiratory distress courses with the additional 1 day surveillance and case reporting course for all cadres. The chapters listed below will be covered in class, and home preparation will be needed for the remaining modules.

*IMAI Quick Check +:*

*For the clinicians: Quick Check Essentials and management of the severely ill patient with septic shock or respiratory distress:*

1. Quick Check: Assess emergency and priority signs
2. Airway and breathing
3. Circulation
4. Altered consciousness/convulsing
5. Continue urgent management
6. Basic care and monitoring of the severely ill patient
7. Managing patients in septic shock
8. Managing patients in severe respiratory distress
9. Implementing the Quick Check and emergency treatments

This short training needs to be followed by on-going clinical mentoring at the participants' own health facilities. Depending on logistics, it is reasonable for this on-site clinical mentoring to start anytime within 2 weeks of the training. The first on-site clinical mentoring should be included in the original training budget and plan.

**2. Hospital managers' course- 3 days (last 1.5 days combined with clinical team)**

The managers of the district hospital are an integral component of the hospital team and this course has been developed for hospital managers to be conducted in parallel with the clinical training. Hospital managers are key players in implementing policies and practices that ensure that the hospital is run smoothly and efficiently. They are also advocates for quality assurance in patient care.

The course covers the following chapters in the manual:

*Participant manual for hospital managers: Triage and Emergency Care: Quick Check and Management of the Severely Ill Patient for Hospital Managers*

1. Introduction to the IMAI strategy for triage and management of the severely ill patient

2. Improving the resources required to implement IMAI Quick Check and management of the severely ill patient
3. Improving the quality of district hospital emergency care and management of severely ill patients
4. Work as a clinical team to create an implementation action plan

As part of this course, the managers will also participate in practical sessions where they will focus on problem-solving and skill-building. They will also spend time at the hospital to evaluate patient flow and organisation of care. Managers will have a final project where they are required to utilize skills learned from the classroom and practical sessions, to create a comprehensive implementation plan in their own facilities, working with their hospital clinical team.

### **3. Auxiliary staff course – 5 days**

The training course for hospital auxiliary personnel teaches participants the skills to recognize patients who require immediate and urgent triage. This course includes recognizing emergency signs in adults, children and pregnant women.

This course uses methods that are appropriate for those who have little or no medical background. Participants are trained to rapidly identify patients with emergency conditions and to call for help.

Auxiliary staff includes the following hospital personnel:

- health care providers with limited clinical background (e.g. nursing assistants or laboratory technicians)
- gatekeepers
- registrars in the emergency ward or OPD
- general assistants
- hospital transport personnel.

The suggested course duration is 5 days. As with the other courses, participants will participate in practical sessions and role-playing cases with expert patient-trainers (EPTs). They will also have sessions in the hospital triaging real patients in a supervised setting.

### **4. For all 4 cadres-clinical team training**

All cadres (nurses, clinicians, managers, and auxiliary staff) will work together in plenary or as clinical teams to cover the following modules:

#### **a. Infection prevention and control for the clinician**

- Powerpoint and wallcharts plus exercises in infection prevention and control

#### **b. Implementation planning**

- Clinical teams work together in hospital groups to create a plan for implementing IMAI Quick Check and management of severely ill patients in their hospitals

#### **c. Clinician's role in disease surveillance and case reporting**

- General concepts of disease surveillance and case reporting and the clinician's role
- Surveillance: influenza and acute respiratory infections
- Viral haemorrhagic fever

## Objectives of the training

The goal of this programme is to provide *all staff* in the hospital setting with the tools and resources to quickly identify a patient who may display emergency or priority signs and to take action as important members of the hospital team. The training also focuses on the team's practical role in infection control and prevention in order to protect themselves and others from the transmission of infectious diseases and to incorporate disease surveillance into everyday clinical practice.

Effective medical management is accomplished by a team, rather than by individual players, so team work is emphasized and practiced throughout the course. In order to implement this programme successfully, all levels of the hospital team need to be included.

## Purpose of this guide

This guide provides an overview of how all four courses can be taught in parallel. It includes information on pre-training preparedness, such as the hospital assessment, as well as course logistical information such as choosing venues, facilitators, and participants. This guide is meant to be used as an aid in course preparation in conjunction with the facilitator guides for each training course.

The course director can be one designated official such as a hospital administrator or manager who is in charge of setting up the training programme, or can include several facilitators from each training course.

### **There are several types of facilitators:**

- clinical facilitators (for clinical training courses)- both for the classroom and clinical instructors for the hospital visits
- non-clinical facilitators (for managers' and auxiliary staff training courses)
- practical session facilitators (for all the courses)
- clinical instructors for hospital visits
- expert patient-trainers (people who have been trained to simulate patients).

## Course preparation steps (see Checklist #1 at end of chapter)

### 1. **Decide on specific course objectives**

Using the goals of the training programme, develop course objectives that reflect national guidelines and/or specific goals of the hospital or collaborating institutions.

### 2. **Select the course director and administrative assistant**

The course director should be the person who is in a position to coordinate all the training courses for these learning cadres. This person may be a senior department manager or supervising clinician who has already taken the training course. The course director will need to ensure that appropriate members of the hospital teams are selected for the training, as well as suitable experienced facilitators.

The administrative assistant is responsible for assembling all the materials and supplies, keeping to the timeline for preparation, and for administrative work during the training. He or she is supervised by the course director.

### 3. **Determine course size**

The size of the course will depend on the course objectives and the needs of the specific location. Some places may decide to hold a training for their hospital only, or as is often the case, several hospitals can determine to send clinical teams from their site to be trained.

### 4. **Selection of the facilitators**

The number of facilitators depends on the size of the course. There should be at least one experienced facilitator for each group of 6 to 8 participants.

If any resource personnel such as the course directors or facilitators need to be recruited as consultants, allow sufficient time for the recruitment.

#### a. **Clinical training course (CLIN)**

Facilitators for the core clinical training courses are health professionals with current clinical experience. They should have completed the Quick Check and Management of the patient with severe respiratory distress or septic shock courses and at least one course as a facilitator candidate under the guidance of an experienced facilitator. Further facilitator material for this course is available in the *Facilitator guides* for the clinical training courses: *Triage and Emergency Treatments: Quick Check Essentials*, *Management of the Severely Ill Patient with Septic Shock or Respiratory Distress*, *Clinician's role in Disease Surveillance and Case Reporting*, and Infection prevention and control for the clinician

#### b. **Auxiliary training course (AUX)**

Facilitators in this course are health professionals, medical educators, and managers who have basic medical knowledge and/or on-site experience (e.g. worked in a hospital or OPD for several years as the emergency ward or urgent care coordinator). Facilitators can also be experienced auxiliary personnel who have been trained to facilitate this course.

These facilitators have completed the clinical or auxiliary staff training course and have completed one course as a facilitator candidate under the guidance of an experienced facilitator. Further facilitator material for this course is available in the *Facilitator guide for the auxiliary staff training course: Quick Check + for hospital auxiliary staff*

**c. Managers' training course (MAN)**

For this course, the facilitators are senior hospital managers. These facilitators have completed the managers' course and have completed at least one course as a facilitator candidate under the guidance of an experienced facilitator. Further facilitator material for this course is available in the *Facilitator guide for the managers' training course: Second-level learning programme*.

**d. Practical sessions- skill stations and EPT case scenarios**

Each course has practical sessions. Facilitators for the practical sessions can be the course director, or an appointed facilitator or health professional. The facilitator should be a local candidate who is familiar with the IMAI Quick Check + course. The practical sessions are divided into skill stations, expert patient-trainer (EPT) case scenarios, and hospital visits.

