Clinical Training Skills (CTS) for Health Care Providers

Reference Manual
December 2009
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for Health Care Providers

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# ABBREVIATIONS AND ACRONYMS

<table>
<thead>
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<th>Full Form</th>
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<tbody>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>AMTSL</td>
<td>Active management of third stage of labor</td>
</tr>
<tr>
<td>CBT</td>
<td>Competency-based training</td>
</tr>
<tr>
<td>FP</td>
<td>Family planning</td>
</tr>
<tr>
<td>IMCI</td>
<td>Integrated management of childhood illness</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine contraceptive device</td>
</tr>
<tr>
<td>LAM</td>
<td>Lactational amenorrhea method</td>
</tr>
<tr>
<td>MC</td>
<td>Male circumcision</td>
</tr>
<tr>
<td>MNCH</td>
<td>Maternal, newborn and child Health</td>
</tr>
<tr>
<td>OSCE</td>
<td>Objective structured clinical examination</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of mother-to-child transmission [of HIV]</td>
</tr>
<tr>
<td>PPH</td>
<td>Postpartum hemorrhage</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary counseling and testing [for HIV]</td>
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The following sources were drawn upon in the development of these products:

- Advanced Training Skills for Reproductive Health Professionals. 2000. Schaefer L et al. Jhpiego: Baltimore; and, to a lesser extent,

We also drew from a variety of publications to populate the manual with more clinically diverse samples.

Special thanks also go to our Tanzania team (Natalie Hendler, Lemmy Medard Mabuga, Victor Mponzi and Gilbert Mauto) for pilot-testing the product and providing valuable feedback for refining the materials.

We thank all who have contributed their ideas, efforts and ongoing support to reinvigorate the principles that are at the heart of Jhpiego’s approach—making CTS relevant to whole new generations of trainers and providers all over the world.
Quality health systems are dependent on sufficient numbers of health care providers qualified to provide a wide range of clinical services, from standard infection prevention, to basic counseling and health care, to complex management of diseases such as HIV and tuberculosis. In countries with health workforce shortages, mechanisms that enable the rapid and flexible preparation of large number of competent health care providers are required.

As part of Jhpiego’s ongoing effort to maximize the flexibility, efficiency and effectiveness of training systems, we have revised our ModCAL® for Clinical Training Skills (CTS), a computer-based knowledge update, as well as this manual and the related learning materials. This revision contains the following essential updates:

- **A shift from heavy emphasis on psychomotor/hand skills to inclusion of clinical decision-making and communication skills.** This broader skill set is needed to achieve clinical competencies of a higher order, which are required to provide high-quality health services—including management of complex medical conditions.

- **A shift in emphasis from presentation skills to the broad array of skills involved in facilitation of learning.** Use of this approach, both in the classroom and in the complex clinical environment, places adult learners in a more proactive role, involving them in the identification of their learning needs and assessment their progress. The goal is to achieve a greater level of transfer of learning and retained competency in the workplace.

- **Increased emphasis on the use of assessment to facilitate learning and ensure readiness for practice.** This critical expansion will enhance both the effectiveness and efficiency of training, while ensuring that only those who have demonstrated competency in a new clinical area are qualified to provide services. The new CTS introduces a variety of formative assessment tools that can be used to actively monitor the learner’s development toward competency, allowing both trainer and learner to adapt the instructional methods to meet the learner’s individual needs. The concept of summative knowledge and skills assessments that have been validated by subject matter experts is also introduced, helping to ensure that strong evidence guides the decision to qualify learners to competently provide services.

- **Increased emphasis on managing and documenting clinical practice experiences ensures that learners receive a quality training experience following the classroom component of training.** Provision of health care services requires integration of a complex set of knowledge, skills and attitudes that cannot occur without a strong clinical training component. The trainer’s ability to actively manage learning within this environment, and to share this information with program staff and relevant others, is critical to ensuring that this essential component of training is effective.

- **An expanded range of clinical examples ensures that training will be relevant and interesting to all learners and trainers.** The new CTS provides interesting illustrations that span a wide range of health care issues, making its lessons relevant to a whole new audience.
These materials may be used as a complement to both traditional and innovative training models. We also encourage their use as a means of reinforcing and updating the skills of experienced trainers. Regardless of how you choose to use the new CTS, we are confident that you will find it helpful in all training- and education-related projects.
INTRODUCTION

The goal of clinical training is to assist health professionals in achieving competency in providing safe, high-quality health services to clients through improved work performance. Competence is the ability to perform successfully a specific task, procedure or activity—such as inserting an intrauterine contraceptive device (IUD), providing voluntary counseling and testing (VCT) for HIV, or diagnosing and managing eclampsia/pre-eclampsia. Training deals primarily with developing and assessing competence, while transferring the knowledge, attitudes and skills needed to carry out such health services.

The approach to clinical training described in these materials is the mastery learning approach, which is consistent with current, evidence-based learning principles and incorporates competency-based training, coaching and humanistic training techniques. Mastery learning assumes that all learners can become competent in the knowledge, attitudes and skills being taught, provided that sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is for 100% of those trained to achieve such competency. While some learners are able to do so quickly, others may require additional time or alternative learning methods. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.
The participatory, “hands-on” training techniques emphasized in these materials are best reflected in the following saying, based on an ancient proverb by Confucius:

“What I hear, I forget; what I see, I remember; what I do, I understand.”

**COMPETENCE, COMPETENCY AND COMPETENCY DOMAINS**

When learners hear the term “competence or competency,” they may have a wide range of ideas about what the terms mean. Trainers may say, “We will train the learners to **competency** in inserting IUDs,” or “Through this activity, learners will build competence in performing male circumcision,” or “You will become **competent** in providing postpartum family planning counseling before you become proficient,” or “The learner has become **competent** in antiretroviral (ARV) management.” Before a trainer can have a full understanding of competency-based training, she/he must have a working understanding what competence is.

Again, “**competence**” is the ability to perform a specific task, procedure or activity safely and effectively. More specifically, competence refers to what a person can do under ideal circumstances, whereas performance refers to what is actually done under existing circumstances (Wood 1987). The term “**competency**” is often used in the context of achieving the level of competence required to become qualified to provide specific services (“He has demonstrated competency in the desired skills”).

Trainers also discuss competency as a set of related tasks and activities required to perform a job successfully. They may say, “She is able to perform the **competencies** required for her job.” For example, one of the International Confederation of Midwifery competencies is: “Midwives provide high-quality, culturally sensitive care during labor, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their newborn.” Consider the mix of knowledge, skills and attitudes a midwife needs to meet this competency!

All competencies, in fact, consist of a unique blend of knowledge, skills and attitudes—which are known as the three **competency domains**. Review the following example—for a training course designed to produce competency in “initiating and managing ARV therapy”—to gain a better understanding of each domain, how they relate to one another, and the learning objectives with which each might be associated.

- **Knowledge**—Through this domain, learners are guided toward and encouraged to explore information needed to analyze situations, make clinical decisions and solve problems—the foundation for skills development. For the ARV course, some foundational, knowledge-related objectives might include: List the indications for beginning ARV therapy; list common side effects of ARV drugs; and describe how to conduct a targeted history and physical exam.

- **Skills**—Informed by the knowledge domain, this domain focuses on the development of psychomotor, communication and clinical decision-making skills. For the ARV course, some skills-related objectives might include: Conduct a targeted physical examination; diagnose common adverse effects of ARV drugs; identify
patients appropriate for ARV therapy initiation; and provide patient education (an important communication skill).

- **Attitudes**—Through this domain, learners adopt the professional demeanor and behaviors that enable them to apply newly acquired knowledge/skills in the overall context of high-quality services. For the ARV course, attitudinal objectives might be: “Treat clients initiating ARV treatment with kindness and respect” or “Demonstrate awareness of personal biases when counseling ARV clients.”

Addressing each of these domains (knowledge, skills and attitudes) is essential in the development of any competency required of a health care provider. And this is helpful for the trainer to keep in mind because she/he is, in fact, facilitating the development of all three, often simultaneously, during every session of every course. As challenging as this may sound, however, in the end the trainer can feel confident that she/he has prepared truly competent providers who are able to deliver safe, high-quality, beginning-level services in the workplace (Exhibit 1-1)—assuming an appropriate enabling environment, as further discussed in the next section (“Relationship between Competency and Workplace Success”).

**Exhibit 1-1. Key Aspects of Competency**
COMPETENCY-BASED TRAINING

What Is Competency-Based Training?

Competency-based training (CBT), central to Jhpiego’s approach, is distinctly different from traditional educational processes. It is “learning by doing,” rather than learning by simply acquiring new information, focusing on developing the specific set of competencies needed for quality job performance. In developing these competencies, practical application of new knowledge, skills and attitudes on the job is emphasized. As such, CBT requires that the clinical trainer facilitate and encourage learning, rather than serve in the more traditional role of instructor or lecturer. While CBT has traditionally been used for in-service training (for providers already in the workforce), this approach is equally applicable to the pre-service setting (for students in educational institutions).

Training Perspectives: Beyond Knowledge to “Know-How”

What if you taught people to drive simply by having them read about it in a book? Or taught a pilot to fly from listening to a lecture? Providing health services requires a high level of responsibility—as well as complex “competencies” that require psychomotor/hand, clinical decision-making and communication skills, along with the knowledge and attitudes required to apply those skills appropriately in the provision of high-quality services.

Some health care services are every bit as complex as driving a car, or flying a plane, and the right approaches must be used to develop the competencies needed to provide them. Through these materials, you will build on and move beyond book- and lecture-based instruction to ensure that learners develop actual competencies before applying them on the job with real clients.

Relationship between Competency and Workplace Success

CBT specifically addresses the development of competency—the knowledge, skills and attitudes needed for a provider to perform a particular procedure, task or activity successfully under ideal circumstances. But many other factors must be in place for the provider to succeed in the actual workplace. An important component of program implementation is to help ensure “transfer of learning” by addressing these “job performance factors.” In addition to knowledge and skills, these factors, which collectively characterize an enabling environment, are: (1) clear job expectations; (2) feedback on performance; (3) tools/equipment/supplies and (4) infrastructure needed to do one’s job; (5) some type of incentive; and (6) organizational support. Training alone will not produce the desired result if these factors, as further explained below, are not addressed.

- **Motivation:** While improving knowledge and skills through training is an often-selected intervention, motivation is essential to ensure transfer of newly acquired knowledge/skills to the workplace. All of the job performance factors listed above have a direct impact on motivation. In some instances (see Box below), motivation can play an even greater role than training in improving worker performance.

The Power of Motivation

Seven national hospitals in Malawi used “training performance standards” (further described below) to improve infection prevention practices among workers, formally recognizing achievement of the standards to further motivate the facilities. From 2002 to 2004, the seven sites improved an average of 60% in achievement of the standards.
- **Capability:** The focus of training is preparing providers who are competent in the delivery of high-quality services; however, training alone is not the complete solution. To ensure their capability to apply their competency on the job, they will need clear job expectations, necessary tools/environment, and organizational support—in addition to skills and knowledge. For example, even if providers are competent in providing manual vacuum aspiration for incomplete abortion, if their facility does not support the practice or if the necessary equipment is not available or is malfunctioning, they may not be “capable” of providing the service.

- **Opportunity:** Even if providers are competent in a specific service, if they are not given the opportunity to provide it—because they lack the organizational support needed or their job descriptions do not include the service—they will lose the related skills, as well as chance to become proficient in them. Good policy work has helped to ensure that additional cadres, such as midwives and clinical officers, are legally able (thus presenting opportunity) to provide ARV therapy if identified as a country priority.

