TRAINER’S GUIDE

Advanced Training of Trainers

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Individual modules in the comprehensive curriculum were used to train service providers throughout Pathfinder International's many field-based programs. Feedback from these trainings has been incorporated into the training curriculum to improve its content, training methodologies, and ease of use. The curriculum has been widely distributed at no cost and is available on Pathfinder International's website, http://www.Pathfind.org.

With the help of many colleagues at Pathfinder International, this curriculum has been improved, expanded, and updated to its present form. Individual modules were either written or co-written by Betty Farrell, Miguel Gutierrez, Gwyn Hainsworth, Ellen Israel, Suellen Miller, Kathy Shapiro, and Cathy Solter. Thanks are due to many over the years who have provided assistance in design, formatting, or technical editing and guidance on printing and publication. These include Mary Burket, Caitlin Deschenes-Desmond, Lauren Dunnington, Erin Majernik, Val Montanus, Penelope Riseborough, Tim Rollins, Jenny Wilder.

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Notes To The Trainer

Purpose
This training manual is designed to prepare trainers who already have skills as reproductive health trainers to proceed to a higher level of training implementation. This module prepares them to conduct a training needs assessment, develop detailed plans for training, develop and pilot test a training curriculum, conduct training using more advanced training techniques, conduct training follow up and evaluate training.

The module is designed to actively involve participants in the learning process. Sessions include simulation skills practice, discussions, case studies, role plays, and objective knowledge, attitude, and skills checklists.

Included in the module is a set of participant handouts, training tests, trainer’s tools, Competency-Based Training (CBT) skills checklists, and a bibliography.

Participant Selection
This module is intended for midlevel providers and supervisors of family planning services (nurses, nurse midwives, nurse assistants, physicians, counselors, and others) who have experience as reproductive health trainers. Participants should be selected on the basis of their experience and competence as reproductive health trainers, their commitment to training, and the support of their organizations in using their newly acquired advanced training skills.

Using The Module
• The module provides flexibility in planning, conducting, and evaluating the training course.
• The module allows trainers to formulate their own training schedule based on results from the training needs assessments.
• The module can be adapted for different cultures by reviewing case studies and using only the ones that are appropriate. Additional case studies can be devised based on local statistics, cultural practices, social traditions, and local health issues.
• The module can also be lengthened or shortened depending on the level of training and expertise of participants.
• To foster changes in behavior, learning experiences have to be in the areas of knowledge, attitude, and skills. In this advanced training, general and specific objectives are presented in terms of achievable changes in these three areas.
• Training references and resource materials for trainers and participants are identified.
• Names in case studies or role-plays have been left blank so that the trainer can insert names appropriate to the culture or area of the country.
• This module is divided into two volumes, the Trainer’s Guide and the Participant’s Guide.
  o The Training Guide presents the information in two columns.
    - The first column, “Content,” contains the necessary technical information.
    - The second column, “Methodology,” contains detailed instructions and training methodology
(for example, lecture, role-play, discussion) to be used and the time required to complete each activity.

- The Appendix contains:
  - Transparencies;
  - “Trainer’s Tools,” including learning exercises, the pre- and post-tests, and CBT skills checklists; and
  - A list of acronyms.

- The Participant’s Guide contains:
  - “Participant Handouts” for group exercises, case studies, and pre- and post-tests, as well as a participant evaluation form. Any handouts that are to be used in class are found in this section.
  - Additional Participant Handouts in the Participant’s Guide are drawn from the content in the Trainer’s Guide and can be used as reference material by the participant. The material should be photocopied and available by the time training begins. The materials may be given out at the end of each specific learning objective or all together at the end of the course.

**Guide To Symbols**

References to participant handouts, transparencies, and trainer’s tools occur as both text and symbols in the “Methodology” section. The symbols have number designations that refer to specific objectives and the sequence within the specific objectives. Handouts, transparencies, and trainer’s tools are arranged in chronological order and correspond to the numbered symbols in the “Methodology” section.
Dos and Don’ts of Training

The following “dos and don’ts” should ALWAYS be kept in mind by the trainer during any learning session.

DOS

- Do maintain good eye contact.
- Do prepare in advance.
- Do involve participants.
- Do use visual aids.
- Do speak clearly.
- Do speak loud enough.
- Do encourage questions.
- Do recap at the end of each session.
- Do bridge one topic to the next.
- Do encourage participation.
- Do write clearly and boldly.
- Do summarize.
- Do use logical sequencing of topics.
- Do use good time management.
- Do K.I.S. (Keep It Simple).
- Do give feedback.
- Do position visuals so everyone can see them.
- Do avoid distracting mannerisms and distractions in the room.
- Do be aware of the participants’ body language.
- Do keep the group focused on the task.
- Do provide clear instructions.
- Do check to see if your instructions are understood.
- Do evaluate as you go.
- Do be patient.

DON’TS

- Don’t talk to the flip chart.
- Don’t block the visual aids.
- Don’t stand in one spot—move around the room.
- Don’t ignore the participants’ comments and feedback (verbal and non-verbal).
- Don’t read from the curriculum.
- Don’t shout at the participants.
UNIT 1: Introduction

Introduction:
In order to train large numbers of service providers in high-quality reproductive health service provision, it is necessary to have a cadre of trainers who can provide training on the various contraceptive methods and other relevant topics, such as reproductive tract infections, infection prevention, and counseling. The purpose of the Advanced Training of Trainers module is to prepare service providers who have already passed through the Training of Trainers course to fulfill the role of health care trainers in national or NGO service delivery systems.

Unit Training Objective:
To prepare trainers to identify the needs of course participants and establish the proper setting for effective learning.

Specific Learning Objectives:
By the end of the unit, participants will be able to:
1. Introduce the trainers and participants.
2. Define the participants’ expectations of the course.
3. Determine the participants’ needs.
4. Provide suggestions for effective participation in the course.
5. Introduce the goal and specific objectives of the training.
6. Review the exercises “Where Are We?” and “Reflections.”

Training/Learning Methodology:
- Discussion
- Small group work
- Training needs assessment

Major References and Training Materials:

Resource Requirements:
- Newsprint
- Marking pens
- Overhead projector

Evaluation Methods:
- Participant reaction form (end of module)
- Continuous assessment of objectives being learned
- Pretest
**Time Required:** Total Course Time (including “Where We Are” and “Reflections”): 38 hours
Unit 1: 3 hours

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**Materials For Trainers To Prepare In Advance:**

1. Transparencies:
   - 1.1: *Goal of the Course*
   - 1.2: *Objectives of the Course*
   - 1.3: *The Course Divided into Units*

2. Trainers Tools:
   - 1.1: *Tool 1.1 Options for Ice Breakers*
   - 1.2: *Pre/Post Test Answer Sheet*

3. Copies of Participant Handouts:
   Specific Objective #2
   - 1.1: *Course Expectations*
   Specific Objective #3
   - 1.2: *Advanced Training of Trainers Training Needs Assessment*
   - 1.3: *Advanced Training of Trainers Pretest*
   Specific Objective #4
   - 1.4: *Suggestions for Effective Participation*

4. Prepare a list of the participants with their names, titles, places of work, and any other useful information, so you know something about them before training begins.
UNIT 1

Specific Objective #1: Introduce the trainers and participants to each other.

CONTENT:

Introducing Trainers and Px

Establishing Norms and Housekeeping

METHODOLOGY:

Introduction (30 min.):

The trainer should:

▷ Greet Participants (Px) and introduce yourself.
▷ Use Trainers Tool 1.1: Options for Ice Breakers to choose an exercise to introduce trainers and Px to each other.

Norms and Housekeeping (15 min.):

The trainer should:

▷ Ask Px to brainstorm norms for the course. These should include times for breaks and lunch and starting and ending times. Write a list of norms like respecting others’ opinions, active participation, etc.
▷ Divide Px into 5 small groups.
▷ Assign each group to be responsible for one day of the training. Explain that on the day they are responsible, they will be expected to get Px back from breaks and lunch on time, collect feedback from Px and meet with trainers at the end of the day to review progress and make suggestions for improvement, prepare energizers for after lunch, conduct the “Where are We” exercise at the beginning of each day, conduct the “Reflections” exercise at the end of the day, and other responsibilities the group suggests.
Specific Objective #2: Define the participants’ expectations of the course.

**CONTENT:**

**Define Px’ Expectations of the Course**

1. What do you hope to accomplish during this course?
2. Do you anticipate any difficulties during the course?
3. What will you miss at home?
4. What will you miss at work?
5. How do you think this training will help you at work?

**METHODOLOGY:**

**Expectations (45 min.):**

The trainer should:

- Distribute *Px Handout 1.1: Course Expectations* to each Px.
- Ask each Px to spend 5 minutes thinking about the 5 questions.
- Use the game “Dreams and Nightmares” to determine course expectations.
- The time required depends on the number of Px. Allow approximately 1 minute for each Px.
- Ask each person to state one “dream” about something positive that will happen during the course.
- Ask each person to also recount one “nightmare” about something they hope will not happen during the workshop.
- Put the “Dreams” and “Nightmares” in separate columns on the flip chart.
- Make note of all expectations for reference throughout the course.
- If a Px’ expectations are clearly beyond the scope of the course, gently clarify.
Specific Objective #3: Determine the trainees’ needs.

**CONTENT:**

- **Training Needs Assessment**

**METHODODOLOGY:**

- **Training Needs Assessment (20 min.):**

  The trainer should:
  
  - Ask Px to refer to *Px Handout 1.2: Advanced Training of Trainers Training Needs Assessment.*
  
  - Ask each Px to fill out the questionnaire. (If you are short of time this can be done over lunch.)
  
  - After completing the form, ask Px to describe some areas they feel they need strengthening in.
  
  - Review the Px’s questionnaires to best determine where emphasis is needed.
  
  - Arrange to meet individually with each Px to outline which areas s/he needs to put special emphasis on.
  
  (See *Px Handout 1.2.*)

- **Pretest (20 min.)**

  - Pass out copies of, *Px Handout 1.3: Advanced Training of Trainers Pretest,* and allow Px the time they need to complete the test. The test should take approximately 15 minutes.
UNIT 1/OBJECTIVE #4

Specific Objective #4: Provide suggestions for effective participation in the Advanced Training of Trainers course.

CONTENT:

► Suggestions for Effective Participation

**DO**
- Ask a question when you have one.
- Feel free to share an illustration.
- Request an example if a point is not clear.
- Search for ways in which you can apply a general principle or idea to your work.
- Try to evaluate how you are already performing a skill based on new techniques you are learning.
- Think of ways you can pass on ideas to your subordinates and coworkers.
- Be skeptical—don’t automatically accept everything you hear.
- Feel free to ask for clarification.
- Respect the ideas of other Px.

**DON’T**
- Try to develop an extreme problem just to prove the trainer doesn’t have all the answers. (The trainer doesn’t.)
- Close your mind by saying, “This is all fine in theory, but…”
- Assume that all topics covered will be equally relevant to your needs.
- Take extensive notes; the handouts will satisfy most of your needs.

METHODOLOGY:

► Trainer Presentation (10 min.):

The trainer should:
- Ask Px for suggestions for effective participation.
- Give Px additional suggestions.
- Ask a Px to record the suggestions of the Px.

(See Px Handout 1.4: Suggestions for Effective Participation.)
Don’t try to show how much you know by monopolizing class time.
Engage in side talk.
Interrupt others.
Specific Objective #5: Introduce the goal of the training and the unit objectives.

**Workshop Goals and Objectives**

Goal: To further develop the training skills of clinical trainers

By the end of this course, Px will be able to:

1. Describe and demonstrate competency-based training techniques;
2. Develop training needs assessment tools;
3. Develop training plans, course materials (goals and objectives, course outlines, training materials, pre- and post-tests);
4. Develop and demonstrate the use of clinical checklists;
5. Describe and demonstrate a variety of advanced training methodologies;
6. Describe how to conduct training follow-up; and
7. Describe 4 levels of training evaluation.

**Review of Goals, Objectives, and Agenda (10 min.):**

The trainer should:

- Show Transparencies 1.1: Overall Goal of the Course, 1.2: Course Objectives, and 1.3: Course Units.
- Review the training goals, objectives, and agenda with Px.
- Through discussion, determine the clarity of objectives, agreement or disagreement on objectives, and areas to consider for revision.
- Review the Px' expectations with Px.
- Through discussion, determine any gaps between Px' expectations and the goals/objectives of the training.
- Pass out the training schedule and explain it if necessary.
Specific Objective #6: Review the exercises “Where Are We?” and “Reflections.”

**CONTENT:**

**Where Are We?**

Starting each day with “Where are We?” is our opportunity to share insights, clarify issues, resolve problems, and review important material we need to remember so that each of us can get the most out of the course and each day’s experiences.

This is an opportunity to share insights, clarify issues, resolve problems, and review important material that the Px need to remember so that everyone (Px and trainers alike) can get the most out of each day.

Problems identified during the “Where Are We?” session should be resolved before continuing (whenever possible), since unresolved issues may hinder the learning process for the Px.

**METHODODOLOGY:**

**Trainer Presentation (15 min.):**

The trainer should:

- Explain that the training should be as interactive as possible and responsive to the needs of the group. To do this, we will review what went well or didn’t go well at the end of each day in an exercise called “Reflections.” Also, to make sure we are on track, we use an exercise called “Where are We?”

- Explain the “Where are We” exercise. Each morning one Px from the Housekeeping Team will review the highlights from the day before. The exercise is not a review of the previous day, but is used to identify the highlights and main points of each day’s experiences. The Px conducting the review should use it as an opportunity to share insights, clarify issues, resolve problems, or review important material. Problems identified will be resolved before continuing.

- Provide each Px with two pieces of different colored paper. On one piece of paper Px should write the topic they found most useful from the previous day’s training and how they will apply the information to their work. On the other piece of paper they should write a question
Reflections
At the end of each day, take time to look over what we have done to:
- Examine what it means to us individually, and
- Explore how what we have learned can be applied in a broader setting.

Be sure to close each day’s activities with a session of “Reflections” on the day.

Make a note of the Px and trainers’ feedback, and attempt to address ideas and concerns during the discussion and during the following days’ lesson plans.

 Trainer Presentation (15 min.): The trainer should:
- Review how the “Reflections” activity will be performed.
- Explain that there are many ways to conduct this exercise.
- Pass out two colored cards at the end of each day to be completed anonymously.
- On card one, Px should write what they liked about the day and what went well.
- On card two, Px should write the things they did not like and that they hope will improve.
- The “housekeeping team” and the training team will review the results at the end of the day. The trainer will announce the results the following day and will explain how the training team responded to the suggestions.
- Explain that in addition to the “Reflections” exercise, Px should bring problems or concerns to the attention of the housekeeping team for discussion with the training team at the end of the day.
UNIT 2:
Analyzing the Need for Training

Introduction:
Discrepancies between actual and desired performance of a job can be due to a number of factors, only two of which are inadequate skills and knowledge. Careful assessment of the needs for training can help ensure that training courses are designed appropriately to address gaps, and that training goals and objectives are developed to directly address those gaps.

Unit Training Objective:
To prepare the participant to implement a training needs assessment.

Specific Learning Objectives:
By the end of this unit, the participants will be able to:
1. Describe the importance of a training needs assessment.
2. Explain the importance of clinical standards and guidelines.
3. Summarize how to conduct a training needs assessment.
4. Develop tools for a training needs assessment.
5. Describe how to write a training needs assessment report.

Training/Learning Methodology:
- Discussion
- Group work/exercises
- Lecturette

Major References and Training Materials:

Resource Requirements:
- Transparencies
- Marking pens
- Overhead projector
- Flipcharts
- Flipchart paper
- White board
Evaluation Methods:

- Participant Evaluation Form
- Where Are We?
- Reflections
- Continuous assessment of objectives being learned

Time Required: 6 hours

Materials For Trainers To Prepare In Advance:

1. Transparencies:
   2.1: Unit Objectives
   2.2: Components of a Training Needs Assessment (TNA) Report
   2.3: Steps in Creating a Training Needs Analysis

2. Copies of Participant Handouts:
   Specific Objective #1
   2.1: An Overview of Training Needs Assessment (TNA)
   2.2: Assessing the Need for Training
   Specific Objective #2
   2.3: Clinical Standards on Combined Oral Contraceptives
   2.4: Care of the Healthy Newborn
   2.5: Intrauterine Contraceptive Device
   2.6: Care of the Mother and Newborn the First Day After Delivery
   Specific Objective #3
   2.7: Steps to Conducting a Training Needs Assessment
   Specific Objective #4
   2.8: Training Needs Assessment Example 1
   2.9: Training Needs Assessment Example 2
   2.10: Training Needs Assessment Example 3
   Specific Objective #5
   2.11: Writing a Training Needs Assessment Report
   2.12: Sample Training Needs Assessment Report

3. Prepare a flip chart with the Steps Necessary to Conduct a TNA.
Specific Objective #1: Describe the importance of a training needs assessment.