It is recommended that 1-2 facilitators are dedicated to practical sessions. One facilitator can manage all the practical sessions. Alternatively, two facilitators can divide the role, with one managing the skill stations and the EPT case scenarios, and the other coordinating hospital visits. Facilitators from clinical, auxiliary staff and managers' courses can help this facilitator run the practical sessions during the course.

This facilitator will also need to gather, organize, and set up materials and equipment that will be needed for practical sessions that include skill stations and case scenarios. More guidance on coordinating the practical sessions is available in the *Facilitator guide to the practical sessions*.

**e. Clinical instructor**

This instructor will identify clinical cases for the hospital visit sessions., Prior to the start of the course, the clinical instructor in conjunction with the Course Director needs to take steps to arrange for the hospital visit and during the course he or she will identify cases for the course participants to sharpen their practical skills in a safe and effective manner. *Remember the clinical practice portion of the course should not interfere with patient care.* The clinical instructor will need to do the following:

- Consider times for hospital visits based on patient volume at that particular hospital.
- Visit the hospital prior to the course and work with the course director to obtain required permissions and discuss course requirements with OPDs and wards directors.
- Work with OPD and ward directors to identify how the visit should be conducted so that regular clinical activities and patient care are not affected.
- Identify patients who are willing to have training participants practice their skills on them.
- Communicate how the hospital visit will be conducted to the clinical and non-clinical facilitators.

- Convey to hospital personnel (supervising clinicians or nurses) that training participants will practice skills on patients.
- Work in conjunction with course facilitators to ensure that the participants are able to practice these important clinical skills.

The clinical instructor should:

- Be **currently active in the clinical care** of patients, in the inpatient ward or emergency ward of the facility where the training is conducted. *If the inpatient instructor is not on the staff of the facility, a staff assistant will need to help with arrangements and translation.*
- Have proven **clinical teaching skills**.
- Be **familiar with the integrated case management process** and have experience using it. Ideally, he or she should have **participated in the IMAI course** previously as a participant or facilitator.
- Be **clinically confident**, in order to sort through a ward of sick patients quickly and identify clinical signs that participants need to observe. He or she should understand the patient's clinical diagnosis to avoid confusing cases and critically ill patients who need urgent care. He or she should be comfortable handling sick patients and **convey a positive, hands-on approach**.
- Have **good organizational ability**. It is necessary to be efficient to accomplish all of the tasks in each clinical session. The individual must be able to stay on the subject, avoiding any extraneous instruction or discussion. He or she must be energetic.
- Be **outgoing and able to communicate** with ward staff, participants, and patients. He or she should be a good role model in talking with patients. *A translator may be provided if needed.*
- Prepare for this role, by working as an assistant to the clinical instructor at another course to see how to select cases, organize clinical sessions and interact with participants. Be available 2-3 days prior to facilitator training, during facilitator training, and for the duration of the course. He or she must be willing and motivated to get up early each morning to select cases and prepare for the day's clinical sessions.
- Be available to teach several other courses over the next year if possible.

More guidance on coordinating the hospital visit is available in the *Facilitator guide to the practical sessions*. The course director may print these pages for the clinical instructor prior to the start of the course.

#### **f. Expert patient-trainers (EPT)**

If possible, it is helpful to use expert patient-trainers in the case scenarios. If not available, course facilitators may also play these roles. Expert patient-trainers are trained to portray a real patient through a clinical case scenario. During the practical sessions, participants will work with the EPT through specific cases.

Each case has a specific problem, history, and exam findings that an assigned EPT will simulate. The practical session facilitator is then trained to assess participants based on their responses to questions asked in the scenario using a case-specific checklist. After the case is completed, the observing facilitator and EPT provide feedback to the participant. The course facilitators observe these interactions and can provide useful feedback to participants. The course facilitators can then work with the participants to review particular areas that need more practice.

Through this facilitation, the participants will be able to practice principles and skills learned in the classroom in a safe and supportive manner. The EPTs can be community members or patients who are identified and trained by the course director or by a Quick Check + trained facilitator designated by the course director. Ideally, the EPT should be trained prior to the start of the course for their cases. Information about the EPT case scenarios can be found in the *Facilitator guide to the practical sessions*.

## **5. Selection of the training site**

The courses will include a combination of classroom activity, skills stations and clinical management scenarios using EPTs, and practical experience in a health facility. The health facility should have basic inpatient services, an operating theatre, basic laboratory services, and oxygen.

### **a. Physical space requirements**

- i. To train 4 cadres simultaneously requires 4 classrooms (one sufficiently large for plenary sessions); an additional classroom is needed if the ETAT course is also taught (5 in total).
- ii. The large room should be able to accommodate 25 participants for large group sessions.
  - The chairs and desks should be setup to allow facilitation of the large group.
  - Participant name tags should be visible from front of the room.
  - The facilitator should be able to move around the large room to engage with participants.
- iii. In addition, a small room for the secretariat where the printer and computer can be securely locked is desirable.

### **b. Size of classes**

- i. The optimal size of each group is 8 to 12. One facilitator is recommended for every 6-8 participants. If more participants join for any one cadre, make a second group and plan for extra rooms (and materials).

## **6. Prepare the budget**

- a. Prepare the budget in an excel spreadsheet.
  - i. See **Training Support Set** for Mock Budget (in Excel spreadsheet).
  - ii. For preparing the budget please consider the following:
    - Venue cost
    - per diem for participants
    - remunerations for resource personnel (course director, facilitators, facilitator candidates, expert patient-trainers, MOH officials or others who may be involved in opening ceremony)
    - travel and accommodation costs (as needed)
    - training materials, including those to be ordered internationally (see list of training materials)
    - audiovisual equipment, such as video recorder, television screen, LCD or overhead projector (see list of training materials)
    - banners and course certificates
    - meals and refreshments
    - initial follow-up visits to the hospitals then ongoing on-site clinical mentoring.



- b. Work with the local WHO office or other sponsoring institution to develop the budget.
- c. Ensure adequate per diems and remunerations are given at reasonable local WHO rates (rates for south-to-south and other international facilitators will differ).
- d. Ensure that the mechanism for disbursement of money prior to the training to local facilitators for logistics is agreed upon between the local site and the local WHO office and/or sponsoring institution.

## **7. Course schedule**

As mentioned, the standard schedule for each clinical training course is 2 ½ days for the Quick Check Essentials, or 5 days total for the combined courses (including surveillance). Additional days may be allocated to complete all the learning units, for further hospital-based practical experience and for on-site clinical mentoring.

Some facilities may not be able to grant staff leave from their clinical responsibilities for the full training. Alternatively, conduct the training on-site in short blocks, or in intermittent trainings over several weeks. The course is currently divided into discrete learning units that can be used to develop an alternative training schedule appropriate for individual situations. The theory portion of an alternative training schedule may go into less detail than the standard training, however the material presented in the shortened modules should be followed up with on-site mentoring. It is during this mentoring period that the details of the training will be clarified and reinforced. Participants should be given training materials ahead of time so that they can become familiar with the theory prior to the modular sessions.

The course director needs to work out a course schedule that provides the allotted time to train each cadre effectively in the classroom and in practical sessions. Each cadre will spend time at the hospital, so arrange allotted time slots to avoid overlap between groups. *Sample course schedules for each course are available in the corresponding sections in this guide.*

## **8. Training materials**

Collect all training materials and supplies necessary for the course. For a complete list of all necessary training materials, refer to the checklists #2-6.

