# ONLINE TRAINING IN KERALA HEALTH CARE SYSTEM, A NEW PARADIGM SHIFT

#### Introduction

Training and capacity building is the backbone of the indefatigable health care system of state Kerala. It empowers the health care workers to achieve the goals and objectives pointed by the new hurdles.COVID 19 pandemic situation brings a standstill along through the normal life circumstances of mankind. With this effect, the training and capacity building also forced to take a challenge to shift the paradigm and delivery mode to a new domain. During the first phase of the COVID 19 pandemic with the enforced COVID 19 protocols, the department has been forced to change the modality of training delivery methods.

In 2019 a thought was broken over for the change of training to online modality to increase the effectiveness and adherence, as part of the frequent workshop a plan was made to convert selected training to online modality. Till the occurrence of a pandemic, the only existing method of training was physical learning methods. During the COVID time, the requirement for alternative methods of training becomes an essential part. Various methods are adopted as the modality of training and dissemination of knowledge empowering content like Live platforms for real-time interactive training, Recorded materials, Learning management system, Physical training.

#### Background and need of paradigm shift in training and capacity building

During the first wave of the COVID pandemic, the government has decided to stop all physical training but the health care training for the preparation of COVID combat becomes a high priority need. The health care system was in need to train a huge number of different categories of health care workers in various topics associated with COVID prevention and COVID management.

The training and the capacity-building team have identified several platforms to deliver the materials effectively to the beneficiaries. The unutilized funds from the training funds are used to set the minimal hardware and software for the training purpose. All training facilities are equipped with the hardware for the online training.

Learning materials that are suitable for the online training are made by the training and capacity building team with the help of various agencies, in the long run, an in-house team were equipped with specialized training in the preparation of the training materials for online content dissemination (Video recording, material preparation etc)

#### Administrative and background works

As the first step of identification and mobilization of funds for the conduction of online training, training fund savings are routed for the district node preparation, because at the first step we want to prepare the receiver end and prepare the district level facilities for the decentralization of training to increase the effectiveness. Institutions are provided with gadgets and internet facilities to ensure the strengthening of the receiver end. Respective circulars and instructions were given to the executing officers in the field regarding the conduction of online training.

#### Training modalities, identified and used

As the first step, the easiest method was adopted and used for the content dissemination. Various collective materials were made in the form of small video and motion pictures with vocals in the background and the same was uploaded in the youtube channel. This methodology was acceptably accepted by the beneficiaries. Later youtube channels were strengthened with lectures, demonstrations, illustr4ative videos.

Live platform sessions – As the health care sector needs highly interactive communication the need for online training with interactive facilities becomes a mandate. Live platforms are adopted for these purposes. Live platforms like Zoom, Google meet, etc are used for this purpose. Regular training wee planned and executed by this method. For the strengthening of this system attendance and feedback system, interactive exercises are impregnated with this method.

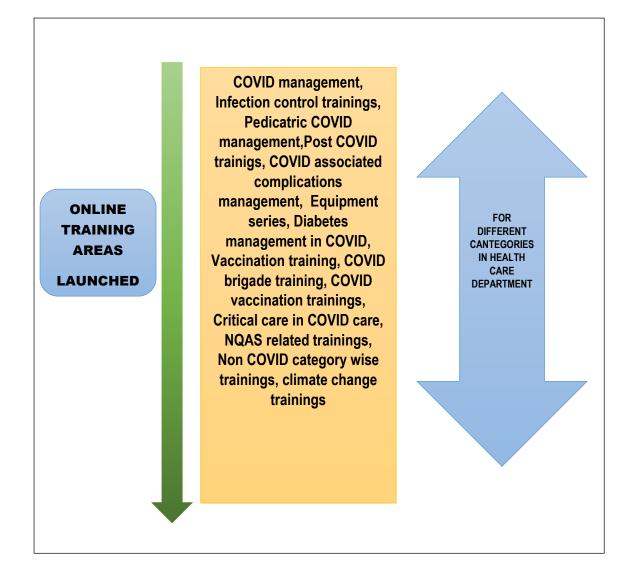
**Recorded materials** – Recorded videos were used for content dissemination. Recorded videos of discussion, short lectures, training, demonstrations, etc were made and disseminated to the field. Simplified learning materials(PPT, PDF reading materials, Motion pictures, etc) were also developed and disseminated during the first and second waves of the COVID 19 pandemic.