**Definition of a Training Needs Assessment**

A Training Needs Assessment (TNA) identifies gaps between how health workers are currently performing (the actual performance) and how you would like them to perform (the desired performance). Root causes of identified gaps can be linked directly to the absence of one of the five key performance factors:

1. Clear job expectations;
2. Clear and immediate performance feedback;
3. Adequate physical environment, including proper tools, supplies, and workspace;
4. Motivation and incentives to perform as expected; and
5. Skills and knowledge required for the job.

A training course can address only the fifth key performance factor. A clear TNA can assist trainers and health care administrators to decide if a training intervention is appropriate to address an identified gap.

**Reasons for Conducting a TNA**

- To determine whether training is really needed;

**Introduction (10 min.):**

The trainer should:

- Greet Px.
- Show the Transparency 2.1: Unit Objectives, and discuss them.

**Discussion (15 min.):**

- Ask Px if they have ever attended a training where all or part of the training was not related to their work.
- Choose several Px who raise their hands and ask them to tell about their experiences.
- Explain that if a TNA had been done, the training would have been more focused and more relevant.
- Complete the discussion with information on the five key performance factors.

(See Px Handout 2.1: An Overview of Training Needs Assessment (TNA).)

**Lecturette (15 min.):**

The trainer should:

Using the content on the left hand side of the page, define a TNA and explain the reasons for conducting a TNA. (See Px Handout 2.2: Assessing the Need for Training)
UNIT 2/OBJECTIVE #1

 CONTENT: CONTINUED

- To determine causes of poor performance;
- To determine content and scope of a training;
- To determine desired training outcome;
- To provide a baseline for measurement; and
- To gain management support.
Specific Objective #2: Explain the importance of clinical standards and guidelines.

CONTENT:

Clinical Standards and Guidelines

The goal of a TOT is to improve Knowledge, Attitudes and Skills (KAS) to meet the needs for health care provision. Thus, clinical training should be based on clinical standards and guidelines.

The importance of developing clinical standards and guidelines is in:
- Making training relevant to the current clinical situation;
- Making the training consistent with the national standards and guidelines;
- Providing a basis, or standard, for training evaluation and follow up; and
- Providing a basis for choosing and strengthening a site for clinical practicum.

METHODODOLOGY:

Discussion (15 min):

The trainer should:
- Ask Px if they know what clinical standards and guidelines are.
- Ask if anyone has used them or if anyone has ever helped develop them.
- Ask Px to discuss their familiarity and experience with clinical standards and guidelines.
- Ask about what should be contained in clinical standards and guidelines and why they are important.
- Record the answers on a flipchart and supplement their answers with the content on the left side of the page.

Group Work (30 min.):

- Divide Px into 4 groups and give each group a copy of a clinical standard guideline to discuss. Px Handouts 2.3: Combined Oral Contraceptives, 2.4: Care of the Healthy Newborn, 2.5: Intrauterine Contraceptive Device, and 2.6: Care of the Mother and Newborn the First Day After Delivery.
- Ask them to answer the following questions:
  1. What are the components you see in the standards and guidelines?
  2. If you conducted training and you didn’t have national clinical standards
and guidelines, what would you do? What material would you refer to? What standard would you use?

3. What is the result of using non-standardized material in training?

Allow 30 minutes for group work.

**Plenary Session (20 min.):**

- Reconvene the groups and ask them to sum up the results of their discussions.
- Trainer sums up, emphasizing the importance of using national guidelines.
Specific Objective #3: Summarize how to conduct a training needs assessment.

**Training Needs Assessment**

A Training Need Assessment (TNA) aims to identify providers’ gaps in Knowledge, Attitudes and Skills (KAS) between the present performance and the desired performance. A discrepancy between what exists and what is needed is often stated in terms of what is necessary to perform a job or series of tasks.

The baseline/criteria often used to identify the desired performance are:
- Job descriptions, and
- National standards and guidelines.

It may also be necessary to interview other stakeholders, like managers or supervisors, to determine desired performance.

The KAS standards proposed need to be so specific and clear that they are observable and measurable.

Once the KAS standards are determined, a TNA is conducted to identify providers’ gaps in KAS.

**What is KAS?**

- Knowledge, which consists of

**Discussion (15 min.):**

The trainer should:
- Introduce the session with the following question:
  “In a certain province, the number of Reproductive Tract Infections (RTIs) in IUD acceptors was increasing. Imagine that you are the Reproductive Health trainer and you are asked to conduct a training course on IUD insertion for midwives at the community level. You have many training options to choose from. To determine whether a training intervention is the right one, what would you do?”
- Ask Px for their ideas and print out their ideas on flipchart.
- Supplement their ideas from the content column at the left.

**Brainstorming (10 min.):**

- Trainer should ask Px to define KAS.
- Supplement their answers if needed.

**Discussion (20 min.)**

Trainer should:
- Divide a flip chart into 3 columns and label them K, A, and S
- Ask Px to brainstorm what KAS a midwife should acquire so that she can provide IUD insertion?
the information and understanding necessary to perform a job or task;

- Skills, which consist of the practical, hands-on activities necessary to perform the job or task; and
- Attitudes, which consist of the opinions and beliefs associated with performing a job or task.

Identify Desired Performance

Define performance in specific and measurable terms. The purpose of this review is to identify the general knowledge, skills, and attitudes required to do the job. Good definitions of performance have the following qualities:

- They state the accomplishments and/or behavior of the performer;
- They are observable;
- They are measurable;
- They can be agreed upon by independent observers;
- They give a clear, unambiguous, yes-or-no answer to “Do they or don’t they?”; and
- They are under the control of the performer.

For each statement of desired performance, you need to identify a performance indicator that describes a quality, quantity, time, or cost. Once you have decided on the measurable indicators for the performance in question help the group set targets for each indicator.

- Write their ideas on the flipchart.
- Sum up the exercise by saying that KAS are the criteria that are needed for desired service performance.

Discussion (15 min.):

The trainer should:

- Ask if any Px have conducted a TNA and ask them to share their experience.
- Put up the flip chart prepared with the steps to conducting a TNA.

See Px Handout 2.7: Steps to Conducting a Training Needs Assessment.

Group Work (25 min.):

The trainer should:

- Divide Px into three groups
- Ask each group to review one part of Px Handout 2.7: Steps to Conducting a Training Needs Assessment
- Assign:
  - Group 1: Steps 1 & 2
  - Group 2: Steps 3 & 4
  - Group 3: Steps 5 & 6
- Ask a speaker from each group to debrief what they have reviewed. (15 min.)

Group work (30 min.):

- Ask each group to focus on steps 2 and 3 and answer the following questions:
- What methodology would you use
**Identify Actual Performance**

In the previous stage, the team defined desired performance in specific and measurable terms. Using those same indicators and measures, assess what knowledge, skills, and attitudes providers currently possess (the current, or actual, performance).

- Decide on methodology,
- Develop assessment tools,
- Collect the data,
- Compile the data,
- Analyze the data,
- Conduct a cause analysis, and
- Identify possible performance improvement solutions.

**Steps to Conduct a TNA**

Step 1: Identify the problem.

To identify the problem, the desired performance must be determined and compared to the actual performance.

Step 2: Decide on methodology.

Who or what should be assessed? Sample size? What methods should be used?

- Analyze answers to personal questionnaires.
- Interview key persons.
- Conduct focused workshops with staff in charge of providers/facilities where training will be conducted.
- Review recent key publications.

What assessment tools would you use for the TNA? (allow 20 min.)

Write the result of the group discussions on a flipchart. Ask Px to read their flipchart and give feedback. (10 min.)
Observe working practices and conditions.

Step 3: Decide on the assessment tools to be used and develop them. What tools will be used? Interview? Group discussion? Questionnaires?

Step 4: Data collecting. Who should collect the data? Time allocation? Who should supervise?

Step 5: Data analysis and presentation. Appropriate analytical methods (qualitative and/or quantitative) should be selected.

Step 6: Causal analysis and recommendations. Do a causal analysis to determine if poor performance is linked to the absence of KAS or other root causes. What training is needed?
Specific Objective #4: Develop tools for a training needs assessment.

**CONTENT:**

- **Develop tools for a TNA**

  Developing appropriate tools is a very important step in the process of designing a TNA. A good tool will accurately measure what should be measured. Depending on the objectives of the needs analysis, an appropriate tool must be selected and/or created. Such tools might include:
  - An interview with a health care provider/facility manager/client,
  - Questions for focus group discussion,
  - Case study,
  - Checklists for clinical observation or record keeping, and
  - Sample forms for facility/equipment assessment or inventory.

**METHODODOLOGY:**

- **Group work (30 min.):**
  - Pass out handout Px Handouts 2.8: TNA Example 1, 2.9: TNA Example 2, and 2.10: TNA Example 3.
  - Divide Px into 3 groups
  - Give each group one Px handout, ask them to read the tool, discuss it, and answer the following questions (15 min.):
    - What is the tool used for?
    - What aspects of KAS does the tool assess (knowledge/skills/attitudes)?
  - Each group will present for 5 minutes.

- **Group work (70 min.):**
  - The trainer should:
    - Divide Px into 3 groups.
    - Ask Px to develop tools for TNA.
  - Groups 1 and 2: Tool for knowledge assessment
    - Group 3: Survey form for facility review
      - Allow Px to work for 50 min. and to write a summary of their tool on flip chart paper.
      - Each group presents ideas and receives feedback (20 min.).
Specific Objective #5: Describe how to write a training needs assessment report

Writing a Training Needs Assessment Report

Once the data has been analyzed, a report should be written which includes:

- **Overview:** A brief overview of the purpose, objectives and results of the TNA.
- **Description of the Process:** Describe the entire needs assessment process, including the purpose, the method(s) used to collect information, and the people involved.
- **Summary of Results:** In this section the data should be clearly and concisely presented and should highlight any significant patterns or results.
- **Preliminary Conclusions:** Describe the analysis of the data and focus on key issues that you have observed. Explain what conclusions you have made and why.
- **Recommendations:** Make recommendations regarding the training. Address the most critical issues or training areas first. Identify training issues, being clear about how the program should be implemented, who should be involved, and how, when, and where the training should take place.
- **Potential Barriers:** Offer suggestions of potential barriers and possible solutions.

Lecturette (10 min.):

The trainer should:

- Give a mini-lecture on writing a report of a TNA.
- Distribute *Px Handout 2.11: Writing a Training Needs Assessment Report.*

Group work (30 min.):

- Divide the group into 3 smaller groups.
- Distribute *Px Handout 2.12: Sample Training Needs Assessment Report.*
- Give the groups 15 min to read the assessment and critique the report using *Px Handout 2.11: Writing a Training Needs Assessment Report.*
- Groups come back together and have one member of each group present their critique and summary. (15 min.)
UNIT 3:
Planning for Training

Introduction:
Conducting a successful training course requires much advance planning, including identification of participant needs through a needs assessment and the application of this information to the training plan. By reviewing the techniques of training needs assessment and the use of training objectives, this unit provides trainees with the skills necessary to plan for training courses.

Unit Training Objective:
To prepare the participant to plan for training.

Specific Learning Objectives:
By the end of this unit, the participants will be able to:
1. Describe the steps needed to plan for training implementation.
2. Describe how to choose participants.
3. Develop selected components of a training curriculum.
4. Describe how to pilot test the training curriculum.
5. Explain the importance of developing tools to assess knowledge and skills.
6. Explain how to choose a clinical training site.
7. Explain how to develop a clinical training site.

Training/Learning Methodology:
- Discussion
- Group work
- Lecturette

Major References and Training Materials:

Resource Requirements:
- Flipchart, flipchart papers
- Marking pens
- Overhead projector
- Whiteboard

Evaluation Methods:
- Participant Evaluation Form
- Where Are We?
Reflections
Continuous assessment of objectives being learned

**Time Required:** 8 hours 15 minutes

**Materials for Trainers to Prepare in Advance:**

1. Transparencies
   - 3.1: Unit Objectives
   - 3.2: Steps in How to Develop a Training Plan
   - 3.3: Five Basic Components of a Training Curriculum

2. Copies of Participant Handouts:
   Specific Objective 1
   - 3.1: Steps in Developing a Training Implementation Plan
   - 3.2: Questions for Planning Training
   - 3.3: The Training Implementation Plan
   Specific Objective 2
   - 3.4: Selecting Participants
   Specific Objective 3
   - 3.5: Example from an IUD Curriculum
   - 3.6: Writing Learning Objectives
   - 3.7: Examples of Objectives
   - 3.8: Training Methods and Materials
   - 3.9: Course Description.
   - 3.10: Sample Course Outline.
   - 3.11: Sample IUD Course Topics
   Specific Objective 4
   - 3.12: Pilot Testing a Curriculum
   Specific Objective 5
   - 3.13: The Importance of Developing Tools to Assess Knowledge and Skills
   - 3.14: Sample Competency Based Skills Checklists
   Specific Objective 6
   - 3.15 Clinical Practice Sites
   Specific Objective 7
   - 3.16: Steps in Developing a Clinical Training Site

3. Prepare a flipchart with activities to develop a clinical practicum site.
Specific Objective #1: Describe the steps needed to plan for training implementation.

Introduction (15 min.):

The trainer should:

- Greet Px.
- Show Transparency 3.1.Unit Objectives and review unit objectives.

Discussion (15 min.):

The trainer should:

- Introduce the activity by asking Px if they have ever developed a plan for training implementation.
- If yes, ask them to share their experience on how to plan a training implementation.
- Ask the Px who shared the plan to suggest ways it could have been improved and ask other Px to contribute suggestions for improving the plan.
- Write suggestions on a flipchart.
- Sum up the discussion and suggest that Px use the 10 questions found in the content section to guide them in planning training.
- If Px have no experience to share, the trainer should guide Px with questions, so that they can come up with steps in planning training implementation.
- Show Transparency 3.2: Steps in Developing a Training Implementation Plan.

Steps in Developing a Training Implementation Plan

To develop a training plan, 10 questions, each corresponding to a step in the process, are used to guide the trainer. The answers to the questions will develop a complete training plan.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 What is the problem?</td>
<td>Identify training topics.</td>
</tr>
<tr>
<td>2 Who are the Px?</td>
<td>Choose participants.</td>
</tr>
<tr>
<td>3 What will Px be able to do after the training?</td>
<td>Develop training objectives.</td>
</tr>
<tr>
<td>4 What will they be trained on?</td>
<td>Decide on the training content.</td>
</tr>
<tr>
<td>5 What methodologies will be used?</td>
<td>Identify the training methodologies.</td>
</tr>
<tr>
<td>6 What materials/training aids will be needed?</td>
<td>Prepare training materials and training aids.</td>
</tr>
<tr>
<td>7 When/where will the training be conducted?</td>
<td>Decide on the time and location.</td>
</tr>
<tr>
<td>8 How will the training be evaluated?</td>
<td>Decide on the methods of evaluation.</td>
</tr>
<tr>
<td>9 Who will be the trainers?</td>
<td>Choose the trainers.</td>
</tr>
<tr>
<td>10 Where will funding be allocated?</td>
<td>Identify the source of funding.</td>
</tr>
</tbody>
</table>
Specific Objective #2: Describe how to choose participants.

Before any training takes place, the criteria for selection of trainees should be developed.

**Why are these needed?**

To choose:

- An appropriate number of Px,
- Only those Px who have the necessary clinical skills required for the training,
- An appropriate mix of trainees with similar skill levels and professions so that the training is appropriate for everyone,
- Px who are able to stay for the whole training, and
- Px who will be able to practice their skills immediately after the training.

**Solutions to Some Common Problems**

- Provide written criteria for the selection of Px to all possible applicants.
- Make sure the selected Px have an interest in providing reproductive health services and that they have the appropriate clinical background to learn the new skills.
- Get assurances from those more senior to the Px that they will be able to practice their new skills. This may be the clinic manager, the supervisor, or

**Discussion (15 min.):**

The trainer should:

- Introduce the activity by asking Px what barriers they often meet when choosing Px and their solutions to overcome these barriers.
- Suggestions are written on a flipchart. Supplement their answers with the material in the content section.
- Sum up by asking why criteria for Px choice is important and what the consequences of failing to use them might be.
- Write the criteria on a flip chart.
- Pass out Px Handout 3.4: Selecting Participants.
someone even higher in the private or public sector.