Some training materials might not be available locally. Please plan well in advance for any international procurement. A resuscitation mannequin is desirable but not required for these trainings. Other materials for the course should be available at the district hospital or may need to be purchased prior to the course. It is recommended that a box containing a full set of equipment needed for each group for all practical sessions and organized according to skill station is prepared prior to the start of the course, thus avoiding having to prepare specific equipment for each session. *In order to prepare for course facilitation, each facilitator should receive a course schedule, facilitator guide, and participant manual prior to the start of the course. Each participant should have a copy of the participant training manuals, and ideally, these manuals should be sent prior to the start of the course even if done electronically.*

## **9. Obtain necessary authorizations and clearances**

Obtain authorizations from relevant authorities. These typically include the Ministry of Health and local health authorities. The director of the hospital training site should take responsibility for the course in the facility under her/his responsibility. Consultants might require Government and/or security clearance.

## **10. Selection of participants**

As there are different target groups for the training courses, different criteria for participant selection apply. The material taught in this training course will be useful for staff who work in the emergency department, adult and maternal wards, paediatric wards caring for older children, operating theatres, and intensive care units. Additionally, staff who triage in the outpatient department should be trained to recognise patients with emergency conditions. To enable successful implementation following the training, it is recommended that a team of district clinicians, nurses, auxiliary staff, and administrators or managers who work at the same facility attend the training. Participants who work regularly in clinical departments and who will be able to instruct others in their facilities should be selected. The administrators or managers selected should have responsibilities that allow them to help with the implementation of the Quick Check in their hospital, district, region, or country.

## **11. Obtain translation services (if needed)**

Auxiliaries may require a translator, ideally an enthusiastic health worker.

## **12. Invitation of participants and sending out of participants' manuals**

Participants should be invited several weeks in advance. They should also obtain the participant's manual in advance and be instructed to read it before attending the course. This ensures more time for practicing skills and clarifying issues.

## **13. Planning for the opening session**

It may be useful to invite policy makers or senior officials of the Ministry of Health, representatives from international or bilateral agencies (e.g. WHO or UNICEF) or representatives from professional organizations such as the national medical and nursing association or the national paediatric society.

## **14. Press release**

Visibility is important. Consider issuing a press release about the course, particularly if it is the first one in the country or region.

## **15. Closing ceremony and certificate delivery**

Schedule a closing ceremony to hand out certificates of completion to each participant at the end of the course. Make sure to coordinate with the WHO country office for permissions and signatures in advance. Take pictures, shake hands with each participant. Auxiliaries should also be invited and given certificates.

## 2. Instructional materials and course supplies

### Instructional materials needed by each small group

**Each small group** will need the following instructional materials. Some materials can be reused. Reusable materials include wallcharts, photo booklets, cards for card sorts, and (when available) training videos. Other materials are given to each participant and facilitator and used in exercises. You will need a supply of these for each course. Materials to be photocopied in conjunction with training manuals are available in the **Training Support Set**. When planning continuous training for scale-up, photocopy enough for the first course. Make any small corrections identified during the course, and then print a large number for subsequent trainings.

*Use the checklists below to plan your course.* All materials should ideally be prepared at least 2 weeks before the course is scheduled to begin to allow time to correct errors in reproduction. To help with prioritization, a timeline is provided for when materials are needed during the course.

#### **Steps in preparing course materials:**

1. Calculate numbers needed (see Checklist 2), always adding a few extra.
2. Arrange for printing, photocopying and delivery of materials 2 weeks before training begins (*See Mock Budget in **Training Support Set** for the number of pages in each manual; this will need to be checked prior to printing*).
3. Photocopy manuals on both sides of the page.
4. Check each item for accuracy when finished (correct page references, correct titles, final version printed, missing pages, readable pages, correct number of copies). Check a portion of each item, not every single copy of each item.
5. Put a check in the **ready** column only when each item is completely finished.
6. Store copies in clearly labelled boxes for transport to the training site.

## Checklist # 1: Quick Check + training course preparation steps

Use the following summary table to prepare a realistic timetable, including all the preceding steps and specific to the location. Planning times will vary according to local circumstances. Tasks your timetable needs to include:

Task	Estimated time needed	Estimated total cost	Done	Comments
1. Decide on specific course objectives				
2. Hire a course director				
3. Hire an administrative assistant				
4. Determine course size				Identify hospitals for training
5. Arrange for facilitators: Practical Sessions				
6. Arrange for facilitators: Clinical				
7. Arrange for facilitators: Managers				
8. Arrange for facilitators: Auxiliary				
9. Arrange for EPTs				
10. Selection of the training site and work with hospital administrator to determine clinical instructor				If venue is unknown, visit to ensure suitability. – Provide instructor with copy of hospital visit portion of Facilitator Guide to Practical Sessions
11. Gather, produce or adapt training materials and determine cost of materials and supplies needed (see Checklist 2-4)				
12. Budget with funds on hand (see Mock Budget)				
13. Arrange permissions for practicum at teaching hospital, OPD in conjunction with clinical instructor				Official letters needed?
14. Determine course schedule (see sample agendas in next chapters)				
15. Reserve venue				
16. Reserve classrooms				
17. Reserve meals, lodging				

18. Arrange for transport (lodging to class to clinics)				
19. Compile list of participants				
20. Send invitation letters to participants and institutions				
21. Send travel authorizations to participants and facilitators if needed				
22. Arrange for translation services (if needed)				
23. Print manuals and materials in Training Support Set (if not already)				
24. Prior to start of course, send out course schedule, facilitator guides, and participant manuals to the facilitators and participants				This may be done electronically with the provision to hand out hard copies on site.
25. Arrange for speakers for the opening session				Official letters needed?
26. Consider issuing a press release about the course				
27. Design and print course completion certificates				
28. Adapt and print course evaluation form (see <b>Training Support Set.</b> )				
29. Adapt and print course pre-/post-test and key				
30. Prior to course, clinical instructor, should arrange ward days and times. On morning of hospital visit, the instructor needs to meet with ward nurse and choose patients.				
31. Arrange for course closing ceremony if desired.				

Experience has shown that skipping or leaving too little time for the steps required before training (for example, community and stakeholder meetings; prior preparation of participants) and arranging for the key elements at the last minute can lead to problems with the trainings.

**Checklist # 2: Quick check+ course participants and facilitator numbers- for planning for supplies and materials**

<b>Cadre</b>	<b>Number to attend this course</b>	<b>Copies needed for this cadre or cadre combination</b>
Nurse participants A		
Doctors, medical officers, clinical officers B		
Clinicians total: A + B		
Managers C		
Clinicians + Managers: A + B + C		
Auxiliaries D		
Clinical Facilitators F1		
Auxiliary Facilitators F2		
Manager Facilitators F3		
Clinical instructors F4		
Expert patient-trainers (EPT)		
Course Directors plus facilitators helping with course direction or in training		
Total participants, facilitators, course director, administrator (for name tags, lunch, tea etc)		
<b>HOSPITALS</b>		
Hosting hospital for clinical training		
Clinical teams for how many additional hospitals		
Number hospitals needing wallcharts, pulse oximeters (subtract if already supplied)		

