**EMRO IMCI pre-service education: a unique experience**

The experience of early IMCI implementation in EMR countries revealed that its training component represents a challenge being a major investment from MOH and partners (resource-intensive). It also highlighted the chronic problem of trained staff turnover and the limited coverage of private sector.

In response, CAH/EMRO adopted the IMCI preservice education being the first step of development of human resources and as a long term approach for sustainability.

A situation analysis conducted, prior to introducing IMCI into teaching curricula of medical schools.

The analysis showed that *Paediatric* teaching focuses on *inpatient* care, with little room for *outpatient* and *home* care; The way *time is allocated* to different topics in teaching “*privileges”* inpatient care rare diseases, and sophisticated skills , at *the expenses* of outpatient care, the most common diseases, skills and attitudes needed; Teaching often employs *passive methods* for students, with little opportunity for *supervised clinical practice* and interactive learning; essential skills, such as *communication skills*, are rarely mastered to students; students are exposed to *information* they may be *unable* to apply in their working environment (PHC), consequently, they are u*nprepared* to perform the more common tasks required in the real world with the resources available.

Community medicine teaching does not include topics on health system elements (only in few situations), with little focus on practicing communication skills.

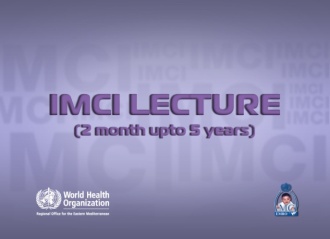
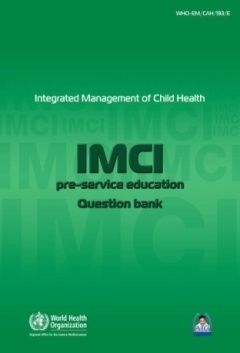
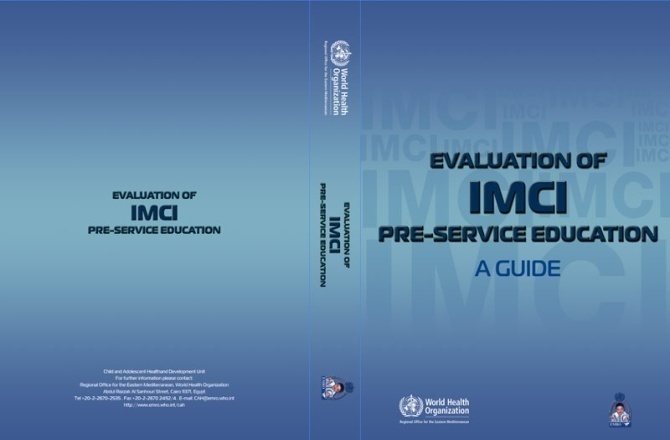
In light of this, EMRO adopted the following objectives for IMCI preservice education, to:

* ease *the burden* on ministries of health of in-service training,
* solve the chronic problem of high turnover of trained staff and enables covering the private sector,
* strengthen outpatient paediatric and community medicine teaching, and
* improve quality of graduates to make them suitable to work within the context of existing health system of countries.

To meet the two principles of institutionalization and quality, CAH/EMRO developed a standardized stepwise approach for IMCI pre-service education, monitored by well-defined indicators and supported with tools for each step. Those steps are:

* Early involvement of academe in IMCI adaptation, IMCI planning, training and follow-up (ownership)
* Selection of early implementation medical schools, based on selection criteria;
* Exploratory visits to selected medical schools;
* In-depth situation analysis;
* Orientation and planning workshops to paediatric and community department staff;
* Preparation for IMCI teaching (introduction into teaching curriculum and exams, teaching hours, teaching design, teaching materials and aids, teaching sites, training of staff, monitoring);
* Implementation;
* Monitoring and evaluation.

To support and strengthen implementation of this approach, EMRO has developed the Regional IMCI pre-service education package that consists of 6 modules: IMCI e - Lecture, Facilitator guide on orientation and planning workshops, guide on teaching sessions (theoretical, practical & clinical), evaluation guide and a question bank.



By 2012, over 50 faculties of medicine and over 100 nursing institutes have introduced IMCI into the paediatric and community medicine teaching curriculum in Egypt, Iran, Morocco, Oman, Pakistan, Syria, Sudan, Tunisia and Yemen.

Pre-service evaluations were conducted in 6 medical schools. Results showed remarkable improvement of paediatric and community outpatient teaching (use of good variation of teaching methodologies, teaching aids and materials). Teaching staff and students expressed their satisfaction: The students mentioned that IMCI outpatient clinical sessions strengthened their self-confidence being the first encounter of patients. Students also stated that algorithmic design facilitated their understanding and did not create confusion with teaching of other topics. Students were also satisfied because IMCI learning requires a lot of practice opposite to other topics that require a lot of theoretical learning.

Moreover, IMCI was also introduced into interns’ training to address the problem of the lapse period (2 – 4 years) between paediatrics and community medicine teaching rounds and their joining service, without applying IMCI guidelines.

Acknowledging EMRO experience, its technical support was sought by other WHO Regional offices to conduct orientation and planning workshop for the academe (EUR0, Tashkent 2006)

In conclusion, EMRO IMCI pre-service education presents a rich experience of implementation of a well institutionalized, effective and quality intervention for sustainability.