

## **Teaching Materials and Services**

### **Training courses in leprosy and tuberculosis, ALERT Ethiopia, 2000**

#### **January 10–February 11**

##### **Prevention and management of disabilities**

Target group: physiotherapists, occupational therapists, podiatrists as well as experienced Hansen's disease workers involved in POD. Emphasis on both patient care (early detection of nerve deterioration, health promotion, problem solving) and program management (POD management, home based care and rehabilitation).

#### **March 6–March 17**

##### **Introduction to Hansen's disease for physicians**

Highly recommended for the participants in the following 'Management of Combined Programs' course who need to refresh their knowledge of clinical Hansen's disease. The course can also be taken on its own by physicians responsible for diagnosis, treatment and care of patients with Hansen's disease in either a hospital or a control programme setting.

#### **March 20–April 14**

##### **Management of combined Hansen's disease and tuberculosis control programmes for physicians**

Target group: experienced physicians responsible for managing a Hansen's disease and TB control programme at the regional level or above. Emphasis on program management: needs analysis, action plan, implementation of activities, supervision, evaluation, management of POD. A brief review of the essentials of TB is included, but Hansen's disease expertise is a prerequisite. Participants lacking the latter should also take the preceding 'Introduction to Hansen's disease' course.

#### **May 29–June 16**

##### **Essentials of Hansen's disease and tuberculosis for administrative and programme support staff**

Target group: administrative and managerial staff without a medical background, working in Hansen's disease and TB programmes and donor agencies. Objectives: to gain a better understanding of the two diseases, to communicate more effectively with the medical staff, and contribute more efficiently in decision making and priority setting.

### **September 4–October 13** **Essentials of Hansen’s disease and tuberculosis for physicians**

Target group: physicians with limited experience in either Hansen’s disease or TB. Emphasis on clinical aspects of Hansen’s disease and TB, individual patient care and its application in the context of a combined programme, with an introduction to health promotion and managerial issues, paying special attention to POD and supervision.

### **November 6–November 17** **Introduction to Hansen’s disease for senior field staff**

Highly recommended for the participants in the following ‘Management of Combined Programmes’ course who need to refresh their knowledge of clinical Hansen’s disease. The course can also be taken on its own.

### **November 20–December 15** **Management of combined Hansen’s disease and tuberculosis control programmes for senior field staff**

Target group: experienced nurses, paramedical workers or supervisors responsible for Hansen’s disease and TB control at the district (or equivalent) level. Emphasis on planning, implementation, supervision and evaluation of control activities, with special attention for POD, health promotion and support functions. A brief review of the essentials of TB included, but Hansen’s disease expertise is a prerequisite. Participants lacking the latter should also take the preceding ‘Introduction to Hansen’s disease’ course.

### **In-Service training**

In-service training, tailor made to the individual trainee’s needs and interest, can be arranged in surgery, physiotherapy, dermatology ophthalmology, laboratory etc.

For further information, please contact:

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PO Box 165	Fax:	+251-1-711199 or +251-1-711390
Addis Ababa, Ethiopia	Email:	ahri@telecom.net.et

### **Continuing medical education: the approach in Uganda**

The following article by Dr David A. Tibbut was published in the *INASP Newsletter*, No. 13, November 1999:

Medical education has traditionally been teacher-based with formal instruction. Often this instruction was centred on the diagnosis (e.g. pneumonia, malaria) rather than on the problem with which a patient presents (e.g. fever and rigors). The problem is the real situation and the diagnosis the possible one. It is clear that problem-solving is essential for near-patient learning. Time spent on such study is immediately applicable to health workers’ practices and encourages team learning.

The design of a continuing medical education (CME) programme must include *all* health professionals with the opportunity for joint activities. A system that covers CME for each profession in isolation is likely to fail. The reasons include: insufficient organizing manpower; duplication of

activities leading to wastage of resources and time; and undermining of the team ethic. There is also poor co-ordination and lack of a unified approach to the Ministry of Health's *Minimum Health Care Package*—essential knowledge that healthcare professionals should have to cope with common diseases such as malaria and tuberculosis.