- Commit to rejecting inappropriate Px based on the selection criteria.
- Make Px selection competitive, based on submission of a proposal or written document.
- Try to accommodate different groups of Px by staggering times (e.g., physicians start and leave early; nurses and midwives overlap, but come late and leave late).
- Send some Px home, but offer training at a later time.
- If there are too many Px, structure the training to accommodate them by creating group work and exercises.
- Be flexible and creative in trying to solve a problem related to selection.
- Motivate Px by rewarding them with technical material and certificates.

**Selection Criteria**

- Competence and length of service in the topic area that is included in training.
- Ability to participate throughout the whole training course.
- Ability to continue practice in the topic area of training.
- Returning to work in a setting where they can actually practice their new skills. This means that in addition to being permitted to provide the skill, the new trainee must have the equipment and support necessary.
Specific Objective #3: Develop selected components of a training curriculum.

Development of a training curriculum is an important step in the process of planning a training. It consists of 5 basic components:
1. Goals/Objectives/Activities
2. Training/Learning Methodology
3. Time Line
4. Materials and Training Aids
5. Course Evaluation

Developing Learning Objectives
1. Importance of learning objectives:
   - They serve as the basis for the design of the whole instructional plan, including determining appropriate training content, methodology, and site;
   - They are used in assessing a training; and
   - They are used to facilitate active learning.

Levels of Objectives
There are 2 levels of objectives: general and specific.

CONTENT:

METHODOLOGY:

Lecturette (10 min.):

The trainer should:
- Show Transparency 3.3: Five Basic Components of a Training Curriculum.
- Introduce the 5 basic components of a training implementation plan
- Distribute Px Handout 3.5: Example from an IUD Curriculum and explain that these are just the first several pages of the first unit of the module.
- Divide Px into 3 groups to discuss the handout. Allow them 10 minutes to answer the following question, “What have you learned from this example”?
- Ask each group to present what they have learned from example (10 min.).

Group discussion (10 min.):

The trainer should:
- Introduce the activity by asking Px if they know what objectives are and why they are important.
- Write the Px’ responses on a flip chart as they contribute.

Lecturette (10 min.):
- The trainer should introduce the 2 levels of objectives. Pass out Px
A general objective describes those tasks that Px will be able to do after training. General objectives are related to professional jobs or tasks.

A specific objective describes what the Px will know or be able to do after the completion of a section of training. This is also known as the KAS, or knowledge, attitudes and skills, required to achieve the primary objective.

How to Write a Learning Objective
There are 4 main components to writing a specific objective:

1. Identify when the knowledge or performance is to be demonstrated.

Specify the section of training to be completed to demonstrate the expected level of knowledge, behavior, or performance.

For example: The trainee will be able to do X after completing this chapter, module, course, session, or lesson.

2. Identify who is to demonstrate competency.

The trainee is identified as part of the specific objective. This may be a Px, trainee, or clinician.

For example: After the training, the trainee will be able to do X.

3. Provide a description of the expected

Handout 3.6: Writing Learning Objectives.

Discussion (20 min.):
The trainer should:

- Describe the 4 main components to writing a specific objective.
- Ask Px to read Px Handout 3.7: Examples of Objectives.
- Ask them to review the objectives and critique them. Do they have all of the 4 components?

Group work (15 min.):
The trainer should:

- Divide white board into two columns labeled: Good and Bad.
- Explain that the action verbs used must be objective and they must be measurable.
- Ask Px what action verbs should and shouldn’t be used in writing objectives. (Each should write at least one verb that should be used and one that shouldn’t.)
- Identify the words that work well with knowledge, attitude, or skills
content: continued

performance.

This portion of the objective states what the individual will know or be able to do. These are the major knowledge, skills, and attitudes identified during the needs assessment. The statement should begin with an action verb which is followed by the object of that action. Examples include:

- Counsel a client.
- Insert an IUD.
- Perform an MVA procedure for postabortion care.
- Sterilize instruments using a steam sterilizer.
- Identify indications and precautions to the use of DMPA.

4. Describe how well the performance must be demonstrated.

Indicate when Px will be tested or evaluated to measure their understanding of the knowledge and skills presented in the section of training. A standard for performance must be included in the objective. Examples include:

- With 90% accuracy.
- As outlined in the competency-based checklist.
- By scoring 85% or more on the midcourse questionnaire.

Training Methods

Once objectives, practice, and feedback are incorporated into the course design, the next step in the objectives. Write a K, A, or S next to each. A few action verbs may be used more than once.

Group work (30 min.):

The trainer should:

- Divide Px into 3 groups
- Ask each group to write 1 general and 4 specific objectives for a training topic of their choice.
- Write objectives on flipchart paper (20 min.).
- Ask Px to read their objectives and give feedback (10 min.).

Discussion (10 min.):

The trainer should:

- Ask Px how they choose the training
The design process is to select the methods for the actual training. There are many methods from which to choose. When selecting a training method, answer the following questions:

- Is this method appropriate for the objectives?
- Are there sufficient trainers available to use this training method?
- Are there resources available to use this training method?
- Are clinical facilities required?
- What is the projected size of the group to be trained?
- Is a special classroom arrangement required?
- Is this method appropriate for group training, individualized training, or both?
- What times are available for training?
- What is the background of the Px?
- Will the methods selected stimulate interest and provide variety?

**Training Materials**

Training materials are critical in the delivery of training. Their effective use can ensure that a variety of learning stimuli are used during training. Integrating different types of materials into training will help maintain the interest and attention of Px. Also, each person in a training course will have a different learning style. By using a variety of training materials the trainer is more likely to meet the needs of all Px.

Some concepts and principles are best presented through the use of specific materials. When selecting training materials, methodologies they use when doing training.

- Write their responses on a flip chart as they contribute.

**Group work (20 min.):**

The trainer should:

- Divide Px into 3 groups.
- Ask Px to read objectives and methodologies in example 3.1.
- Px give their view if the choice of methods in these two examples are appropriate.
- What methods are used for what objectives (10 min.).
- Groups debrief their result (10 min.).
- Px read objectives and give feedback (10 min.).
- Give Px Handout 3.8: Training Methods and Materials.

**Discussion (10 min.):**

The trainer should:

Ask Px:

- Why training materials are important to Px and trainers?
- When conduct training, what sources of materials are chosen?
- What kinds of materials are used?
the instructional designer should keep in mind that, just as for training methods, the excessive use of any one type of material will decrease its effectiveness.

There are five general classifications of training materials. These include:
- Printed materials,
- Non-projected materials,
- Projected materials,
- Audiovisual materials, and
- Computer-based materials.

Developing a Course Outline
The course outline is a plan of the training to be delivered—it is a design document, not a teaching or presentation document. For each enabling objective presented during the course, the designer must select appropriate practice activities, training methods, and materials. Combining all of these elements creates the course outline.

The course outline is divided into four columns.
- Time,
- Objectives/Activities,
- Training/Learning Methods, and
- Resources/Materials.

Group work: (90 min.):
The trainer should:
Give the following scenario:
A TNA identifies that a group of midwives lack the knowledge and skills necessary for IUD insertion. A number of clients have returned to the clinic suffering from RTIs following IUD insertion. You are asked to develop a training course on IUD insertion for midwives.

- Pass out \textit{Px Handout 3.9: Course Description}.
- Divide Px into 3 groups. Ask each group to develop a description of the course they would design, based on the scenario. Ask them to print their results on a flip chart. Allow 60 minutes.
- Reconvene the plenary and ask a Px from each group to read the flipchart. (30 min.)
- Pass out copies of \textit{Px Handout 3.10: Sample Course Outline}. Explain that developing the course outline would
Developing a Course Schedule

The course schedule/agenda is a day-by-day description of all training activities. Px are given the course schedule so they can see the sequence of course activities. Information appearing on a course schedule includes:

- The course name,
- Days of training (days of the week and/or day number),
- Time blocks for all training activities, and
- A brief description of all training activities.

Information for the final course schedule is obtained from the course outline. The trainer may develop the initial course schedule before starting on the course outline. As the course outline evolves, the course schedule may change until the final schedule is produced.

The trainer should:

- Discuss the components of a course schedule.
- Divide the group into the same 3 groups. Pass out copies of Px Handout 3.11: Sample IUD Course Topics.
- Explain that the handout has the topics and times for the IUD course they have been developing. Ask them to use the handout to develop a course schedule. Allow 45 min. Write the course schedules on flip chart paper and post them on the wall.
- Reconvene the larger group and spend 10 minutes viewing and critiquing the course schedules.
Specific Objective #4: Describe how to pilot test the training curriculum.

**CONTENT:**

**Pilot Testing a Curriculum**

Before you implement a new training curriculum, it should be pilot tested in one location to evaluate whether the objectives, content, time allocation, materials/training aids, and tools for assessment are appropriate or not.

If it is implemented on a large scale without pilot testing, health care providers trained may not be fully capable of providing high quality care.

**Steps to Pilot Test a Curriculum**

1. Hold a trainers’ workshop to finalize the curriculum, including objectives, content, module/material, training site, materials or aids.

2. As a training is piloted, a secretary should keep good notes of the training times, content, methodologies, time management, and feedback from Px. The trainer should record all learning activities, exercises, or content that need to be changed, as well as reactions from Px.

3. As part of evaluating the training, tests are given to Px to evaluate their progress after certain training topics. Feedback on content, methodology, handouts, time allocation and training site, materials, and training aids from Px are collected.

**METHODODOLOGY:**

**Group Discussion: (10 min.):**

The trainer should:

- Ask Px what the consequences might be if a new training curriculum was widely implemented without pilot testing it first.
- Write the Px’ responses on a flip chart as they brainstorm.

**Lecturette (15 min.):**

The trainer should:

- Give a short presentation on the steps needed to pilot test a curriculum.
- Ask Px to add any ideas.
- Pass out *Px Handout 3.12: Pilot Testing a Curriculum.*
4. After the pilot test is conducted and evaluated, trainers should meet to revise the curriculum. Changes should be made to the training curriculum to address problem areas (methodology, materials, pre- and post-course tests).
Specific Objective #5: Explain the importance of developing tools to assess knowledge and skills.

**Why is Assessment Needed?**

- To determine whether the training has achieved its objectives.
- To assess the value of a training program.
- To identify areas of the program that need improvement.
- To identify the appropriate audience for future programs.
- To review and reinforce key program points for Px.
- To sell the program to managers and Px.

**What to Assess?**

Assessment must focus on the 3 aspects of training: knowledge, attitudes, and skills. Attitudes are the most difficult to measure because they are like opinions or prejudices, and are generally part of a person’s background and personality, hidden below the surface. Attitude that can be measured is shown by communication skills, counseling skills, or clinical skills.

**When do we assess?**

- On a daily basis.
- During the training program.
- At the end of the training program.
- After participants have returned to their work sites.

**Discussion (15 min.):**

The trainer should:

- Ask Px what would happen if there were no assessment during a training.
- Write the Px’ responses on a flip chart as they brainstorm.

**Questions and answer (10 min.):**

The trainer should:

- Raise questions about the areas of training that should be assessed.
- Ask Px what difficulties they often face with in-training assessment.
Characteristics of Knowledge-Based Assessment Instruments

Measuring an individual’s acquisition of knowledge using an assessment instrument or test is a complex process. To measure knowledge acquisition effectively, a test must be well designed. A good test:

- Measures accurately what it is supposed to measure (validity),
- Measures consistently what it is designed to measure (reliability),
- Is objective (objectivity),
- Differentiates between Px who do and do not know the information (discrimination),
- Contains a liberal sampling of items across all training objectives (comprehensiveness), and is easy to use (ease of administration).

Assembling a Knowledge-Based Assessment

After a group of test items has been reviewed and edited, selected items are organized to form the knowledge test or questionnaire. To be done properly, the designer must decide on the number of items that will be included and the order in which they will be presented to the Px. Directions for the Px and a scoring key must be developed. Each of these steps must be taken carefully if the test items are to realize their maximum value.

- Test items should be organized on the basis of 1 or more of 3 characteristics: the subject matter, type of item, and

Discussion and lecturette (30 min.):

The trainer should:

- Start the lecture by describing the importance of designing tests well.
- Put up a flipchart with the following words on it – validity, reliability, objectivity, discrimination, comprehensiveness, and ease of administration.
- Ask Px to volunteer definitions for the terms. Complete the definitions with information found in the content.
- Ask Px to describe how they assemble questions in a test. Complete information with information found in the content.
- Ask Px for ideas about how to review a test critically after the test is assembled and the directions are written. Complete information with information found in the content.

(See Px Handout 3.13: The Importance of Developing Tools to Assess Knowledge and Skills.)

Discussion (30 min.):

The trainer should:

- Ask Px to discuss the basic steps needed to prepare knowledge tests.
- Complete the answer with information in the content
- Ask Px what factors affect the test. Compile the answer with information in the content
level of difficulty.

- The Px need a complete understanding of the ground rules under which they will take the test.

After the test is assembled and the directions are written, it is a good policy to review each part critically. The designer should consider each item from the Px’s point of view. The grammar should be checked and the following questions asked:

- Are there questions that cover all the objectives covered by this test?
- Does the number of test items adequately reflect the amount of time spent per objective?
- Is the number of items included in the test in direct proportion to their importance in training?
- Does each item really measure the Px’s attainment of the objective? If not, how could it be revised to do so?
- Is each set of directions clear? Do the directions apply to every item in the group, or do some items require specific directions?
- Is there plenty of space to write the response?
- Are tricky, obvious, or irrelevant questions avoided?
- Is each item separate and independent from the rest of the items?
- Are similar items grouped together?
- Is the test designed so that it is easy to score?
- Will Px be provided with meaningful

- Complete the lecture by discussion how to standardize test administration
- Ask if Px have any further questions.
feedback about their answers?

When possible, the test should be pilot tested before it is used in regular training programs. After the test has been administered to 1 or 2 groups of Px, the designer needs to analyze and improve it. The weaknesses that are revealed should be corrected and the test continually revised.

Administering a Knowledge-Based Assessment

It is important for the trainer to maximize the test-taking performance of each Px being tested. If the administrative procedures for one group are changed slightly from those used with another group, neither group may obtain its maximum performance. Standard procedures become very important when comparisons are made among training groups.

Trainers should prepare themselves before testing by following these suggestions:
- Review the test procedures;
- Make certain that the testing room is ready;
- Make sure that supplies for the test are adequate;
- Make arrangements so those Px being tested will not be interrupted;
- Refrain from any special coaching on the subject matter of the test in an attempt to reduce anxiety and frustration;
- Rehearse by reading the directions; and

Discussion (30 min.):

The trainer should:

- Start the lecture by asking Px to describe how they prepare themselves before administering a knowledge-based assessment (test). Complete the discussion with information found in the content.
- Ask Px what factors can affect test administration. Complete the discussion with information found in the content.
- Discuss how to standardize procedures when administering tests.
- Ask for questions.
Try to anticipate the questions that might be asked before the test begins.

Several factors affect test administration. These include:

- Setting time limits;
- Establishing adequate testing conditions;
- Orienting Px; and
- Providing for practice.

**Competency-Based Assessments**

Competency-based tools need to evaluate such skills as communication, counseling, problem-solving, and organizational managing as well as the clinical skills of the providers. The most common tools are checklists and case studies, which teach a wide variety of skills and activities in a realistic job-related situation and make evaluation of performance more objective.

The advantages of competency-based assessments are that they:

- Ensure that training is based on a standardized procedure;
- Help standardize training materials;
- Form the basis of trainer demonstrations;
- Function as a self- or peer-assessment tool;
- Ensure that all Px are having their skills measured according to the same standard; and

**Discussion (15 min.):**

The trainer should:

- Ask Px what skills are needed for a competent provider to provide services to their clients.
- Write the Px’ responses on a flip chart as they brainstorm.

The trainer should raise another question:

- When conducting a training, what tools are usually used to evaluate these skills?
- Px respond. Complete the information with the knowledge in the content.

**Discussion (20 min.):**

The trainer should:

- Ask Px to list the advantages of using competency-based assessments. Complete discussion with information found in the content.
- Ask Px to list the limitations of using competency-based assessments. Complete discussion with information found in the content.
- Ask Px to look at Px Handout 3.14: Sample Competency Based Skills Checklists and discuss the different rating systems used in competency-based assessments—ask them to look at the learning guide and checklist rating scales.
- Ask Px what differences they notice
UNIT 3/OBJECTIVE #5

CONTENT: CONTINUED

Provide a basis for follow up evaluations of trained clinicians.

The limitations of competency-based assessments are that they:

- Require time and effort to develop;
- Must be used by clinical trainers who are proficient in the clinical procedure or activity to be learned;
- Require an adequate number of skilled clinical trainers to conduct the training because competency-based clinical training usually requires a one-on-one relationship.

Two types of rating systems that can be used when designing competency-based skill development and assessment instruments are numerical or multilevel and pass/fail.