---

### CBT—A Key Tool in Life-Long Learning, Life-Long Success

In most areas of science, knowledge grows exponentially, and health care is no exception. The education of health care providers is a continuum, which starts at entry into an academic program and ends with cessation of professional practice. Only a relatively small, though important, part of this continuum takes place in formal, pre-service education. It is therefore imperative for students to develop sound learning habits that will remain with them throughout their professional life. This includes both deciding what needs to be learned and how to learn it. Learning can take place through literature review, consultation with colleagues, professional publications, seminars and formal continuing education programs (Bandaranayake 2001). It is, in fact, essential throughout the health professional’s career span.

CBT has a place in this life-long process. Pre-service education should prepare individuals who are competent in providing high-quality services from the moment they begin working. Opportunities for ongoing, in-service training for practicing providers should also be available—to reinforce existing competencies; to develop new knowledge, skills and attitudes; and for continued professional development throughout the professional career.

### Key Components of CBT

**Performance Standards and Standardization**

The goal of CBT is to develop specific competencies in learners—the right mix of knowledge, skills and attitudes they need to do their jobs according to specific performance standards. Performance standards outline expected behaviors and actions on the job. Learning activities and assessment are based on developing and assessing these desired competencies, not just on transferring new knowledge. In CBT, the desired competencies and expected results of training are clearly outlined from the very beginning. A training course is designed to target identified gaps or problems in worker performance in order to meet agreed upon standards or expectations.

---

1 The proficient provider is able to perform with a high level of expertise, often without conscious effort. Service providers need to be proficient before they can be trainers.

2 Some countries may not have explicit, written performance standards; in such cases, there are usually service delivery guidelines or other documents can be adapted for this purpose.
An important part of the CBT process is standardization. Each clinical skill or activity to be taught in order to meet the performance standards must first be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to learn and perform it. Once a procedure—such as how to screen and treat for cervical cancer using the single visit approach—has been standardized, competency-based skill development and assessment instruments (e.g., checklists) can be designed. These instruments make learning the necessary steps or tasks easier and evaluating the learner’s performance more objective (further discussed in Chapter 3).

**What Is Skills Standardization and Why Is It Important?**

Experienced healthcare providers tend to develop their own, individualized ways of performing certain skills based on cultural preferences, resources available and even personal style. As long as the end result is the provision of high-quality, evidenced-based care, these differences are not problematic. When it comes to teaching skills to others, however, the skills must be "standardized." Skills standardization helps to ensure that learners understand and are able to perform the critical steps/tasks involved in a given skill correctly; it also helps to ensure that their performance can ultimately be assessed in an objective manner, which is a cornerstone of the qualification process.

Through skills standardization, trainers learn a particular way to perform the clinical skills (e.g., male circumcision, management of postpartum hemorrhage) that they will be teaching. Through this process:

- Their performance of these skills is observed and evaluated by another qualified trainer, in relation to the standardized checklists (which make complex skills easy to master, outlining the essential steps involved in a given task or activity in the correct sequence);
- Differences between the trainer’s practices and the checklists are identified and discussed; and
- Action is taken (e.g., technical updates, practice with anatomical models, role plays) to address any gaps between the trainer’s performance and the desired competencies.

Although skills standardization can be implemented in a variety of ways, its goal is always the same—to ensure that trainers are “on the same page” about how to teach skills to others.

**Appropriate Learning and Assessment Methods**

Another important aspect of the CBT process is determining the most appropriate learning and assessment activities to develop various competencies. As reflected in Exhibit 1-2, competency domains have a major influence on these decisions.
### Exhibit 1-2. Learning Activities and Assessment Tools for Each Competency Domain

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<thead>
<tr>
<th>COMPETENCY</th>
<th>KNOWLEDGE</th>
<th>SKILL</th>
<th>ATTITUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities for Learning</strong></td>
<td>Illustrated Lecture, Case Study, Brainstorming, Facilitated Discussion, Group Activities, Games and Exercises, Structured Observation</td>
<td>Skill Demonstration, Simulated Practice, Skill Practice, Role Play</td>
<td>Case Study, Role Play, Self-reflection, journaling, Facilitated Discussion, Structured Observation</td>
</tr>
<tr>
<td><strong>Activities for Assessment</strong></td>
<td>Case Study, Quizzes and Tests, Objective Structured Clinical Exam (OSCE)</td>
<td>Clinical Drill-Coaching, Checklists, Objective Structured Clinical Exam (OSCE), Portfolio, Record review</td>
<td>Structured Observation, Role Play</td>
</tr>
</tbody>
</table>

As shown above:

- There are a range of options for developing **knowledge**—whether updating existing information or providing new knowledge. But more than just communicating knowledge, you need to help learners **apply** and **analyze** knowledge in order to make good clinical decisions. Assessment methods focus on assessing learner’s ability to not only recall, but also put the information to use.

- Different types of **skills** need to be addressed in any training course, including psychomotor (sometimes called “hand” or “procedural” skills), clinical decision-making and communication skills. Depending on the course goal, a different skill type may be emphasized. For example, preparation of a competent surgeon will require a strong emphasis on psychomotor and clinical decision-making skills, while preparation of a counselor will require a stronger emphasis on communication skills. In any case, while the trainer may use somewhat different techniques for different types of skills, all skills require demonstration and practice with feedback for development. Development of clinical decision-making skills, in particular, requires use of simulated practice—especially through clinical simulations or clinical drills. Skill assessment methods focus on observing the learner’s ability to demonstrate or perform the skills.

- **Attitudes** can be addressed in several ways: behavior modeling is particularly useful, as are role plays and observation with feedback. Self-reflection, or journaling, is another means for learners to work on attitude development. Attitudes are more difficult to objectively assess than knowledge and skills; therefore, observing behaviors demonstrated—during practice in a simulated or clinical setting—is essential. Observation with an assessment tool that clearly outlines expected behavior may be especially helpful in these situations.

Throughout all learning activities, the behavior modeling that occurs during informal contact between the learners and the trainer is essential for attitudinal development.
Competency in the new skill or activity is assessed: (1) continually throughout the course through a variety of means; and (2) at the end of the course, through an objective evaluation—using very specific tools—of overall performance. Formative assessment and summative assessment are further discussed in Chapter 7.

Coaching
An essential component of CBT is coaching (see Chapter 3), which incorporates giving positive feedback, active listening, questioning and developing problem-solving skills to help learners develop specific competencies and encourage a positive learning climate. Unfortunately, the teaching model with which most health professionals are familiar is one in which the classroom instructor lectures a group of students who anxiously take notes so that they can pass a written examination. This approach to teaching, used by a skilled clinical trainer, can be effective in providing basic knowledge. It is, however, a very poor method for transferring clinical skills (e.g., performing a pelvic examination), strengthening problem-solving skills or changing attitudes toward specific aspects of clinical practice.

What is needed is an approach to clinical training that is different from traditional classroom teaching. In the role of coach, the clinical trainer first explains the skill or activity and then demonstrates it using an anatomic model or other training aid, such as a slide set or videotape. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the learner to provide guidance in learning the skill or activity, monitors progress and helps the learner problem-solve through any difficulties encountered.

The coaching process ensures that the learner receives feedback regarding performance:

- **Before practice:** The clinical trainer and learner should meet briefly before each practice session to review the skill/activity including the steps/tasks that will be emphasized during the session.

- **During practice:** The clinical trainer observes, coaches and provides feedback to the learner as s/he performs the steps/tasks as outlined in the learning guide.

- **After practice:** This feedback session should take place immediately after practice. Using the learning guide, the clinical trainer discusses the strengths of the learner’s performance and also offers specific suggestions for improvement.

Training Perspectives: The Courage to Coach?
Coaching has been used successfully for technical training in industry for many years. It has a proven track record. And yet, it may be feel very different from the training/teaching styles you have experienced. Coaching asks you to step away from the comfortable, traditional role of the all-knowing teacher. And it places you in situations where, at times, you may be asking more questions than you are answering. And where, even when you have the answers, you may need to keep them to yourself—allowing the learners to figure things out for themselves. Coaching can require a little courage, especially in the beginning, but the rewards are great for both trainers and learners alike.
THEORIES THAT SUPPORT CBT

Competency-based training and the overall learning approach described in these materials has a sound basis in the following clinical training theories and educational principles, each of which is further described below:

- Adult learning principles
- Humanistic training
- Cognitive apprenticeship

**Adult Learning Principles**

Effective clinical training is designed and conducted according to adult learning principles—learning that is participatory, relevant and practical—and:

- Is competency-based
- Incorporates humanistic training techniques
- Uses behavior modeling

The training techniques and approaches discussed throughout this manual are based on the following eight principles of adult learning:

- Learning is most productive when learners are ready to learn. Although motivation is internal, it is up to the clinical trainer to create a climate that will nurture motivation in learners.
- Learning is more effective when it builds on what the learners already know or have experienced.
- Learning is more effective when learners are aware of what they need to learn.
- Learning is made easier by using a variety of training methods and techniques.
- Opportunities for practicing skills initially in controlled or simulated situations (e.g., through role play or use of anatomic models) are essential for skill acquisition and for development of skill competency.
- Repetition is necessary for learners to become competent or proficient in a skill.
- The more realistic the learning situation, the more effective the learning.
- To be effective, feedback should be immediate, positive and nonjudgmental.

**Humanistic Training**

The use of more humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids—such as simulations (e.g., role plays) and use of audiovisual aides (e.g., slide sets, videotapes). The effective use of models and other aids facilitates learning, shortens training time, and allows learners to refine techniques and correct mistakes with putting clients at risk. For example, by using anatomic models initially, learners more easily reach the performance levels of skill.
competency and beginning skill proficiency before they begin working in the clinic setting with clients.

Before a learner attempts a clinical procedure with a client, two learning activities should occur:

- **The clinical trainer should demonstrate** the required skills and client interactions several times using an anatomic model, simulated activity or appropriate audiovisual aids.

- **While being supervised, the learner should practice** the required skills and client interactions using the model and actual instruments in a simulated setting that is as similar as possible to a real situation (e.g., providing services to clients in an actual clinic).

The number of procedures learners need to observe, assist with and perform using models will vary depending on their backgrounds. Only when skill competency and some degree of skill proficiency have been demonstrated with models, however, should learners have their first contacts with clients.

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**CBT: More Effective, More Humane**

In a study conducted in Thailand in 1991, the traditional IUD training method (a six-week course) was compared with a two-week course using the CBT approach. The results clearly demonstrate the benefits/advantages of CBT.

- **CBT approach:** When learners were allowed to learn and practice repeatedly with pelvic models, 70% of the 150 learners were judged to be competent after just two insertions with clients, and 100% by six.

- **Traditional approach:** By contrast, of the 150 learners taught without the use of pelvic models, 50% obtained competency only after an average of 6.5 insertions, and 10% never achieved competency (i.e., were not qualified) even after 15 attempts.

**Sources:** Limpaphayom et al. 1997; McIntosh 1993

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**Cognitive Apprenticeship**

Another important learning theory supporting competency-based training is called “cognitive apprenticeship,” the goal of which is to make the complex, tacit (or not spoken) skills of a master easy for a learner to observe and understand in a structured way. In the cognitive apprenticeship process:

- An apprentice observes a master demonstrate skills and model behaviors;

- The master explains his or her decisions and thought processes while she/he works;

- The apprentice practices alongside the master, getting continual coaching/mentoring; and

- Over time, as the apprentice becomes more skilled, she/he performs more and more independently.