The CME programme in Uganda has developed over a number of years. The concept and value of CME in Uganda, as in all parts of the world, has taken time to be accepted. The climate for progress was created by the Ministry's recognition of the need for CME, and the partnership work by the Ministry and the Tropical Health and Education Trust (UK). The management structure is now almost complete with a National CME Steering Committee made up of representatives from the Ministry, medical school, professional councils and associations. Each Region now has a CME Co-ordinator, who is a senior clinician. Many of the Districts within each Region now have CME Co-ordinators (mainly nurses) in post, and each of these are members of their respective Regional CME Committee.

The philosophy of CME in Uganda is modern. We are attempting to create environments for continuing learning rather than providing just formal instruction, to encourage collective activities within hospitals and health units, and to survey the learning needs of professional groups (bearing in mind the *Minimum Health Care Package*). Throughout we emphasize the importance of the individual through personal assessment of strengths, interests, weaknesses and ambitions of individual medical and clinical officers, leading to personal CME plans. There is evidence, at this early stage, that the approach is working but we need to be patient and prepared to modify methods depending on outcomes.

An increasingly important part of CME is the *Uganda CME Newsletter*. This is produced monthly by the National Advisor/Co-ordinator (the author) and distributed to all (about 100) hospitals and many other health units and individuals. The *Newsletter* has 15–20 pages and includes general articles, case reports and 'Letters to the editor'. In addition there are sections such as 'Questions from Up-country', which provides the opportunity to answer queries directly from rural doctors, and 'Multiple Choice Questions' with a prize offered. A popular section includes abstracts that are adapted into an easily readable format that highlights the essential points and excludes confusing statistics and ambiguities.

The contents of the *Newsletter* are increasingly written by rural medical officers themselves. With editing (and joint learning!) most case reports and articles submitted by medical officers are published in the *Newsletter* under the name of the originating professional. We all like to see our name in print and Ugandan professionals are no different. This approach has already led to the publication of two articles from rural doctors in an international journal. The effect on morale is clear to see.

Production and distribution of the *Newsletter* is not expensive—the total cost is well under £200 (approximately US\$300) each month. A number of organizations assist with distribution, including the MoH, Mission Aviation Fellowship, the Protestant and Catholic Medical Bureaux and Médecins sans Frontières.

Many hospitals do not have reliable telephone communications or electricity; even if they had a computer (and most do not), access to the Internet is impractical. Nevertheless some hospitals are acquiring these facilities and such hospitals could act as 'staging posts' for receiving literature for distribution within their regions. At the moment the *Uganda CME Newsletter* system is effectively a 'staging post', and this we would like to strengthen.

Nurses are increasingly becoming involved in CME activities. At the end of March 1999, 20 hospitals included nurses in their regular CME joint activities and by the end of June 1999 this figure had risen to 35. A newsletter is now being developed for the nursing profession. This is proving rather more difficult, there being a great need for appropriate health learning materials for nurses.

The medical officers of rural hospitals are often isolated geographically, socially, professionally and educationally. This, with other factors (e.g. workload and low salaries), leads to a feeling of being forgotten, poor morale and 'what's the point of CME?'. This can be reversed. Visits to hospitals are always welcomed. The author has, during the last year, visited about half of the hospitals in Uganda—a few on several occasions. This enables personal contacts when individual CME plans are made as well as attendance on routine ward rounds. The daily work within the hospital is not significantly interrupted and CME continues 'on the job'. Within a week or so of a visit each medical or clinical officer is sent a letter

confirming their personal plans or just offering encouragement. Clearly it is not possible to visit all hospitals and for those not visited emphasis is placed on communication by post, which works adequately.

We are still in a steep learning stage of designing CME and identifying means of delivery in the African context, but Uganda has progressed far. The system is in place but it will need to be strengthened, preferably and predominantly with Ugandan input before it can be said to be comprehensive and sustainable. It is crucial that methods used are appropriate to the health needs of the population, the learning needs of the individual professional, and the material circumstances of the health units.