- A numerical or multilevel rating scale assigns numbers to specific levels of performance. This allows trainers and Px to easily measure their progress in learning clinical skills or activities over time, and such scales are typically used with learning guides.

- A second type of rating scale is the yes/no (e.g., pass/fail, satisfactory/unsatisfactory) system, which often is used with checklists. As the Px performs each step of the procedure or activity, the evaluator (clinical trainer) “checks” whether or not the step has been satisfactorily completed.

METHODOLOGY: CONTINUED

between the learning guide and the competency-based skills checklist.

Explain that many organizations and preservice institutions use learning guides when first introducing new skills. The learning guides are much more detailed than the checklists and have broken the skills down to finer details. The learning guides are good for learning, but may not be practical for evaluation.
Specific Objective #6: Explain how to choose a site for clinical practice.

**Clinical Practice Sites**

The success of a competency-based training program depends upon having a site where Px are exposed to adequate numbers of cases and are practicing in a supportive environment that reinforces standards taught in the training program.

Clinical sites should be selected based on the following criteria:
- Patient mix and volume;
- Equipment, supplies, and drugs;
- Staff (number of staff, skills needed);
- Transportation accessibility; and
- Other training activities. (If there are other trainings going on, predict possible obstacles/barriers. What are possible solutions?).

**Group work: (15 min.)**

The trainer should:
- Ask Px to brainstorm what needs to be considered when selecting a clinical training site.
- Write the Px’ responses on a flip chart as they brainstorm.
- Complete the list, as necessary.
- Summarize by asking why developing appropriate selection criteria for a clinical training site is important.
- Pass out*Px Handout 3.15: Clinical Practice Sites.*
Specific Objective #7: Describe how to develop a clinical training site.

Steps in Developing a Clinical Training Site

1. Discuss the process that will be needed to prepare the site for a clinic practicum with the clinic staff.
   - Select an appropriate team to make the site assessment.
   - The purpose of the assessment will be to determine what needs to be done to prepare the site for a clinical practicum.
   - Brief the assessment team on what you plan to do.
   - Discuss the steps in the performance analysis.

2. Decide what you will need at the facility to make it a practicum site (all of the things listed in the previous objective).
   - Patient mix and volume
   - Equipment, supplies, and drugs
   - Supportive staff
   - Protocols and correct procedures

Group work: (30 min.):

- The trainer should:
  - Ask Px to brainstorm the steps to follow when preparing a clinical site for training activities.
  - Write the Px’ responses on a flip chart as they brainstorm.
  - Complete the steps with any that are missing.

Distribute Px Handout 3.16: Steps in Developing a Clinical Training Site and give Px 5 minutes to read.
- Review the answers and give Px a chance to ask questions.
- Summarize by saying that developing the clinical training site will enhance the quality of the training activity and make it more likely that the Px will transfer newly acquired knowledge, skills, and attitudes in their place of work.
- Trainers should identify activities (written on a flipchart).
- Ask Px to match them with steps in selecting a clinical training site.
Advanced Training of Trainers

UNIT 3/OBJECTIVE #7

CONTENT: CONTINUED

- Transportation
- Clinical supervisors

3. Conduct an analysis of the current situation in the facility.
- Site assessment---what is currently available?
- Look at existing performance data and review records.
- Use inventory checklists.
- Use observation checklists to observe procedures and staff performance.

4. Define the gap between the current situation at the facility and what is needed to make the it a good practicum site.
- Meet with assessors and clinic staff.
- Define what will be needed.

5. Perform a cause analysis.
- Work with clinic staff to find the reasons for the gap.

- Work with the staff to decide on interventions and prioritize them.

7. Plan interventions
- Create an action plan.
- Include who will do it, the resources needed, a deadline, and determine how to monitor progress.

8. Make the changes.

9. Monitor and supervise the changes.
UNIT 4:
Implementing Training

Introduction:
With careful planning, trainers can ensure that training objectives reflect training needs, and that learning methodologies lead participants to meet those objectives.

Unit Training Objective:
To prepare the participant to develop plans for conducting an effective training course.

Specific Training Objectives:
By the end of this unit, the participants will be able to:
1. Demonstrate the four types of role-play.
2. Demonstrate a variety of advanced brainstorming techniques.
3. Demonstrate how to develop a case study.
4. Demonstrate the technique of mind mapping.
5. Demonstrate the use of advanced lecture techniques.
6. Demonstrate the use of advanced discussion techniques.
7. Demonstrate the use of games and experiential learning exercises.

Training/Learning Methodology:
- Lecturette
- Discussion
- Brainstorming
- Group Work

Major References and Training Materials:

Resource Requirements:
- Marking pens
- Overhead projector
- White Board
- Flip Chart
- Flip Chart Paper
Evaluation Methods:
- Participant Reaction Forms
- Where Are We?
- Reflections
- Continuous assessment of objectives

Time Required: 11 hours 25 minutes

Materials for Trainers to Prepare in Advance:

1. Transparencies
   4.1: Unit Objectives
   4.2: Tips for Mind Mapping
   4.3: Active Knowledge Sharing 1
   4.4: Active Knowledge Sharing 2

2. Copies of Participant Handouts:
   Specific Objective 1
   4.1: Role-Plays
   4.2: Checklist for Evaluating Role-Plays
   Specific Objective 2
   4.3: Brain writing 6-3-5
   Specific Objective 3
   4.4: Case Study
   4.5: Checklist for Case Studies (2 copies per participant)
   Specific Objective 4
   4.6: Mind Mapping
   Specific Objective 5
   4.7: Encouraging Participation
   4.8: Lecture Variations
   Specific Objective 6
   4.9: Discussion Variations
   Specific Objective 7
   4.10: Training Games and Exercises
Specific Objective #1: Demonstrate the four types of role-play.

**Why Use Role-Play?**

A well-constructed role-play exercise promotes effective learning. Pxs practice skills they have been taught, demonstrating their knowledge and understanding of the content through their application in a roleplay situation. They have an opportunity to gain insight into their own behavior. Role-play is a good method for teaching attitude, counseling skills, and sometimes problem-solving.

**Disadvantages to Using Role-Play as a Method**
- Role-play is often time consuming.
- It needs careful instruction.
- It sometimes requires a lot of preparation.
- It cannot be used to assess attitude.

**There are 4 Types of Role-Plays**
- **The Scripted Role-Play** uses a script that is prepared ahead of time to conduct the role-play.
- **The Coaching Role-Play** involves the trainer, other role-players, and Pxs. The trainer demonstrates a skill while including others in asking and answering questions about the demonstration.

**Introduction (5 min.):**

The trainer should:
- Greet Pxs.
- Show Transparency 4.1: Unit Objectives and discuss the unit objectives.

**Group exercise (1 hr. 25 min.):**

The trainer should:
- Ask Pxs to review when and why to use role-plays.
- Pass out Pxs Handout 4.1: Role-Plays.
- Divide the Pxs into 4 groups.
- Give each group one type of role-play. Give them 7 minutes to discuss their role-plays and prepare to explain or teach their role-play to another group.
- Assign each person in each group a number 1, 2, 3, or 4. At the end of 7 minutes ask all of the 1s to form a new group, 2s, etc. Each person in each group has 2 minutes to explain his role-play to the others in the group. At the end of 8 minutes reconvene the groups.

*Note: If you have fewer Pxs, drop the spontaneous role-play from the activity or modify the exercise in some other way.

- Explain that this is a type of learning exercise called “Jigsaw Puzzle” and it is a good way to help people learn
The Spontaneous Role-Play is used by the trainer during a general discussion to demonstrate an approach or a way to handle a situation. Rather than being planned, it occurs to the trainer “spontaneously” as he or she is facilitating a discussion.

The Rotating Trio Role-Play gives each person in a group of 3 a chance to play a different role. The role-play consists of 3 different rounds. Each round may be the same and acted out in a different way or a different scenario can be created for each round. The third person in a group often acts as an observer who comments on the role-play.

Tips for Conducting a Role-Play

- Be clear about the objectives of the role-play and communicate them clearly to the Px. Make sure that they understand that the purpose of the role-play is to practice the skills they have learned.
- A role-play can never be successful if Px are afraid or embarrassed. Make sure that Px understand what the correct behavior they are demonstrating should be. For example, if a counseling role-play is presented, make sure Px know what good counseling should be like.

Give each Px 3 copies of Px Handout 4.2: Checklist for Evaluating Role-Plays. Explain that these checklists will be used to evaluate the role-plays they will observe.

Divide Px into their original groups.

Give groups 15 minutes to prepare a 5-minute role-play similar to the type of role-play they were originally assigned.

Give each group 5 minutes to present their role-play and 5 minutes to discuss the process of the role-play.

Ask Px to use the checklist to evaluate each role-play and share the evaluations with the team conducting the role-play.

At the end of each role-play ask Px to comment on what the advantages and disadvantages of that type of role-play are and when they might use it.

Ask Px if they have anything to add.

Finish by asking Px to brainstorm tips for conducting a role play. Complete their list from the content on the left side of the page.
Specific Objective #2: Demonstrate a variety of advanced brainstorming techniques.

**CONTENT:**

- The term **brainstorming** has gained common usage in the English language as a generic term for creative thinking. The concept of **brainstorming** is a generating of ideas in a group situation based on the principle of suspending judgment—a principle which scientific research has proved to be highly productive in individual as well as group effort. The generation phase is separate from the judgment phase of thinking.

There are many variants of brainstorming, although the basic rules are the same.

- **Classic Brainstorming:** The purpose is to bring out as many ideas as possible, as quickly as possible, without censoring them.

- **Rawlinson Brainstorming:** The facilitator describes the problem and then tells ways s/he has used to solve the problem that have failed. The facilitator then asks Px to offer other solutions.

- **Imaginary Brainstorming:** Brainstorm imaginary solutions to an imaginary problem and then apply these solutions back to the real problem.

- **Trigger Brainstorming:** Define the problem and have each Px write down a list of solutions. Have the first Px read his or her list of solutions and then pass the list to the next person. Have the next person add any solutions on his or her paper that were not already added.

**METHODOLOGY:**

- **Learning Exercise (30 min.):**

  The trainer should:
  - Ask Px how many of them have used brainstorming in training.
  - Ask 1 Px to explain brainstorming. Be sure that s/he emphasizes that in brainstorming, every idea offered by Px is accepted and written down. Any processing of the ideas should come after the brainstorming has ended.
  - Pass out *Px Handout 4.3: Brain Writing 6-3-5*. Explain how brain writing 6-3-5 is done and that the problem statement for this exercise will be to “Think of how many ways there are to use a paper clip.” Ask Px write 3 ideas on the top row of the handout in a complete and concise sentence (6-10 words). At the end of 5 minutes (or when everyone has finished writing), they should pass the worksheet to the person on their right. They should then add 3 more ideas to the new sheet they have been given. Continue the process until several lines have been completed. Explain that the name Brain writing 6-3-5 comes from the process of having 6 people write 3 ideas in 5 minutes. When this is done, a total of 108 ideas will be generated.
not already mentioned and then pass the paper to the next person. The idea is that one person’s list will “trigger” new ideas for the next person.

There are several variations of trigger brainstorming. One variation is using “idea cards.” Each person, using Post-it notes or small cards, writes down ideas, and places them next to the person on his or her right. Each person draws a card from their neighbor’s pile as needed for inspiration. When a person draws a card, he or she adds a new idea to the card and passes it along.

A second variation is the “brainstorming pool,” where each person, using Post-it notes or small cards, writes down ideas and places them in the center of the table. Everyone is free to pull out 1 or more of these ideas for inspiration. Team members can create new ideas, variations or add on existing ideas.

Groups Work (1 hour):

Using either colored slips of paper or candy with different wrappers, assign Px to 3 different groups.

Assign each group a brainstorming method (Rawlinson, Imaginary, or Negative Brainstorming).

Give each group 15 minutes to prepare their assigned brainstorming technique to demonstrate to the class.

Ask each group to carry out their brainstorming exercise.

Process the activity by discussing the following questions:

- What type of brainstorming was being demonstrated?
- When might it be appropriate to use each type of brainstorming technique and with what type of Px?
- Is there a situation when some of these techniques would not be appropriate or would not work well?

Summarize by saying that these brainstorming exercises are supposed to assist the trainer, not make training activities more complicated or use up precious training time.
questions such as, “What could go wrong with this project?” For example, clinic staff would like to increase the number of clients coming to their clinic. They have brainstormed a long list of ideas and then discarded many. Now they are down to only a few good ideas they might like to try. They use “negative brainstorming” to identify what might go wrong with each of these ideas.
Specific Objective #3: Demonstrate how to develop a case study.

**What is a Case Study?**

A case study is a training method that refers to a realistic account of a problem and how it is handled. It uses problem solving to reinforce Pxs' knowledge. Like other experiential learning activities, it enhances retention, recall, and the application of knowledge to real situations. The primary advantage of a case study is that it focuses on a real situation.

**Two Types of Case Study**

1. Full Information: In this type of case study all of the relevant information for preparing the case study is given at the beginning.

2. Incremental: Here, the information is given in stages. When the Pxs finishes 1 section of the case study, the section is discussed thoroughly before moving on to the next section.

**Advantages of the Case Study as a Training Method**

- It is participatory and encourages Pxs interaction.
- Case studies use realistic and relevant cases that relate directly to Pxs’ work.
- Pxs learn that there may be different perspectives or solutions to the problems presented in the case study.

**Presentation and Group Work: (3 hours)**

The trainer should:

- Introduce the activity by reviewing what a case study is.
- Brainstorm guidelines for writing case studies.
- Complete any content they may have missed.
- Hand out *Px Handout 4.4: Case Study*.
- Divide Pxs into 3 groups. Allow 1 hour for each group to develop a case study, following the guidelines. Ask Pxs to put the key points from the case study on a flip chart.
- While the Pxs are working, pass out *Px Handout 4.5: Checklist for Case Studies*. Give each person 2 copies of the checklist explaining that when they present, they will be evaluated using the checklist.
- Reconvene the group. Ask Pxs to evaluate each case study using the checklist.
- Allow 10 minutes for each group to present their work and another 20-30 minutes to discuss each case study. Include checklist results as part of the discussion.
- Ask Pxs what steps they would go through to use case studies in their...
Case studies help Px develop problem-solving skills.

Case studies may be developed by either the trainer or Px.

Case studies give Px a good chance to learn clinical problem-solving without using real patients.

**Guidelines for Writing Case Studies**

- **Write in story form.** Create the story and then write what you imagine. Make it as realistic as possible. Using a medical case you are familiar with will make it more realistic.

- **Create characters.** Give the characters names that fit the role. In medical case studies, don’t use names that Px may laugh at.

- **Create some realistic dialogue.** This makes the story more interesting and realistic.

- **Provide as many specific details as are appropriate and necessary for the Px to analyze the case.** You may or may not want to provide background information. Include detail that enhances the case study or provides essential information. Don’t include information that may confuse the Px or side track them from the main task.

- **Be descriptive.** Create a picture in the minds of the Px. If necessary, describe the character’s emotional state.

- **Make the story easy to follow.** Shorter case studies are more easily read and understood.
Provide discussion questions or guides for Px to follow. This guides the Px and prevents time from being wasted. Use both focused and open-ended questions.

How to Use Case Studies in Training

Step 1: Provide the case study scenario.
Step 2: Tell Px what you expect them to learn from the case study. (Give them the learning objective.)
Step 3: Give them time to learn and absorb the details of the study and to think about how they might solve it.
Step 4: Guide the group through the discussion of the case study. To do this:
  ♦ Divide the group into smaller groups.
  ♦ Ask each group to select a note taker. Explain to the note taker how you expect things to be arranged on the flip chart.
  ♦ Give out guide questions for the case study.
  ♦ Give the groups time to carry out a discussion and summarize the results.
Step 5: Bring the groups together and ask them to present their results.
Step 6: Summarize and bring together the results of all of the groups.
Specific Objective #4: Demonstrate the technique of mind mapping.

**What is Mind Mapping?**

Mind mapping is a form of brainstorming. Just like regular brainstorming, the purpose is to generate as many ideas as possible without worrying about the quality of the ideas. The difference is that in this form of brainstorming, the ideas are mapped out, rather than written in linear fashion. There are several ways to do mind mapping.

1. Put two large pieces of flip chart paper together to form a square. You will need a large space to write on.
   - Write the problem in the center and draw a circle around it.
   - Identify the major components of the problem by brainstorming, and write each of these on a line coming out of the circle like the spokes on a wheel.
   - As the brainstorming about each of these major components continues and becomes more detailed, draw branches off of these lines to record the details.
   - If you want, add images next to your main line that illustrate what each line means to you. (Some people think better with pictures, others with words).