### Checklist #3: *Non-reusable* instructional materials needed for Quick Check+

Items needed by each small group	Course	Number needed per participant, facilitator	Total number	Day needed	READY
<b>Guideline manuals</b>					
IMAI District Clinician Manual: hospital care for adolescents and adults (DCM)	CLIN MAN	1 for each clinician and manager participant and facilitator		Day 1	
VHF pocket book if available nationally	CLIN MAN	1 for each clinician and manager participant and facilitator		Day 5	
National clinical guidelines (optional)	CLIN	1 for each course director and facilitator if recommended		Day 1	
<b>Participant training manuals</b>					
Quick check Essentials	CLIN	1 for each clinician and manager participant and facilitator		Day 1	
Management of the severely ill patient with septic shock or respiratory distress	CLIN	1 for each clinician and manager participant and facilitator		Day 1	
Quick Check + for hospital auxiliary staff	AUX	1 for each auxiliary participant and auxiliary facilitator		Day 1	
Triage and Emergency Care: Quick Check and Management of the Severely Ill Patient for Hospital Managers	MAN	1 for each manager participant and facilitator		Day 3	
Clinician's role in Disease Surveillance and Case Reporting	CLIN MAN	1 for each participant and facilitator		Day 3 or 4 or 5	
<b>Facilitator guides</b>					
Course Director Guide (this manual)	ALL	1 for each course director and administrator and a few extra for facilitators who may be helping in course preparation or course direction or in training to direct future training courses		6 weeks before course	
Triage and Emergency Treatments: Quick Check Essentials	CLIN	1 for each facilitator		Pre-Day 1	
Management of the severely ill patient with septic shock or respiratory distress	CLIN	1 for each facilitator		Pre-Day 1	
Quick Check + for Hospital Auxiliary Staff	AUX	1 for each facilitator		Pre-Day 1	
Hospital managers' training course	MAN	1 for each facilitator		Pre-Day 1	
Practical sessions	ALL	1 for course director and practical sessions facilitator and clinical instructor (may copy pages from hospital visit)		Pre-Day 1	
Clinician's Role in Disease Surveillance and Case Reporting	ALL	1 for each facilitator		Pre-Day 1	
<b>Miscellaneous (available in Training Support Set)</b>					
Pre and Post-test	CLIN AUX MAN	2 per participant plus 1 with answers for each facilitator (different for each course)		Day 1	
Hospital Visit checklist	CLIN AUX	1 per participant and facilitator		Day 1	
Patient Monitoring forms	CLIN	5 per participant		Day 2	
EPT cases	CLIN	1 per EPT and participant and practical sessions facilitator		Day 1	
Practical Assessment	CLIN	1 per facilitator (optional-may copy from Facilitator Guide for Practical Sessions))		Last Day	
Course evaluation	ALL	1 per participant and facilitator		Last Day	

**All**—all courses; **CLIN**—clinical training courses; **AUX**—auxiliary staff training course; **MAN**—manager's training course.

**Checklist #4: Reusable instructional materials for the courses (available in Training Support Set)**

Items needed	Course	Number needed	READY
<b>Wall charts<sup>1</sup></b>			
Quick Check and emergency treatments- wallchart 1- algorithm (pink/yellow/green)	ALL	1 for each room plus 1 for each hospital team	
Quick Check: emergency treatments- wallchart 2	ALL	1 for each room plus 1 for each hospital team	
Quick Check: Vaginal bleeding- wallchart 3	ALL	1 for each room plus 1 for each hospital team	
PPE for VHF- put on and take off (2' x 3')	ALL	1 for each room= 4	
Septic shock (2' x 3')	CLIN, MAN	1 for each room= 3	
Standard precautions (2' x 3')	ALL	1 for each room= 4	
Severely ill patient monitoring form- 2 pages in poster format	CLIN, MAN	1 for each room= 3 of each	
<b>Cards<sup>1</sup></b>			
Triage	CLIN	1 set for card sorts during practical sessions	
Airway and breathing	CLIN	1 set for card sorts during practical sessions	
Triage EPQ cards (emergency, priority, queue)	CLIN	1 set for each participant and 1 set for card sorts during practical sessions	
Triage case cards	AUX	1 set for card sorts during practical sessions	
Case cards for Surveillance module	Each clinical team	1 set for each hospital clinical team	
<b>Miscellaneous</b>			
Photo booklet (when available)	CLIN AUX	2-3 for each group (collect after course)	

<sup>1</sup> Laminated if possible. Print on sturdy poster stock



Clinical training videos (in development)	ALL	1 for each group	
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**All**—all courses; **CLIN**—clinical training courses; **AUX**—auxiliary staff training course; **MAN**—manager’s training course.

**Checklist #5: Non-medical supplies and equipment needed in the classroom**

Items needed	Course	Number needed	READY
<b>Supplies needed for each facilitator and participant during the course</b>			
Name tag and holder or adhesive tape (works well to write names on)	ALL		
Notebook/stationery to write notes	ALL		
Folder to organize manuals and loose forms or cloth bag (avoid binders with punching)	ALL		
Ballpoint pens	ALL		
<b>Supplies needed for each small group/classroom</b>			
white putty or high quality, sticky tape to fasten large, laminated wall charts and flipchart papers to wall (test this out ahead of time—tape is often too weak to hold the laminated posters)	ALL		
rolls of transparent tape		Min 2	
stapler and staple remover			
scissors			
extra pens			
rubber bands			
paper clips			
blank flipchart pad and 4 colors of markers or whiteboard or blackboard and chalk OR		Min 5	
Whiteboard and set of whiteboard markers (non-permanent)			
video/DVD player and monitor (once training video and/or simulations developed)			
<b>Additional supplies needed for plenary room and shared equipment</b>			
LCD			
Table at front for closing ceremony			
Photocopy machine that is accessible to classrooms, in good working order, with extra toner, and if possible,			

capable of collating pages			
Computer			
Printer and toner			
Paper for photocopy machine and printer			
Virus-free flash drive with adequate space			
Multi-plug outlets			

**Checklist #6: Medical supplies and equipment needed for demonstrations, role plays, and group activities (this list is also available in the Facilitator guide: Practical Sessions)**

Items needed	Course	Number needed	READY
<b>Supplies needed for practical sessions</b>			
bag valve mask* -adult and child	CLIN		
Adult mannequin or doll (if available)	CLIN		
Emergency trolley (place to show where all emergency equipment is kept – see DCM)	CLIN MAN		
Table or blanket to place on floor	CLIN		
Nasal airway in at least 2 different sizes	CLIN		
Oral airway in at least 2 different sizes	CLIN		
Pulse oximeter with probes – At least 2 required	CLIN	Min 2	
Non-crush oxygen tubing	CLIN		
Nasal cannula (prongs)	CLIN		
Face mask	CLIN		
Face mask with reservoir (non-rebreather)	CLIN		
Salbutamol MDI (may use empty MDI)	CLIN		
2 half-litre plastic cola bottles (one that is not cut and one that is cut out to create the spacer)	CLIN		
Oxygen mask with nebulizer attachment (if available)	CLIN		
Gauze	CLIN		
Tape or ribbon	CLIN		
Sheets (3) (to wrap pelvis/femur)	CLIN		
Boards for splinting extremities	CLIN		
2-3 IV angiocatheters (at least 16-18 gauge)	CLIN		
3 (1 L) normal saline or lactated ringers bags with tubing	CLIN		

Watch with second hand or clocks (to count pulse)	CLIN		
BP cuff with manometer and stethoscope (if available)	CLIN		
Cervical collar or local materials (newspaper, towels, tape) to immobilize spine	CLIN		
Spinal board	CLIN		
IV mock diazepam	CLIN		
Mock epinephrine ampoules (2) (both concentrations)	CLIN		
Mock dopamine ampoule (1)	CLIN		
200 ml bags of normal saline (2)	CLIN		
Syringes (of different sizes)	CLIN		
Needle	CLIN		
Sharps container	CLIN		
Alcohol-based hand rub –Enough for each group to have 1	ALL		
Gowns	ALL		
Gloves	ALL		
Surgical masks	ALL		
Eye goggles	ALL		
Oxygen cylinder*	CLIN		
Oxygen concentrator*	CLIN		
Oxygen splitter	CLIN		
Nebulizer	CLIN		
Suction apparatus with foot pump	CLIN		

\* if supplies are limited may be demonstrated during hospital visits

## **Preparation for the week of the training**

### **"Housekeeping"**

After the first day, set aside about 10 minutes daily to discuss with each group the rules and responsibilities concerning breaks, cell phones, group discussion, set up and breakdown of the classroom, etc.

