JULY 2021

LEARNING BRIEF

Remote delivery of clinical training during Covid-19 pandemic

Introduction

While the Covid-19 pandemic impacted the ability of skilled birth attendants (SBAs) to deliver maternal and newborn healthcare services (MCH), it also reduced opportunities for them to attend trainings and pursue other opportunities as part of their continuing professional development (CPD). While social distancing and travel restrictions posed challenges for attending in-person trainings that are the backbone of most countries' CPD programs, opportunities for SBAs to step away from work to attend trainings became fewer as health workforces struggled under the weight of the pandemic response which saw MCH staff in some places diverted to the Covid-19 response, as well as high levels of absenteeism due to the virus[1].

In early 2020, in response to the pandemic, Maternity Foundation added a new Covid-19 module to its Safe Delivery App (SDA), which is a smartphone application that provides SBAs with direct and instant access to evidence-based and current clinical guidelines on Basic Emergency Obstetric and Neonatal Care and is used in more than 40 countries worldwide. In addition to being a learning tool and job aid, many national versions of the SDA include an interactive learning platform called 'MyLearning'. As well as introducing the Covid-19 module to the SDA, Maternity Foundation also developed remote trainings on Covid-19 and Infection Prevention, and facilitated clinical trainings on key obstetric emergency topics to SBAs across the region in partnership with key partners, including UNFPA.

Maternity Foundation's approach to remote clinical training in the Asia and Pacific region

With its experience in facilitating blended learning through its Safe Delivery Program and the SDA, Maternity Foundation was well positioned to support partners' efforts to reach SBAs in the Asia and Pacific region with remote clinical training focused on Covid-19.

Over the course of the pandemic in 2020 and 2021, Maternity Foundation offered short (1.5-2 hour) training sessions on Covid-19 and selected clinical modules in the SDA. The trainings were delivered over Zoom by Maternity Foundation's midwife trainer from MF headquarters in Denmark.

Training participants completed a knowledge test prior to and immediately following the training to assess their knowledge retention, as well as a feedback survey after the training administered through Kobo Toolbox. Anonymized app user data was analyzed to provide further quantitative insights. Training participants were issued with participation certificates however only in Cambodia were participants formally assigned a specified number of CPD points for participating in the training.

[1]WHO, 2021. Impact of Covid-19 On SRMNCAH Services, Regional Strategies, Solutions and Innovations: A Comprehensive Report

This learning brief seeks to share some of the key lessons learned by Maternity Foundation in delivering these trainings and identifies opportunities for further learning. It is hoped that these may prove useful to other organisations considering using digital tools to deliver remote clinical trainings to participants in low resource settings.

Context

UNFPA estimates that each year in the Asia and the Pacific Region, 85,000 women die from complications related to pregnancy and childbirth. The trainings that are the focus of this brief took place with coordination support from local UNFPA offices in Laos, Cambodia, Myanmar, the Maldives and Papua New Guinea. In most of the participating countries, the estimate rate of maternal mortality is above the target of 70 per 100,000 as set out in the Sustainable Development Goals, including Papua New Guinea (215), Laos (197) and Myanmar (178[2]). Throughout the Asia and Pacific region, there is a critical shortage of midwives and skilled birth attendants,[3] especially in rural and remote areas and training of SBAs has been identified by the WHO as an essential part of filling the gap.

Various global and national versions of the SDA are available – most countries in this round of trainings used the Global English version of the SDA, which is aligned with global WHO clinical guidelines), while participants in some countries including Laos and Cambodia participated in trainings used their national version of the SDA which is aligned with clinical protocols in country.

All the countries where training took place had existing online learning platforms accessible for SBAs and the majority of participants had some prior experience using digital tools such as Zoom. Being an existing SDA user was not a precondition to participating in the training and indeed many participants downloaded the app prior to or during the first training. A map showing the number of registered SDA users in participating countries (excluding India) is shown on Map 1.

Table 1. Summary of remote clinical trainings delivered by Maternity Foundation in the Asia and Pacific region (excluding India) between October 2020 and June 2021.

