

Usage of mobile health (mHealth) tool to support online COVID-19 training in the Department of Obstetrics and Gynaecology

Neha Varun,* K Aparna Sharma, Anubhuti Rana, Garima Kachhawa, Seema Singhal, Rashmi Ramchandran, Neerja Bhatla

Assistant Professor, Department of Obstetrics & Gynaecology, AIIMS, Delhi



INTRODUCTION

- Mobile health (mhealth) tools delivered through wireless technology are emerging as effective strategies in under-resourced settings for delivering
- ✓ Quality training
- ✓ Ensuring rapid clinical decision making
- ✓ Monitoring implementation of simple and effective interventions
- Played an important role in mitigating the coronavirus disease (COVID-19) response.

MATERIAL & METHODS

Learning Objectives

- To directly provide frontline health workers with accurate and up-to-date information about COVID-19
- Enable them to quickly identify, screen and manage COVID-19 suspects
- Provide guidance on specimen collection techniques and safety measures to observe within wards and quarantine centres

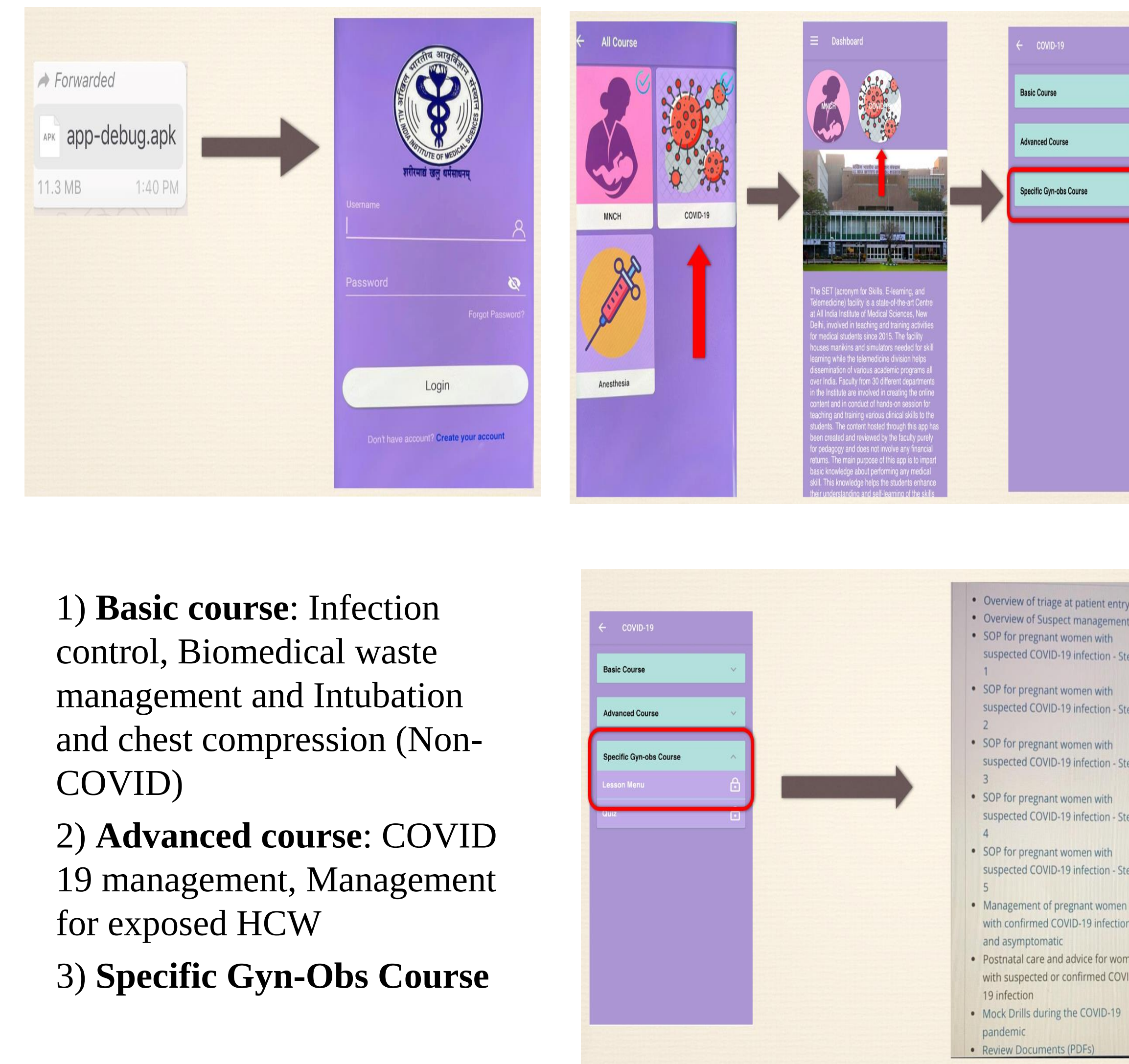
CONTENT DEVELOPMENT

(OBG Specific)

Topics included (In the form of PPT, flow charts and videos)

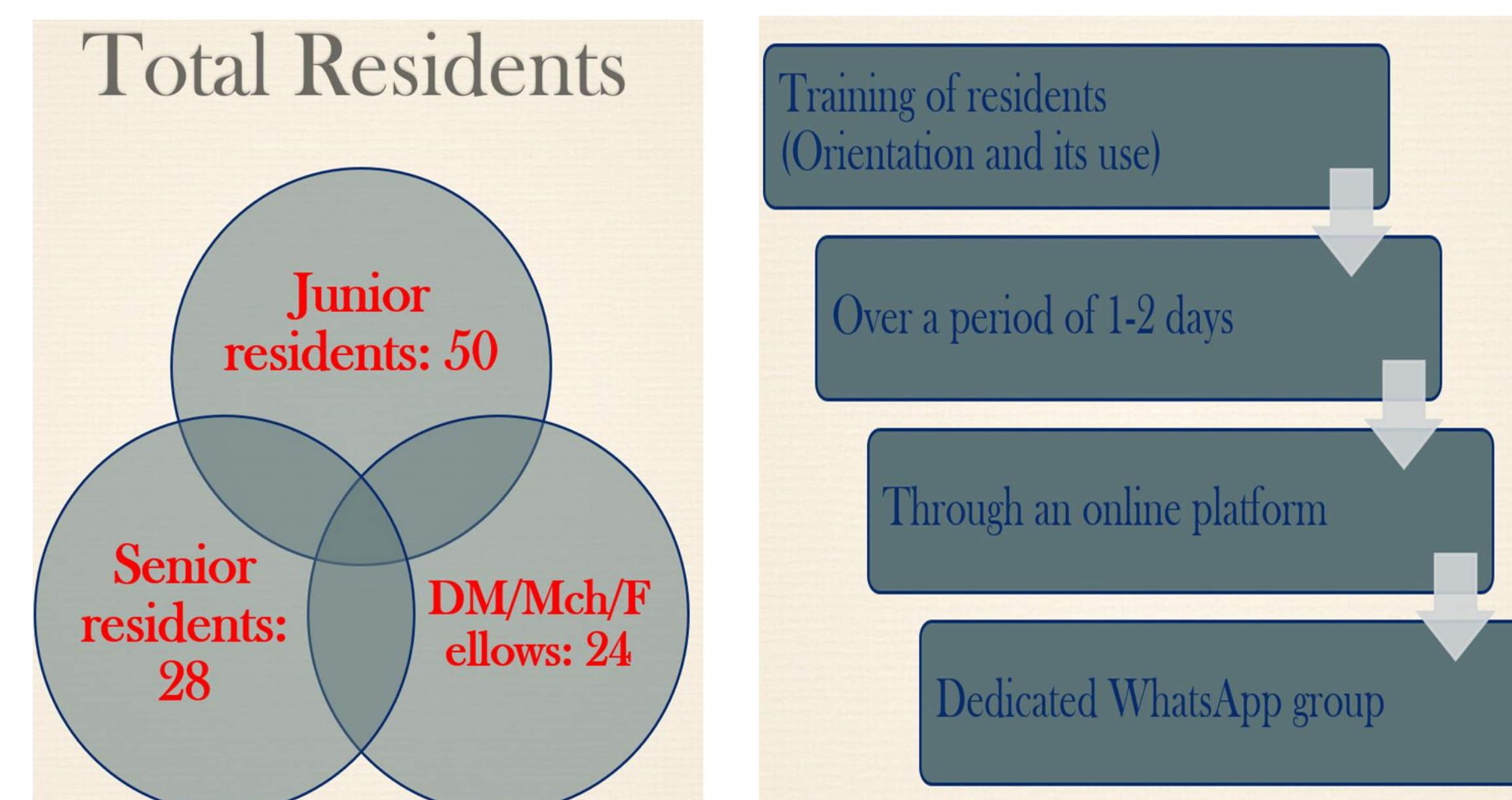
- 1) Overview of triage at patient entry
- 2) Overview of suspect management
- 3) SOP for pregnant women with suspected COVID-19 infection (Step 1-5)
- 4) Management of pregnant women with confirmed COVID-19 infection and asymptomatic
- 5) Postnatal care and advice for women with suspected or confirmed COVID-19 infection
- 6) Mock drills during COVID 19 pandemic
- 7) Review documents (PDF)

