

RHEA Phase 1 Revised Training Plan

As part of the Rollout of the RHEA HIE at the health facility level three types of training have taken place in order to prepare and support clinical staff who are/will be using the OpenMRS HIE system. The training done under the RHEA banner are; IT skills training, OpenMRS training and in-clinic support. This document outlines in detail the nature each of these trainings activities and the lessons learned through their implementation.

IT skills training

In April 2012 the Jembi team carried out site assessment of each on the 15 health facilities to be included in the RHEA rollout. In addition so assessing infrastructure, hardware and workflow the assessor administered a basic IT skills questionnaire the purpose of which was to gain a basic understanding of the level of IT skills and knowledge of the clinicians who will be required to use the new eHealth system being implemented in clinics under the RHEA project.

The following questions were asked on the questionnaire:

Question	Answer	
What is your level of education?		
What is your working language of choice?	French	Kinyarwanda
Can you speak English?	Yes	No
Can you read and understand English?	Yes	No
Have you ever used a computer before?	Yes	No
Have you ever had any training on how to use a computer?	Yes	No
Do you feel comfortable using a computer?	Yes	No
Can you switch the computer ON/OFF?	Yes	No
Do you type with...	One hand	Two hands
Have you ever used a mouse?	Yes	No
Can you open, save and close a file on a computer?	Yes	No
Have you used email before (send and receive)?	Yes	No
Do you have an email address?	Yes	No
Do you know how to use the internet?	Yes	No
Have you been trained on OpenMRS i.e. by MoH?	Yes	No
Have you used OpenMRS before?	Yes	No
Have you been trained on RapidSMS before?	Yes	No
Have you used RapidSMS before?	Yes	No
Have you been trained on any eHealth system?	Yes	No
Have you used any eHealth system before?	Yes	No

Responses from the questionnaire indicated that at least 70% of the clinicians who would be required to use the new eHealth system had little to no computer skills (i.e. they had never use a computer) and an even higher percentage didn't feel comfortable using a computer. It was obvious from these results that at the minimum the clinicians were going to need a basic IT skills training before being trained on the OpenMRS system that they are going to have to used in clinics when the RHEA project is implemented.

Following discussion with the MoH it was decided that the RHEA project team together with the MoH eHealth team would create and deliver a 2 hour basic IT skills training session for clinicians that would be held at each on the 15 health facilities. Training materials (made up of a PowerPoint presentation, FAQs, and training and progress evaluations) were developed in English and then translated by the Jembi team into French. The training session comprised of a PowerPoint presentation and practical exercises. The training sessions were held at 12 sites over a period of 3 weeks and conducted in Kinyarwanda and French. It was decided that due to a higher knowledge of IT at the District Hospital where an eHealth system is already being used in the maternity unit that it was not necessary for the basic IT skills training to be carried out at this location. Two sites originally included in the RHEA implementation but have not been included in the MoH OpenMRS rollout (instillation of infrastructure and hardware) due to a lack of stable electricity were not included in the training.

In total over 100 health centre staff received basic IT skills training through the RHEA project.

The IT skills training site visits were also used as a means of distributing the MoH computers which were to be used in the antenatal clinics for the rollout of the OpenMRS/HIE system. Each health centre received 2. These computers were also used for practical exercises during the training session.

OpenMRS training

The best model for carrying out the OpenMRS training was a point of much debate amongst the RHEA Working Group and the MoH. The final decision was to hold group training sessions held in Rwamagana town (central point in the district) followed by in-clinic support/mentorship for an extended period (period finalized as 6 weeks at the RHEA stakeholders meeting at the end of Sept 2012). Two types of training courses were held over a period of 2 weeks and jointly run by Jembi and the MoH. The nature of these trainings is outlined below.

Two-day training

A two-day training session was held for a combined group of Health Centre heads of antenatal care and data entry personnel. These two groups of people were identified as needing a longer more intense training as they will be responsible for ensuring that the system is used within the clinics and be first line support for issues with the system respectively.

The agenda for the two-day training was as follows:

DAY 1

Welcome

Session 1: Presentation - Health Information Exchange
 Presentation - OpenMRS
 Breakout session - Benefits of OpenMRS and HIE

Lunch

Session 2: Presentation - Workflow changes presentation
 Breakout session - What do workflow changes mean for my Health Centre?
 Breakout session - What is expected of me?