Country	Date	Covid-19 / IP	NLAB	MRP	Hyper-tension	PPH	PAC	No. Participants
Papua New Guinea	16 Oct 2020	x						15
Nepal	2 Dec 2020	x						25
Cambodia	10 Dec 2020	x						10
Maldives	14 Dec 2020	x						40
Bangladesh	7 Jan 2021	X						50
Laos	6 May 2021	x						40
Maldives	31 May – 2 June 2021		x		x	x		12
Myanmar	9-10 June 2021	x				x	x	200
Cambodia	14 June 2021	x		x		x		14
Papua New Guinea	22 June 2021	x	x		x			14

[2]UNFPA, 2017. Regional Interventions Action Plan for Asia and the Pacific 2018-2020
[3]UNFPA, 2021. The State of the World's Midwifery 2021

Key Learnings

The lessons learned below are informed by a combination of quantitative user data from the Safe Delivery App, qualitative feedback from training participants and the first-hand experience of Maternity Foundation staff involved in delivering the trainings.

Participants found participating in remote clinical training a valuable part of a blended approach to continued professional learning and development

As part of a broader blended learning approach, feedback from participants suggested that they broadly found the remote trainings useful as part of their learning and development pathway. More than 80% of respondents surveyed rated the trainings four or five stars and more than 70% said that their favourite part of the training was the quizzes and polls.

Examples of qualitative feedback from respondents included:

"Very interactive and a great refresher course" (participant from Maldives)

"Knowledgeable trainer, easy to understand" (participant from Maldives)

"This three-day course was fruitful and interactive" (participant from Maldives)

"Timely to receive treatment to PPH is very important to reduce maternal mortality, especially in Myanmar." (participant from Myanmar)

"The PowerPoint slides and videos are very easy to understand. The app is also very useful and effective." (participant from Myanmar)

"I love(d) it as it promoted for active participation" (participant from Myanmar)

"*The training is very good, make friendships, share knowledge and experience"* (participant from Cambodia)

"*Strengthening my knowledge and capacity on how to do interventions*" (participant from Cambodia

"*It is good for learning through the app*" (participant from Cambodia)

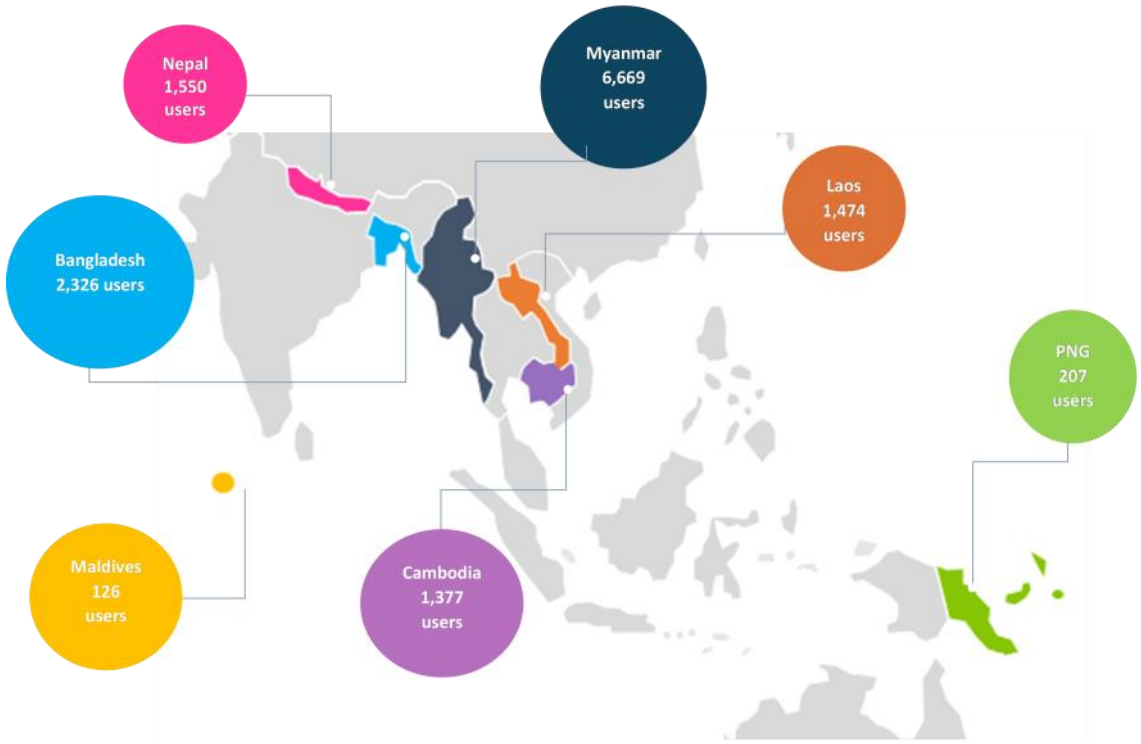
"*It is more engaging and interactive for users. It also allows health workers to learn and enhance their skills in a fun and interactive manner*." (participant from PNG)