### **Facilitator meetings**

It is important to schedule a daily meeting for all facilitators and the Course Director at the close of each day to review progress, solve problems, and to plan for the following day. This meeting may last from 20 minutes to an hour.

### **Course opening**

Provide the goals of the course and identify the need for the training within the local context. Let participants know if this training is part of a hospital quality improvement effort or a multi-centre collaboration or part of a state or country-level initiative. Discuss the importance of the hospital team in caring for any person that walks into the hospital. Provide information on the guideline module, the course structure, and the course didactic and practical sessions. Emphasize that in addition to learning about Quick Check, emergency treatments and the management of severely ill patients, participants will learn about infection control and prevention. Finally, provide any logistics information that may be pertinent to the whole group. Some points to consider including in opening comments:

*A general approach of triage, assessing patients for emergency signs, and early resuscitation has been successfully used in many countries to reduce unnecessary morbidity and mortality. This systematic approach is useful for the care of patients who not only present with HIV or influenza-like illnesses, but also patients with severe malaria, hemorrhagic shock and trauma, and severe bacterial infections. The Quick Check should be the start of the initial assessment of any patient, and then the DCM can help to guide further assessment and management.*

### **Training assessment**

At the end of each module in the participant's manual for the clinical courses, there are assessment questions. These questions enable participants to monitor their progress during the training course. Model answers to these questions are provided in the facilitator's guide. The training course materials also include a recommended pre- and post-test for all the training courses. This is a brief written assessment of participant's knowledge of the material as a group before the start of the course and at the end of the course to assess what they have learned from the course. For clinical and auxiliary courses, there will also be a practical skills assessment at the end of the course. This ensures that participants have learned the skills necessary to perform Quick Check and triage patients, and also provide emergency treatments and manage severely ill patients.

Countries implementing the Quick Check may wish to introduce a more formal assessment at the end of the course. Candidates will be required to pass this test to ensure that they are competent. Specific competency certificates will be issued to those passing the test. The test includes 1-2 clinical scenarios on managing a sick patient presenting to a health facility.

## **Course closing**

Arrange for a special speaker to close if desired. Be sure to thank participants for the work they have done. Thank all staff and collaborators who have supported the training. Let participants know future plans for post-training activities and hand out course completion certificates.

### 3. Course director preparation for the practical sessions

Each course has practical sessions. Throughout the course, participants learn about the skills through the modules or demonstrations. They gain experience with skills learned in the classroom through problem-solving exercises, skill stations and case scenarios. Participants then practice using their skills with real patients during the supervised hospital visits.

In order to facilitate the practical sessions, look to the respective sections in the *Facilitator guide to the practical sessions*. Identify a practical session facilitator to organize this portion of the course. Facilitators can then be chosen from each respective course to help this facilitator run the practical sessions for each course.

For the clinical and auxiliary staff training courses, the practical sessions are divided as follows:

- 1) Skill stations
- 2) Expert patient-trainer (EPT) case scenarios
- 3) Hospital visit- *The clinical instructor will need to set up the hospital visit in advance of the course.*

The managers' training course will include problem-solving sessions with case scenarios and a hospital visit. However, the objective of the visit will vary from the other courses. The facilitator will also need to gather, organise, and set up materials and equipment that are needed for the practical sessions, which include the skill stations and case scenarios.

#### **How to use the skill stations**

Skill stations are a crucial part of competency-based training for emergency care, giving the opportunity to gain experience with the skills being learned. Participants are introduced to practical sessions on day 1 of training. Before day 1 of the training, the expert patient-trainers need to be trained (see EPT case scenarios in the **Training Support Set**). Facilitators need to be present at skill stations to answer questions and give guidance as needed.

The skill stations allow participants to become familiar with medical equipment. The course director should work with the facilitator to ensure that needed supplies are available.

***Skill stations need scheduling*** on a daily basis so each group has the time to work separately.

## **Working with expert patient-trainers**

The EPTs allow participants to practice material learned in class in a safe and supportive manner. EPTs act as teaching instructors, or facilitators. The EPTs can portray the problem in terms of signs, symptoms, and provide answers to history and physical exam questions. They can also simulate body language and emotions that occur during an actual clinical encounter.

In reality, many of these emergency cases can be stressful for the health worker. A chance to practice these scenarios several times in a simulated encounter with the knowledge that they cannot jeopardize the health of a real, sick patient allows the health worker to relax and focus on providing appropriate treatment. This repetition in problem-solving is a skill that can then be carried over into actual clinical experience when they must manage real patients.

## **Importance of the hospital visits**

The most important component of the training courses are the hospital visits. Participants can practice clinical skills on real patients. As experienced facilitators are available to step in when needed, participants have the time to perform the Quick Check, triage patients, provide first-line emergency treatments for patients with emergency signs, and manage patients with severe respiratory distress or septic shock. Although the objectives of the sessions may differ, all the courses will have dedicated time for the hospital visits.



# Course Director Preparation for the Clinical Training Courses

## 1. Introduction

The following section gives an overview of how the facilitators should conduct the training. As the course director, you should help to guide the facilitators and review this information with them prior to the start of the course. The facilitators for the clinical training courses use the following manuals:

- *IMAI District Clinician Manual: Hospital Care for Adolescents and Adults*
- *Facilitator guide: Triage and emergency treatments: Quick Check Essentials*
- *Facilitator guide: Management of the severely ill patient with septic shock or respiratory distress*
- *Facilitator guide: Clinician's role in disease surveillance and case reporting*
- *Participant training manual: Triage and emergency treatments: Quick Check Essentials*
- *Participant training manual: Management of the severely ill patient with septic shock or respiratory distress*
- *Participant training manual: Clinician's role in disease surveillance and case reporting*

Because the courses are modular, the course director may work with the sites to determine the most appropriate schedule to meet the needs of the clinical staff. A suggested schedule has been provided in the table below for the 5-day combined course.

## 2. Suggested schedule for 5-day combined clinical course and surveillance: Quick Check+

		Practical sessions	
Day	Modules	Skill stations	Hospital visit
1	Introduction Pre-test Chapters <ul style="list-style-type: none"> <li>• Infection control</li> <li>• Quick Check</li> <li>• Airway/Breathing</li> <li>• Circulation</li> </ul>	Card sorts: Quick Check Practical skills/EPT cases: Infection control <ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Personal protective equipment (PPE)</li> <li>• Preventing needle stick injuries</li> </ul> Airway/Breathing <ul style="list-style-type: none"> <li>• Manoeuvres</li> <li>• Devices</li> <li>• Suction</li> <li>• Bag-valve mask ventilation</li> <li>• Oxygen saturation</li> <li>• Oxygen delivery</li> <li>• Salbutamol</li> </ul>	Introduction to the hospital visit <i>Hospital visit starts Day2</i>
2	Chapters <ul style="list-style-type: none"> <li>• Circulation</li> <li>• Consciousness/convulsing</li> <li>• Continue urgent management</li> <li>• Basic care and monitoring of the severely ill</li> </ul>	Practical skills/ EPT cases: Airway/Breathing <ul style="list-style-type: none"> <li>• Manoeuvres</li> <li>• Devices</li> <li>• Suction</li> <li>• Bag-valve mask ventilation</li> <li>• Oxygen saturation</li> <li>• Oxygen delivery</li> <li>• Salbutamol</li> </ul>	OPD/triage Inpatient