This process involves concepts that trainers who have experience with competency-based training will find very familiar: sharing the knowledge needed for learning the skill, demonstrating and explaining each step of the skill, behavior-modeling and coaching to provide feedback during learning—supporting each the stages of skill development, from
skills acquisition to proficiency. Another link with CBT, cognitive apprenticeship theory says that learning should occur in the real world. Side-by-side with a mentor and coach, the learner should hone his/her skills in the context where it will have the most meaning. Similarly, CBT emphasizes making practice as realistic as possible and providing adequate practice time in real-life situations, recognizing how important these experiences competency development.

Most important, cognitive apprenticeship works—lending further support to the CBT approach. Perhaps because acquisition of knowledge, skills and attitudes is fully integrated and performance during training occurs at a higher level, individuals learning in the presence of an experienced mentor or coach:

- Learn more quickly,
- Achieve a higher level of learning, and
- Retain learning longer

Training Perspectives: Playing Master?
When you hear the word “apprenticeship,” what comes to mind: Learning from a master? A master and apprentice spending time working side-by-side? The apprentice slowly becoming more independent? All of these would be correct. The concept of apprenticeship is very old, and so much a part of how people have learned over the years. And yet the thought of playing the role of “master” (or apprentice) may feel strange to you.

The important think to keep in mind is that behavior modeling is an essential part of the work of the trainer, just as it is the master. “How” you talk to learners or relate with co-trainers, clinic staff and patients says more about how to interact with others than “what” you say. Think about this: everything you do demonstrates behaviors for learners, and many learners will adopt these behaviors—even if they are inappropriate or ineffective.

Coaching/mentoring learners through the skill development process is another key component that competency-based training and cognitive apprenticeship have in common. As previously discussed, for the trainer, as well as for the master, coaching is an essential tool—using positive feedback, active listening, questioning and developing problem-solving skills to help learners develop competency.

TRAINING SCENARIOS

Traditional or Group-Based Learning
Group-based learning is a learning method in which people learn in a group facilitated by a trainer or trainers. It may occur outside the learner’s workplace with a group of learners from various organizations, or it may be site-based, and occur within a facility and consist of only employees from that facility. It can even be a component of whole-site training.

Site-Based Learning
- Whole-site training usually is described as an approach that meets the learning needs of all the staff at a service-delivery site. Generally, it is provided using some type of
performance improvement approach, such as standards-based management and recognition or other means of identifying training needs and providing training based on those needs. Rather than all learners going through the exact same training, training is tailored to the learning needs identified for the different job positions or units. For example, the lab may receive targeted training through a unit-based coaching visit, whereas the physicians might receive a short, group-based update after morning rounds.

- **Structured on-the-job training** allows learners to acquire the necessary knowledge and develop the required skills and attitudes required for the job. This can also be described as site-based training when it includes people coming from other facilities to focus on specific skills in an established training center. For example, a certain facility may be established as a training center for providing antiretroviral therapy, so individuals who do not have enough exposure in their own facilities may travel to another site for training—which would use a structured, on-the-job approach. It is usually somewhat individualized, allowing learners to complete the knowledge content on their own, followed by structured time for skill demonstration/practice with coaching and feedback.

**Blended Learning**

A range of technologies can be used to support learning. Computers (connected to the Internet or working offline), mobile devices such as cell phones, television, radio and more—can all be used to provide knowledge updates, demonstrate skills, develop appropriate attitudes and assess learning. Learners can access content independently, learning at their own pace and based on their own needs. Technology-supported methods can be mixed with any of these training approaches to increase efficiency and effectiveness—the ultimate goal being to minimize the amount of time providers must spend away from the job, in a group-based learning activity. This “mix” of training approaches is called “blended learning,” and can be constructed many different ways. It can be a formal learning arrangement, like those described above, or more informal—such as through relationships, conversations, self-study and independent research.

Jhpiego believes in the use of appropriate technologies that are consistent the principles of adult learning with and help to strengthen competency-based training. In some situations, print materials may be the most effective means of achieving a specific learning objective. In other situations, other solutions may be more appropriate. **A technology is appropriate when it supports learning, reduce training time and better meet the needs of busy providers.**

The use of electronic technologies has become increasingly prevalent in training over the past decades. Electronic learning content may be:

- Provided in a variety of formats—such as audio, video, text
- Delivered through various channels—such as both on and offline-Internet, via satellite, through flash drives
- Accessed on a range of devices—such as computers, mobile devices (e.g., cell phones), radio, TV
Depending on the learning objectives to be achieved and other factors, these technologies can be used in a variety of ways (Exhibit 1-3).

Exhibit 1-3. Electronic Technologies for Learning and Assessment in Each Competency Domain

<table>
<thead>
<tr>
<th>USE</th>
<th>KNOWLEDGE</th>
<th>SKILL</th>
<th>ATTITUDE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities for Learning</td>
<td>Narrated Presentations</td>
<td>Digital Video Demonstrations</td>
<td>MP3 – Story Telling Computer Simulation</td>
</tr>
<tr>
<td></td>
<td>Mobile Learning Nuggets</td>
<td>Computer Simulations</td>
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<tr>
<td></td>
<td>Video Lectures</td>
<td>Mobile job aids</td>
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<td></td>
<td>Computer Games</td>
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<tr>
<td></td>
<td>MP3 – Audio Lectures</td>
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<tr>
<td></td>
<td>Interactive Radio Instruction</td>
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<tr>
<td>Activities for Assessment</td>
<td>Electronic quizzes</td>
<td>Mobile Checklist</td>
<td>E-Portfolio</td>
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<tr>
<td></td>
<td>Mobile assessments</td>
<td>Electronic OSCE</td>
<td></td>
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</tbody>
</table>

As shown above:

- **Knowledge**-related objectives may be met through several means, for example: narrated presentations, video lectures or interactive radio instruction. Acquisition of knowledge can be assessed using some of the same technologies.

- For **skills**-related objectives, videos are especially useful for beginning skill demonstration, computer simulations for development and assessment of clinical decision-making skills.

- **Attitudes** can also be developed through computer simulations, which can engage learners in examining their responses to situations. Audio stories are also useful for addressing attitudes, asking learners to reflect on their own or others’ perspectives.

**UNDERSTANDING GROUP DYNAMICS**

**Situation 1-1**: You are a new clinical trainer and you want the learners to approve of you. The first day of the clinical skills course, two learners from the same province arrive late and join the group after the introductions and review of the day’s agenda. For the next two days, they continue arriving late each morning, as well as after tea and lunch breaks. By the third day, other learners are joining the pair in arriving late. You are growing concerned and are wondering what you should do. What are your options in dealing with the individuals? What are your options in dealing with the “time issue” in the group?

Write your responses on a piece of paper and then compare your responses with the one found at the end of this chapter.

Why is it important for the clinical trainer to understand group dynamics? For the training group to move toward its learning goals, it needs three important elements: structure, direction and leadership. With these elements in place, a healthy group process
can develop. Without these elements, the group may begin to disintegrate, and undesirable group behavior that will hinder learning may emerge. Understanding what to look for will help the clinical trainer maintain good group dynamics or determine when intervention is required—such as if the group begins to develop any unhealthy patterns (e.g., arriving late, ridiculing other learners, talking during a presentation). The trainer can also intervene in the group in order to reinforce positive, healthy group behavior.

**Characteristics of a Healthy Group**

Whichever training approach is used, typically, some component of it will involve a group—a group learning or practicing together, assessing one another, supporting each other as they apply their new skills in the workplace. Establishing a positive learning climate, as will be discussed in further detail in Chapter 2, depends in large part on the individual learners coming together to form a healthy, mutually supportive group. A collection of individuals becomes such a group when:

- They share a **common purpose**, 
- The members **think of themselves as a group** and they share a common experience in attending the course, 
- Each member’s contributions and questions are **valued and respected** 
- An open and trusting climate develops, and 
- The members pay attention to **how they work together**.

These are the forces, known as group dynamics, that are present among individuals who come together to form a group. To understand and learn to manage group dynamics, the trainer, without making any judgments, must become acutely aware of what is happening in the training room. Gradually, as shown in Exhibit 1-4, the trainer progresses through several steps: observation, increased awareness, and discussion with co-trainers, before developing options to support the group and help it achieve its goals.

**Exhibit 1-4. Steps in Understanding Group Dynamics**
Step #1: Observe how learners interact, who is quiet, who speaks too much, who needs additional time and support and who needs less. Observe for any tension or stress that needs to be addressed before it becomes a problem.

Step #2: Become increasingly aware of what is happening in the training room. This includes paying attention to individual, small group and large group behaviors. Journaling is a good way to increase your awareness and skills in improving how groups work together. (More information on using a training journal is provided in Chapter 7.)

Step #3: Share your observations with your co-trainers to identify any patterns of behavior among the group members.

Step #4: Independently, or with co-trainers, consider options to support the group. This may involve focusing on certain individuals or the group as a whole.

While monitoring the development of the group and making choices to guide it, the trainer must also realize that the group functions at several levels—as individuals, as members of small groups and, collectively, as the larger group. And at each level, the dynamics are different. A trainer may find that s/he is most comfortable observing and understanding the behaviors at one of these levels—individual, small group or larger group. The new trainer must be aware of this, and strive to become adept in working at each level in order to manage group dynamics effectively.

Training Perspectives: Respect and Be Respected
As a trainer, you are continually behavior-modeling the attitudes you want your learners to demonstrate in the classroom and adopt as trainers. Respect is key among these attitudes. Examine your attitudes about training—do you feel that you are there to help the group learn, or that they should listen to you because you are in charge? Whatever your true, underlying feelings regarding your role, these will be communicated to the learners through facial expressions, tone of voice and other subtle cues. Seek feedback/counsel from other trainers if you find it difficult to continually maintain a respectful attitude toward the group.

What the Group Does (Content) and How It Does It (Process)
In monitoring group development, the trainer attends to the content of the course, as well as the process of the group. In Exhibit 1-5, the content of the course—what the group does—is depicted by the part of the tree that is above the soil: the trunk and branches. The process or interaction of the group is depicted by the root system of the tree and the soil that surrounds and supports the roots.
In a training course, the **content** is determined before the course begins, described in the course objectives and further refined during each session. For an individual training session, the content or “tree” includes: the course schedule; the day’s agenda; and instructions, materials and methods, and learning goals for each topic and activity. **The challenge for the clinical trainer is to make sure that all required course content is covered and that the course objectives are met.**

When the individuals in the course are working together as a group, their interaction is known as group **process**. Since the root system is below the surface, it is more difficult to see and understand. **However, managing group process is as important for the trainer as ensuring that the course objectives are met.**

**Exhibit 1-5. Content and Process: The Tree and Its Roots**

**How to Improve Group Process**

With practice, the effective clinical trainer becomes confident—about both the content being presented and the status of the group interaction. Knowing when to intervene in the “group life” and when to stand back is a skill that is developed over time. Trainers should seek feedback from co-trainers, or if training alone, arrange to have another trainer come and observe them. Such input can be very helpful, especially regarding more subjective training skills such as maintaining healthy group dynamics. Here are some other practical strategies for gauging the energy of the group and keeping them moving forward.
■ **Maintain/reinforce group norms:** Behavior-modeling a calm and professional demeanor is an excellent way to create a calm and professional atmosphere, but it is not always enough. Use the group norms flip chart when needed to remind the group of norms that are not being honored. You can ask the group if they are committed to the norms or if they want to change them. But remember: you are dealing with adult learners; if the group feels that the norms need to be changed, change them. And remain calm, professional and flexible.

