

KMC Training

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on KMC**

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Principles of clinical training

- **Education and training should be based on the evidence produced by research and conducted according to current best practice in education**
 - **A need has been identified for the development of “companion tools on education and planning”**

Training on a Clinical Technology

A training program on a clinical technology must have at least 3 components:

- **A theoretical part explaining the rational**
 - What are the benefits and dangers of this technology?
 - Both for patients and health professionals
- **A practical component teaching “To see – to do”**
 - How to perform clinical tasks according to protocols
 - How to monitor++ and evaluate the implementation of the technology
- **An administrative component** supporting the implementation at different levels
 - Who is doing what ?
 - What is the equipment needed ?
 - What will be the additional costs/staffs , etc. ?

KMC Implementation Pathways

KMC could be implemented in 3 ways, each has implications for education and training

The grassroots pathway : Individual institutions or individuals initiate some form of KMC, either in NICU or in the high-care unit

- Initially professional teams were sent to Colombia for training
- Some individuals learned solely reading or using videotapes
- It is in- service training

The policy pathway : Education and training are planned at a national or regional level and systematic efforts are made to bring KMC training to health workers from all or to selected facilities (Colombia, Indonesia, South Africa)

KMC should be included in pre /in service and post graduate education

The academic pathway : Teaching hospitals become centers for education and training , which is accessed by individual institutions and health authorities

KMC is included in pre /in service and post graduate education

All 3 pathways are reinforced by a multidisciplinary approach

Is specific training needed for KMC ?

- Is a training needed for “ skin to skin technique”?

Skin to skin seems easy, based on common sense, if culturally accepted every one can do it .

Yes a specific training is needed both for health workers and parents

- Is a new training needed on breastfeeding ??

There is many training material since decades short or long , often too theoretical

but not adapted to reality on :

- Proper communication with mothers,
- repeated practical trainings specifically on feeding preterm infant
- How to improve the knowledge of health professional
- How to convince them on the vital importance of BF for preterm

Yes a specific training is needed both for health workers and mothers

- Is a training need on follow up as “ newborn programs” are already existing ?

- Confusion between “healthy baby clinic” and specialized consultation for impaired children

Yes a specific training is needed for health workers

KMC Training / Trainings ??

Audience

For KMC implementation, there is also no education model of the 'one-size-fits-all' kind

Training on KMC depended on context

- Training should be flexible and individualized
- The choice of educational and implementation modalities should match the technology and resources available in a particular setting
- KMC training can't be only clinical on the implementation on the Kangaroo position
 - Training should ideally integrated the 3 components of the KMC method but this could depend of the audience level
- Training can include all administrative tasks as well as ideally the development of a national policy
- Training should stress the importance of team work
- Training should sensitize implementers on monitoring and evaluation tools

KMC “Training History”

- 1978 - early 80' : 1st implementation of KMC in Colombia
- 1994 : Creation of the Kangaroo Foundation -Bogota

The kangaroo foundation trained several trainers mainly from developing countries > 60 teams !

- KMC has been introduced in many teaching hospitals in African countries in the past 2 decades but implementation still patchy in many countries
- Early 2000: worldwide interested groups started promoting KMC with formal education and training programs
 - These programs are presented in diverse formats, supported by a wide variety of educational materials and training opportunities
 - However, despite these efforts, some countries are finding it difficult to increase their coverage of KMC implementation
- 2008 : A Working Group for Education and Training on KMC is created to coordinate and review the KMC didactic material
 - Focusing on healthcare workers ‘in practice’ and ‘in training’

Some KMC Guidelines

- **2003**: *WHO* : KMC “ a practical guideline “
- **2003** : *Berg & Pattison* : Conceptual tool for the implementation of KMC
- **2004** : *Save the children and Gate Foundation* : Clinical guideline for KMC
- **2007** : *Ruiz & Charpak/ Kangaroo Foundation*” *Evidence-based clinical practical guidelines for an optimal use of the Kangaroo mother care method in preterm and/or low birth weight infant at birth*”
- **2008** : *Abouelfettop, Ludington and Morgan* : A clinical guideline for implementation of KMC with premature infants of 30 or more weeks’ of post menstrual age
- **2012** : *MCHIP* : KMC implementation guide