*David A. Tibbutt, DM, FRCP is National Advisor/Co-ordinator for Continuing Medical Education in Uganda. E-mail: cme@infocom.co.ug*

*\*The Tropical Health and Education Trust is a UK-based organization involved in assistance to health education and training and the provision of basic resources in support of education.*

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### **New slide/text teaching set 'Leprosy and the eye' from International Centre for Eye Health, London UK**

This superb set of colour transparencies (slides) with written text is one of the latest in a series produced by the *International Centre for Eye Health* (Department of Preventive Ophthalmology), Institute of Ophthalmology, University College London, 11–43 Bath Street, London EC1V 9EL, United Kingdom. Tel: +44171 608 6910. Fax: +44171 250 3207. The contents list of this set is as follows:

1. **Introduction:** Transmission of leprosy (slide 1)
2. **Leprosy around the world** (slide 2)
3. **Clinical presentations:** (slide 3)
  - (1) Paucibacillary leprosy and multibacillary leprosy (slide 4)
4. **Skin smear in diagnosis** (slide 5)
5. **Multidrug therapy** (slide 6)
6. **Leprosy:**
  - (1) Reactions (type 1 and type 2) (slide 7)
  - (2) Massive infiltration with *M.leprae* and secondary atrophy (slide 7)
7. **Treatment of leprosy:**
  - (1) Reactions (slide 8)
  - (2) Massive infiltration with *M.leprae* (slide 8)
8. **Eye complications:** (slide 9)
  - (1) Lagophthalmos (slide 10)
  - (2) Treatment of lagophthalmos (slide 11)
  - (3) Lateral tarsorrhaphy for lagophthalmos (slide 12)
  - (4) Exposure keratitis (slide 13)
  - (5) Corneal hypoaesthesia (slide 14)
  - (6) Type 2 reaction: acute iritis (slide 15)
  - (7) Type 2 reaction: acute episcleritis and scleritis (slide 16)
  - (8) Massive bacillary infiltration: peri-orbital (slide 17)
  - (9) Massive bacillary infiltration: ocular infiltration (slide 18)
  - (10) Massive bacillary infiltration: ocular atrophic changes (slide 19)
9. **Leprosy and cataract** (slide 20)
10. **Examination of the eyes in leprosy:** (slide 21)
  - (1) Visual disability grading (slide 22)
11. **Patients most at risk of severe eye complications & blindness** (slide 23)
12. **Prevention of blindness due to leprosy** (slide 24)

This is number 9 in the series. The other subjects available are Examination of the eyes; the eye in primary health care; Cataract; Prevention of childhood blindness; The glaucomas; Onchocerciasis; Trachoma.

In marked contrast to the experience of some other agencies handling slide/text teaching sets, Sue Stevens, the Ophthalmic Resource Coordinator, has informed us that they continue to receive huge orders for existing subjects, suggesting that the cost and availability of working projectors is not a crucial issue.

*Further information* on costs, packaging, etc. from Sue Stevens at the above address.

### **Health Information Forum, UK**

The Health Information Forum (HIF) is a cooperative programme for organizations and individuals, North and South, with an interest in improving access to reliable information for healthcare workers in developing and transitional countries.

As a focus for the exchange of ideas, experience, information, and contacts, HIF aims to avoid duplication of effort or 'reinventing the wheel', as well as prevent avoidable mistakes. It generates debate and facilitates partnerships, leading to the development of new approaches, whether printed and/or electronic, to meet the needs of different target audiences.

HIF aims to improve the knowledge and understanding of participants as to the needs of health information users and the most cost-effective ways of meeting those needs.

As a collective body of leading organizations in the field, HIF acts as an advisory body to policy makers, publishers and other interested parties with regard to health information. It also gives a voice to frontline healthcare workers and information workers in developing countries, helping to identify priorities and shape policy.

The Health Information Forum was launched in March 1998 in response to increasing demands for a neutral focal point for sharing of ideas and information among individuals and organizations working to improve access to health information.

HIF is run as part of the INASP-Health programme, which also provides an advisory and referral service for health information workers and publishes the INASP-Health Director—a reference and networking tool for organizations working to increase the availability of appropriate, reliable, low-cost information in developing countries in transition. INASP-Health is a programme within INASP (International Network for the Availability of Scientific Publications), itself a non-governmental organization under the aegis of the International Council for Science (ICSU).

Participation in HIF is free of charge and open to all, North and South, whether through physical attendance at meetings and/or by email exchange. There is no formal membership structure; all those with an interest are welcome to come and go as they please. The Forum is non-duplicatory and non-competitive—it does not seek to act as a 'health information provider' in itself. Rather, as a complement to the INASP-Health programme, it aims to provide a range of services for the 'health information community' at large through promotion of cooperation, analysis, and advocacy.