"The training has helped me to develop knowledge and skills on how to extract information using the app. And yes, as one of the trainers I will use the app to up skill my colleagues in province" (participant from PNG)

"Any category of health worker can understand the contents and instructions to follow" (participant from PNG)

"The training and content were extremely useful for me as a clinical Midwife." (participant from PNG)

Map 1: Number of registered SDA users in participating countries



User data from the SDA showed that following the trainings, training participants immediately put the SDA to use as a job aid, with the Covid-19 and Infection Prevention modules the most highly accessed modules in the SDA across nearly all countries where trainings took place. Additionally, the trainings served to encourage participants to continue their learning through the 'My Learning' platform, as reflected in the number of 'My Learners' who joined the platform following the trainings in the Maldives, Nepal, PNG and Cambodia. There was a rapid uptake of 'My Learners' in Cambodia following the launch of the SDA in early June 2021 and accompanying training.

Where knowledge retention was assessed after participating in training, it increased following participation in training for almost all countries and modules. For example, participants scored almost 10% higher in relation to Covid-19 and infection prevention in Cambodia and Nepal after participating in remote training, while in the Maldives, the average level of knowledge across all training topics increased by 18% and Bangladesh and by 24% in Papua New Guinea.

Of participants who reported challenges relating to participating in remote trainings, most of these related to internet connectivity and almost all of those were from Myanmar. Besides connectivity, of the handful of other challenges mentioned by participants, these related to background noise/noise from other participants, problems downloading the app and limited time for training. Feedback from those surveyed also highlighted some areas where the training could be improved, including break out rooms and more opportunities for discussion, more exercises and cases, suggestions for other clinical topics, suggestions around the technological platform (e.g. shortcomings of Zoom, challenges with participants unmuting themselves by accident etc.) and requesting to receive the training in the national language[4].

Initial coordination and preparation is essential for quality

Our experience highlighted the need to invest in stakeholder management from the very beginning to ensure that the remote trainings delivered were engaging for participants, that they covered clinical content relevant to their daily work and their operating context and aligned with their expectations about what a remote training could offer them in terms of knowledge and possible CPD accreditation. Below are some of our learnings from organisational stage of setting up remote trainings:

Agree on scope and responsibilities for preparation. Just as with in-person training, preparation for remote training needs to begin long before the actual training day. It is important to initially agree on the nature and scope of the training, including the training objectives and to reach agreement on the clinical content. We would also suggest discussing and agreeing roles and responsibilities for preparatory tasks, such as organising the Zoom link, liaising with participants and asking them to download the SDA in advance and communicating expectations around active participation and so on. It may also be helpful at this point to consider how participants will be motivated to attend the training and whether they will receive any formal accreditation, for example in terms of CPD points, after participating.

Know your participants. Wherever possible, try to find out as much as you can in advance about the participants, for example;

- Participant profile, e.g. qualifications, years of experience and when they were last trained in the topics that the training will cover and how they will participate in the training (e.g. on personal mobile from home, together in a group at the clinic) to ensure that the training material is pitched at the appropriate level.

[4]All trainings except that in Cambodia in June 2021 were delivered in English as agreed with partners however the success of using the live translator function in zoom in Cambodia demonstrated that this should be considered elsewhere in the future based on participants' needs and preferences.

- At the beginning of one training we learned through a poll that most participants were actually general practitioners and not midwives as was expected. Had we known this in advance, we may have been able to adapt the training content to make it more relevant to this cadre.
- How will participants be supported to participate in the training? For example will they be assigned time away from their duties to participate or will they need to fit it in around their work? We had situations where participants could easily fit the short training into their day but there were cases of participants being busy at home with children or travelling from A to B, and others in the health facility visibly working while they listened to the training (e.g. preparing instruments). Given the professional and personal demands on SBAs, it's important to ensure that they are supported to engage with the training as much as possible in order to get the most out of it.
- Participants' language preferences – will a translator be required (and if yes who will organize the translator? Will it be simultaneous or consecutive? Will materials need to be sent to be translated in advance?
- Level of comfort with the chosen technology platform and its functionality – while most participants in this series of trainings had used Zoom before and managed to access the training, there were some issues around etiquette in the digital training space, for example with knowing how to raise your hand to ask a question and to other wise stay on mute, which became harder for the facilitators to manage with larger groups of participants.

