

CAPACITY BUILDING ON LOCAL PRODUCTION OF ALCOHOL-BASED HANDRUB: EVALUATION OF A VIRTUAL PRACTICAL COURSE



ABSTRACT

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Introduction:

Digital and communication technologies have evolved in recent years, enabling virtual training which facilitates effective capacity building of healthcare workers.

Objectives:

To design and evaluate the relevance, practicality, and acceptability of the Alcohol Based Handrub (ABHR) local production curriculum content and its delivery.

Methods:

Between January and December 2022, the Infectious Diseases Institute (IDI) and Centers for Disease Control and Prevention (CDC) led in designing and evaluating an eight-module interactive ABHR production virtual curriculum based on WHO protocols. To enhance knowledge gain and retention, we provided learners with a demonstration video showing stepwise guidance to produce ABHR, WHO hand hygiene (HH) posters, research papers, a padlet wall, a WhatsApp group, discussion forums, and live Zoom sessions.

Results:

All participants (n= 10) successfully completed the course and associated quizzes, the virtual questionnaire, and the in-person qualitative evaluation. The mean quiz score was 80% (range, 72-88%). Awarding a course certificate that authenticated the participants' skillset was perceived as an incentive for course completion. The mean time for completion of all eight modules,

captured as the time the participants were logged on, was 105 hours (range: 60-187 hours). All participants strongly agreed that the allocated period of four weeks was sufficient for course completion. All participants stated that they obtained new knowledge and skills by taking this course, in particular, ABHR production in different volumes and its quality control. All participants mentioned that they valued the degree of involvement of instructors in the teaching and learning processes. With the internet access we provided, participants didn't have any challenges accessing all course materials.

Conclusion:

The virtual delivery of the ABHR local production training is feasible and acceptable and provides a low-cost alternative to traditional, lecture-style capacity building in low-resource settings. Future efforts should aim at expanding access to the course by collaborating with training organizations and integrating with existing courses and beyond Uganda, adapting to each local context. In the long run, knowledge retention follow-ups, including the quality of ABHR produced by the trainees, should also be assessed to evaluate the effectiveness of the virtual training.

Keywords:

Virtual Curriculum; ABHR; Capacity building; Uganda.