Model Guidelines have some Limitations

	Content details	WHO	Malawi	South Africa	Nepal
Background information	• Introduction to prematurity and low birth weight	✓			✓
	• Introduction to KMC: definition, rationale, and proven benefits	✓	✓	✓	✓
Planning KMC implementation	• How to start KMC service: when, where, and how	✓			✓
	• Funding requirements and resources for KMC	✓		✓	
Practical guide for KMC	• Basic KMC guide: positioning, eligibility, supply needs	✓	✓	✓	
	• Related care of the KMC baby: nutrition, infection prevention, etc.	✓	✓	✓	
	• Physical and emotional support for the mother/caregiver	✓	✓	✓	
	• Discharge criteria, follow-up plans, re-admission criteria	✓	✓	✓	
Quality control and M & E	• Quality criteria for monitoring KMC services	← Missing in all →			
	• Standard documentation for Monitoring & Evaluation				
Limitations		Outdate and not country-specific	Does not address planning of scale-up	Designed for countries with good infrastructure	Provides high-level strategy not practical guidance

Some Trainings for Health workers

- Since 2000 several countries developed their adapted training courses of different duration
(1 hour, ½ day , 2 days, 3 days, etc..)
- 2008 : *Access* : Training on KMC ++
- 2009: *WHO/EURO* : Effective Perinatal Care
 - KMC 2 hours (1 theory, 1 practical)
- 2010 : *WHO*: Essential new born care
 - Optional module on KMC (1 hour)
- 2012 : *Kangaroo Foundation/WFP/MOH/*
KMC training kit (Spanish, English, French)
developed as **“companion tools on education and planning”**

2 major challenges for KMC education and training

- Implementation of an international virtual network of KMC hospitals with space for theoretical and practical exchanges and for strengthening the KMC method
- Designing innovative educational strategies for strengthening sometime poor or token KMC practices that resulted from the precipitous implementation of KMC in the rush to move forward

Characteristics of the KMC training kit

The training kit is:

- It was developed to help people **already trained in KMC** to train other teams in their own hospital/region/country
- It is a “kit” from where each team should built its own training approach according to its specifics needs
 - It should be adapted to each situation after survey and agreement with local health authorities
- It is not a “self training guide”
- **It is mandatory that trainee should be exposed to clinical experience**
- Facilitators should use the module “State of the Art” compiling important evidence based studies on the different topics of KMC to help them in any question they have on KMC

Content of the KMC training kit

For participant : 7 modules, each of them has a summarized “ready made ” power point presentation

1. Introduction (epidemiology, history)
 2. Kangaroo position
 3. Kangaroo nutrition and feeding strategies
 4. In hospital adaption and early discharge
 5. Follow up until 40 weeks and until one year of corrected age
 6. Psychology
 7. Quality measurement and improvement in KMC program including KMC indicators
- Several videos covering the main topics of KMC to illustrate the different component
 - Reference book “ State of Art”(190 references)

Facilitator guide :

- proposed agenda used in Colombia
- Thematic net of skills and knowledge for different professionals

Content of the KMC training kit

Teaching aids

- Several videos covering the main topics of KMC to illustrate the different component
- Reference book “ State of Art”(190 references)

Facilitator guide :

- Proposed agenda used in Colombia (15 days course)
- Thematic net of skills and knowledge for different professionals
- Exercises, case studies , roles play
- Guidance for clinical practice in hospital and in out patient setting

Challenges of using locally the training kit

- Health authorities and academics will not be always involved
 - Lack of political commitment
 - Lack of sustainability
 - Can generate possible conflicts of interest
- Possible difficulties to assess accurately the local situations in a country for few experienced peoples
- Possible difficulties to develop a training course++
 - Lack of experience
 - Developing a training is time consuming
 - Developing a training is a team work which can lead to hierarchic complications
 - The quality could be team/persons' dependent
 - Monitoring indicators and system should be included from the beginning

Potential Benefits of the Training kit

- Training developed by a multidisciplinary team by consensus
 - Creating ownership on KMC program++
- Training strictly adapted to the local situation
 - Stressing specifics points and difficulties
 - Proposing well thought solutions++
- Quick creation of a group of local trainers easy to move from region to region
- Cost effectiveness
 - Cheaper training if organized by local experts +++
 - Less travel and accommodation costs
 - Training modules could be used several times
- Create opportunities :
 - to have training courses with different content, duration ++ and to compare their impacts
 - to share training course well adapted for different countries at the same level of development
 - to create interest from countries currently free of KMC

Conclusion

- “The Kangaroo foundation training kit “is a new tool offering multiple opportunities and significant possibilities to boost the implementation of KMC worldwide giving to each country the capacity to develop its own KMC country' tailored course, therefore making KMC a usual and basic care for all small infants