**Lecturette (15 min.):**

The trainer should:
- Ask Px if they have ever used mind mapping.
- Distribute Px Handout 4.6: Mind Mapping.
- Give a brief lecture on uses of mind maps and the advantages of using a methodology that does not use linear notes and steps. Use the mind mapping technique to conduct the lecture.

**Lecturette (15 min.):**

The trainer should:
- Use Transparency 4.2: Tips for Mind Mapping to outline tips for mind mapping.
- Ask Px if they have questions.

**Skills Practice (45 min.):**

The trainer should:
- Divide Px into pairs. Provide each pair with a sheet of flip chart paper. Ask each pair to choose a topic and use mind mapping to explain their topic.
- Allow Px 30 minutes to develop their mind maps. When they have completed their mind maps, ask them...
You can do the brainstorming very systematically from the center outward, one spoke at a time, or jump from place to place as ideas develop. Ideas that are linked should be recorded off of the same line or near each other.

2. Another form of mind mapping works well when you have 2 main components, such as the advantages and disadvantages of something. In this form of mind mapping the shape of a tree is used with the main topic as the trunk and the 2 main branches as the advantages and disadvantages. It can also be used to map out more than 2 major components, but the space is more limited because of the shape of the tree.

Tips for Mind Mapping

- Use just key words, or where possible, images.
- Start from the center of the page and work out, or from the bottom up if you are using a tree.
- Make the center a clear and strong visual image that depicts the general theme of the map.
- Underline or highlight the things you want to stand out.
- Leave lots of space.
- Create sub-centers for sub-themes.
- Put key words on lines.
- Print rather than write in script.

Tip: When everyone has finished, conduct a tour of the mind maps.

Tip: Ask for questions.

Tip: Summarize by reiterating the uses of mind mapping.

Tip: To post their mind maps on the wall.
Anything that stands out on the page will stand out in your mind.

Use arrows, icons, or other visual aids to show links between different elements.

Don’t get stuck in 1 area. If you can’t think of anything else in an area, move on to another.

Put ideas down as they occur, wherever they fit. Don’t judge or hold back.

Be creative. Creativity aids memory.

Get involved. Have fun.

**Uses of Mind Maps**

- Notes.
- Recall.
- Creativity.
- Problem-solving.
- Planning.
- Presentations.

**Advantages of Mind Maps**

- Mind maps work the way the brain works—which is not in nice neat lines.

- Memory and creativity are naturally associative, not linear. Any idea probably has thousands of links in your mind. Mind maps allow associations and links to be recorded and reinforced.

- The mind remembers key words and images, not sentences—try recalling just 1 sentence from memory!
Mind maps use just key words and key images, allowing a lot more information to be put on a page.

- Because mind maps are more visual and show associations between key words, they are much easier to recall than linear notes.
- Starting from the center of the page rather than top-left corner allows you to work out in all directions.
- The organization of a mind map reflects the way your own brain organizes ideas.
- Mind maps are easy to review. Regular review reinforces memory.
- We remember what stands out. The way mind maps are laid out allows you to make key points stand out easily.
Specific Objective #5: Demonstrate advanced lecture techniques.

**CONTENT:**

▶ **Active Knowledge Sharing**

- A lecturer speaks at the rate of 125-150 words per minute.
- People can listen at the rate of 400-500 words per minute.
- People remember 15%-25% of what they hear, 50%-55% of what they hear and see and 80% –85% of what they hear, see, and do.

**Encouraging Participation**

Any discussion or lecture can become much more interesting if Pxs participate. The trainer’s behavior can either encourage or discourage participation. Trainers do this through:

- **Nonverbal Communication:** Eye contact, head nodding, posture, body movement, smiling or frowning.
- **Verbal Communication:** What you say and how you say it can either encourage or discourage participation.
- **Praise or Encouragement:** What you say and how you say it can either encourage or discourage participation. Use simple words of encouragement like, “I’m glad you brought that up.” “What a good idea.” Or, “Good point.”
- **Accept or Use Ideas:** Build on ideas offered by Pxs.

**METHODODOLOGY:**

▶ **Lecturette (15 min.):**

The trainer should:

- Explain that there are many reasons why trainers like to lecture. Lectures are easy to prepare, they save time because you can cover a lot of material in a short time, and it is easy for the trainer to maintain control of the situation.
- Show Transparencies 4.3 and 4.4 on Active Knowledge Sharing. Ask Pxs if they can fill in the blanks. Then provide the answers.
- Ask Pxs, if we know this evidence, why would we lecture. Telling is not training. People learn best by doing, not by being told.
- Explain that there are ways to make lectures more interesting and help Pxs learn more by making the lecture into a discussion and including Pxs.
- Review some of the ways of encouraging participation found in the content and ask Pxs to give examples.
- Explain that encouraging participation is not always easy.

▶ **Working in Pairs (30 min.):**

- Divide Pxs into pairs. Ask them to read the situations in Pxs Handout.
Accept Feelings: Use statements that show you accept feelings or ask for clarification of feelings.

Varying lecture techniques can increase participation in lectures, increase interest in the subject being taught, and improve effectiveness of the presentation. Some variations in lecture techniques include:

- **The Card and Chart Technique** is a combination of lecture and brainstorming. It's a way to organize brainstorming ideas into categories or components. This technique is used in the quality of care framework.

- **A Mock Interview** is a useful way to obtain information from technical experts. It can be done several different ways. A volunteer can be given a set of questions to ask the technical expert, or a panel of experts can be set up with the audience asking questions.

- **The Multiple Choice Lecture** is done by giving each trainee 4 pieces of different colored paper. Label each piece A, B, C, or D. Prepare a series of multiple choice questions related to the lecturette and put each question on a transparency. During the lecturette show the questions as they relate to the content. Ask the trainees to hold up the appropriate piece of paper that relates to the multiple choice answer A, B, C, or D. If a number of trainees give the wrong answer, the trainer should decide what they would do in each case and exactly what they would say to stimulate discussion. Ask each pair to also share 1 difficulty they have encountered where they had difficulty encouraging participation.

### Lecturette (15 min.):

The trainer should:
- Give a brief lecture on the different types of lecture techniques that can be used.

### Group work (1 hr. 15 min.):

The trainer should:
- Divide the group into 5 smaller groups. Give each group 1 type of lecture and ask them to demonstrate the technique using a subject of their choice.
- Give Pxl 15 minutes to prepare.
- After 15 minutes, give each group 10 minutes to demonstrate the lecture technique they were assigned.
- During presentations, ask Pxl to reflect on the following:
  - Was the lecture type used appropriate for the subject material?
  - Did the lecture type enhance the presentation or make it confusing / cumbersome?
  - What suggestions do you have to increase the effectiveness of the lecture?
answer, review the content.

- **Key Words** can be used to highlight the important words in a lecture. As you speak, write single key words on a flip chart. The key words should eventually create an emerging content outline.

- **The Cartoon Lecture** stimulates interest and helps Px remember the lecture content. Find cartoons that relate to the content of your lecture. Transfer the cartoons to overhead transparencies and use them to illustrate key points from your lecture.

- **Using Examples** is a good way to clarify teaching points. Good lectures often contain examples, analogies, and metaphors.

- Summarize by asking Px to talk about advantages and disadvantages of each type of lecture.

  *(See Px Handout 4.8: Lecture Variations.)*
What is a Discussion?

A discussion is an exchange of ideas on a topic of mutual concern, with or without moderation by a leader. It can be totally unstructured and spontaneous, or it can be highly structured. Discussions can be held in a large group, or the group can be broken into smaller discussion groups.

Varying discussion techniques can increase participation in lectures, increase interest in the subject being taught, and improve effectiveness of the presentation. Some variations in discussion techniques include:

Small Group Discussion

A small group discussion simply means breaking a larger group into smaller groups to discuss a topic. After some time the larger group reconvenes to discuss the results of their small group discussions. There are many variations of small group discussions. But, there are 3 very useful techniques:

1. The “66” Discussion Technique

The “66” discussion technique is a way of structuring small group discussions. Divide Px into groups of 6. (Groups could have different or similar topics.) Identify one recorder. Allow groups 6 minutes to talk about the issue. Tell the group when there

Lecturette (15 min.):

The trainer should:
- Define what is meant by a discussion.
- Distribute Px Handout 4.9: Discussion Variations.
- Give a brief lecture on the different types of discussion techniques that can be used.

Group work (40 min.):

The trainer should:
- Divide the group into 2 smaller groups. Give one group the “fishbowl” and the other group “definitions.”
- Give them 15 minutes to prepare to demonstrate the technique, using a subject of their choice.
- After 15 minutes, give each group 10 minutes to demonstrate the lecture technique they were assigned.
- During presentations, ask Px to reflect on the following:
  - Was the discussion type used appropriate for the subject material?
  - Did the discussion type enhance the presentation or make it confusing or cumbersome?
  - What suggestions do you have to increase the effectiveness of the
are 2 minutes left, then 1 minute, and suggest they wrap up. Post results on flip charts.

2. The Fishbowl

The fishbowl involves dividing a large group into two smaller groups. One group forms an inner circle (the fishbowl), where they discuss a topic. The second group forms an outer ring around the fishbowl. The outer ring listens and observes, while those in the fishbowl discuss a topic. After an allotted time, the groups switch places. After both groups have had a chance to be in the fishbowl, the larger group reconvenes for debriefing. A fishbowl can also be used as a technique for role-playing.

3. Teams

Rather than dividing Px into discussion groups, divide them into teams. Ask each team to solve a problem, but make the exercise competitive.

An interesting training exercise used to explain definitions is to divide Px into teams. Use different colored paper for each team and write (or photocopy and paste) the individual definitions on pieces of the colored paper. Put the matching word for each definition on the front of an envelope. Give each team 3-4 minutes to put the correct definition in each envelope. When time is up ask 1 team to read their words and matching definitions. Award a prize to the winning team. After the time is up,
ask one team to read their words and match definitions. Award a prize to the winning team.
UNIT 4/OBJECTIVE #7

Specific Objective #7: Demonstrate the use of games and experiential learning exercises.

**CONTENT:**

**The Advantages of Instructional Games**

Instructional games can serve a number of purposes.

**Instruction:** Games can be used as instructional techniques.
- To assess Px’ knowledge or skills prior to training.
- To teach new content or skills, provide new information, or explain new concepts.
- To review or reinforce learning points.
- To assess how much Px have learned.

**Group Development:** In training, instruction should be the main purpose, but games can also be used.
- To break the ice and help people get to know one another.
- To create a comfortable learning environment.
- To build group cohesiveness by having Px work in teams. This collaboration and competition can also stimulate interest and learning.
- To motivate Px and generate interest in the topic.
- To energize Px during long training sessions.

**METHODOLOGY:**

**Group Exercise (60 min.):**

The trainer should:
- Introduce the activity by giving a mini-lecture on the purpose of instructional games and the types of learning games/exercises that can be used during a training activity.
- Explain that you will give them an opportunity to demonstrate a learning game/exercise.
- Form 7 groups. Distribute Px Handout 4.10: Training Games and Exercises. Tell them they have 5 minutes to choose one of the training games/exercises and demonstrate it to the class. Give each group one of the following types of training games/exercises. (If they have already used one of them, ask them to choose one they have not yet tried.):
  - Opener or ice breaker
  - Expectations
  - Dividing Px into groups
  - Team building
  - Brain teasers
  - Energizer
  - Review
- At the end of 5 minutes ask the group to carry out the training game/exercise.
- Process the activity by discussing the
Training Games and Exercises

Opener or Ice Breaker
1. Lifelines
2. What’s Your Name?
3. Shout, Whisper, Sing
4. The Interview
5. The Cocktail Party
6. Common Ground
7. Who is Who?
8. Catch the Ball!
9. Pass the Fruit
10. Two Truths and a Lie
11. Two Loves and One Hate
12. Mix and Match
13. The Walking Billboard
14. Self Disclosure

Expectations
1. Dreams and Nightmares
2. The Question Tree

Energizer
1. TV Shows
2. Group Leaders
3. Line Up
4. Numbers in the Air
5. Hand Holding
6. Mime the Lie
7. Fruit Salad
8. Sitting on Knees
9. Jane Bear Hunter
10. Body Writing

following questions:
- Did the exercise achieve its goal?
- Did the exercise enhance the training activity?
- Do you think you would ever use this exercise when you are conducting training activities?
- Summarize by saying that these training games/exercises are supposed to assist the trainer, not make training activities more complicated or use up precious training time.
UNIT 4/OBJECTIVE #7

11. Drawing a Face
12. 7-Up
13. Balloon Tag

**Dividing Px into Groups**
1. TV Shows
2. Cards

**Review**
1. Share What You’ve Learned
2. Fruits of Knowledge
3. The Daisy
4. Find a Word Review
5. Quickie Review

**Team Building**
1. Tied in Knots
2. Wishing Exercise
3. Desperately Seeking the Real Person
4. The Longest Line

**Brain Teasers**
1. Adding the Numbers
2. Mr. and Mrs. Clutter
3. Above and Below the Line

**Experiential Learning Exercises**
1. Evaluate Your Partner
2. Put Your Jacket On
3. Providing Positive Feedback
4. Actions Speak Louder Than Words
5. But I’ve Always Done it That Way
UNIT 5:
Evaluating Training

Introduction:
We evaluate training to determine whether it has achieved its objectives, assess the value of training programs, identify areas of the program that need improvement, identify the appropriate audience for future programs, review and reinforce key program points for participants, and sometimes to sell the program to managers and participants. There are 4 levels of evaluation used by trainers to evaluate training. These 4 levels are: Level 1: Participant reaction to the training, Level 2: Learning, Level 3: Behavior or Application, and Level 4: Impact or Results.

Unit Training Objectives:
In this unit, participants will learn the importance of evaluating training, describe the 4 levels of training evaluation, and develop tools to evaluate participants’ reaction to the training and how much they have learned.

Specific Learning Objectives:
By the end of the unit, participants will be able to:
1. Provide an overview of the four levels of evaluation.
2. Develop tools for Level 1: Reaction Evaluation.
5. Describe Level 4: Results Evaluation.

Training/Learning Methodology:
✦ Discussion
✦ Group Work

Major References and Training Materials:

Resource Requirements:
✦ Flip Chart
✦ Markers
✦ Copies of Handouts
✦ Masking Tape
✦ Four each: piece of cloth, button, needle, scissors, and thread.
**Evaluation Methods:**

- Participant Reaction (end of training)
- Pre- and Post-test
- Continuous assessment of objectives being learned

**Time Required:** 5.5 HOURS

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**Materials for Trainers to Prepare in Advance:**

1. Participant Handouts

   **Specific Objective 1:**
   - 5.1: Evaluating Training
   - 5.2: Measuring Training Results

   **Specific Objective 2:**
   - 5.3: Level 1: Reaction Evaluation

   **Specific Objective 3:**
   - 5.4: Level 2: Learning Evaluation
   - 5.5: Writing Test Questions
   - 5.6: Using Objective Test Scores
   - 5.7: Postpartum Care Test
   - 5.8: Group Work Scoring Sheet
   - 5.9: Group Work Answer Sheet
   - 5.10: Competency-Based Skills Checklists

   **Specific Objective 4:**
   - 5.11: Level 3: Behavior Evaluation
   - 5.12: Competency-Based Training Skills Checklist for Combined Oral Contraceptives
   - 5.13: Competency-Based Training Skills Checklist for IUD Insertion
   - 5.14: Competency-Based Training Skills Checklist for DMPA

   **Specific Objective 5:**
   - 5.15: Level 4 Results (Impact) Evaluation
Specific Objective #1: Provide an overview of the four levels of evaluation.

**CONTENT:**

**Why We Evaluate Training**

- To determine whether the training achieved its objectives.
- To assess the value of training programs.
- To identify areas of the program that need improvement.
- To identify the appropriate audience for future programs.
- To review and reinforce key program points for Px.
- To sell the program to managers and Px.

**Who Should Evaluate?**

Possible answers:

- Trainers
- Px
- An unbiased outsider
- Funding agency

**Kirkpatrick’s Levels of Evaluation**

**Level 1: Px reaction to the training**

Done at the end of the training with smile sheets and Reflections.

**Level 2: Learning**

What knowledge or skills did Px retain? Done during or right after training, this level includes pre-

**METHODOLOGY:**

**Experiential Learning Exercise (15 min.):**

The trainer should:

- Greet Px.
- Show *Transparency 5.1: Unit Objectives* and discuss the unit objectives.

**Grade your Partner**

- Pass out a slip of paper to each Px.
- Divide Px into pairs.
- Give the following instructions:
  1. Grade your partner on a scale from 0-100%.
  2. Write the grade on the slip of paper you were given.
  3. Do not ask any questions.
  4. You have 5 minutes.
- When the 5 minutes are up, ask Px to pass their slips of paper to their partner.
- You will notice that everyone is very uncomfortable and upset by the exercise.
- Ask the following questions:
  1. *What did it feel like to be evaluated on this basis?*
  2. *How did it feel to evaluate someone on this basis?*
  3. *What was missing from the instructions that would have made it...*
and post-tests, skills checklists, and oral examinations.