		Circulation/ altered Consciousness and Convulsions <ul style="list-style-type: none"> <li>• IV and fluids</li> <li>• Positioning</li> <li>• Diazepam</li> </ul>	
<b>3</b>	Chapters <ul style="list-style-type: none"> <li>• Shock</li> <li>• Severe respiratory distress</li> </ul>	Practical skills/EPT cases: Shock <ul style="list-style-type: none"> <li>• Vasopressors</li> </ul>	Emergency ward Inpatient -Use of patient monitoring form
<b>4</b>	Complete severely ill patient Post-test Implementation		Emergency ward Inpatient -Use of patient monitoring form
<b>5</b>	Disease surveillance and case reporting	Practical skills: <ul style="list-style-type: none"> <li>• Collection of a respiratory specimen</li> </ul>	

### 3. Quick Check and emergency treatments

#### Introduction to Quick Check theory

The Quick Check method allows for a clinical algorithmic approach to triaging patients and managing emergent patients. This method teaches participants to quickly assess patients and determine if they have emergency or priority signs and provide an appropriate course of action. If emergency signs are present, the participants are trained to provide first-line emergency treatments.

Ideally, participants should receive the QC participant's manual to review before the course. Participants should be directed to read each evening and review the next day's material. Time should be allotted at the beginning of each day to review the previous day's material, and give the participants a chance to ask questions.

Facilitators need to consider individual preparation when introducing sessions in plenary on the first day of the course. There are several scenarios:

- Participants pre-read Quick Check material and facilitator provides a short summary during the course.
- No pre-reading: Facilitator gives a short lecture on the session's content.
- No pre-reading: Participants read sessions during the course.

This decision should be made before the start of the course. If there is a delay in starting the course, encourage the participants to start reading through the Quick Check.

On-site clinical mentoring following the training is highly recommended to reinforce the concepts learned. However, this mentoring component is not a structured part of the course.

This course uses various methods of teaching to enhance different styles of learning. In the classroom, teaching methods include theory and explanations, discussions, participant reading, drills, group exercises, clinical problem-solving, written exercises and in-class demonstrations. In addition to classroom learning, participants will gain practical experience of material learned in the course through skill stations, role-playing cases with the EPTs, and hospital visits.

## **4. Management of the patient with septic shock or respiratory distress**

This course teaches participants to manage care for severely ill patients. Though the manual provides a clinical algorithmic approach to manage patients with severe respiratory distress and septic shock, the management principles can be used for a variety of severely ill patients. The participants are taught to monitor, record, and respond to clinical changes in the patient's condition during the initial critical 24-hour period. This course also trains the health worker to use clinical reasoning to create a differential diagnosis. As with the Quick Check course, the course offers additional advanced management measures for the district clinicians and continues to provide further skill-building through practical training sessions.

## **5. Clinician's role in disease surveillance and case reporting**

This course teaches all participants (not just clinical) about the systematic and timely collection, analysis and interpretation of data for use in public health practice known as surveillance. The district hospital clinical team will often be the first to see patients presenting with unusually severe disease or in large numbers. It is therefore important for district hospital staff to be trained to recognize and report reportable diseases consistently. Effective surveillance in turn informs timely response to diseases of public health concern. As in the other modules, this 1 day course allows the teams to work together to practice surveillance and case reporting through exercises and problem-solving.

## **6. Practical sessions**

The clinical courses have practical demonstrations of procedures that may take place in class, during the skill station, or at the hospital visit. Depending on the equipment available, the course director needs to determine the setting for skill building. It is necessary for all participants to get hands-on practice. The course director must determine if hands-on practice is best accomplished during skill stations or during the hospital visit. If resources are available, it is recommended that most demonstrations occur during skill stations.

The hospital visit is a time for participants to see clinical medicine in practice and is often limited to cases available on that day. Because hospital visits will vary, it is important to teach these practical skills when there is enough time for participants to learn. It may be necessary to adjust the schedule so that smaller groups can go to the hospital at one time. Equipment at the hospital may or may not be in use when the participants visit which is another reason participants should practice during dedicated time. In some cases, it may make sense to review material at the hospital setting. For example, reviewing the methods of oxygen delivery might be easier in the hospital where the oxygen canisters and concentrators are located

## 7. Sample course agenda for 5-day combined clinical training course with surveillance and case reporting: Quick Check+

Day	Time	Modules	Practical sessions
1	8:00-8:30 am:	Pre-test	Card sorts: Quick Check  Practical skills/ EPT cases: Infection control <ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Personal protective equipment (PPE)</li> <li>• Preventing needle stick injuries</li> </ul> Airway/Breathing <ul style="list-style-type: none"> <li>• Manoeuvres</li> <li>• Devices</li> <li>• Suction</li> <li>• Bag-valve mask ventilation</li> <li>• Oxygen saturation</li> <li>• Oxygen delivery</li> <li>• Salbutamol</li> </ul>
	8:30-9:15 am:	Introduction & Infection control	
	9:15-10:30 am:	Quick Check	
	10:30-10:45 am:	<b>Tea break</b>	
	10:45-12:30 pm:	Airway and breathing	
	12:30-1:30 pm:	<b>Lunch</b>	
	1:30-2:45 pm:	Circulation	
	2:45-3:00 pm:	<b>Break</b>	
	3:00-4:45 pm: 4:45-5:00 pm: 5:00-5:30 pm:	Practical sessions Daily feedback and Homework Facilitator meeting	
2	8:00-10:00 am:	Review & Hospital Visit Group 1/ Practical sessions Group 2	Practical skills/ EPT cases: <ul style="list-style-type: none"> <li>• Review Airway/Breathing</li> <li>• Circulation, Convulsions and Consciousness</li> <li>• IV and fluids</li> <li>• Positioning</li> <li>• Diazepam</li> </ul> Hospital visit-OPD/ triage Inpatient
	10:00-10:15 am:	<b>Tea break</b>	
	10:15-11:15 am: 11:15-12:00 pm:	Altered Consciousness/Convulsing Continue urgent management	
	12:00-1:00 pm:	<b>Lunch</b>	
	1:00-3:00pm:	Hospital Visit Group 2/ Practical sessions Group 1	
	3:00-3:15 pm:	<b>Break</b>	
	3:15-4:30 pm: 4:30-4:45 pm: 5:00-5:30 pm:	Basic care and monitoring of the severely ill patient Daily feedback and Homework Facilitator meeting	
3	8:00-8:30 am: 8:30-10:00 am:	Review Septic shock	Practical Skills/ EPT cases: Shock <ul style="list-style-type: none"> <li>• Vasopressors</li> <li>• Patient monitoring form</li> </ul> Hospital visit Emergency ward Inpatient
	10:00-10:15 pm:	<b>Tea break</b>	
	10:15-12:00 pm:	Severe Respiratory Distress	
	12:00-1:00 pm:	<b>Lunch</b>	
	1:00-3:00 pm:	Hospital Visit: Wards Group 1/ Practical sessions and daily feedback Group 2	
	3:00-3:15 pm:	<b>Break</b>	
	3:15-5:15 pm: 5:15-6:00 pm:	Hospital Visit: Wards Group 2/ Practical sessions and daily feedback Group 1 Facilitator meeting	
4	8:00-10:00 am:	Complete severely ill patient Group 1/ Hospital Visit Group 2	Practical Skills: <ul style="list-style-type: none"> <li>• Patient monitoring form</li> </ul>