Development of Mobile App



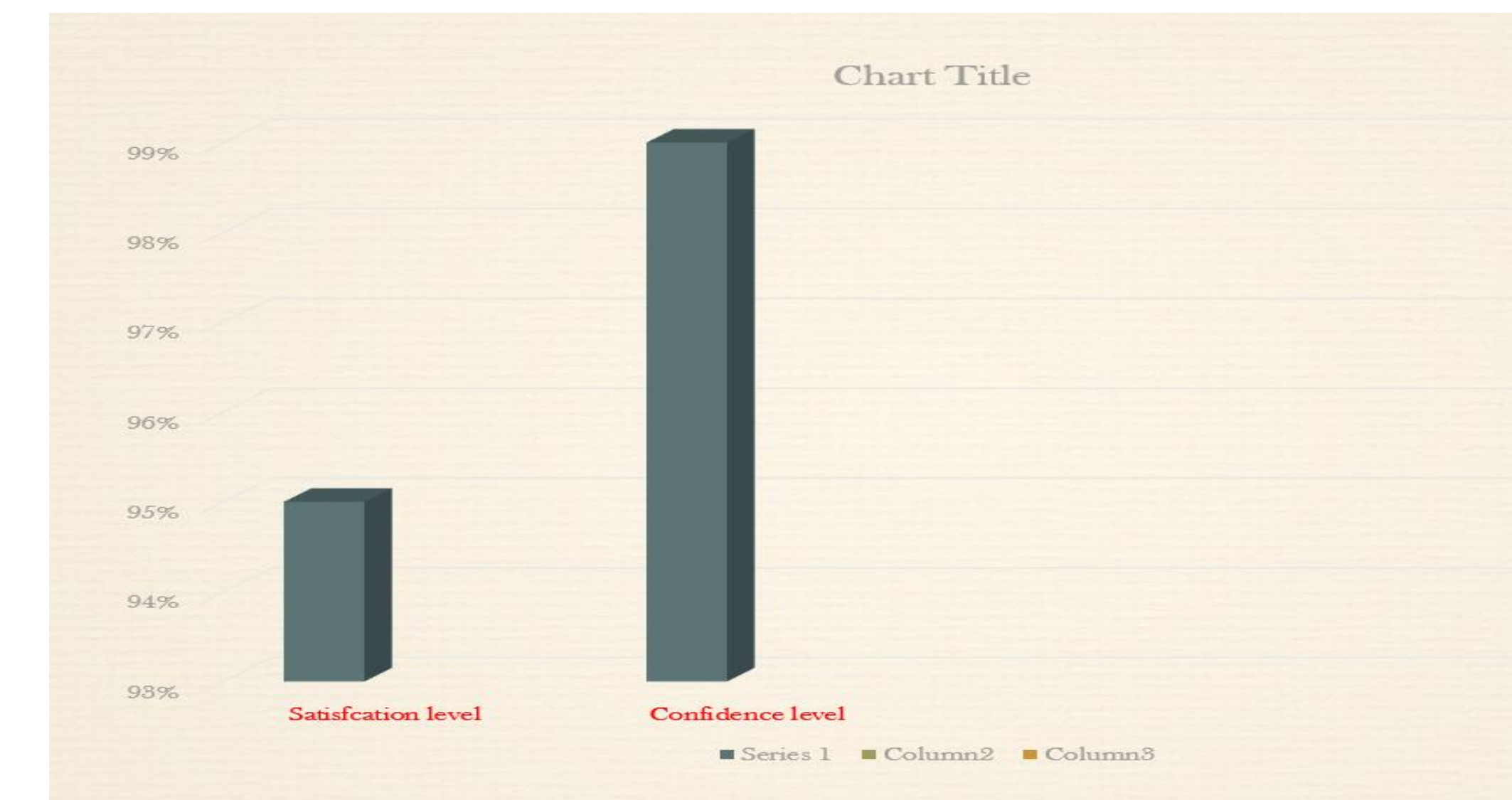
- 1) **Basic course:** Infection control, Biomedical waste management and Intubation and chest compression (Non-COVID)
- 2) **Advanced course:** COVID 19 management, Management for exposed HCW
- 3) **Specific Gyn-Obs Course**