*Further information:* Neil Pakenham-Walsh, Programme Manager, INASP-Health, International Network for the Availability of Scientific Publications, 27 Park End Street, Oxford OX1 1HU, UK

Tel: +44 1865 249909; Fax: +44 1865 251060; Email (Programme Manager): 101374.3615@compuserve.com; Email (INASP): inasp@gn.apc.org; Web site: [www.oneworld.org/inasp](http://www.oneworld.org/inasp)

### **Schieffelin Leprosy Research and Training Centre: Karigiri Vellore District 632 106, Tamil Nadu, India**

Courses: English fluency essential. Recognized by WHO and Indian Government (all paramedical & technical courses are fully recognized by the Indian Government).

Facilities: Hostel: 60 men, 16 women & guest house: single & double room.

Rates: Hostel: Accommodation: Rs. 250/- per month (for more than 3 months) (sharing) Rs. 350/- per month (for less than 3 months) Rs. 20/- per day with other amenities—short stay <1 month.

Hostel food approximately per month = Rs. 1000/-

Guest House:

Single room = Rs. 100/- per day

Double room = Rs. 120/- per day

A/c single room = Rs. 250/- per day

A/c double room = Rs. 300/- per day

Food: Indian: vegetarian = Rs. 55/- per day & non-vegetarian = Rs. 140/- per day. Western = Rs. 220/- or US\$5.

How to reach Karigiri: Madras is connected to all the major cities of India by air. From Madras Airport the fare for taxi is approximately Rs. 1000/-. Route = Ranipet–Tiruvalam–Sevoor–Karigiri Hospital. There are also many buses which operate between 05.00 h from Madras to Vellore. From Vellore, take any taxi or auto, which costs Rs. 150 and Rs. 100, respectively, or else you can take a prepaid taxi or electric train to the City Railway station (Central Station), about 20 kms away from Airport. From there take any train to Katpadi Railway station (13 km away from Karigiri). From Katpadi

#### Course schedule for the year 2000

Course	Qualifications	Duration	Commencing date	Fees		
				India	SAARC	Others
<i>I COURSES MORE THAN 1 YEAR DURATION</i>				<i>Rs.</i>	<i>US\$</i>	<i>US\$</i>
<b>General</b>						
1) Community based rehabilitation managers	Graduates, with experience Preferred	12 months	July 01–June 30	12,000	700	800
2) Laboratory technicians	+2 passed. Science graduates preferred	12 months	July 01–June 30	10,000	675	750
3) Diploma in prosthetic & orthotic engineering	+2 passed. Graduates preferred (with science subjects)	30 months	July 01–June 30	15,000	750	1500
4) Medical records technologist	+2 passed	15 months	July 01–Sep 30	5000	250	600
<b>Related to leprosy</b>						
1) Physiotherapy technicians	+2 or PUC, passed (with science subjects)	9 months	July 01–Mar 31	5000	250	700
<i>II COURSES LESS THAN 1 YEAR DURATION</i>						
<b>General</b>						
1) Course on medical education	(for 4 modules) (for 1 module)	8 weeks	Oct 10 Nov 30	*25,000 *7000	1000 300	1500 400
				(*includes board and lodging)		
2) Health education		8 weeks	April 01 May 31	5000	200	400
3) Dermatology for primary health care staff and general practitioners		2 weeks	Jan 24			
<b>Related to leprosy</b>						
1) Medical officers	Medical personnel engaged in leprosy work	6 weeks	Jan 24–Mar 04 July 17–Aug 26	2500	170	750
2) Non-medical supervisors	Qualified paramedical workers with a minimum of 5 years experience in the field	2 months	April 01–May 31	2500	150	300

