Introducing IMCI into pre-service training for health professionals

Introduction

Experience shows that the WHO/UNICEF training course on Integrated Management of Childhood Illness (IMCI) improves the case management skills of a broad range of first-level health professionals. However, in-service training in IMCI for all relevant health workers would require an enormous organizational effort and significant resources. For this reason, health authorities in many countries are interested in including IMCI in the teaching agendas of medical, nursing and other health professional schools. Introducing IMCI instruction in these institutions will potentially broaden health system coverage by IMCI trained health workers in a cost-effective and sustainable manner, and will influence the practices of health professionals in both the public and private sectors.

Teaching IMCI in medical, nursing and other health professional schools

The WHO Department of Child and Adolescent Health and Development (CAH) is using its considerable experience in developing and promoting methods and materials to strengthen medical, nursing and other health professional schools, to identify feasible approaches for including IMCI in the agendas of these institutions. To supplement this experience, the Department held an informal consultation on IMCI pre-service training, in January 1998, with representatives of teaching institutions from 14 developing countries. The consultation provided specific suggestions for:

- IMCI teaching objectives
- Approaches to including IMCI in teaching agendas
- Materials, training, and facilities to support IMCI teaching
- Steps for phased introduction of IMCI teaching

These four areas, and CAH action to take forward IMCI pre-service training following the consultation, are discussed in more detail below.
IMCI teaching objectives
IMCI aims to reduce under five mortality and morbidity from major childhood illnesses. The primary IMCI teaching objective is, therefore, to prepare health professionals to prevent and manage these illnesses in an effective and integrated manner.

More specifically, IMCI guidelines emphasize accurate identification of major childhood illnesses in outpatient settings, appropriate treatment of those illnesses, and correct referral of severely ill or malnourished children. A CAH referral-care study, completed in 1997, suggested that improvements in triage, emergency care, monitoring of patient progress and management of common serious illnesses at referral-level hospitals, could further reduce childhood mortality. Specific IMCI teaching objectives should, therefore, aim to improve health worker practices at both the first- and referral-level, and to improve health worker interaction with families and communities.

Incorporating IMCI into teaching agendas
Health professionals need to learn the content and methods of IMCI within the context of other relevant child and community health topics. In addition, the approach to teaching IMCI must provide opportunities to develop IMCI case management skills through supervised clinical practice with a variety of patients. Although the specifics of IMCI teaching must be developed at country level, two general principles are widely applicable:

- Gradual integration of IMCI concepts into the teaching of relevant subjects
- Adequate time devoted to comprehensive review and supervised clinical practice to synthesize previous teaching into an integrated approach to case management

Support needed for IMCI teaching
Medical, nursing and other health professional schools need materials, training and appropriate facilities to introduce and sustain IMCI teaching. Minimum requirements are appropriate teaching materials, adequately trained classroom and clinical instructors, and well-prepared clinical training sites (see Figure 1).

In addition to the IMCI case management guidelines, teaching materials must provide concise technical or background information on IMCI and instructions for conducting supervised clinical practice. Ideally, students should learn IMCI clinical skills in an environment where IMCI case management is being practised. Consequently, careful planning is needed to identify and prepare IMCI clinical training sites and to train relevant clinical staff. Finally, it is recommended that IMCI concepts and
procedures are included in the formal evaluation of student knowledge and skills in order to reinforce the importance of the guidelines.

**Steps for introducing IMCI teaching**

CAH recommends a gradual, phased approach to planning and implementing IMCI in a country, including the introduction of IMCI teaching at medical, nursing and other health professional schools.

IMCI planning and implementation in a country needs to involve, at an early stage, key stakeholders in pre-service training and the training institutions. For example, early IMCI activities should focus on obtaining commitment and support from the academic community and professional bodies, to foster leadership and a sense of ownership. A core of faculty members from various departments of relevant training institutions should then be trained in IMCI to create a common base of understanding and encourage acceptance. This training should take place before any institutional decisions are made about the use of IMCI teaching materials or the modification of teaching agendas. In the context of pre-service training, the existing IMCI in-service training course can be used to orient school faculty as well as to prepare district-level health facilities to receive IMCI-trained graduates.

### The way forward

The CAH initiative for IMCI pre-service training involves three interrelated components (see Figure 2).

CAH plans to collaborate with a limited number of schools to introduce existing IMCI materials and guidelines into their teaching agendas. The Department will assist these selected schools to orient decision-makers and faculty, plan and conduct training courses for instructors and relevant clinical staff, revise teaching agendas, prepare clinical training sites, organize supervised clinical practice and develop materials. CAH will document the experiences of these schools, and the experiences of schools that have

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**FIGURE 2**

Main components of the CAH development project for IMCI pre-service training

<table>
<thead>
<tr>
<th>Survey of IMCI teaching efforts</th>
<th>Assisted field experience</th>
<th>Review of major paediatric textbooks</th>
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<tbody>
<tr>
<td>Collect and review information about both assisted and unassisted activities to introduce and support IMCI teaching</td>
<td>Identify appropriate IMCI teaching materials</td>
<td>Identify commonly used paediatric textbooks</td>
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<tr>
<td>Identify a limited number of schools</td>
<td>Assist and monitor the use of materials in selected schools</td>
<td>Review the identified text books and develop proposals for incorporating the IMCI strategy</td>
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<td>Meet to review and finalize support materials</td>
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<tr>
<td>Prepare final drafts of IMCI materials to be used to introduce and support IMCI teaching</td>
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introduced IMCI without WHO assistance, in order to determine the most effective materials and approaches.

The Department also plans to identify the key paediatric textbooks used at teaching institutions and to collaborate with their editors to determine how the content of IMCI can be incorporated or how references can be made to it.

It is expected that this initiative will result in:

- A set of IMCI teaching materials for instructors and students
- Guidelines to help consultants and government authorities introduce and support IMCI teaching.