■ **Manage communication:** To keep group communication on track, survey them learners every now and then, asking questions such as: “Do you see any patterns or trends in the way people are communicating?” “Which seem helpful?” “Which do not?” When there are side conversations, move close to the individuals involved—they will usually stop. Actively involve quieter learners to ensure that other learners do not dominate discussions.

■ **Address any obvious tension:** If you have been observing and paying attention to the group, usually you will know the cause of tension when it arises. In some situations, talking to certain individuals separately from the group may be an appropriate strategy. In other situations, engaging the group as a whole may be more effective.

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**Training Perspectives: Cooling Down with Warm-Ups**

“Getting-to-know-you” warm-ups are good ways to ease tension. They can be played any time throughout the day to lighten the mood and improve cohesion—or just for fun, to keep energy levels high. *Examples:*

- In *Two Truths and a Lie,* each individual shares three details about her/his life, two that are true and one that is not. Next, have the others try to guess which is which.
- In *Three Things You Don’t Know about Me,* each individual writes three things about him/herself on a piece of paper. The papers are folded and placed in a central repository. After each of the others selects a paper, they go read them aloud, trying to guess whose they are.

As a result of the interactive methods used and the trainer’s management of the group process, a group identity gradually emerges. As they get to know one another in the interactive sessions, learners begin to view the others with respect and value their contributions and questions. This results in an open and trusting climate in which learners can learn, as further discussed in **Chapter 2.**

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**CHAPTER SUMMARY**

- Competence is the ability to perform a specific task, procedure or activity successfully.

- Competencies consist of three different domains: knowledge; skills (psychomotor, clinical decision-making and communication skills), and attitudes.

- Competency-based training focuses on a learner’s competent performance of a specific procedure, task or activity, not only on the knowledge she/he has acquired.
In order for a competent provider to be successful on the job, she/he needs a supportive work environment—training alone is not the answer.

Competency-based training is targeted to identified needs and performance gaps, usually identified through the use of performance standards; uses appropriate teaching and learning tools/methods; and incorporates a coach/mentor style of teaching.

Competency-based training is an evidence-based approach—consistent with adult learning principles and supported by humanistic and cognitive apprenticeship theories.

There are many valuable approaches for competency-based training—whether group based or site-based (whole site or on the job). All learning can be supported through a “blended learning approach,” with appropriate use of technology.

Whichever training approach is used, typically, some component of it will involve groups. Healthy group dynamics are essential to a positive learning environment helping individuals move together toward their learning goals. The trainer must have effective strategies for building, maintaining and—when needed—improving group dynamics.

SITUATION RESPONSES

Situation 1-1

The aspect of group interaction involved in this situation is group norms. The new trainer has several options. The trainer can include in the evaluation of the day a comment on the importance of all the group members arriving on time so that the group can adjourn on time. Engaging the group in this discussion will encourage the learners to jointly establish the norms for the group.

Another option would be for the trainer to initiate a discussion about the group norm of arriving and ending on time as an important issue that trainers need to consider. This approach treats the situation as a training issue rather than focusing on the failure of some of the learners.

If neither of these options works, the trainer can speak to the learner privately. This is the least desirable approach because it goes against a training norm that any situation that arises in the group should be resolved in the group in order to encourage and maintain an open, safe learning environment. Furthermore, the trainer does not want to set an example in which a difficult situation is dealt with in private. Rather, the trainer should model behavior by dealing with difficult situations openly in the group, thereby helping to create a safe environment for managing problems.
INTRODUCTION
The environment within which learning occurs has a tremendous impact on the quality of the learning experience. A positive learning environment maximizes the effectiveness of various learning methods, thereby helping learners to achieve the course objectives. Because the **clinical trainer** sets the tone for the course, how she/he delivers information is the key to establishing and maintaining a positive learning environment during training—how something is said is as important as what is said. The effective trainer creates an atmosphere of capability, one that supports the learners’ sense that they can not only build competence in the new knowledge, skills and attitudes being taught, but they can master them and apply them in their work to provide improved services to the communities they serve. Learners need to feel that they can achieve, and the trainer helps to build that feeling by creating and maintaining a positive learning environment—largely through effective facilitation.

CREATING A POSITIVE LEARNING ENVIRONMENT
To help create and maintain an atmosphere that is conducive to learning, the trainer must understand the principles of adult learning, know how to build and maintain energy and enthusiasm, as well as manage both learner and trainer stress, and—most important—be able to use a full range of effective facilitation skills. Effective facilitation involves introducing the presentation/activity; facilitating the presentation/activity through use of questioning, audiovisuals and feedback techniques; and summarizing the presentation/activity. Together, these practices help the trainer create a positive learning environment, engaging learners and supporting their sense of being capable.
Training Perspectives: Keeping Everyone on Track

One practical way to help build learners’ sense of being capable from the very beginning is to **remove any distractions and limitations** that may interfere with their learning. For example:

- Make sure the room is as comfortable as possible;
- Address cell phone use, explaining what is and is not permissible;
- Note potentially “difficult” individuals and begin “managing” them immediately to ensure that others are not interrupted or distracted from the topic at hand;
- Schedule timely breaks, letting the group know when to expect them;
- Assure the group that sufficient practice time has been scheduled, helping to reduce any anxiety; and
- Make yourself available for their questions and concerns.

In addition to ensuring that the environment is as comfortable and as free from distraction as possible, make sure that materials and methods to be used are appropriate and interesting.

Many things may pose potential distractions, but **you are there for the learners—to help keep them on track**. Take reasonable actions to protect them from these distractions and stimulate their interest, so that you can focus on what’s really important: continually assessing your learners’ understanding and guiding them toward competency.

Understanding How Adults Learn

**Situation 2-1:** You have been selected to attend an intrauterine contraceptive device course (IUD) clinical skills course and you are both excited and nervous about it. When you arrive at the classroom, a number of the other learners are already there and you do not know any of them. As you take a seat, the trainer arrives and begins describing her clinical background. After about 20 minutes of listening to her talk, you are very apprehensive and wonder if you made a mistake in attending the course. Why are you feeling so nervous about this course? What would you suggest that the trainer do differently to relieve your uneasiness?

Write your responses on a piece of paper and then compare your responses with the ones found at the end of this chapter.

Establishing a positive learning climate depends on **understanding how adults learn**. The clinical trainer must have a clear understanding of what the learners need and expect, and the learners must have a clear understanding of why they are there. Adults who attend courses to acquire new knowledge, attitudes and skills:

- Require learning to be **relevant** to their work
- Are highly **motivated** if they believe learning is relevant
- Need **participation** and **active involvement** in the learning process
- Desire a **variety** of learning experiences
- Desire **positive feedback**
- Have **personal concerns** and need an atmosphere of safety
- Need to be recognized as **individuals** with unique backgrounds, experiences and learning needs
- Must maintain their **self-esteem**
- Have **high expectations** for themselves and their trainer
- Have **personal needs** that must be taken into consideration
- Need to feel that **achievement is within reach**

These characteristics of the adult learner are described in more detail below.

**Relevance:** The clinical trainer should offer learners experiences that relate directly to their current or future job responsibilities. At the beginning of the course, the objectives should be stated clearly and linked to job performance. The clinical trainer should take time to explain how each learning experience relates to the successful accomplishment of the course objectives.

**Motivation:** People bring high levels of motivation and interest to learning. Family planning workers, for example, may wish to acquire new knowledge and skills to improve client services. Motivation can be increased and channeled by the clinical trainer who provides clear learning goals and objectives. To make the best use of a high level of learner interest, the clinical trainer should explore ways to incorporate the needs of each learner into the learning sessions. This means that the trainer needs to know quite a bit about the learners, either from studying background information about them and by allowing learners to talk early in the course about their experience and learning needs.

**Involvement:** Few individuals prefer just to sit back and listen. The effective clinical trainer will design learning experiences that actively involve the learners in the training process. Examples of how the clinical trainer may involve learners include:
- Allowing learners to provide input regarding schedules, activities and other events
- Questioning and feedback
- Brainstorming and discussions
- Hands-on work
- Group and individual projects
- Classroom activities

**Variety:** Learners attending courses desire variety. The clinical trainer should use a variety of learning methods including:
- Audiovisual aids
  - Writing boards
  - Flip charts
  - Overhead transparencies
  - Slides
  - Computer slides presentations/graphics
  - Videotapes
  - Anatomic models and real items/props (e.g., instruments)
Illustrated lectures
- Demonstrations
- Brainstorming
- Small group activities
- Role plays and case studies
- Games
- Group discussions
- Guest speakers

Positive Feedback: Learners need to know **how they are doing**, particularly in light of the objectives and expectations of the course. Is their progress toward competency meeting the trainer’s expectations? Is their level of clinical performance meeting the standards established for the procedure? **Positive feedback provides this information.**

In addition, learning experiences should be designed to move from the known to the unknown, or from simple activities to more complex ones. This progression helps to ensure positive learning experiences and feedback for the learner. To maintain positive feedback, the clinical trainer can:

- Give verbal praise either in front of other learners or in private
- Use positive responses during questioning:
  - “That’s correct!”
  - “Good answer!”
  - “That was an excellent response!”
- Recognize appropriate skills while coaching in a clinical setting:
  - “Very good work! Ilka is holding the scalpel in a way that provides excellent control.”
  - “I would like everyone to notice the incision that Jean Robert just made. He did an excellent job, and your incisions should look like this one.”
- Let the learners know how they are progressing toward achieving learning objectives

Personal Concerns: The clinical trainer must recognize that many learners fear failure and embarrassment in front of their colleagues. Learners often have concerns about their ability to:

- Fit in with the other learners
- Get along with the trainer
- Understand the content of the training
- Perform the skills being taught
The clinical trainer must be aware of these concerns and open the course with an introductory activity that will place learners at ease. It should communicate an atmosphere of safety so that learners do not judge one another or themselves. For example, a good introductory activity is one which acquaints learners with one another and helps them to associate the names of the other learners with their faces. This opening activity can be followed by learning experiences that support and encourage the learners.

**Being Treated as an Individual:** People want to be treated as individuals, each of whom has a unique background, experience and learning needs. A person’s past experiences are good foundations upon which the clinical trainer can base new learning.

Each person is the best judge of what ideas and skills are relevant to her or his particular work situation.

To help ensure that learners feel like individuals, the clinical trainer should:

- Use learner names as often as possible
- Involve all learners as often as possible
- Treat learners with respect
- Allow learners to share information with others during classroom and clinical instruction

**Self-Esteem:** Learners need to maintain high self-esteem to deal with the demands of a clinical training course. Often the clinical methods used in training are different from clinical practices used in the learners’ clinics. It is essential that the clinical trainer show respect for the learners, no matter what practices and beliefs they hold to be correct, and continually support and challenge them. This requires the trainer to:

- Reinforce those practices and beliefs embodied in the course content;
- Provide corrective feedback when needed, in a way that the learners can accept and use it with confidence and satisfaction;
- Provide training that adds to, rather than subtracts from, their sense of competence and self-esteem; and
- Recognize learners’ own career accomplishments.

**High Expectations:** People attending courses tend to set high expectations both for the trainers and for themselves. Getting to know their clinical trainers is a real and important need. Clinical trainers should be prepared to talk modestly, and within limits, about themselves, their abilities and their backgrounds.