	<b>10:00-10:15 am:</b>	<b>Tea break</b>	Hospital visit Inpatient  <i>Practical Assessment (optional)</i>
	10:15-12:30 pm:	Hospital Visit Group 1/Complete severely ill patient Group 2	
	12:30-1:00 pm:	Post-test and Instructions for implementation (Plenary)	
	<b>1:00-2:00 pm:</b>	<b>Lunch with hospital teams</b>	
	2:00-3:30 pm:	Implementation with the managers and auxiliary staff	
	<b>3:30-3:45 pm:</b>	<b>Break <i>Hand out post-test answers</i></b>	
3:45-5:00 pm:	Implementation continues		
5:00-6:00 pm:	Facilitator meeting-course review		
5	8:00-8:30 am	Clinical teams present 5 points from their implementation planning General concepts of disease surveillance and case reporting and the clinician's role	<i>Surveillance and Case Reporting</i> Practical Skills: <ul style="list-style-type: none"> <li>• Collection of respiratory specimen</li> <li>• Put on and take off PPE</li> </ul>
	8:30 -10 AM		
	<b>10:00-10:15 am:</b>	<b>Tea break</b>	
	10:15-12:00 pm:	General concepts continued	
	<b>12:00-1:00 pm:</b>	<b>Lunch</b>	
	1:00-2:00 pm:	Acute respiratory illness and pandemic preparedness (1hr)	
	2:00-2:45 pm:	Viral haemorrhagic fever and other priority pathogens with epidemic potential (1 hr)	
	<b>2:45-3:00 pm:</b>	<b>Break</b>	
	3:00-4:00 pm:	Closing Ceremony	
4:00-5:00 pm:	Facilitator meeting-course review		



# Course Director Preparation for the Auxiliary Staff Training Course

## 1. Introduction

Often the gatekeepers at the hospital or people who register the patients are the first to interact with patients. In many instances, people who are not trained to recognize emergency patients may unknowingly leave very ill people to wait in the queue. This can lead to unnecessary deaths due to untimely treatments. This course focuses on the training the auxiliary personnel to quickly identify emergent patients and call for help. The course teaches the critical skill of triaging patients into emergency, priority and non-urgent cases.

The auxiliary training course uses methods appropriate to people who have little or no medical background. These methods include more practice and problem-based learning. This is accomplished through verbal exercises and practical sessions. If language is an issue in training participants, it is important for the course director to consider a local facilitator for the training or to provide a translator. The course does not rely on reading materials, as literacy levels may vary within the group. The following training materials are needed for the course:

- *Facilitator guide for the auxiliary staff training course: Quick Check + for hospital auxiliary staff*
- *Facilitator guide: Practical sessions*
- *Participant handouts*

The following tables provide information on the suggested course schedule and a more detailed agenda.

## 1. Suggested course schedule for 2 ½ day auxiliary staff training course

Day	Chapters	Practical sessions		
		Skill stations	EPT case scenarios	Hospital visit
1	Introduction Pre-test Infection control (with hospital team) Chapters 1-2 <ul style="list-style-type: none"> <li>• Roles and responsibilities</li> <li>• Quick Check and triage</li> </ul>	Triage card sorts Practical skills: Infection control <ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Source control</li> <li>• Masks &amp; gloves</li> </ul>	Cases 1-5	
2	Chapter 3-4 <ul style="list-style-type: none"> <li>• QC: Assess emergency signs</li> <li>• Assess priority signs</li> </ul> Implementation (with hospital team when possible)	ABC card sorts Practical skills: <ul style="list-style-type: none"> <li>• Check capillary refill</li> <li>• Check pulse</li> </ul>	Cases 6-10	OPD/triage
3	Review and course feedback Post-test (written) Closing ceremony			OPD/triage



## 2. Sample course agenda for 2 ½-day auxiliary staff training

Day	Chapters	Practical sessions
1	8:00-8:30 am: Introduction	Skill stations: Infection prevention and control <ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Source control</li> <li>• Masks &amp; gloves</li> </ul> Card sorts <ul style="list-style-type: none"> <li>• Triage</li> </ul> Case scenarios 1-5: Triage
	8:30-9:00 am: Pre-test	
	9:00-9:30 am: Infection control (with hospital team)	
	9:30-10:00 am: Chapter 1: Roles and responsibilities	
	10:00-11:00 am: Practical sessions – Infection control and card sorts	
	11:00-11:15 am: Tea break	
	11:15-12:30 pm: Chapter 2: Quick Check and Triage;	
	12:30-1:30 pm: Lunch	
	1:30-2:30 pm: Chapter 3: QC: Assess emergency signs (ABCs)	
2:30-2:45 pm: Tea break		
2:45-3:45 pm: Practical sessions: EPT cases		
3:45-4:15 pm: Review, daily feedback		
5:00-5:30 pm: Facilitator meeting		
2	8:00-8:30 am: Review	Skill stations: <ul style="list-style-type: none"> <li>• Check capillary refill</li> <li>• Check pulse</li> </ul> Card sorts <ul style="list-style-type: none"> <li>• Emergency signs</li> </ul> Hospital visit: Triage/Emergency signs/Priority signs Case scenarios 6-10: Emergency signs
	8:30-8:45 am: Finish Chapter 3: QC: Assess emergency signs/ pain from life-threatening cause	
	8:45-9:30 am: Chapter 4: Assess priority signs	
	9:30-9:45 am: Tea break	
	9:45-11:00 am: Practical sessions/Skill stations and EPT cases	
	11:00-12:00 pm: Review	
	12:00-1:00 pm: Lunch	
	1:00-3:00 pm: Hospital visit	
	3:00-3:15 pm: Tea break	
	3:15-4:00 pm: Implementation	
4:30-5:30 pm: Facilitator meeting (1 hour at end of each day)		
3	8:30-9:30 a.m. Review and Post-test	Hospital visit: Practical triage test
	9:30-11:00 a.m. Hospital visit	
	11:00-11:15 a.m. Tea break	
	11:15-11:30 a.m. Review of test answers	
	11:30-11:45 a.m. Course evaluation	
	11:45-12:15 p.m. Closing ceremony	
	12:15-1:15 p.m. Lunch	

There are 2 more modules which are in development for hospital auxiliary staff training for the Quick Check + course:

- IMCI ETAT (for paediatric emergency triage assessment and treatment)
- obstetrical emergencies

If a site chooses to add these modules, the duration of the auxiliary staff training would be 5 days including surveillance.