Know your technology platform and keep things simple. We used Zoom for all trainings and learned lessons along the way about its functionnality, including the benefits of setting up polls in advance and ensuring the appropriate settings were in place prior to the start of the training session. We also explored using the live transla tion function which after an earlier practice run, was used effectively in the Cambodia training and enabled participants to fully engage with the content. While participants joined the training through Zoom and were encouraged to use the SDA to participate in the interactive components of the training, we tried to keep the focus on the content of the training rather than the technology and maintain the balance between what was necessary for participants to use within the scope of a relatively short 1.5-2 hour online training session.

Consider in advance how participants will be motivated to participate in the training and have their participation recognized.
As mentioned above, there are barriers to healthcare workers participating in remote trainings – in addition to logistical challenges such as not having time or reliable internet, they may also lack the motivation to participate if they don't see the value of it. To counter this, we would suggest discussing the practical considerations for participants well in advance of the training – for example, would they be given time off to attend the training and would there be any acknowledgement or accreditation associated with their participation, e.g. certificate and/or CPD points.

Remote doesn't mean boring! Use available tools to make training interactive

As mentioned earlier, participant feedback from the trainings often comments on the interactive nature of Maternity Foundation's remote trainings. Applying the principles of adult learning, Maternity Foundation endeavored to make remote trainings as interactive and engaging as possible for participants with different learning styles and preferences, as outlined below.

- At the start of each training, Maternity Foundation's trainer would ask participants to turn on their videos so that all participants could briefly see each other which helped to create a sense of community. It was then encouraged but optional for participants if they wished to keep their camera turned on for the duration of the training.
- During the training, the trainer made use of a range of tools and techniques available on Zoom, including polls (these can be set up in advance in the Zoom platform), quizzes which participants could answer in the chat boxes and also integrated videos from the SDA.
- Polls generally had a high rate of response and helped to foster participation, as well as give the trainer a sense of the participants' level of prior knowledge and experience on the training topic.
- Quizzes were consistently one of the most well received activities in the trainings, with participants in some trainings clearly enjoying the fun and competition to enter the right answer into the chat box first.
- Videos worked to link the content of the training directly with the relevant module in the SDA, reinforcing how participants could use the SDA to continue their learning beyond the training.

Next steps and opportunities for further learning

While the initial starting point for these trainings was to provide an opportunity for as many skilled birth attendants as possible to pursue CPD opportunities remotely during the Covid-19 pandemic, remote learning as part of a blended learning approach has value for SBAs beyond the pandemic. As observed in the *State of the World's Midwifery Report 2021,* further development is needed of the digital technologies and online learning opportunities for midwives that have emerged from Covid-19 and Maternity Foundation hopes to contribute to this through exploring further how remote trainings using digital tools such as the Safe Delivery App can be used effectively in midwives' professional development, alongside in-person learning activities.

While this series of trainings delivered to SBAs in the Asia and Pacific region was found to be useful among participants and served to acquaint them with the SDA as both a job aid and learning platform, the urgency to deliver the trainings in the context of the Covid-19 pandemic meant there were limited opportunities to more fully test this mode of delivery in terms of impact on a participant's skills and knowledge. The impact of different modalities of remote clinical training is however being explored by Maternity Foundation and partners in Ethiopia and Bangladesh, with the learnings to be shared across all countries in which Maternity Foundation supports SBAs. As part of these projects, we are also exploring the role of local onsite facilitators in supporting skill development through simulation training and ongoing mentoring as part of a community of practice.

The rapid pace of roll-out also meant there was limited time for the midwife trainer to comprehensively understand the local CPD framework in each country where the training was delivered. It is Maternity Foundation's aim to understand how the trainings it delivers fit within the broader scope of each country's CPD framework to ensure that it is integrated and meets the specific needs of participants as much as possible to motivate their participation in future remote trainings as part of their CPD activities and that of their colleagues, and this is an area that will be explored more in advance of future trainings.

References

UNFPA, 2021. The State of the World's Midwifery 2021

UNFPA, 2017. Regional Interventions Action Plan for Asia and the Pacific 2018-2020

WHO, 2021. Impact of Covid-19 On SRMNCAH Services, Regional Strategies, Solutions and Innovations: A Comprehensive Report

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