**Personal Needs:** All learners have personal needs during training. Taking timely breaks and providing the best possible ventilation, proper lighting and an environment as free from distraction as possible can help to reduce tension and contribute to a positive learning atmosphere. The challenge for the clinical trainer is to acknowledge all of the learners’ desires, needs and concerns and at the same time help the individuals come
together as a group. By sharing with the learners expectations of how they will behave during the course, and asking them to tell the group their own expectations, the trainer begins the process of establishing patterns of behavior acceptable to the group, or **group norms**. This step is critical in creating a positive learning climate.

**Training Perspectives: Ensure That Achievement Is within Reach**

As previously described, the foundation of a positive learning environment is creating an atmosphere of capability, which helps learners achieve. Building on the characteristics of adult learners (described above), here are some practical tips on how to support learner achievement:

- **Be clear and explicit about what is to be achieved.** Practical ways to do this are by using course objectives during the overview to clarify exactly what will be achieved during the course. Review the syllabus to provide very clear expectations for learners. What will they learn during the course? What skills are they expected to master during the course?

- **Build logically and gradually from simpler concepts and tasks to more complex ones.** Examples: (1) Review normal anatomy and how to do a normal pelvic examination before describing a screening examination for cervical cancer. (2) Ensure the indications and contraindications for antiretroviral use are mastered before moving to managing drug side effects.

- **Provide positive, specific feedback and reinforcement.** We will discuss feedback in further detail later as it is critical to the learning process. During practice sessions especially, it is important to provide encouragement as well as constructive feedback—to reinforce the correct way of doing something and suggest specific ways to improve.

- **Treat learners as individuals, with individual learning approaches.** For instance, you can ask a learner how she learns best (reading, practicing, working with others, etc.) and provide opportunities for her to learn that way. Another way to treat adult learners as individuals involves building on their unique areas of expertise and work experiences during discussions and small group activities.

- **Create an atmosphere of honesty and openness.** Encourage learners to say if a concept is difficult or unclear. Ask questions like: “Is this concept clear? Can someone tell me what they’ve understood?” Likewise, admit when you don’t know something but ensure that you can find out and get back to them with an answer. Behavior modeling is very important in creating an atmosphere of openness.

- **Encourage discussion.** Guide discussions to identify barriers to learning and solutions for overcoming those barriers. Discussions are a good way to highlight and learn from learners’ related experiences and areas of expertise.

- **Request—and respond to—feedback from learners.** Don’t be afraid to get the opinion of learners about the learning process, and make changes based on their feedback.

**Building and Maintaining Energy/Enthusiasm**

The trainer should keep a steady eye on the energy level in the classroom, paying special attention to learners’ readiness and eagerness to learn. Warm-ups and energizers are an effective means of building and maintain energy and enthusiasm. They may be designed and led by the trainer earlier in the course, or be assigned to individual learners or groups of learners later in the course. Whomever leads the activity, it should actively engage **everyone in the room**—trainers, learners and any observers. Warm-ups and energizers:

- May be used in many ways. They can introduce the day’s activities or individual segments, help learners get to know one another, relieve stress of fatigue (or even boredom!) or help to introduce or summarize a concept. They are particularly good
for helping learners get to know each other and for raising the level of energy and enthusiasm.

- Can take many forms. They may be games, physical activities or exercises (which are great for after lunch or in the afternoon!). They may be jokes, songs or even friendly competitions.
- Are appropriate for any time of day. They are often used in the morning, as people are settling in, or after a break, as people return to the classroom. They are also effective as “transitions” between activities or any time learners seem tired and to be losing attention—such as around 2 PM, after a big lunch!

See the Resources section of ModCAL for sample warms-ups and energizers.

**Managing Learner and Trainer Stress**

Another important aspect of creating a positive learning environment is managing stress—both in learners and clinical trainers. Stress can interfere with the learning process on an individual level, as well as have an impact on the learning environment—affecting the entire group.

Here are some strategies the trainer can use to **identify, understand and respond to learner stress**:

- Remember that learners may be anxious, so be aware of and sensitive to anxiety. Observe learners behavior and level of participation. If you identify a potential problem, ask individual learners or the group open-ended questions, such as, “How do you feel about how the training is going?” “What would make the training better?”
- If learner anxiety or stress is identified, try to understand the cause. Is it related to their performance? The group dynamics? The pace of the course? Again, this may be achieved through talking to individual learners or the group.
- When the cause of learner anxiety or stress has been determined, respond appropriately. (Obviously, the response should be based on the cause.) Does the pace of the course need to slow down? Do certain learners need different topics or timelines to master the materials? Is translation help needed? Are there things that can be changed in the environment to reduce stress?
- Once action has been taken to address the cause of learner anxiety or stress, ensure that these actions have indeed addressed the problem. Assess learner response through observation, questions or anonymous input. It is important to make sure learners feel capable, not overwhelmed and that their opinions count.

New and even experienced clinical trainers may also face stress for a variety reasons. Here are some strategies for preventing it from affecting the learning experience. Trainers should:

- Be aware that this happens and pay attention to their own stress level, taking steps if necessary to ensure that it does not affect learners.
- Keep their concerns about the course private. Share them with a co-trainer or friend, but do not burden the learners with these issues.
- Manage and reduce their stress. One practical way to do this is to be prepared: reviewed trainer’s notes and any activities they have planned for the next day, practice on their own if you needed, arrive early and be sure they have everything ready.

All of these measures, along with self-awareness, will help trainers manage their stress level.

Training Perspectives: Make Room for Fun!

Another great way to keep the stress/anxiety level low is by keeping training fun. For example: Use ice-breakers that you and learners participate in together, as a way to get to know one another and feel more comfortable as a group. Warm-up activities and silly energizers also reduce stress by adding levity to the session and stimulate readiness to learn by keeping everyone engaged. You can even organize “outside” events between sessions, such as a Karaoke or Dance Night—inviting learners to enjoy one another’s company during their “down time.” Specific warm-ups and energizers are described in further detail below.

USING EFFECTIVE FACILITATION SKILLS

Situation 2-2: You are attending an emergency obstetrical skills course. One of the trainers is giving a presentation on the etiology of preeclampsia. Since you are hoping to become a trainer someday, you pay close attention to how the presentation is being delivered. You see that the trainer is looking very closely at a set of notes, is talking loudly enough at a constant volume level, is moving around in the left side of the room and is asking many questions to those learners on the right side of the room. What are some effective presentation skills this trainer is using? What suggestions for improvement would you offer this trainer?

Write your responses on a piece of paper and then compare your responses with the ones found at the end of this chapter.

The Facilitation Process

In addition to creating a positive learning environment, largely through applying basic facilitation skills described throughout this chapter, the trainer should become proficient in the “facilitation process”—a sort of template that applies to any and all learning activities that she or he conducts. Following this basic facilitation process or template, the trainer:

- Starts with an introduction to the activity/presentation, one that includes the learning objectives;
- Facilitates the activity/presentation—using questions, audiovisual aids, feedback other interactive techniques, while continuously assessing learners’ understanding; and
- Summarizes the activity/presentation effectively, engaging learners in reinforcing key content and transitioning to what’s next.

All of this requires careful planning and organization ahead of time (further described in Chapter 8).

Through continued use of the facilitation process, the trainer will recognize that some learning activities are better suited to transfer knowledge (e.g., illustrated lectures or
presentations, small group work), others to develop types of skills (e.g., demonstration for any type of skill, clinical simulations for clinical decision-making) or attitudes (e.g., role plays or structured observations). Accordingly, she or he will:

- **Incorporate a range of learning activities**, from presentations and even some skills demonstration to deliver basic knowledge, to large group activities to reinforce key content, generate ideas and address attitudes;

- **Have learners do a lot small group work**, which helps them analyze information or develop clinical decision-making skills;

- **Provide skill demonstrations followed by simulated practice** to develop learners’ basic competency. **Structured observation in clinics** will be used in preparation for clinical practice.

Using a range of learning activities, always following the basic facilitation process, will ensure that learners develop knowledge, skills and attitudes needed to become competent providers. We will look at each of these activities in greater detail in Chapter 3. The facilitation skills needed to effectively conduct these activities are further described in the following section.

**Basic Facilitation Skills**

During training, a variety of learning activities are used to develop knowledge, skills and attitudes in the learners—and a variety of facilitation techniques are used when delivering a presentation or facilitating a learning activity. To be an effective facilitator, the trainer must be organized and prepared (as further discussed in Chapter 8), practice good communication, and demonstrate awareness of both her/himself and others, as well as empathy for and responsiveness to learners and clients. She/he must also be skilled in and use variety of facilitation techniques. Some specific examples of facilitation techniques that the trainer will use over and over again are described in this section.

**General presentation skills** can be used with all different types of presentations (e.g., illustrated lecture, discussion, case study, clinical demonstration) to make a training session more effective. The skilled clinical trainer uses the following techniques to involve learners, maintain interest and avoid a repetitive presentation style.

- **Follow a plan**, which includes the session objectives, introduction, body, activity, audiovisual reminders, summary and evaluation. And prepare and use trainer’s notes to enhance the execution of that plan.

- **Communicate in a way that is easy to understand.** Many learners will be unfamiliar with the terms, jargon and acronyms of a new subject. The clinical trainer should use familiar words and expressions, explain new language and attempt to relate to the learners during the presentation.

- **Maintain eye contact with learners.** Use eye contact to “read” faces. This is an excellent technique for establishing rapport and getting feedback on how well learners understand the content.
■ **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone and inflection to maintain learners’ attention. Avoid using a monotone voice, which is guaranteed to put learners to sleep!

■ Avoid the use of slang or repetitive words, phrases or gestures that may become distracting with extended use. **Examples:**
  - Repeatedly saying things like:
    - “OK, now....”
    - “Is that clear?”
    - “Do you see what I’m saying?”
  - Keeping hands in pockets
  - Pacing
  - Rocking on heels

■ **Display enthusiasm about the topic and its importance.** Smile, move with energy and interact with learners. The trainer’s enthusiasm and excitement are contagious and directly affect the enthusiasm of the learners.

■ **Move around the room.** Moving around the room helps ensure that the trainer is close to each learner at some time during the session. Learners are encouraged to interact when the clinical trainer moves toward them and maintains eye contact.

■ **Use appropriate audiovisual aids during the presentation.**

■ Be sure to ask both simple and more challenging questions.

■ **Provide positive feedback** to learners during the presentation. **Examples:**
  - “Very good point, Ilka!”
  - “Thanks for sharing that story.”
  - “Anne Marie has made an excellent comparison!”

■ **Use learners’ names as often as possible.** This will foster a positive learning climate and help keep the learners focused on the presenter. **Examples:**
  - During questioning and when providing positive feedback
  - When referring to comments previously made by learners

■ **Display a positive use of humor** related to the topic. **Examples:**
  - Cartoons on transparency or flip chart
  - Humorous stories
  - Cartoons for which learners are asked to create captions

■ **Provide smooth transitions between topics.** Within a given presentation, a number of separate yet related topics may be discussed. When shifts between topics are abrupt, learners may become confused and lose sight of how the different topics fit together into a bigger picture. The clinical trainer must ensure that the transition from one topic to the next is smooth through a variety of devices. **Examples:**
A brief summary
A series of questions
Relating content to practice or using an application exercise (case study, role play, etc.) before moving on to the next topic

Be an effective role model. The clinical trainer should be a positive role model in dress, appearance, enthusiasm for the training course, being on time and finishing at the scheduled time.