### 3. Sample course agenda for 5-day auxiliary staff training

Day	Modules	Practical sessions
1	<p>8:00-8:30 am: Pre-test</p> <p>8:30-9:15 am: Introduction &amp; Infection control (with hospital team)</p> <p>9:15-9:45 am: Module 1: Roles and responsibilities</p> <p>9:45-10:45 am: Practical sessions—Infection control and card sorts</p> <p>10:45-11:00 am: <b>Tea break</b></p> <p>11:00-12:30 pm: Module 2: Quick Check and Triage;</p> <p>12:30-1:30 pm: <b>Lunch</b></p> <p>1:30-2:30 pm: Module 3: QC: Assess emergency signs (ABCs)</p> <p>2:30-2:45 pm: <b>Break</b></p> <p>2:45-3:45 pm: Practical sessions: EPT cases</p> <p>3:45-4:15 pm: Review, daily feedback</p> <p>5:00-5:30 pm: Facilitator meeting</p>	<p>Skill stations: Infection prevention and control</p> <ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Source control</li> <li>• Masks &amp; gloves</li> </ul> <p>Card sorts</p> <ul style="list-style-type: none"> <li>• Triage</li> </ul> <p>Case scenarios 1-5: Triage</p>
2	<p>8:00-8:30 am: Review</p> <p>8:30-8:45 am: Finish Module 3: QC: Assess emergency signs/ pain from life-threatening cause</p> <p>8:45-9:30 am: Module 4: Assess priority signs</p> <p>9:30-9:45 am: <b>Tea break</b></p> <p>9:45-11:00 am: Practical sessions/Skill stations and EPT cases</p> <p>11:00-12:00 pm: Finish Module 4</p> <p>12:00-1:00 pm: <b>Lunch</b></p> <p>1:00-3:00 pm: Hospital visit</p> <p>3:00-3:15 pm: <b>Break</b></p> <p>3:15-4:00 pm: Module: IMCI ETAT</p> <p>4:30-5:30 pm: Facilitator meeting (1 hour at end of each day)</p>	<p>Skill stations:</p> <ul style="list-style-type: none"> <li>• Check capillary refill</li> <li>• Check pulse</li> </ul> <p>Card sorts</p> <ul style="list-style-type: none"> <li>• Emergency signs</li> </ul> <p>Hospital visit: Triage/Emergency signs/Priority signs</p> <p>Case scenarios 6-10: Emergency signs</p>
3	<p>8:00-8:30 am: Review</p> <p>8:30-10:30 am: Practical sessions/Hospital visit</p> <p>10:30-10:45 am: <b>Tea break</b></p> <p>10:45-12:00 am: Module: IMCI ETAT cont</p> <p>12:00-1:00 pm: <b>Lunch</b></p> <p>1:00-3:00 pm: Module: Obstetrical emergencies</p> <p>3:00-3:15 pm: <b>Break</b></p> <p>3:15-4:00 pm: Module: Obstetrical emergencies cont</p> <p>5:15-6:00 pm: Facilitator meeting (1 hour at end of each day)</p>	<p>Hospital visit:</p>
4	<p>8:00-10:00 am: Hospital visit</p> <p>10:00-10:15 am: <b>Tea break</b></p> <p>10:15-12:30 am: Review</p> <p>12:30-1:00 pm: Post-test and Instructions for implementation (plenary)</p> <p>1:00-2:00 pm: <b>Lunch with hospital teams</b></p> <p>2:00-3:30 pm: Implementation with the managers and clinical team</p> <p>3:30-3:45 pm: <b>Break</b></p> <p>3:45-5:00 pm: Implementation</p> <p>5:00-6:00 pm: Facilitator meeting (1 hour at end of each day)</p>	

<b>5</b>	8:00-10:00 am: General concepts of surveillance 10:00-10:15 am: <b>Tea break</b> 10:15-12:00 am: General concept continued 12:00-1:00 am: <b>Lunch</b> 1:00- 2:00 pm: 2:00-2:45 pm: 2:45-3:00 pm: <b>Break</b> 3:00-4:00 pm: Closing Ceremony 4:00-5:00 pm: Facilitator meeting-course review	
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# Course Director Preparation for the Managers' Training Course

## 1. Introduction

The hospital administration and management at the district hospital are an integral component of the clinical team. Without appropriate patient flow and hospital supplies, clinical staff cannot provide adequate patient care. The managers and clinical staff must work together as a team to offer patients quality health care.

In order to effectively support the clinical staff, managers must critically review their own facilities to identify important indicators for quality improvement. Through this review, they can obtain information regarding barriers to organising care, identify problems in patient flow and supply-chain management, review or implement an infection control and prevention program, plan and implement a sustainable budget, and solve problems and find answers to obstacles that may arise.

Materials used for this course include:

- *Facilitator guide for hospital managers' training course*
- *Facilitator guide: Practical sessions*
- *Participant training manual for hospital managers: Triage and Emergency Care: Quick Check and Management of the Severely Ill Patient for Hospital Managers*

This 3-day course will provide managers with the skills to understand the importance of the comprehensive hospital assessment report, which is a tool that evaluates and scores a health facility based on a basic essential care package with drugs, equipment, supplies, and standard operational plans.

As the course director, you should distribute the assessment to the facilities prior to the start of the course. During the course the results of the assessment will be reviewed to help with implementation planning. The participants will be asked to outline an action plan for improvement through their management project. The suggested schedule for this course is shown in the table below.

## 2. Suggested course schedule for 3-day managers' training programme

		Practical sessions	
Day	Modules	Group Activities	Hospital visit
1	Pre-test Introduction and Infection control Chapters 1-3 <ul style="list-style-type: none"> <li>• Introduction to the IMAI strategy for triage and management of the severely ill patient</li> <li>• Improving the resources required to implement IMAI Quick Check and management of severely ill patients</li> </ul>	Group exercises 1-8	
2	<ul style="list-style-type: none"> <li>• Improving the quality of district hospital emergency care and management of severely ill patients</li> </ul> Post-test Chapter 4 <ul style="list-style-type: none"> <li>• Work as a clinical team to create an implementation action plan</li> </ul>	Case studies 9-11	Hospital visit
3	Disease surveillance and case reporting (in hospital groups)		

### 3. Sample course agenda for 3-day Managers' training course

Day	Modules	Practical sessions
1	<p>8:00-8:30 am: Pre-test</p> <p>8:30-9:15 am: Introduction &amp; Infection control (with hospital team)</p> <p>9:15-10:30 am: Chapter 1: Introduction to the IMAI strategy to improve emergency triage and management of the severely ill patient</p> <p>10:30-10:45 am: <b>Tea break</b></p> <p>10:45-12:00 pm: Chapter 2: Understanding the resource requirements necessary to implement IMAI Quick Check</p> <p>12:00-1:00 pm: <b>Lunch</b></p> <p>1:00-3:00 pm: Chapter 2 continued</p> <p>3:15-3:30 pm: <b>Break</b></p> <p>3:30-5:00 pm: Chapter 3: Improving the quality of district hospital emergency care and management of severely ill patients</p> <p>5:00-6:00 pm: Facilitator meeting</p>	
2	<p>8:00-10:00 am: Complete Chapter 3, hospital visit if time</p> <p>10:00-10:15 am: <b>Tea break</b></p> <p>10:15-12:30 pm: Finish chapter 3 and review</p> <p>12:30-1:00 pm: Post-test and Instructions for implementation (Plenary)</p> <p>1:00-2:00 pm: <b>Lunch with hospital teams</b></p> <p>2:00-3:30 pm: Implementation planning with the clinical and auxiliary staff from own hospital</p> <p>3:30-3:45 pm: <b>Break (Hand out post-test answers)</b></p> <p>3:45-5:00 pm: Implementation continues</p> <p>5:00-6:00 pm: Facilitator meeting-course review</p>	<p>Observe emergency room and adult inpatient wards</p> <ul style="list-style-type: none"> <li>• Organising emergency care: triage, emergency treatments</li> <li>• Organizing management severely ill patients</li> <li>• Essential supplies</li> <li>• Infection control practices</li> <li>• Patient transport</li> </ul>
3	<p>8:00-10:00 am: General concepts of disease surveillance and case reporting</p> <p>10:00-10:15 am: <b>Tea break</b></p> <p>10:15-12:00 am: General concepts continued</p> <p>12:00-1:00 am: <b>Lunch</b></p> <p>1:00- 2:00 pm: Surveillance: Influenza and ARI infections</p> <p>2:00-2:45 pm: Viral haemorrhagic fever</p> <p>2:45-3:00 pm: <b>Break</b></p> <p>3:00-4:00 pm: Closing Ceremony</p> <p>4:00-5:00 pm: Facilitator meeting-course review</p>	<ul style="list-style-type: none"> <li>• Collection of respiratory specimen</li> <li>• Put on and take off PPE</li> </ul>