**Course schedule for the year 2000 (continued)**

Course	Qualifications	Duration	Commencing date	Fees		
				India	SAARC	Others
3) Smear technicians	+2 passed (with science subjects)	3 months	Feb 01–April 30 Sep 06–Dec 04	1500	100	350
4) Paramedical workers	+2 passed. Graduates preferred	4 months	July 01–Oct 31	2500	150	450
5) Shoe makers	V standard with knowledge of English preferred	6 months	Jan 01–Jun 30 July 01–Dec 31	800	55	200
6) Ophthalmic aspects in leprosy	Medical personnel	1 week	Mar 06–Mar 11 Aug 28–Sep 02	1000	70	200
7) Eye care in leprosy	Non-medical personnel	1 week	Sep 04–Sep 09	1000	70	200
<b>III COURSES AFFILIATED TO OTHER COLLEGES</b>						
1) Basics of physiotherapy in leprosy	Undergraduates in BPT	1 week	By arrangement	1000	35	
2) Basics of occupational therapy in leprosy	Undergraduates in occupational therapy	1 week	By arrangement	1000	35	
3) Nursing				50/day		
4) Internship for physiotherapists and occupational therapists	Undergraduates in PT and OT	–	By arrangement			
<b>IV IN-SERVICE TRAINING</b>						
1) In-service training in medicine, surgery, surgical rehabilitation, pathology, laboratory technology, ophthalmology & epidemiology and leprosy control	For qualified medical personnel/health professionals		By arrangement	250	20	40
			1 time payment for other amenities	100	7	70
2) Medical record keepers	+2 passed with proficiency in typing and good English	2 months	By arrangement	2000	100	
3) Refresher course in skin smears	Trained laboratory technicians	2 weeks		1000	70	200

to Karigiri an auto will cost Rs 80/-. If you want to be met at Katpadi or at Madras Airport, please let us know well in advance.

Contact mailing address: The Training Director, Training Department, Schieffelin Leprosy Research & Training Centre, Karigiri 632 106, Vellore District, Tamil Nadu, South India  
Tel.: +91/41674227, +91/41674229, +91/41674221 (Director) +91/41674215 (Training Director)  
Fax: +91/41632103, +91/41671274  
E-mail: slrtckrg@md3.vsnl.net.in

### **International course on Management of Rehabilitation and Prevention of Impairment and Disability (RPOID) Management module**

For 5 years now, a much needed and very successful international course on Rehabilitation and

Prevention of Impairments and Disabilities (RPOID) has been conducted in Pokhara, Nepal. The international faculty are very experienced in clinical leprosy and the rehabilitation of persons affected by leprosy.

#### RPOID MANAGEMENT COURSE

The next RPOID Management course will aim at teaching concepts in rehabilitation and POID, approaches to rehabilitation, rehabilitation and POID management, including monitoring and evaluation of activities in these areas. The course will be based on the concepts and terminology used in the International Classification of Impairments, Activities and Participation (ICIDH-2) published by the WHO.

For a limited number of participants, an opportunity will be offered for additional in-service training during the week(s) following the management course. The participants will be assigned on a one-to-one basis to a tutor who will guide them through a self-learning programme.

Available topics include institutional rehabilitation, CBR, expanding the services of a leprosy hospital to serve people with other rehabilitation needs, agricultural rehabilitation, statistics and information systems, footwear, prosthesis and orthoses, physiotherapy and occupational therapy. These placements will be available strictly by arrangement prior to the course only.

*Dates:* January 22 to February 2, 2001 (2 weeks) [+optional week(s) if pre-arranged].

*Target group:* Managers of rehabilitation and/or POID programmes, senior hospital staff, senior leprosy control staff and doctors and therapists with managerial responsibilities for RPOID activities.

*Venue:* The Green Pastures Training Centre in Pokhara, Nepal.

*Course fees* (including board & lodging): \$175 per week.

#### RPOID SKILLS COURSE

The RPOID Skills course aims at RPOID-related assessments, such as nerve function assessment, psychosocial assessment, ADL assessment, impairment assessment and socio-economic assessment, treatment and rehabilitation interventions. This course will therefore concentrate on skills acquisition. Through optional workshops the second course will offer the opportunity to study certain topics in more depth. The course will include a 1-week field trip to practice the learned skills in a real programme setting.

*Dates:* 1–26 May 2000 (4 weeks).

*Target group:* Physiotherapists, occupational therapists, social workers and field staff with responsibility for the assessment, treatment and/or rehabilitation of people needing RPOID interventions.

*Teaching/learning methods:* Lectures, group discussion, group assignments, individual assignments, practical work in small groups, problem-based learning, self study, presentations, and simulation exercises. The teaching medium is English. Because of the complicated nature of the subject, fluency in both spoken and written English is required. Experience in leprosy work will be an advantage, but is not essential.

*Venue:* The Green Pastures Training Centre in Pokhara, Nepal.

*Course fees* (including board & lodging): \$175 per week.

Detailed information on both courses can be obtained from: The Training Officer, GPTC, PO Box 28, Pokhara 33701 Nepal. Tel: +977 61 24562; Fax: +977 61 20430; e-mail: gptc@inf.org.np.