**Level 3: Behavior or application** How are Px applying their new knowledge and skills? This would be done at the facility level 3-6 months after training to evaluate the more lasting results of training. It includes observation of skills, interviews, surveys, and testing knowledge again.

**Level 4: Impact or results** What is the impact of training on the program or, in the case of training in health, what is the impact on the health of the population? Short term impact would be the increase in the number of clients. Level 4 evaluations include service statistics and client exit interviews to determine short-term impact and demographic data to determine long-term impact. Level 4 evaluation is often more successful in business because you have easily obtainable information to look at, such as sales figures.

**Return on Investment (ROI)** This is a new and important level of evaluation. It is partially included in a Level 4 evaluation. But, some evaluation experts think that it is so important that it should be considered a fifth level. It is commonly known as ROI. The measurement compares the monetary benefits of the program with the costs of the training program (training materials, facility, trainers, and Px).

**possible to evaluate your partner?**

4. What elements are needed to make a good evaluation?

Answers should include things like criteria, instructions, reasons for evaluating, and testing of the evaluation instrument. Use this exercise to lead into the topic “Why we evaluate training”?

**Trainer Presentation (30 min.):**

The trainer should:

- Ask Px to give reasons why we evaluate training. Supplement their answers from the content section.
- Ask Px who they think is qualified to evaluate training. Supplement their answers from the content section.
- Describe Kirkpatrick’s 4 levels of evaluation and explain that it is the internationally recognized classic model for evaluating training.
- Distribute Px Handout 5.1: Evaluating Training and review useful definitions used in evaluation.
- As Px if they are currently measuring training effectiveness. If yes, ask them to share specific examples.
- Summarize the presentation by reviewing when and how training is evaluated.
- Refer to the Px Handout 5.2: Measuring Training Results.
- Review the chart with the Px and ask which levels are being used in their training.
Specific Objective #2: Develop Tools for Level 1: Reaction Evaluation.

<table>
<thead>
<tr>
<th>CONTENT:</th>
<th>METHODOLOGY:</th>
</tr>
</thead>
</table>
| **Level 1: Reaction Evaluation** | **Discussion & Group Work**
| Level 1 evaluations deal with Px reaction, or customer satisfaction. Level 1 evaluations are often referred to as smile sheets because Px reactions are often based on how much fun they had during the training. But, Level 1 is an important first step in determining the success of a training program. Px’ reactions help determine the effectiveness of a program and how it can be improved. Kirkpatrick believes that you cannot bypass the first level because, “If they do not react favorably, they will not be motivated to learn.” | (1 hour):
| The trainer should: | The trainer should:
| ➔ Discuss level 1 evaluation, including information on what it cannot measure. | ➔ Discuss level 1 evaluation, including information on what it cannot measure.
| ➔ Discuss the design of a level 1 evaluation form. Include the information found in the content section. | ➔ Discuss the design of a level 1 evaluation form. Include the information found in the content section.
| ➔ Divide Px into 4 groups and assign each group a sample of a reaction evaluation to critique. The samples can be found on the Px handout. | ➔ Divide Px into 4 groups and assign each group a sample of a reaction evaluation to critique. The samples can be found on the Px handout.
| ➔ Ask 1 Px from each group to present their findings. | ➔ Ask 1 Px from each group to present their findings.
| ➔ Ask other Px to comment. | ➔ Ask other Px to comment.
| ➔ Ask Px to divide into the same 4 groups. | ➔ Ask Px to divide into the same 4 groups.
| ➔ Using what they know of level 1, give them 30 minutes to develop a brief end-of-session evaluation form. Px should write their form on a flip-chart and post it. | ➔ Using what they know of level 1, give them 30 minutes to develop a brief end-of-session evaluation form. Px should write their form on a flip-chart and post it.
| ➔ Groups may review each other’s evaluations and comment on what they liked and disliked about each one. | ➔ Groups may review each other’s evaluations and comment on what they liked and disliked about each one.
| ➔ Process the activity by asking | ➔ Process the activity by asking

**Designing a Level 1 Form**

Categories – Include many of the following categories: content, materials, instructional methods, trainer, environment, and logistics.

Format – Use a variety of formats so that the Px won’t respond the same way on every item. Formats may include the following:

- 2-choice questions with room for explanation or comments (yes/no,
agree/disagree);

- Short-answer, open-ended questions (What part of the workshop was most useful to you? Why?);
- Complete the sentence “What I want to know more about is.…”
- Ratings from strongly agree to strongly disagree;
- Ranking topics in order of their importance; and
- Checklists of phrases that describe reactions to the session.

**Evaluation Form Guidelines**

- Keep the form brief.
- Create a balance among the various types of information being collected.
- Have Px complete the form immediately, before leaving the room, so you get 100% of their feedback.

**Examples of Rapid Level 1 Evaluations**

- Reflections.
- Instant Evaluation: Design a brief and straightforward evaluation form to quickly determine Px’ reactions to the day’s session. Ask the following:

1. How valuable was today’s session for you using a 5-point scale?
2. What are the most important things you learned today?
3. How do you plan to apply those ideas to your job?

what they learned from doing the evaluations and how they are going to use what they learned in the future.

- Discuss the use of rapid level 1 evaluations.
At the end of training (or during) put up 2 flip charts. On one flip chart write, “Here are some things we found especially useful in the training.” On the other write, “Here are some suggestions for how the training could be even better.” Make sure the trainer leaves the room while the Px are writing.
Specific Objective #3: Develop tools for Level 2: Learning Evaluation.

**CONTENT:**

### Level 2: Learning Evaluation

Level 2 evaluations measure what Px learned during the training session. Kirkpatrick defines learning as the “extent to which Px change attitudes, improve knowledge, and/or increase skills as a result of attending the program.” Evaluating a change in attitude is the hardest to do.

There are 3 methods of evaluation in level 2, objective tests, observation, and interviews.

#### Objective Tests

**Types of Questions** – Test questions may be subjective (short-answer or essay), or objective (multiple choice or true/false).

**Question Format** – All multiple choice questions should have a part that presents a problem and asks a question. All of the possible answers given should be plausible. The greater the number of items included, the more reliable the test.

**Correct Answer** – The correct answer format asks a simple question, to which there is only one answer.

**METHODOLOGY:**

### Discussion, Group Exercise (1 hr.)

- Distribute Px Handout 5.4: Level 2 Learning Evaluation.
- Review information in the content section on level 2 evaluation.
- Ask Px which of the level 2 methods they use in their own trainings. Ask them to give specific examples.
- Briefly discuss the advantages and disadvantages of each method.
- Review the guidelines for writing tests found in the content section.
- Ask Px to return to their design teams and work together to write 10 test questions of different types for several objectives from other Pathfinder training modules. Px may spontaneously create questions if no modules are available.
- When they have written their questions, Px should review their questions using the guidelines for reviewing questions found at the bottom of Px Handout 5.5: Writing Test Questions.
- Ask them to post their questions on a flip chart. If they have used prewritten training material, ask them to also post the training objectives that are linked to the questions they developed.
Best Answer – This type of question has more than one correct answer. This type of question requires a higher level of thinking, but is more easily challenged.

Combined Response – This type of question has a list of possible choices and a second list of possible combinations of answers. This type of question is difficult to write and difficult to answer.

**Test Writing Guidelines**
- Include directions that are clear and complete.
- Link the questions to the learning objectives of the training material.
- Avoid “all of the above” or “none of the above” options.
- Make sure the main part of the question contains most of the information. Put blanks or fill-ins at the end.
- Maintain grammatical consistency for both the main part of the question and answer choices.
- Try to create choices of equal length.
- Avoid ambiguity and reading difficulty by stating questions in the positive rather than negative.
- Keep the sentence stem simple and limit it to one idea.
- Use conversational language when phrasing the item and its choices.
- Arrange the questions in logical order.
- Do not give clues to the correct answers in the question.

- Convene the whole group and ask each small group to present their test questions and if possible, discuss how their test questions relate to the objectives.

The trainer should:
Give a brief lecture on how scores from pre- and post-tests can be used to assess Px, the training course, and test questions. Distribute Px Handout 5.6: *Using Objective Test Scores*.

**Group Work (30 min):**
The trainer should:
- Distribute Px Handout 5.7: *Postpartum Care Test*. Ask Px to look through the test and decide if
  - The questions were well written,
  - The questions were appropriate for the knowledge they were testing, and
  - The scoring system is appropriate.
- After going through the test, distribute Px Handout 5.8: *Group Work Scoring Sheet*, which has scores noted. Ask Px to calculate totals and averages.
- After they have completed their calculations, distribute Px Handout 5.9: *Group Work Answer Sheet* for Scoring Sheet which has the scoring sheet with the answers on it. Ask Px to decide if:
  - The training course succeeded in transferring the knowledge objectives,
Always pretest the questions before using them in training.

Pre- and post-tests provide valuable information about both the Px and the training program.

When using individual scores, the trainer can:

- Assess how well the Px has assimilated new knowledge acquired during the training program;
- Assess areas in which the Px has adequately understood knowledge content; and
- Assess areas in which the Px needs to focus more attention.

The trainer can total up all of the Px’ scores and divide them by the number of Px to calculate the average score. This information can help the trainer:

- Assess how well the Px, as a group, acquired the knowledge taught in the training program; and
- Assess how well the training course taught the knowledge outlined in the objectives.

The trainer can make a grid that allows the trainer to plot the number of points obtained by each Px for each question. This information can help the trainer:

- Assess which areas all, most, or none of the Px had difficulty understanding.
- Decide if a question is a problem if all or most of the Px missed it.

There are questions that may need to be reworked, and

There are areas in the training course that a majority of the Px did not understand.

Summarize by asking Px to list the advantages of developing a scoring sheet.
Observation
Trainers may observe Px practicing and applying skills, tools, and techniques during the session. This can be done through, direct observation of clinical skills, role plays, simulations, or case studies.

Competency-Based Skills Checklists
A competency-based checklist is developed by breaking down the clinical skill or activity to be taught into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. These checklists make learning the necessary steps or tasks easier and evaluating the learner’s performance more objective.

In addition to using checklists to learn a skill, Px and trainers keep track of progress in the clinical area by using checklists. The checklists contain enough detail to permit the trainer to evaluate and record the overall performance of the skill or activity.

Using Checklists in Competency-Based Clinical Training
- Ensures that Px have mastered the clinical skills and activities, first with models and then with clients;
- Ensures that all Px will have their skills measured according to the same standard; and

Discussion, Lecturette, Experiential Learning Exercise (1 hr 15 min.):
The trainer should:
- Explain that we will now be discussing the second type of Level 2 evaluation, observation. Observation can be done through direct observation of clinical skills, role plays, simulations, or case studies. During clinical training we use competency-based skills checklists to evaluate skills.
- Ask Px:
  - If you have used checklists before, how do you feel it helped in evaluating and following Px’ progress?
  - Give a mini-lecture on how checklists are developed.
  - Ask those who have used checklists before: How did you use them?
  - Give a mini-lecture on using checklists in competency-based training.
  - Divide the participants into groups of 4. Give each group a piece of cloth, a button, a needle, scissors, and thread. While the 1 participant is sewing on the button, ask other participants to develop a checklist for this process. Give them 15 minutes.
  - After developing checklists, ask the participants to come together as a group and let 1 group read their checklist. Let other participants add steps.
  - Explain that the criteria for satisfactory performance are based on the knowledge, attitudes, and skills demonstrated and practiced during
training. When we use a checklist we rate a skill satisfactory, unsatisfactory or not observed.

- Ask Px what each rating means.
- Explain that when the competency-based skills checklist is sued, the competence of the trainee in performing the skill we are observing is assessed.
- Give Px the following scenario: *If you have been assigned to train a group of service providers in IUD insertion, how do you decide when they are ready to go back to their clinics and perform IUD insertions on their own?*
- Discuss their responses and emphasize that the number of IUD insertions performed is less important than how well the provider performs the skill. One provider may require only 3 insertions before being quite competent, while another may require 10 before feeling confident enough to perform alone.

Pass out *Px Handout 5.10: Competency-Based Skills Checklists.*

- **Determining Competence**
  - A skilled trainer’s judgment is the most important factor.
  - Competence carries more weight than the number of presentations.
  - The goal is to enable every Px to achieve competency. Additional practice of skills may be necessary.

- **Use of Checklists**
  - Checklists are first used to assess Px’
performance on models.

- After Px demonstrate competency, they can work with clients, and the checklist is once again used to assess their performance.
- Checklists provide objective documentation of the Px’s level of performance.
- They serve as one part of the process of attesting that the Px is qualified to provide the clinical service.
- Checklists can be used later in Level 3: Behaviour Evaluation.

**Interviews**

Within a week of the training, interview the Px and ask what they learned during the training session.
Specific Objective #4: Describe Level 3: Behavior Evaluation.

Level 3 Behavior Evaluation

Level 3 evaluation answers the question, “How has the training affected the way participants perform their jobs?” But Level 3 evaluations can be both time consuming and costly.

Purpose of Level 3 Evaluation

The purpose of level 3, or behavior evaluation, is to:

- Evaluate what happens to trainees after they leave training and return to their jobs;
- See how much transfer of knowledge, skills, and attitudes has occurred;
- Measure the lasting results from training;
- Identify areas in which trainees show greatest and least improvement; and
- Compare follow-up and end-of program responses.

In summary, level 3 evaluation measures what change in job behavior occurred because people attended the training program.

Guidelines for Level 3 Behavior Evaluation

- Allow time for behavior change to take place.

Trainer Presentation (30 min.):

The trainer should:

- Start the session by presenting the question answered by level 3 evaluation. Distribute Px Handout 5.11: Level 3: Behavior Evaluation.
- Ask Px to suggest purposes of level 3 evaluation. Complete information provided by Px with content in the participant handout.
- Discuss level 3 evaluation.
- Explain that competency-based skills checklists are used in level 2 evaluations and they are also very important in level 3, or behavior, evaluations. The same checklists that are used during training can be used later to evaluate the training.
- Distribute copies of the competency-based skills checklists, Px Handouts 5.12: Competency-Based Training Skills Checklist for Combined Oral Contraceptives, 5.13: Competency-Based Training Skills Checklist for IUD Insertion, and 5.14: Competency-Based Training Skills Checklist for DMPA Injectable Contraceptive.
- Divide Px into 3 groups and assign each group 1 checklist. Ask each group to review and critique the form.
- Ask 1 Px from each group to present their findings.
Evaluations following clinical training are often conducted 6 months to 1 year after training.

Prepare Px. At the end of the training, tell the participants that an evaluation will be conducted to see how they are using what they learned sometime in the future.

If the training was not effective, find out why.

Survey or interview 1 or more of the following: trainees, their immediate supervisor, and if possible the clients they serve.

Share the evaluations with the trainee’s clinic manager or supervisor.

Observations

The trainee should be observed on the job. If possible, it is preferable to have another clinical trainer do the observations rather than the trainer who conducted the training, to avoid bias. Create a checklist of the skills that you wish to observe. Ideally, the competency-based training skills checklist that was used during training should be used in the observation. An example can be found in the participant handouts.

Interviews

Interview people who are closely associated with the trainee, including clinic managers, supervisors, coworkers, and clients. Design the interview questions carefully to focus on specific behavior changes such as counseling.

Ask other Px to comment.

Process the activity by asking what they learned from reviewing the evaluation forms and how they are going to use what they learned in the future.
Surveys

Surveys are a more efficient and less expensive way to find out if trainees are actually applying what they learned. As with interviews, design questionnaires for the different people you want information from (clinic managers, supervisors, coworkers, and the trainee). When using the survey method it is also easy to include a control group of service providers who did not participate in training. Surveys usually include a rating scale because they are more objective and easier to analyze than written answers to questions.
Specific Objective #5: Describe Level 4: Results Evaluation.

**CONTENT:**

**Level 4: Results Evaluation**

Level 4, or results, evaluations measure the impact of training on the program or organization and how it contributed to accomplishing the goals or objectives of the program or organization. This type of evaluation is both difficult and time consuming. It is difficult to measure the impact of training because so many variables may come into play. It is difficult to determine whether a change was the result of the training or another variable. Because of the complexity of this type of evaluation, it is rarely used.