Good presentation skills apply throughout the training session/course and can enhance the impact of any learning activity. The Facilitation Skills: Self-Assessment Guide (Sample 2-1), at the end of this chapter, provides a good overview of effective facilitation skills and can be used by learners to reflect on and evaluate the effectiveness of their own facilitation skills.

Introducing Activities/Presentations

Situation 2-3: You are a learner who is attending a clinical training skills course in order to learn how to be a clinical trainer. One of the other learners is making a presentation and you have been asked to observe the introduction carefully. The learner begins the introduction by asking several questions. After about 10 minutes of discussion related to the questions, the learner shares the objectives and moves into the presentation. What aspects of the introduction went well? What suggestions would you offer for improving this introduction?

Write your responses on a piece of paper and then compare your responses with the ones found at the end of this chapter.

Going back to the concept of the facilitation process, the experienced trainer understands that the first few minutes of any presentation/activity are critical. Effectively introducing presentations/activities is a critical component in that process. Learners may have their minds on other matters, be unclear what the session is about or have little interest in the topic. The introduction should:

- Review the objectives of the activity
- Capture the interest of the entire group and prepare learners for the information to follow
- Make learners aware of the clinical trainer’s expectations
- Help foster a positive training climate

Training Perspective: Connecting to the Big Picture

Every learning activity has an objective (or objectives) and expected learning outcomes. An effective introduction gains learners’ attention, sets the expectations and fosters a learning climate. The purpose of the introduction is to make sure the learners know the learning objectives, enabling them to get the maximum benefit from the learning activity. ALL learning activities should be introduced in order to put them in the context of the overall goals and objectives of the course. This helps keep the course, and every segment within it, connected to the bigger picture—addressing the health problems their communities are facing through provision of high-quality services.
The clinical trainer can select from a number of techniques to provide variety and ensure that learners do not become bored and understand the overall relevance of what will follow. Many introductory techniques are available, including:

- **Reviewing the objectives.** Introducing the topic by a simple restatement of the objectives keeps the learners aware of what is expected of them. This should be a part of every introduction. *Example:*
  - “This afternoon we will learn how to use the training arm model for Norplant implants. Our objective is to insert Norplant implants in the training arm using the standard insertion technique. Any questions before we begin?”

- **Asking a series of questions about the topic.** The effective clinical trainer will recognize when learners have prior knowledge concerning the course content and encourage their contributions. The trainer can ask a few key questions, allow learners to respond, discuss answers and comments, and then move into the body of the presentation. *Examples:*
  - “Andre, what is an example of an important infection prevention practice?”
  - “Silvia, the next topic is client assessment for postpartum family planning. What are some of the questions we should ask the client?”
  - “This is a slide showing the floor plan of an antenatal clinic. Jose, what do you see that may have an effect on client flow?”

- **Relating the topic to previously covered content.** When a number of presentations are required to cover one subject, relate each presentation to previously covered content. This helps the learners understand the continuity of the presentations and how each relates to the overall topic. When possible, conclude one presentation with a review or summary that introduces the next topic. *Example:*
  - “When we finished yesterday we were discussing the no-touch technique for IUD insertion. Today, I will answer Mary’s question by reviewing why there is no need for prophylactic antibiotics with IUD insertion when the no-touch technique is used.”

- **Sharing a personal experience.** There are times when the clinical trainer can share a personal experience in order to create interest, emphasize a point or make the topic more job-related. Learners enjoy hearing these stories so long as they relate to the topic and are used only when appropriate. *Example:*
  - “This morning we will practice diagnosing pre-eclampsia/eclampsia through the use of case studies and role plays. Before we begin, I would like to share with you my first experience caring for a woman with eclampsia. The client was....”

- **Relating the topic to real-life experiences.** Many training topics can be related to situations most learners have experienced. This technique not only catches the learner’s attention but also facilitates learning because people learn best by anchoring new information to known material. The experience may be from the everyday world or relate to a specific process or piece of equipment. *Example:*
  - “Our next topic is pre-operative counseling for a man considering male circumcision. Have you ever had a client who was very nervous and anxious?”
What did she say or do? How did it affect you? Yasmina, tell us how you would feel if you were the client.”

- **Using a case study or problem-solving activity.** Case studies or problem-solving activities focus attention on a specific situation related to the training topic. Working in small groups generally increases interest in the topic. *Example:*
  - “Our next topic is the three essential criteria for the lactational amenorrhea method of contraception. Please read the case study on page three of your course handbook and answer the questions on page four. We will discuss your responses when everyone has finished.”

- **Using a videotape or other audiovisual aid.** Use of appropriate audiovisuals can be stimulating and generate interest in a topic. *Example:*
  - “Now that we have defined active management of the third stage of labor and understand its importance, we’ll view a computer animation of the procedure. Afterwards, we’ll practice the steps ourselves.”

- **Using an imaginative graphic.** Clinical trainers should keep a file of topic-related cartoons, signs, slogans, acronyms and similar items. When appropriate, these can generate interest and a few smiles at the same time.

- **Giving a classroom demonstration.** Most clinical training courses involve equipment, instruments and techniques that lend themselves to demonstrations, which generally increase learner interest.

- **Using a content expert.** Speakers with a specific area of expertise often add credibility to a presentation. The clinical trainer must be sure that the speaker is capable of making an effective presentation. When this is the case, the content expert can motivate the learners’ interest in the topic. *Example:*
  - “This session will review infection prevention practices. To begin our discussion I would like to introduce Sister Ade Wachura, Infection Prevention Specialist for the hospital. Ade will share with us the hospital’s recommended infection prevention practices for surgical contraceptive methods. Please join me in welcoming....”

- **Using a game, role play or simulation.** Games, role plays and simulations generate tremendous interest through direct learner involvement, and therefore are useful for introducing topics. *Example:*
  - “Today we will discuss staff motivation. What is it? How do we maintain it? To introduce this topic we are going to take a few minutes to play a game called ‘I Am a Winner.’ Our first step is to divide into four groups....”

- **Relating the topic to future work experiences.** Learners’ interest in a topic will increase when they see a relationship between training and their work. The clinical trainer can capitalize on this by relating objectives, content and activities of the course to real work situations. *Example:*
  - “This afternoon I will demonstrate an infection prevention practice that you use every day in your work. In fact, it is one of the most important things you do....”
Facilitating Activities/Presentations

Once the trainer has introduced an activity, and the learners are interested and know what to expect, she or he can begin facilitating the learning activity. During a learning activity, trainers use questioning techniques, audiovisual aids (as discussed in Chapter 4) and effective feedback to help develop competencies in learners. Such effective facilitation of presentations/activities is another critical component in the facilitation process.

Effective Use of Questions

| Situation 2-4: You are conducting a clinical skills course. During a break, one of the learners approaches you and asks you why you ask so many questions during your classroom and clinical sessions. How would you respond to this question? |
| Write your response on a piece of paper and then compare your response with the one found at the end of this chapter. |

Questions invite learners to delve more deeply into the topic being addressed; it also helps develop their clinical decision-making skills, while reinforce key points—as well as allowing the trainer to assess learner understanding. The clinical trainer uses questions to:

- **Increase learner participation and interaction.** By asking learners’ questions and allowing them to share their areas of expertise and individual experiences, the trainer can turn a one-way presentation into a lively, back and forth discussion support—while building learners’ self-esteem and confidence. This kind of questioning is particularly useful when addressing attitudes or helping learners develop clinical decision-making skills.

- **Assess learner understanding.** It is important to use questions to help reinforce key points, and to assess how well learners understand the topic. Questions help to ensure that fundamental concepts of the topic are understood before moving on to more complex concepts.

- **Respond to learners’ varying needs at different stages of learning.** Building on the previous point, trainers can use simple questions to assess basic understanding and build learner confidence early on, while more complex questions can be used later in the course to assess more advanced understanding.

- **Help learners analyze information.** Not only do questions help assess basic understanding, which is an essential competency for the trainer. Questions also help move learners from simply remembering information to analyzing, understanding and being able to apply it in different situations—a key step in developing clinical decision-making skills. Asking learners questions that require them to analyze and express their understanding of topics will ensure the topic is well understood.

- **Evaluate the effectiveness of the learning activity.** In addition to assessing understanding, questions can be used to determine whether a learning activity was effective. What do they understand about it? What have they learned? What do they still need help with?

- **Introduce or summarize learning activities.** Questions provide an excellent, interactive way for learners to participate in initiating and wrapping up activities.
Using a variety of techniques

Questions can be used at any time to introduce a topic, stimulate discussion and increase the effectiveness of the training session. Use a variety of questioning techniques to keep learners engaged and interested.

- **Ask a question of the entire group.** The advantage of this technique is that those who wish to volunteer may do so; however, some learners may dominate while others may not participate. *Example:*
  - “Someone, please tell me, why do we...?”

- **Target the question to a specific learner by using that individual’s name before asking the question.** The learner is aware that a question is coming, can concentrate on the question and respond accordingly. The disadvantage is that once a specific learner is targeted, other learners may not concentrate on the question. *Example:*
  - “Jose, please tell us, what would happen if we...?”

- **State the question, pause and then direct the question to a specific learner.** All learners must listen to the question in the event that they are asked to respond. The primary disadvantage is that the learner receiving the question may be caught off guard and ask the clinical trainer to repeat the question. *Example:*
  - “Notice the instrument we are we using today. Rosminah, what is it called?”

The key in asking questions is to avoid a pattern. The skilled clinical trainer uses all three of the techniques mentioned above to provide variety and maintain the learners’ attention.

**Additional questioning techniques** that the trainer can use to make the session more interesting include:

- **Use learners’ names** during questioning. This is a powerful motivator and also helps to keep all learners involved.
  - “Sharuk, you seem to be puzzled by my response. Can you tell me why?”

- **Repeat a learner’s correct response.** This provides positive reinforcement to the learner and allows the rest of the group to hear the response. *Example:*
  - “Juan is correct. The Copper T 380A IUD is now approved for use for up to 10 years.”

- **Provide positive reinforcement for responses** to keep the learners interested in the presentation. Positive reinforcement may take the form of praise, displaying a learner’s work, using a learner as an assistant or using positive facial expressions, nods or other nonverbal actions. *Examples:*
  - “I couldn’t have said it better!”
  - “Very good answer, Alain!”
  - “I like the way you stated that, Aimee.”
  - “Excellent thinking, Jose.”
When a learner’s response is partially correct, the clinical trainer should reward the correct portion and then improve the incorrect portion or redirect a related question to that learner or to another learner. **Examples:**

- “I agree with the first part of your answer; however, can you explain...?”
- “You almost have it! Lydia, can you give Virgilio some help?”
- “Rachid is correct. When performing a minilaparotomy, we open the abdomen and the anterior rectus sheath; however, do we perform these in the order Rachid has indicated? Alain, what do you think?”

When a learner’s response is incorrect, the clinical trainer should make a noncritical response and restate the question to lead the learner to the correct response. **Examples:**

- “Sorry, Silvia, that’s not correct. Let’s look at the situation in a different way. Suppose we....”
- “That’s not quite what I was looking for. Let’s go back to our previous session. Dr. Dimiti, think about the effect on the client’s blood pressure. Now if we....”
- “Maria, let me rephrase the question. What would happen if we were to adjust the...?”

When a learner makes no attempt to respond, the clinical trainer may wish to follow the above technique or redirect the question to another learner. After receiving the desired response, be sure to draw the original learner back into the discussion. **Example:**

- “Jose, can you think of any other reasons for partograph use, adding to those that Enrique has listed?”

Responding to learners’ questions

When learners ask questions, the clinical trainer has three options:

- Answer the question,
- Respond with another question, or
- Defer the question but offer a rationale for doing so.