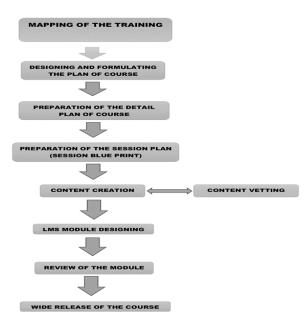
Learning management system –Need to develop and stable platform for training is the next requirement, For that, a learning management system based on the moodle platform was developed with the help of CDIT. The COVID-related and non-COVID-related training are started to host in the platform.

#### Areas of training

In the initial phase of discussion, the whole training is mapped and prioritized the program for online training modality conversion, but in the first wave, the priority to meet the need comes for COVID

prevention and management. First COVID related topics were converted to the online modality, then selected the topics such as Non-COVID training, NQAS related training, need-based training etc.





# COURSE ADAPTATION MODEL

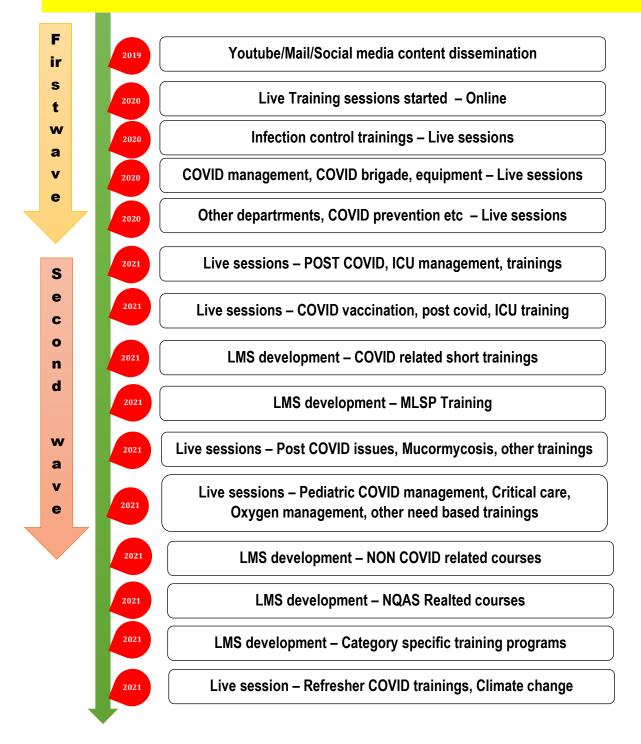
#### Timeline map for online training



Online training methodology conversion workshops

Concept document development and modality standardization

# **COVID 19 PANDEMIC**



#### **MLSP** Training

As per the plans and policies from the central government of Kerala planned and implemented Middle-Level Service provider services in the health sector of the state. As the part of initial discussion, a curriculum development meeting was organized under the head of Additional Director Nursing Services and State nodal officer training NHM. The curriculum development panel includes experts from nursing service and experts from nursing education (Faculties from nursing college and nursing school).

A 3 days' workshop was conducted 0n January 2019; with the same team for the development and detailing of the curriculum. As part of the workshop, a draft was developed on the training curriculum of the middle-level service providers. The prepared draft curriculum distributes learning experiences in a total of 570 Hours (Theory 110 Hrs and Practical 460 Hrs). The initial draft was submitted to the authorities for review.

As part of immediate demand from SHSRC for the roll-out of the training program a curriculum revision meeting (Chaired by Dr Jameela PK, State Aardram Consultant) was planned and carried out on the date of 9/2/2021 After the meeting a team of state-level resource persons under the head of State Nodal Officer Training, NHM revised the curriculum as per the current scenario.

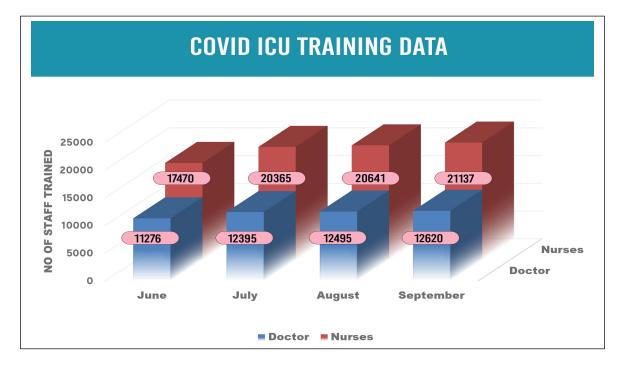
The curriculum was redesigned with updated topics by the state resource team and an updated method of content delivery. Due to pandemic situations and crises, the methodology of training content delivery was decided as online. As the State training division, NHM already running an Online learning platform based on Moodle, that platform was selected and decided to disseminate contents through the platform. The learning management platform of the training division, NHM was fixed as the mode of delivery of the training program. The completed module was communicated to SHSRC. The revised plan contains the following main points.