**Guidelines for Evaluating Results**

- If possible and practical, use a control group to eliminate factors other than training that could have caused the observed changes to take place. In the case of a clinical training, it should not be difficult to find other care providers who did not undergo training.
- Allow time for the results to be achieved. It is impossible to say exactly how much time is necessary, but newly-trained providers must have a chance to practice their skills long enough to show a change in the program.
- Measure both before and after the training, if practical. This is easier to do when you are evaluating results

**METHODOLOGY:**

**Trainer Presentation (30 min.):**

The trainer should:

- Explain that the final level of evaluation is level 4, results or impact evaluation.
- Using the content on the left side of the page, give a lecturette on level 4 evaluation.
- Discuss the difficulties of evaluating impact.
- Explain that 1 very important part of level 4 evaluation is something called return on investment, or ROI. ROI measures and compares the (monetary or other) benefits of the program with the program costs. It is an area of particular interest to donors. Some evaluation experts feel that it is so important that it should be considered the fifth level of evaluation.
- Pass out copies of *Px Handouts 5.15: Level 4 Results (Impact) Evaluation*, and refer to 5.2: Measuring Training Results.
- Use *Px Handout 5.15* to review the 4 levels of training evaluation and summarize for each level
- What is evaluated.
- Who is evaluated.
- When the evaluation should be done.
than it is when you are measuring behavior. There are usually records and statistics available to determine the situation before the program.

- Repeat the measurement at appropriate times. Each program or project must decide how often to evaluate. Results may change in either a positive or negative direction. For example, a service provider newly trained in IUD insertion may conduct may IUD insertions when s/he first returns from training, but do fewer as time goes by.

- Consider the cost of results evaluation versus the benefits. How much will it cost to conduct an evaluation of this type? Results evaluations are usually extremely costly and time-consuming. The amount of money spent on this type of evaluation should be determined by the amount of the training costs. The higher the number of trainees, the more important it is to conduct a results evaluation to determine the cost-effectiveness of the training and whether the program should continue.

Return on Investment (ROI)

ROI measures and compares the (monetary or other) benefits of the program with the program costs. Level 4 evaluation involves costs also, but doesn’t compare the monetary value of the results to the cost of the program.
Calculating the Training Program Costs

To calculate the cost of a training program, include:

- The cost to design and develop the program;
- The cost of the program materials for each Px;
- The cost for the instructor/facilitator, including preparation time, travel, and lodging;
- The cost of the facilities for the training program;
- The cost of travel, lodging, and meals for Px (or per diem);
- Salaries of the Px while they are attending the program; and
- Administrative and overhead costs of the training.

Calculating the Benefits of the Program

This is the most difficult part of ROI evaluation. The benefits are related to the impact observed in the level 4 evaluation. It is almost impossible to apply a monetary value to program benefits. What is the value of improved service delivery?
UNIT 6:
Training Follow-Up

Introduction:
For training to be truly successful, trainees must be able to use their new skills and knowledge and apply them when they return to their jobs. Only when the trainees have been able to apply the new skills and knowledge that they have acquired during training, has the transfer of knowledge really been achieved. Following-up with trainees once they return to work is essential to make sure the trainee can apply the training in a suitable environment, to reinforce the learning process, to determine what aspects of the training were not well absorbed, to clarify confusion and misunderstandings, and to reinforce the application of new skills and knowledge.

Unit Training Objective:
To prepare the participant to develop effective follow-up procedures that analyze the effective utilization of the training by individuals and provide action plans for correction and reinforcement of skills and knowledge application.

Specific Learning Objectives:
By the end of this unit, the participants will be able to:
1. Provide an overview of training follow-up.
2. Develop tools for training follow-up.

Training/Learning Methodology:
- Lecturette
- Discussion
- Brainstorming
- Group Exercise

Major References and Training Materials:

Resource Requirements:
- Newsprint
- Marking pens
- Overhead projector
- Video recorder
- Flip Chart and Flip Chart Paper
Evaluation Methods:
- Participant Reaction Forms
- Where Are We?
- Reflections
- Continuous assessment of objectives

Time Required: 3 hours 05 minutes (This does not include a closing ceremony)

Materials for Trainers to Prepare in Advance:

1. Copies of Participant Handouts:
   Specific Objective #2
   6.1: Training Follow Up
   6.2: Example of Skill List for Active Management of the Third Stage of Labor
   6.3: Example of Checklist for Postabortion Care – MVA Procedure
   6.4: Example of Normal Delivery Record Review (Partograph)
   6.5: Example of Case Study for Postpartum Care
   6.6: Example of Clinic Environment Assessment
   6.7: Advanced Training of Trainers Post-test
   6.8: Participant Reaction Evaluation

2. Make a flipchart with the following bullets:
   - Service Provision
   - Performance Evaluation
   - Clinic environment
   - Problem Solving
   - Obtain feedback
Training follow-up is the essential link to transform the knowledge and skills acquired during training into actual performance improvement. Before every training course, those implementing training must agree on a plan describing the follow-up of the trainees. Follow-up is essential to:

- Determine whether the trainee is correctly providing the service with his/her newly acquired skills and knowledge;
- Help the trainee solve problems and clarify misunderstandings that might have developed since the training;
- Obtain feedback from the trainee that might improve future trainings;
- Ensure that the clinic environment supports the use of the trainee’s new skills. This includes making sure that equipment is in place, that clinical standards support the newly acquired skills, and that clinic management and systems (especially financial) support the trainee’s use of new skills.

The trainer should:

- Show Transparency 6.1: Unit Objectives and discuss the unit objectives.
- Ask Px whether any training follow-up is done in their training system.
- If anyone has actually conducted training follow-up, ask them to describe what takes place.
- Explain that, despite its importance, training follow-up is often not done.
- Ask Px to brainstorm some of the reasons why training follow-up is not done.
- Ask Px reasons why training follow-up is important.
- Complete information with content.
- Summarize by emphasizing that the follow-up should be an integral part of planning for the training. Even the best training can be wasted if it is not used. Sometimes the follow-up is the one thing that ensures that the training skills are actually used once the trainee returns back to the clinic or hospital.
Specific Objective #2: Develop tools for training follow-up.

**Tools for Training Follow Up**

Trainers need to develop tools for effective follow-up that adequately review all of the content of what is taught in the course. Thus, the follow-up materials should be developed in conjunction with the course content.

**Tools for Reviewing Service Provision**

- Review log books to assess the type and mix of clients the trainee is seeing.
- Develop a checklist with the skills learned during the training program and write in the number of times the trainee has practiced each skill following the training course.

**Tools for Performance Evaluation**

Using the same checklist of skills, observe the trainee using the skills and evaluate him or her. Develop a tool to note where the trainee has performed well and areas where improvement is needed. Review patient records using a review tool. If there are no cases available, develop case studies that can be used to assess how the trainee responds to emergencies/cases.

**Discussion (15 min.):**

The trainer should:

- Bring out the flipchart prepared before the session.
- For each category, ask Px to list ways that each category can be assessed.
- Distribute Px Handout 6.1: Training Follow Up. Complete information with content.

**Group Work (1 hour 30 min):**

The trainer should:

- Distribute Px Handouts, 6.2: Example of Skill List for Management of the Third Stage of Labor, 6.3: Example of Checklist for Postabortion Care – MVA Procedure, 6.4: Example of Normal Delivery Record Review (Partograph), 6.5 Example of Case Study for PAC, and 6.6: Example of Assessment of Clinic Environment.
- Divide Px in 5 groups and assign each group 1 sample to critique.
- Ask 1 Px from each group to present their findings.
- Ask other Px to comment.
- Explain that of all of the tools used for training follow-up, the ones for problem solving and the action plan are probably the most important.
UNIT 6/OBJECTIVE #2

**CONTENT: CONTINUED**

**Tools for Reviewing Clinic Environment**
- Develop a checklist to review the clinic environment. This includes making sure that equipment is in place, that clinical standards support the newly acquired skills, and that clinic management and systems (especially financial) support the trainee’s use of new skills.

**Tools for Obtaining General Feedback**
- Develop a questionnaire to obtain feedback from the trainee about what might be done to improve future training.
- Hold an open-ended interview with the trainee to discuss what parts of the training worked well and what could be improved. Ask some questions about specific parts of the training.

**Tools for Problem Solving**
- Develop a tool to note areas where the trainee has performed well and areas where improvement is needed.
- Sit down and develop an action plan to address any of the areas needing improvement.

**Tools to Obtain Feedback**
- Develop a questionnaire to obtain feedback from the trainee about what might be done to improve future training.
- Hold an open-ended interview with the trainee.

**METHODOLOGY: CONTINUED**

- Ask Px to divide into 4 groups.
- Ask 2 of the groups to develop tools they could use to determine whether trainees had performed well and where improvement is needed.
- Ask the other 2 groups to develop a template for an action plan to address any of the areas needing improvement.
- Explain that the problem-solving tool should have areas to note good performance as well as areas to note performance that needs improvement. A good action plan identifies a person responsible for each action, the resources needed, a target date for completion, and changes expected to occur as a result of the action. It is also useful to detail the specific actions in sequence or steps.
- Give Px 30 minutes to develop 1 tool for problem solving and to obtain feedback from the trainees. Px should write their form on a flip-chart and post it.
- Groups may review each other’s tools and comment on what they liked and disliked about each.
- Process the activity by asking what they learned from reviewing and creating the tools and how they are going to use what they learned in the future.

The trainer should:
- Explain that with the end of this unit, we have come to the end.
the trainee to discuss what parts of the training worked well and what could be improved. Create some questions referring back to specific parts of the training.

of the course. Thank Px for their participation.

- Pass out Px Handout 6.7: Advanced Training of Trainers Post-test. Allow Px 30 minutes to complete the test.
- Pass out Px Handout 6.8: Participant Reaction Evaluation and allow Px 30 minutes to complete the form.
- Conduct a formal closing of the course and pass out certificates of participation.
UNIT 7 (Optional):
Working with a Training Consultant

Introduction:
Training programs often use consultants to provide training. Not all clinicians make good trainers. Performing clinical skills and teaching clinical skills are two very different things. When hiring a training consultant, it is important to have clear selection criteria and clear guidelines to work with them.

Unit Training Objective:
To provide participants with information on how to hire, work with, and evaluate a training consultant.

Specific Learning Objectives:
By the end of the unit, the participant will be able to:
1. Hire a training consultant and describe responsibilities to the training consultant.
2. Evaluate the training consultant following training.
3. Describe elements of the training report.

Training/Learning Methodology:
- Group Work
- Discussion

Major References and Training Materials:

Resource Requirements:
- Newsprint
- Marking pens
- Overhead projector

Evaluation Methods:
- Participant Reaction Forms
- “Where are We?”
- Reflections
- Continuous assessment of objective

Time Required: 1.5 hours
Materials for Trainers to Prepare in Advance:

1. Transparency
   7.1 Unit Objectives

2. Copies of Participant Handouts
   Specific Objective 1
   7.1: Hiring the Training Consultant
   Specific Objective 2
   7.2: Evaluating the Training Consultant Following Training
   Specific Objective 3
   7.3: The Training Report

3. Prepare two flipcharts with the following bullets:
   Flipchart #1: Selection criteria for clinical trainers:
   ✤ Clinical skills in the subject to be taught,
   ✤ Training experience,
   ✤ Training references, and
   ✤ Acceptability to the trainees,

   Flipchart #2: The Hiring Organization’s Responsibilities to the Training Consultant:
   ✤ Detailed scope of work;
   ✤ Information about the participants;
   ✤ If possible, a schedule for the training;
   ✤ Information about the country, the climate, and the accommodations;
   ✤ Description of the project to help her/him put the training in context; and
   ✤ Clear contractual responsibilities.
Specific Objective #1: Hiring a training consultant.

**CONTENT:**

Training programs often use consultants to provide training. Not all clinicians make good trainers. Performing clinical skills and teaching clinical skills are very different things. When hiring a training consultant, consider the following:

- Clinical skills in the subject to be taught,
- Training experience,
- Training references, and
- Acceptability to the trainees.

**The Hiring Organization’s Responsibilities to the Training Consultant**

The information provided to the training consultant is key to the success of the training. Consider providing the following:

- A detailed scope of work;
- Information about the Px;
- If possible, provide a schedule for the training;
- Information about the country, the climate, and the accommodations;
- Description of the project to help her/him put the training in context; and
- Clear contractual responsibilities.

**METHODOLOGY:**

**Introduction (15 min.):**

The trainer should:

- Greet Px.
- Show Transparency 7.1: Unit Objectives and discuss the unit objectives.

**Group Discussion (30 min.):**

The trainer should:

- Ask Px to raise their hands if they have worked as training consultants.
- For those who have served as consultants, ask them to recall the process they went through when they were hired.
- Were their clinical qualifications asked about?
- Was their training experience asked about?
- Did they have to provide references?
- After they have shared their experiences, or if none of the trainers has served as a consultant, give a mini-lecture on selection criteria for clinical trainers using Flipchart #1 as a guide.
- Ask if the Px have questions.
- Give a mini-lecture on the hiring organization’s responsibilities to the training consultant using Flipchart #2 as a guide.
CONTENT: CONTINUED

UNIT 7/OBJECTIVE #1

METHODOLOGY: CONTINUED

* Ask if the Px have questions.

(See Px Handout 7.1: Hiring the Training Consultant.)
Specific Objective #2: Evaluating the training consultant following training.

**CONTENT:**

**What Makes a Good Technical Trainer?**

There are certain competencies a good technical trainer should have. Observe the training and determine whether the trainer met the following standards:

- Analyzed and understood the course materials,
- Learned about the trainees,
- Assured preparation of the instructional site,
- Established and maintained instructor credibility,
- Managed the learning environment,
- Demonstrated effective communication skills,
- Demonstrated effective presentation skills,
- Demonstrated effective questioning skills and techniques,
- Responded appropriately to learners’ needs for clarification or feedback,
- Provided positive reinforcement,
- Used instructional methods appropriately,
- Used media effectively,
- Evaluated Px performance and the delivery of training, and
- Provided a comprehensive training report

**METHODODOLOGY:**

**Group Discussion (30 min.):**

The trainer should:

- Ask Px to reflect on how they evaluate themselves or their peers during a training course and then volunteer standards they feel are important in evaluating training consultants.
- Write their responses on a flipchart and complete any information that may have been omitted.

(See Px Handout 7.2: Evaluating the Training Consultant Following Training.)
Specific Objective #3: The training report.

Elements of a Training Report

A training report should be much more comprehensive than a trip report. It should document the kind of training that took place, the processes, the results, and recommendations for next steps and actions. The following is a checklist of what information to include:

I. Cover sheet: This includes the name of the project, the date of training, the trainer, the place, and the agency. A brief statement of the purpose of the training should also be on the cover.

II. Executive Summary: This should include a brief background of the project, including the purpose of training, a very brief summary of the training, and key findings and recommendations.

III. Details of the training, including:
   - The time span;
   - The number of trainees (their names and designations should be in an appendix);
   - The names of the training team;
   - Planning, preparation, and logistics;
   - The purpose and objectives;
   - Methodology;
   - Materials; and
   - Evaluation results, including pre- and post-tests, Px reaction, Px self...

Group Discussion (15 min.):

The trainer should:
- Ask Px what elements should be in a training report. Complete the information with content from Px Handout 7.3: The Training Report.
evaluation, or any other evaluation techniques used during training.

