ABSTRACT

Background and objectives
Over 4 thousand tuberculosis (TB) cases are notified in Italy every year. Italy is a low-endemic country, nevertheless in some specific groups, such as elderly and immigrants, there is a higher risk of contracting TB; moreover, in these groups, resistance to treatment, unfavourable results, non compliance to treatment is apparently increased. Due to the disease's low incidence, practitioners frequently do not suspect TB, the correct diagnosis is delayed increasing the risk of TB micro-epidemics.

The "Stop alla tubercolosi in Italia": piano di formazione e strategie per la gestione dei casi” Project, funded by the Italian Ministry of Health, was also scheduled to design a training course targeted to practitioners and paediatricians, aimed at supporting them in the diagnosis of TB and at enhancing TB patients care.

Methods
A multidisciplinary panel of experts has been established in autumn 2009. Didactic modalities and course contents have been developed and fine tuned thorough the audio-conference technique. Course materials have been initially arranged by the Regional Agency for Health and Social Care of Emilia-Romagna from national and international guidelines. Materials has been placed online to make them available to experts for comments at any time. Additionally, experts have been asked for their approving as to specific parts

Results
More than 20 professionals contributed to the design of the Course. Due to the national extent of the Project, different multimedia tools have been developed, and their combinations may vary depending on the scale of implementation (local, regional, national), the selected didactic modality, the thematic focus and the number of participants.

The Course has been developed to respond to different needs: individual online learning; face-to-face small group learning, with high level of interaction between teacher and learner, and learner and learner; large group learning. If needed, the residential solution and the online use may be merged resulting in a blended-learning experience.

Tools available to teachers and learners: animated audioslide shows to deal with theoretical issues; the so-called videocasi aimed to help further the discussion on the diagnostic suspicion, and case and contact management; didactic games and other exercises, to stimulate learning and decision making processes. Ultimately, the Course also provide a teacher guide offering suggestions to plan and handle the lesson, and a lot of in-depth documents useful to the clinical practice in healthcare. The course materials are available online.

Conclusions
A flexible, interactive course with didactic games targeted to general practitioners and paediatricians acting in the local, regional and national territory has been developed to improve TB control.