Orientation of Mobile App



RESULTS

- First time done in Jan 2021
- Training completed by all (100%) residents of the department.



Focussed Group Discussion (FGD)

- Done through an online platform
- Total no. of residents attended the meeting: 52 (50.98%)
- FGD was done in the form of Question & Answer

Q 1:How was the overall experience of COVID online training on the Mobile App?

Ans: Overall, most of the residents were satisfied with the training on Mobile App, very easy to use app and very easy to do training on App as compared to other modes of teaching.

Q 2. What are the advantages and disadvantages of doing training on App?

Ans: Advantages included very easy to use this App and to do modules, and less time consuming.

Disadvantages included similar content is available online, I-phone version is not available and module needs to be done in order.

Q 3. What can be done to further improve this training? Suggestions?

Ans: The training should be repeated after some time on a regular basis for revision, some time for interaction after training and an option of asking questions/queries after completing each session

DISCUSSION

- Singh et al** (2020) reviewed 46 articles from 19 countries and found out total of 29 apps. 15 (52%) apps were on contact tracing, 7 (24%) apps on quarantine, 7 (24%) on symptom monitoring and 1 (3%) on information provision. Sources included 69% (governmental), 10% (private organizations) and 10% (from universities).
- There were 6 (21%) apps available on either Android or iOS, and 10 (34%) were available on both platforms.
- For collecting data, Bluetooth was used in 10 (34%) apps, 12 (41%) used GPS, and 12 (41%) used other forms of data collection.

FUTURE

Participants can be different with the same content:

- 1) Faculty
- 2) Interns
- 3) Staff (NO)
- 4) Others like HA/SA/Sweepers

Same participants with the different content like:

- 1) PPH drills
- 2) Normal vaginal delivery/Operative delivery
- 3) Episiotomy
- 4) Pap's smear/EA/ECC
- 5) Management of Obstetrics emergencies like eclampsia etc

CONCLUSION

- ✓ Timely deployment of this App based training obviated the need for conventional didactic training with potential of savings in training costs and time.
- ✓ Can be used to target primary health care workers, mostly in hard-to-reach areas.