IV. Appendices might include:

- The named and designation of trainees,
- The training schedule,
- Results of special activities or exercises, and
- Pictures.
Appendix
Overall Goal of the Course

The overall goal of the advanced training of trainers course is:

- To further develop the training skills of clinical trainers.
Objectives of the *Advanced Training of Trainer’s Course*

By the end of this course, participants will be able to:

1. Describe and demonstrate competency-based training techniques;
2. Develop training needs assessment tools;
3. Develop training plans, course materials (goals and objectives, course outlines, training materials, pre- and post-tests);
4. Develop and demonstrate the use of clinical checklists;
5. Describe and demonstrate a variety of advanced training methodologies;
6. Describe how to conduct training follow-up;
7. Describe 4 levels of training evaluation; and
8. Describe how to hire and evaluate a training consultant.
Course Units

Unit 1: Introduction

Unit 2: Analyzing the Needs for Training

Unit 3: Planning Training

Unit 4: Implementing Training

Unit 5: Evaluating Training

Unit 6: Training Follow-Up

Unit 7 (Optional): Working with a Training Consultant
Unit 2 Specific Objectives

By the end of this unit, the participants will be able to:

1. Describe the importance of a training needs assessment.
2. Explain the importance of clinical standards and guidelines.
3. Summarize how to conduct a training needs assessment.
4. Develop tools for a training needs assessment.
5. Describe how to write a training needs assessment report.
Unit 3 Specific Objectives

By the end of this unit, the participants will be able to:

1. Describe the steps needed to plan for training implementation.

2. Describe how to choose participants.

3. Develop selected components of a training curriculum.

4. Describe how to pilot test the training curriculum.

5. Explain the importance of developing tools to assess knowledge and skills.

6. Explain how to choose a clinical training site.

7. Explain how to develop a clinical training site.
## Steps in Developing a Training Implementation Plan

<table>
<thead>
<tr>
<th>Questions</th>
<th>Steps</th>
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<tbody>
<tr>
<td>1. What is the problem?</td>
<td>Identify training topics</td>
</tr>
<tr>
<td>2. Who are the participants?</td>
<td>Choose participants.</td>
</tr>
<tr>
<td>3. What will participants be able to do after the training?</td>
<td>Develop training objectives.</td>
</tr>
<tr>
<td>4. What will they be trained on?</td>
<td>Decide on the training content.</td>
</tr>
<tr>
<td>5. What methodologies will be used?</td>
<td>Identify the training methodologies.</td>
</tr>
<tr>
<td>6. What materials/training aids will be needed?</td>
<td>Prepare training materials and training aids.</td>
</tr>
<tr>
<td>7. When/where will the training be conducted?</td>
<td>Decide on the time and location.</td>
</tr>
<tr>
<td>8. How will the training be evaluated?</td>
<td>Decide on the methods of evaluation.</td>
</tr>
<tr>
<td>9. Who will be the trainers?</td>
<td>Choose the trainers.</td>
</tr>
</tbody>
</table>
Five Basic Components of a Training Curriculum

1. Goals/Objectives/Activities
2. Training/Learning Methodology
3. Time Line
4. Materials and Training Aids
5. Course Evaluation
Unit 4 Specific Objectives

By the end of this unit, the participants will be able to:

1. Demonstrate the four types of role-play.

2. Demonstrate a variety of advanced brainstorming techniques.

3. Demonstrate how to develop a case study.

4. Demonstrate the technique of mind mapping.

5. Demonstrate the use of advanced lecture techniques.

6. Demonstrate the use of advanced discussion techniques.

7. Demonstrate the use of games and experiential learning exercises.
Tips for Mind Mapping

- Use just key words, or wherever possible, images.
- Start from the center of the page and work out, or from the bottom up if you are using a tree.
- Make the center a clear and strong visual image that depicts the general theme of the map.
- Underline or highlight the things you want to stand out.
- Leave lots of space.
- Create sub-centers for sub-themes.
- Put key words on lines.
- Print rather than write in script.
- Anything that stands out on the page will stand out in your mind.
- Use arrows, icons or other visual aids to show links between different elements.
- Don’t get stuck in one area. If you can’t think of anything else in an area, move on to another.
- Put ideas down as they occur, wherever they fit. Don’t judge or hold back.
- Be creative. Creativity aids memory.
- Get involved. Have fun.
Active Knowledge Sharing 1

A lecturer speaks at the rate of

_________ words per minute.

We can listen at a rate of __________

cwords per minute.
Active Knowledge Sharing 2

People retain:

_____ % of what they hear.

_____ % of what they hear and see.

_____% of what they hear, see and do.
Unit 5 Specific Objectives

By the end of this unit, the participants will be able to:

1. Provide an overview of the four levels of evaluation.
2. Develop tools for Level 1: Reaction Evaluation.
5. Describe Level 4: Results Evaluation.
Unit 6 Specific Objectives

By the end of this unit, the participants will be able to:

1. Provide an overview of training follow-up.

2. Develop tools for training follow-up.
Unit 7 Specific Objectives

By the end of the unit, the participant will be able to:

1. Hire a training consultant and describe responsibilities to the training consultant.

2. Evaluate the training consultant following training.

3. Describe elements of the training report.
Trainer’s Tool 1.1: Options for Ice Breakers

Opener or Ice Breaker

1. Lifelines

Purpose: To help participants get to know each other.
Time Required: 20 – 30 minutes
Materials Required: Flip chart paper and markers
Description: Ask participants to draw a line on a piece of flip chart paper turned sidewise. If needed, they may use additional paper. At one end is their date of birth. Along the line participants should record the important events in their life that shaped the person they have become today. The events may be personal, professional, or simply interesting.

After each participant completes their “lifeline” they should explain it to the group.

2. What’s Your Name?

Purpose: To help participants and the trainer learn each other’s name.
Time Required: 15-20 minutes
Materials Required: None
Description: Ask each participant to introduce themselves to the group by giving their name and one unusual thing about themselves. For example, “My name is Elizabeth and I drove a tank.” The next person repeats the name and information about the first person and adds his or her own name and fact. Each person follows the same procedure, recalling all of the names and facts.

3. Shout, Whisper, Sing

Purpose: To help participants remember new names.
Time Required: 10 minutes
Materials Required: None
Description:
• Ask participants to stand in a circle.
• Explain that you are going to call out someone’s name as you cross the circle towards him or her. The person whose name you called should then take your place in the center of the circle.
• The person who is now in the center should call out someone else’s name and that person moves to the center.
• When your name is called again, continue the game, but this time everyone must whisper the person’s name.
• Finally when your name is called out again, continue the game, but this time everyone must sing the person’s name.

4. The Interview

Purpose: To introduce participants and learn something about them.
Time Required: 20-30 minutes
Materials Required: Pen and paper for note taking
Description: Ask participants to choose a partner they don’t know.
  • Give 5 minutes for each person to interview his/her partner. Instruct them to find out as much about their partner as possible. Notes may be taken.
  • After the interviews ask each person to introduce their partner to the rest of the group.
Note: This introduction works best when the group is less than 20 people.

5. The Cocktail Party

Purpose: For larger groups to get acquainted with as many people in the group as possible.
Time Required: This is up to the trainer. Each introduction takes 1 minute.
Materials Required: None
Description: Ask person to introduce themselves to someone and spend a minute learning about each other.
  • After 1 minute, ask everyone to find a new person to get acquainted with for 1 minute.
  • Continue changing every minute as long as you have time. The longer you spend at the exercise the more people each person will met.

6. Common Ground

Purpose: This introduction works for small groups, especially for a small group working as a team. It also works well when there are several small groups that make up a larger group.
Time Required: 10-15 minutes
Materials Required: Pen and paper
Description: Instruct each group to list everything they can find that they have in common. Give them a time limit (5 minutes or so) and tell them to avoid the obvious things like, we are all in this workshop, etc.
  • Ask each group to assign one person to write down the things the group has in common.
  • When the time is up, ask each group to read the things on their list.

7. Who is Who?

Purpose: To help participants and the trainer to learn something about each other. It works best when people already know each other, at least by name.
Time Required: 20 minutes
Materials Required: A slip of paper for each participant and a bowl
Description:
  • Hand out a slip of paper to each participant.
  • Ask each participant to write several things about themselves that would help other participants recognize them such as tall, thin, hair, glasses, etc.
  • Ask participants to fold the slips of paper and put them into a bowl.
  • Ask each participant to pick a slip of paper from the bowl.
  • One at a time, ask participants to identify the person described on their slip of paper.
8. Catch the Ball!

Purpose: To help participants learn each others names.
Time Required: 30 minutes
Materials Required: A ball, preferably large and easy to catch
Description:
• Have participants form a circle.
• Begin the exercise by throwing the ball to someone else in the circle.
• The person who catches the ball must name the person who threw it.
• The person who caught the ball throws it to another person who names him or her and the game continues.

Variation: With small groups it is possible for each person who catches the ball to recite the names of all the people who have already thrown the ball.

9. Pass the Fruit

Purpose: To help participants learn something about each other.
Time Required: 20 minutes depending on the size of the group
Materials Required: A piece of fruit big enough for participants to pass to each other without using their hands.
Description:
• Arrange participants in a circle.
• Give the first person a piece of fruit and ask him or her to pass the fruit to the next person without using his or her hands.

10. Two Truths and a Lie

Purpose: To help participants who already know each other get to know more about each other.
Time Required: 12- 30 minutes, depending on the number of participants
Materials Required: One small prize
Description:
• Each participant should first give their name and designation and then tell the rest of the group 3 interesting things about themselves. The facts should be things the rest of the participants are not likely to know.
• The group has to decide which piece of information is the lie.
• After everyone has introduced themselves and their lie, ask the group to vote on the best or most imaginative lie.
• Give the person who wins a small prize.

11. Two Loves and One Hate

Purpose: To help participants who already know each other get to know more about each other.
Time Required: 12- 30 minutes, depending on the number of participants
Materials Required: One small prize
Description:
• Ask participants to write down 2 things they really love and 1 thing they really hate on a piece of paper. Encourage participants to write unusual things, not ordinary everyday things.
• Instruct participants to put their paper face down and not show other participants.
• Ask each person to take a turn reading their 2 loves and 1 hate to the rest of the group. Participants should present each item by saying “The first thing I love or hate is-----”
• Ask the rest of the group to guess which things the person loves and what is the one thing the person hates. At the same time the person tells the things they love and hate, they should also briefly introduce themselves to the other participants.
• At the end of the exercise ask participant to vote on who had the most interesting or outrageous “hate” and give him or her a prize.

12. Mix and Match

Purpose: To match up participants for mutual introductions.
Time Required: 30 minutes
Materials: Whatever you use, you will need one for each pair of participants. You may use holiday greeting cards or IE&C, or BCC material related to the course.
Description:
• Collect the holiday greeting cards or IE&C or BCC material you have decided to use.
• If you use greeting cards, cut off everything except the first page with the picture on it. Whatever you use, you will need one picture for each pair of participants. Each pair should have a different picture if possible.
• Cut each picture in half. If you don’t have a different picture for each pair of participants, then cut the pictures in half in different ways.
• Distribute one half of a picture to each participant.
• Instruct participants to mix with each other until they find the person holding the other half of their picture.
• When they find a partner, each person should find out enough interesting information about their partner to introduce their partner to the rest of the group.
• Gather the group together and have each pair introduce their partner to the rest of the group.

13. The Walking Billboard

Purpose: To provide an interesting way of having a new group of participants mix with each other and share information about themselves.
Time Required: 30 minutes
Materials Required: A half of a piece of flip chart paper for each participant, masking tape, markers for each participant
Description:
• Ask participants to think of some of themselves.
• Now, ask them to take their flip chart paper and attach it to their back or shoulders using masking tape.
• Ask them to walk around the room and discover who everyone is.
14. Self-Disclosure

Purpose: To introduce participants to each other. This is useful as an opening exercise for participants who already know each other.
Time Required: Two minutes for each person
Materials: None

Description:
• Ask each person to take two items from their purse or pocket. Suggest that they take out things that are important to them for some reason or another.
• Ask each person to introduce themselves and explain why the item is important to them.
Note: You can also relate this exercise to a specific training. For example, ask “How does this item relate to you as a potential trainer?”
Trainer’s Tool 1.2: Advanced Training of Trainers Pre/Post-Test

Multiple Choice Questions
Instructions: Circle all of the correct answers in each question.

1. Pilot testing a new training curriculum allows you to determine:
   a) If the training materials are effective
   b) If the time allocated is sufficient
   c) If trainees will adopt the new material and techniques after the training
   d) Whether trainee assessment tools are appropriate

2. Competency-based training is a method to help participants:
   a) Enhance problem solving skills
   b) Enhance job satisfaction
   c) Develop attitude
   d) Develop clinical skills up to a specific standard

3. Clinical checklists are used:
   a) To assess skill level prior to training
   b) In demonstration and return demonstration during training
   c) In trainees’ self assessment
   d) During evaluation

4. The factors that are important in helping staff to do their jobs correctly are:
   a) Clear job expectations
   b) Adequate working environment (equipment and supplies)
   c) Motivation and incentives to do the job correctly
   d) Punitive feedback about incorrect performance
   e) The knowledge and skills to do the job correctly

5. The training methodology that requires trainees to use decision-making skills is:
   a) Group discussion
   b) Role play
   c) Brainstorming
   d) Case study

6. Defining training objectives should be based on
   a) Materials available
   b) Trainers’ level
   c) Needs of trainees
   d) Trainers’ expectations

7. There are certain considerations when using examples in training:
   a) Examples should be provided as often as possible.
   b) Complex examples enhance participants’ creative thinking.
   c) A connection should be made between the example and the teaching points.
d) Specific cases should be pointed out with the client’s name to help participants internalize the points.

8. Clinical training sites should be selected based on the following criteria:
   a) Fancy, modern equipment is available.
   b) **Staff are trained to give support to the trainees.**
   c) It is very close to the participants’ dormitory.
   d) **The use of protocols reflect the knowledge and skills covered in the training.**

9. The following are objectives of training follow-up except:
   a) Providing feedback on the shortage of trainees.
   b) Improving the quality of services.
   c) **Providing trainees with further knowledge.**
   d) Ensuring that the trainees are applying the things they learned.

10. During training follow-up the trainer can determine whether the trainee is providing the service he or she was trained for by:
    a) Reviewing the log books to assess the type and mix of clients the trainee is seeing.
    b) Interviewing clients to see if they are satisfied with the service provided by the trainee.
    c) **Evaluating the facility infrastructure.**
    d) Developing a checklist with the skills learned during the training program and writing in the number of times the trainee has practiced each skill following the training course.

11. There are 4 levels in the most widely-used model to evaluate training. The third level measures:
    a) Reaction: Did the participants like the training?
    b) **Behavior: Are the participants performing differently?**
    c) Learning: What knowledge or skills did the participants retain?
    e) Results: What is the impact of training?

12. The disadvantages of objective tests (multiple choice, matching, true/false, fill-in) are:
    a) They are difficult to write.
    b) They are time consuming to write.
    c) Grading is time consuming.
    d) They are subjective and open to interpretation.

13. A level 1 training evaluation can be used to measure all of the following EXCEPT:
    a) Learning
    b) Change in attitude or beliefs
    c) Customer or trainee satisfaction
    d) **The trainer’s knowledge**
True or False Questions
Instructions: Circle the letter T for a true (correct) statement or F if the statement is false.

14. T F A training needs assessment identifies the gaps between the present performance and desired performance.
15. T F For consistency, a training needs assessment should assess only one type of data.
16. T F In classic brainstorming technique, it is useful to clarify the idea before listening to the next idea.
17. T F A case study with too much information will make it easier for the participant’s to analyze.
18. T F Case studies are very good for evaluating participants’ understanding of popular misconception.
19. T F During the feedback of role play, the focus should be on the content.
20. T F During training follow up, the trainer should check the facility to make sure the trainees are performing their skills correctly.

Ordering Questions
21-27. Place the following steps of a training needs assessment in correct order:

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<tbody>
<tr>
<td>2</td>
<td>Develop Assessment tools</td>
</tr>
<tr>
<td>4</td>
<td>Compile (organize) data</td>
</tr>
<tr>
<td>1</td>
<td>Identify desired performance</td>
</tr>
<tr>
<td>3</td>
<td>Collect the data</td>
</tr>
<tr>
<td>7</td>
<td>Identify possible (performance improvement) solutions</td>
</tr>
<tr>
<td>5</td>
<td>Analyze the data</td>
</tr>
<tr>
<td>6</td>
<td>Conduct a cause analysis (determine root causes)</td>
</tr>
</tbody>
</table>

Short Answer Questions
Instructions: Write in the correct answers for each question

28. List 4 of the 5 basic components of a training curriculum:
   1) Goals/objectives/activities
   2) Training/learning methodology
   3) Time line
   4) Materials and training aids
   5) Course evaluation

29. Give 3 reasons for doing training follow-up:
   1) To determine whether the trainee is doing the job they were trained for.
   2) To ensure that the trainee is correctly performing new skills
   3) To ensure that the clinic environment continues to support the use of the trainee’s new skill.
   4) To help the trainee solve problems that might have occurred since training.
5) **To obtain feedback from the trainee on ways to improve future training.**

30. What is the hardest part of training to evaluate and why?

**Answer:** Impact, because it requires on-site visits and it is difficult to identify the other influences that impact results.

**Matching Question and Answers**

Instructions: Write the letter from column B. that corresponds to the appropriate statement in column A.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. Demonstrating an IUD procedure <strong>b</strong></td>
<td>a. Knowledge objective</td>
</tr>
<tr>
<td>32. Listing 3 advantages of the IUD method <strong>a</strong></td>
<td>b. Skill objective</td>
</tr>
<tr>
<td>33. Following the sterilization procedure during IUD insertion <strong>c</strong></td>
<td>c. Attitude objective</td>
</tr>
</tbody>
</table>
## List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT</td>
<td>Competency-Based Training</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
</tr>
<tr>
<td>KAS</td>
<td>Knowledge, Attitudes, and Skills</td>
</tr>
<tr>
<td>PX</td>
<td>Participant</td>
</tr>
<tr>
<td>ROI</td>
<td>Return on Investment</td>
</tr>
<tr>
<td>RTI</td>
<td>Reproductive Tract Infection</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
</tbody>
</table>