The clinical trainer must draw on personal experience to determine which option is appropriate for each situation. When the question is relevant but deals with a complex subject or relates to a topic not previously discussed or that will be discussed later, the clinical trainer may wish to answer the question. **Example:**

- “That’s an excellent question, Alex. In fact, our discussion next hour will focus on care of the HIV-positive client who is co-infected with TB. To answer your question briefly, ...”

Questions based on the current topic, however, may be answered best by asking the learner another question. **Example:**

- “Dr. Ramos, you asked ‘when’ we use the uterine elevator. Under what circumstances can you do a minilaparotomy without the uterine elevator?”
Questions that are irrelevant to the current session or overall course might be best deferred, but offering a rationale will help keep the discussion going and protect learner self-esteem confidence. *Example:*

- “Gabriel, that is certainly a valid concern, but I’m afraid it lies beyond the scope of this particular course. Can we talk about it during break?”

Two final cautions about questions from learners:

- When unable to answer a question, the clinical trainer should acknowledge it and admit to not knowing the answer. After the session, the trainer should research the answer and share it during the next session or as soon as an evidence-based explanation can be found.

- When learners ask questions that will guide the discussion away from the topic, the clinical trainer must decide whether answering the question and allowing the ensuing discussion will be valuable. When learners will benefit, and time permits, the clinical trainer may wish to follow the new line of discussion. If not, the trainer must move the discussion back to the topic.

**Effective Use of Feedback**

Another essential part of facilitating learning activities is providing feedback to help learners learn. During any learning activity (not just skills coaching), feedback is perhaps the most important component of effective facilitation. Clear and specific feedback is useful for developing knowledge, all types of skills and attitudes—and fundamental for learning and performance.

**Training Perspective: One Size Does Not Fit All**

You may deliver feedback differently depending on the type of learning activity.

- If using either paper-based or computer-facilitated exercises to reinforce knowledge, you may provide written feedback.

- In group-settings, you provide feedback on answers provided and learner contributions to discussions. During discussions and presentations, feedback will be short such as “Good answer, Willie” or “Thanks for sharing that story, Debora,” whereas during skills practice, feedback will be one-to-one and more detailed.

- In the clinic, you generally **do not provide feedback in front of clients.** It is often provided later—between clients, during breaks or in the post-clinic meeting.

No matter what the situation, here are some **basic rules for providing effective feedback:**

- **Be timely.** Whenever possible, give feedback immediately after the event. Immediately after a question or practice or coaching activity.

- **Be specific.** This is challenging for trainers. Feedback is only as useful as it is specific. Describe exactly what was well done and why and what could be done better—providing specific tips or guidance on how to improve. Use reference manuals or learning aids (like algorithms, performance standards, checklists or learning guides) to help keep your feedback specific and constructive. *Example:*

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A trainer is providing feedback after observing an education session about infant feeding for an HIV-positive mother. Here’s an example of vague feedback: “You did a good job educating the client.” Compare that to this more specific, useful feedback: “You did an excellent job summarizing the mother’s concerns and addressing them. You also used questions to ensure the mother’s understanding of key points. Nice work.” Being specific is even more important when providing corrective feedback.

- **Speak for yourself.** “Own” your feedback. Even if training with others, use the singular “I,” not “we,” when providing feedback. And start your comment with “I,” rather than “you,” even though speaking directly to the learner about his/her performance. *Example:*

  Rather than saying, “You didn’t monitor the mother well after that delivery,” the effective trainer might say, “I noticed that you didn’t monitor the mother until 30 minutes after delivery of the placenta.” In the second example, the trainer has “owned” his/her feedback, as well as provided specific feedback on performance.

- **Model receiving feedback for the learners.** Demonstrate good behaviors related to receiving feedback. Ask for feedback about the course, accept the feedback, and thank the learners for it. Don’t be afraid to ask for suggestions about how to improve and demonstrate changes as a result of the feedback.

### Summarizing Activities/Presentations

**Situation 2-5:** You are attending a clinical training skills course and are planning a classroom presentation. You know you need a summary at the end of your presentation, so you make a note to ask if there are any questions. Answering the questions will serve as your summary. Is this an appropriate summary technique?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

An effective summary—the final critical component in the facilitation process—is used to reinforce the content of a presentation or activity and provide a review of its main points. After the trainer has introduced an activity clearly and facilitated it—using questioning, audiovisuals and feedback—she or he should provide a brief **summary** that reinforces the main points and reinforces learners’ understanding. Questions or short games, as part of the summary, are great ways to ensure the learners have understood important content. The summary should also relate other content and activities in the course, providing a clear transition between one segment and the next. And finally, an effective summary should remind learners of the relevance of the topic to what they’ll be doing in the workplace.

Sometimes, a summary of the entire day’s activities—at the end of the day—will suffice. However, when the day’s content is particularly varied or the topics complex, periodic summaries may be used throughout the day to ensure that learners understand the material as it is being presented. In addition, “mini”-summaries can be used effectively before demonstrations or breaks that may interrupt the overall flow of the presentation.
An effective summary should:

- Be **brief**
- Draw together the **main points**
- Involve/engage the learners (e.g., through questioning)
- Transition to the next topic or activity

Many summary techniques are available to the clinical trainer, including:

- **Asking the learners for questions**, thereby giving learners an opportunity to clarify their understanding of the instructional content. This may result in a lively discussion focusing on those points that seem to be the most troublesome.

- **Asking the learners questions** that focus on major points of the presentation.

- **Administering a practice exercise or test** which gives learners an opportunity to demonstrate their understanding of the material. After the exercise or test, use the questions as the basis for discussion by asking for correct answers and explaining why each answer is correct.

- **Using a game to review main points** provides some variety, when time permits. One popular game is to divide learners into two teams, give each team time to develop review questions and then allow each team to ask questions of the other. The clinical trainer serves as moderator by judging the acceptability of questions, clarifying answers and keeping a record of team scores. This game can be highly motivational and can serve as an excellent summary at the same time.

**CHAPTER SUMMARY**

- The environment in which learners learn has a critical impact on the quality of their learning experience. It is the clinical trainer’s responsibility to create a positive learning climate that supports learners’ progress toward achieving competency.

- To create and maintain an environment that is conducive to learning, the trainer must be well prepared and organized, as well as understand the principles of adult learning, be able to build and maintain energy and enthusiasm, manage learner and trainer stress, and—most important—use a full range of effective facilitation skills.

- The trainer makes presentation and learning activities more stimulating and, ultimately, more effective by adhering to a basic facilitation process: providing interesting and informative introductions; effectively using questioning, audiovisuals and feedback techniques; and wrapping-up with concise and interactive summaries.
SITUATION RESPONSES

Situation 2-1

It is natural to feel nervous on the first day of a training course, especially when you are unfamiliar with the other learners and the trainer. In fact, it would be highly unusual for a learner not to feel somewhat nervous or uneasy. The learner should take some comfort in knowing that all of the other learners are probably experiencing the same feelings.

In this situation, the trainer is focusing on her needs (to share her background) and is not being sensitive to the needs of the learners. The trainer should limit her introductory remarks to about 5 minutes, and then ask the learners to describe the experiences they bring to the group and their expectations for the course. This will help to establish a positive learning climate.

Situation 2-2

Effective presentation skills include using a set of notes and supporting audiovisuals, projecting your voice, moving around the room and asking questions to encourage interaction. Suggestions for improvement include avoiding looking too much at notes in order to maintain eye contact, using voice inflection to prevent speaking in a monotone, moving around the entire room and asking questions of all of the learners.

Situation 2-3

Beginning an introduction with a series of questions is an excellent technique because it will focus the learners’ attention on the topic. Following the questions with a clear statement of the objectives will then let the learners know where the presentation is leading. The only suggestion for improvement would be not to get into lengthy discussions around the introductory questions, as this will confuse the learners and reduce the impact of the introduction.

Situation 2-4

There are many advantages to asking questions during a classroom or clinical presentation. Questions require the learners to think about and apply the information they have learned during the course. Using questions also affords the trainer an opportunity to involve all learners, use their names, provide positive feedback and encourage learners to ask questions. Responses to questions also let the trainer know how effectively information is being transferred to the learners.

Situation 2-5

Asking the learners for questions is an excellent technique as part of a summary. The trainer, however, should have a few key questions ready in the event there are few or no questions, which often happens, or if an important topic is not addressed by the learners’ questions.
FACILITATION SKILLS: SELF-ASSESSMENT GUIDE

To what degree are the following statements true of your actions or behavior when conducting training presentations/activities?

<table>
<thead>
<tr>
<th>FACILITATION SKILL</th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I present an effective introduction.</td>
<td></td>
<td></td>
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<tr>
<td>2. I state the objective(s) of the presentation/activity as part of the introduction.</td>
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<tr>
<td>3. I ask questions of the entire group.</td>
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<tr>
<td>4. I target questions to individuals.</td>
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<tr>
<td>5. I ask questions at a variety of levels.</td>
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<tr>
<td>6. I use learner names.</td>
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<tr>
<td>7. I provide positive feedback.</td>
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<tr>
<td>8. I respond to learner questions.</td>
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<tr>
<td>9. I use trainer’s notes or a personalized reference manual.</td>
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<tr>
<td>10. I maintain eye contact with learners.</td>
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<td></td>
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<tr>
<td>11. I project my voice so that all learners can hear.</td>
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<tr>
<td>12. I move about the room.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13. I use audiovisuals effectively.</td>
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<tr>
<td>14. I display a positive use of humor.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>15. I present an effective summary.</td>
<td></td>
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<tr>
<td>16. I provide opportunities for application or practice of presentation content.</td>
<td></td>
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</tbody>
</table>

Those facilitation skills I feel competent in using include:

Those facilitation skills I would like to improve include:
DEVELOPING LEARNER COMPETENCY

INTRODUCTION

Clinical training places the learner with an experienced trainer in simulated and then real clinical settings, where the learner can observe and then practice the skills required to achieve desired competencies. The trainer develops learner competence through:

- Providing some means of transfer of knowledge;
- Assisting learners in develop skills by providing demonstration and opportunities for practice, along with coaching and feedback;
- Incorporating behavior modeling and attitude development in all learning activities and trainer-learner interactions; and
- Assessing learner competence on a continual/ongoing basis in way that helps them learn.

As a trainer, your main role is to assist learners in developing the knowledge, skills and attitudes that they need to move toward competency and eventual independence. The trainer will be most effective, the learners most successful, if the trainer assumes the role of coach—rather than instructor—during this critical phase of learning. This dynamic supports learners in acquiring and apply specific knowledge and positive attitudes, and develop clinical and problem-solving skills. This is true in both pre-service (educational) and in-service (training) settings.
**Assessment** is as much a part of developing competency as it is evaluating competency. Throughout the training process, the trainer/coach continually assesses the learners and provides them with feedback aimed at helping them learn and become more confident and competent. This kind of assessment, known as *formative assessment*, is reflected throughout this chapter and further described in Chapter 7.

**COACHING LEARNERS**

**Situation 3-1**: You are preparing to conduct a clinical training skills course. When talking to a clinical supervisor about one of her nurses attending the course to become a clinical trainer, you are asked what is meant by the term “coach.” How would you describe the role of the coach?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Clinical skills are developed through a process known as *coaching*. The coaching process includes three closely related phases:

- Demonstration of the clinical skill by the trainer;
- Practice of the skill by the participant under the supervision of the trainer, first on models and then with clients; and
- Evaluation of the participant’s skill competency by the trainer.