DAY 2

Session 1: Presentation – Walk through of OpenMRS registration, appointment and ANC screens

Practical: - using the programme

Lunch

Session 2: Practical – using the programme

Presentation – Common questions and answers

As the focus of the first day of the training was the functioning and benefits of OpenMRS and the HIE the heads of each of the Health Centres were invited to attend these sessions. While this was optional the majority of the heads of the health centres did attend on the first day.

Day 2 of the training that focused on the use of the OpenMRS system included practical work using laptops provided by the MoH. The practical work enabled each participant to practice using the system under supervision and was seen as a highlight of the training by many participants.

Overall the feedback from participants on the training was positive and a number of requested changes and additions to the system were documented. These are captured in the training report and will inform the design of the system going forward.

One-day training

A one-day training was held for clinical staff at the hospital. In total 6 trainings were held over a period of 10 days. Each health facility was asked to send 2 clinicians to each training day. This meant that over the 6 training days 12 clinicians from each health facility could be trained on the use of OpenMRS. The limitation of 2 clinicians per session was decided in conjunction with the health of health centres and is based on the number of staff that the health centres can release at one time without negatively impacting the ability of the health centres to deliver services.

The training was delivered by a joint Jembi and MoH team and included both presentation and practical work. The agenda for the two-day training was as follows:

Session 1: Presentation and breakout session – OpenMRS and its benefits for you

Presentation – Workflow Changes

Presentation – Walk through of OpenMRS registration, appointment and ANC screens

Lunch

Session 2: Presentation – Walk through of OpenMRS registration, appointment and ANC screens

Practical – using the programme

The walk through of the OpenMRS system was interactive with the participants being able to follow the presentations on the laptops provided by the MoH. Informal feedback from participants indicated that this was a very useful approach.

Overall feedback from participants on the training was positive and a number of requested changes and additions to the system were documented. These are captured in the training report and will inform the design of the system going forward.

In-clinic support

In addition at the OpenMRS training which was limited as a result of time and resource constraints the RHEA working group together with the MoH agreed that a 6-8 weeks period of in clinic support would be necessary to ensure that clinicians were sufficiently familiar with the OpenMRS system to engage with during clinics without extensive support. Onsite support will still be available to clinicians' port RHEA in-clinic support though the health centre's IT team but this will be on a request basis and not regular in-clinic supervision. At the request of the MoH the RHEA team is using members of the MoH Electronic Medical Record training team to deliver the in-clinic support. This group also supported the delivery of the OpenMRS training and is familiar with the OpenMRS system.

The scope of work for the supervisors/mentors is:

- Train / coach end-users (clinicians) on the use of the system and features of the system during clinic days
- Provide technical and individual support in the form of confidence building toward the system
- Provide a liaison / interface with the coach and mentor (Liz Peloso and Dawn Smith).
- Optimize moral boosting of the patients to accept the new system through the HC Titulaire.
- Engage actively with the local IT manager for support continuity and follow on system monitoring.
- Do minor setup, and/or troubleshoot issues with hardware and infrastructure, such as the label printer, scanner, IP setting or system reboot, etc. following established MoH procedures and protocols.
- Provide support in form of monitoring progress, tracks problems hindering the use of the system and identifies patterns of failure.
- Track and analyze bugs in the system, test possible solutions and communicate with the lead developer regarding the bugs.
- Work with developers and recommend enhancements to system capabilities and performance
- Be available at Health Center at 7am until the end of the ANC day (up to 8 hours per day)

The in-clinic support at the initial sites at with the system has been deployed is underway and support staff have reported that progress is going well despite minor issues with hardware at Ruhunda health centre which the MoH are dealing with.

Lessons Learnt

There have been a number of lessons learnt though the training design and implementation process. These include:

- Assumptions should not be made about the ability of health centre staff to use computers. The level of IT skills amongst clinicians is low and before they can be expected to use an IT system training in basic IT skills is needed.
- Training people with no IT skills is time consuming and requires lots of practical work time – supervised use of a computer.
- All health centre staff see IT skills training as important and interesting. As a result a number of health centre staff who were not involved in the antenatal clinics attended the IT skills training sessions.
- Self-motivated post-training session practical lessons cannot be relied upon for completion of training unless there is close monitoring and follow up.
- Low levels of English language skills amongst staff at the health centres means that training needs to be conducted in Kinyarwanda and/or French
- The ability of the OpenMRS/HIE system to generate even basic reports is seen as valuable by clinicians and should be included in the system in order to encourage system use by clinicians.
- While one-day group training is sufficient to introduce clinicians to the system longer training which includes more practical work is important to develop peoples skills and build there confidence in using the system. By incorporating the in-clinic support into the training process the RHEA team are trying to build this capacity.