**Plan Developed for the training** - Learning experiences are organized as theory sessions and practical experiences based on the on-the-job training. Theory modules are designed as the module system based on the LMS platforms (Video module sessions with 20 to 40 Minutes duration each). The total duration of the training program was fixed for 4 months. Module containing 19 theory units and 83 video sessions, Practical experiences are also planned following the sessions (The conceived curriculum of 570 hours are amalgamated to present module). Time-bound assignments are planned and inculcated into the curriculum. Immediate supervisor in the institution was identified as the immediate mentor; the Head of the institution should be identified as the principal mentor one who monitors the whole activity at the

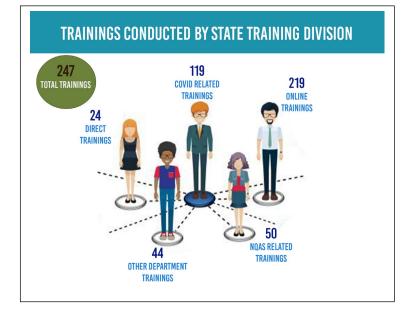
institutional level. District level mentoring team, will gear up the entire activities in the district and coordinate the activities in the district. End assessment tests will be there after the whole training program.

**Status of MLSP training** – All training materials are delivered through the LMS platform as video modules, Some modules are accompanied by evaluation methods/institutional activity. 20 modules were completed in the online modality. 1261 participants have completed the online exam and 1256 participants have uploaded their practical assessment forms in the platform, final evaluations are in progress in the platform.

#### Statistics and present status



The COVUD ICU training is in a steady progression and progression with the number of Doctors and staff nurses. In September the cumulative training numbers are achieved as 12620 Doctors and 21137 nurses.



A total of 247 trainings are conducted, 219 trainings were completed in online live sessions



A lot of materials are prepared for the learning content dissemination. 488 PPTs, 93 Videos, 302 Posters have made for the content dissemination.

#### LEARNING MANAGEMENT SYSTEM NATIONAL HEALTH MISSION, KERALA

A total of 4000 participants were enrolled in the platform. More than 90% progression and adherence to the course are observed in the LMS platform

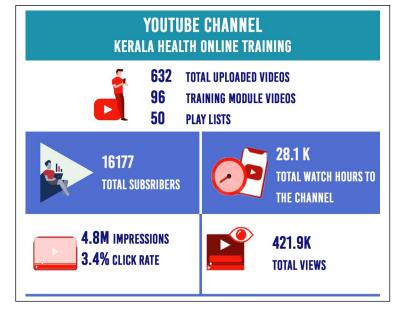


3898 participants enrolled in total, 25 faculty profile created, 7 Self paced courses created, **90%** progression and adherence to the trainings

Courses - Self paced restricted, Self paced Open, Live sessions

Equipped to handhold more than 20000 participants at a time in LMS Able to conduct live session with 1000 participants at a time Completed 4 month long MLSP training Conducted online examination for 1450 MLSP participants through LMS - Cost reduction achieved (If the exam process conducted as physical) around 5 Lks(as per norms)

Plan for regular live sessions in LMS 28 planned self paced courses NQAS related trainings Need based trainings Develop a platform for dissemination of learning materials in a regular basis



A total of 632 videos uploaded in the platform, 90 % of them are training videos.16177 subscribers reached for the channel.

# Future plan

- Creation of more courses in the platform
- Conduct more live sessions on the platform
- Complete the NQAS training module
- Regular training can be converted to an online module
- Reinforcement training sessions attached with the main physical training can be conducted through the platform
- Integration of credit hour system in association with respective professional counsels
- Regular continuing medical education programs can conduct through this platform

### Conclusion

With the above-cited methods and statistics, the online modality of content delivery and knowledge dissemination gives the best result in the health care sector in Kerala. LMS itself gives the best result in the field of training to healthcare professionals.