Coaching refers to a general philosophy or approach to training, as well as a specific activity carried out during a training session in order to help a learner learn something new. It involves the use of active listening, questioning and positive feedback and the development of problem-solving skills to help create a positive learning climate. Helping a learner, through coaching—to analyze and apply new information, develop a new clinical skill or address a certain attitude—is one of the most important roles of a clinical trainer. In this role, the clinical trainer is able to guide the learner through the learning stages, *while* enhancing and maintaining and learner confidence and self-esteem that are critical to independence.

**Training Perspectives: Coaching to Competency**

As a trainer, you have a range of training techniques and tools to assist you in developing the competency of your learners. But there may be no single technique or tool that is as critical to your role as the ability to coach. Coaching helps close the gap between desired performance and the practices, beliefs and attitudes that your learners bring with them—without embarrassing or belittling them. Because it is not overly authoritative in tone, it blurs the traditional line between teacher and learner—calling upon learners to take an increasingly active role in discovering, exploring and developing their own abilities.
Communicating during Coaching

How the trainer communicates during coaching is key to the technique’s effectiveness. Active listening, using questions and providing feedback are all important coaching tools for developing learner competency.

Active Listening during Coaching

Active listening is a communication technique that enables a clinical trainer to stimulate open and frank exploration of ideas and feelings and establish trust and rapport with learners. It helps the clinical trainer clarify learner comments and enables the learner to be heard and understood. In active listening, the trainer accepts what is being said without making any value judgments, clarifies the ideas or feelings being expressed and reflects these back to learners.

The following are examples of active listening techniques:

- Stop talking and listen to the speaker.
- Restate the speaker’s exact words.
- Paraphrase in your own words what the speaker said.
- “Reflect back” the underlying feelings/emotions of the speaker.

Active listening is a powerful communication tool that can be used to shape learning and reinforce correct information, good practices and positive attitudes in a supportive way. It can also “draw the learner out” to explore and expand further on their thought processes, beliefs and feelings. When actively listening, it is appropriate to:

- Maintain a nonjudgmental tone, refraining from questions that have only one correct answer.
- Ask open, “non-leading” questions such as, “Can you tell me more about that?”
- When asking “probing” questions, avoid making it sound like you are “cross-examining” or doubting the learner. “That’s an interesting choice you made there. Can you share your reasons with us?” or “The client still seems upset. What are some other things you might try to reassure her?”
- Ask for clarification, when needed; for example, “I’m not sure I fully understand what you are saying—can you explain more?” or “I’m confused as to what your exact question is—can you try putting it another way?”
- Identify with the speaker’s emotions and state the implications of those feelings; for example: “It sounds like you were concerned that the woman’s family might not support her decision. That must have made it difficult to counsel her with them present.”

Everyone likes being heard and appreciated. Supportive comments from the clinical trainer strengthen and reinforce desired behavior.
Using Questions during Coaching

Questioning is used during coaching learners as they develop new knowledge, types of skills and attitudes. Questioning does not mean interrogating. The trainer should let learners know that the purpose of questioning is to help target instruction, not to berate and belittle them. Asking them what they know and what they want to learn will help assess their needs and focus training more precisely.

Questions can range from those that elicit for facts and information to those that present new or hypothetical situations for consideration. Questions can also assess learner progress and help learners apply new competencies. Questions are very important in developing and assessing decision-making skills. Examples of such questions are:

- **Factual questions**, beginning with *what, where or when*, that obtain information and begin discussion—“Many of your clients are pregnant women. When would you first talk to them about postpartum family planning?”
- **Broadening questions** that assess additional knowledge—“If your diagnostics revealed X, how would that change your treatment plan?”
- **Justifying questions** that challenge ideas and assess depth of knowledge and understanding—“Why did you select that as your working diagnosis?”
- **Hypothetical questions** that explore new situations—“If the client had this condition, what specific questions would you ask during the medical history?”
- **Alternative questions** that assess decision-making skills—“If the treatment you identified resulted in Y outcome, how would you change your diagnosis and treatment plan?”
- **Probing questions** to help address attitudes—“If the client responds in this way, what would your personal opinion be of that person? How can you maintain a professional attitude?”

Providing Feedback during Coaching

Providing feedback is essential throughout the coaching process, whether it is feedback on knowledge, skill or attitudinal assessments.

Guidelines for the clinical trainer to follow in giving feedback are:

- **Be timely.** Give your feedback soon after the event.
- **Be specific.** Describe specific behaviors and reactions, particularly those that the learner should keep and those that should be changed.
- **Be descriptive,** not judgmental. Describe the consequences of the behavior; do not judge the person. **Examples:**
  - Descriptive, specific feedback: “When you gave the injection of local anesthetic, you did not tell the client what to expect. I saw her wince and tense up, making it difficult for you to gain her cooperation later in the procedure.”
  - Judgmental, non-specific feedback: “You always seem to be in such a hurry that you completely ignore the client’s needs.”
Take responsibility for your own feedback. Speak for yourself, not for others.

Guidelines for the learner to follow in receiving feedback include:

- **Ask for it.** Find clinical trainers who will be direct. Ask them to be specific and descriptive.
- **Direct it.** If you need information to answer a question or to pursue a learning objective, ask for it.
- **Accept it.** Do not defend or justify your behavior. Listen to what people have to say and thank them. Use what is helpful; quietly discard the rest.

**Characteristics of an Effective Coach**

| Situation 3-2: You are conducting a clinical skills course. During the last day of the course one of the service providers approaches you and indicates an interest in becoming a trainer just like you. He is aware that another clinical skills course is being taught in 2 weeks and asks if he can co-train with you to become a clinical trainer. How do you answer him? |
| Write your response on a piece of paper and then compare your response to the one found at the end of this chapter. |

The characteristics of an **effective coach** are basically the same as those of an **effective clinical trainer**.

An effective coach/clinical trainer:

- **Is proficient** in the skills to be taught
- **Encourages** learners in learning new skills
- Promotes open (two-way) communication
- Provides immediate feedback:
  - Informs learners whether they are meeting the objectives
  - Does not allow a clinical task or skill to be performed incorrectly
  - Gives positive feedback as often as possible
  - Avoids negative feedback and instead offers specific suggestions for improvement
- Recognizes that clinical training can be stressful and knows how to **regulate learner as well as trainer stress**:
  - Uses appropriate humor
  - Observes learners and watches for signs of stress
  - Provides regular breaks during training sessions
  - Provides for changes in the training routine
  - Focuses on learner success instead of failure

Learners learn new skills most easily when they are highly motivated to learn and are not overwhelmed by feelings of anxiety and fear. If the learning environment is **pleasant**,
supportive and enhances self-esteem, the learner is more likely to learn and use the skills.

<table>
<thead>
<tr>
<th>The Effective Coach...</th>
<th>The Ineffective Coach...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focuses on the practical</td>
<td>Focuses on the theoretical</td>
</tr>
<tr>
<td>Encourages working together (collegial relationship)</td>
<td>Maintains a distance (status is above the learners)</td>
</tr>
<tr>
<td>Works to reduce stress</td>
<td>Often creates stress</td>
</tr>
<tr>
<td>Fosters two-way communication</td>
<td>Uses one-way communication</td>
</tr>
<tr>
<td>Is a facilitator of learning</td>
<td>Acts as the authority or the only source of knowledge</td>
</tr>
</tbody>
</table>

TIPS FOR DEVELOPING KNOWLEDGE, SKILLS AND ATTITUDES NEEDED FOR COMPETENCY

Here are some tips on how to develop competency in each of the three competency domains.

Transferring Knowledge

As a coach, you can help learners move from basic understanding of new information to the ability to analyze and apply that knowledge in clinical situations, by using the following techniques.

- **Present material in a logical way.** Begin with simple/basic information, concepts and tasks and move logically and gradually to more complicated content. For example, review basic physiology of postpartum hemorrhage before reviewing how to diagnose and manage condition.

- **Use a variety of learning methods.** This helps keep learners engaged, and different methods are more useful for some things than others. For example, a quiz is a great way to reinforce important information, whereas a case study or clinical simulation may be more useful for helping learners analyze and apply information.

- **Use audiovisual aids to help illustrate** your points and keep learners interested.

- **Use questions to continually assess** learners’ understanding. You want to understand which areas are well understood, and which need additional time or learning activities. You can also use formal or written assessments—such as quizzes or questionnaire—to assess comprehension of key content before moving into skills practice.

- **Use questions and feedback to reinforce correct information and assist learners in analyzing and applying** new knowledge. For example, a learner may understand the relationship between tuberculosis and HIV infection, but only through some form of questions and feedback will she/he be able to analyze and apply this information when making decisions about managing the care of HIV-positive clients. In this way, these simple techniques help build learner confidence and move them from being passive learners to taking on a more active and independent role.
Questions and feedback can be provided through one-on-one interactions; group discussions; written or computer-based formats; use of case studies; and a variety of other means.

Developing Skills
There are three phases in the transfer and development of all types of skills. In training, the goal is to develop competency in learners. Here’s a summary of each phase of the process, and what you do to facilitate it.

**Acquisition:** During skill acquisition, or learning, you will demonstrate or otherwise “break down the skill” into manageable pieces. Family planning counseling; determining whether a client needs to initiate, stop or revise a medical therapy; and management of postpartum hemorrhage—these are all skills that can be broken down into steps. Once learners have observed the demonstration, provide them the opportunity to acquire the skills themselves, through practicing the skill and receiving feedback.

**Competency:** Skill competency means that the learner is competent in the skill—that is, he or she can perform the skill accurately and with some degree of confidence. Use an assessment tool to assess competency in simulation and/or in a clinical setting. As a trainer, you will assess first in simulation, then again with clients or in real practice. Competency is the goal of training.

**Proficiency:** Proficient learners can perform efficiently, confidently and often without being conscious of the decisions they are making or of the individual steps involved in a clinical process or procedure. This level of skill develops only with repeated practice within an enabling environment in the workplace.

**Methodology for Skill Development**
No matter what type of skill you are demonstrating—whether a psychomotor or hand skill, a clinical decision-making skill or a communication skill—the coaching process for skill development includes these steps:

- **Demonstration** of the clinical skill by the trainer; using an assessment tool to outline critical steps. For clinical decision making a ‘demonstration’ of the skill is explaining rationale in decisions made.

- **Practice** of the skill by the learner with feedback from the trainer, first in simulation and then with clients; and

- **Assessment** of the learner’s skill competency by the trainer in simulation and then with clients.
Coaching for Skills Development

Situation 3-3: You are observing a new clinical trainer as she conducts a clinical skills course. During her first demonstration of how to perform a clinical skill she discusses each step in the procedure and then asks for questions. When there are no questions, she instructs the learners to work in small groups to practice the skill on an anatomic model. While checking on their progress, the trainer notices that most of the learners are having difficulties. What should the trainer have done to prevent these problems from occurring?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

The three phases of the coaching process used to help learners develop skills successfully are shown in Exhibit 3-1. Note how the roles shift during the process.

Exhibit 3-1. Coaching in Clinical Training

<table>
<thead>
<tr>
<th>ROLES</th>
<th>LEVEL OF PERFORMANCE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Skill Acquisition</td>
</tr>
<tr>
<td>Clinical Trainer</td>
<td>Demonstrates skill/activity</td>
</tr>
<tr>
<td>Learner</td>
<td>Observes the demonstration</td>
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</table>

The learner progresses from skill acquisition to skill competency using anatomic models. After the learner reaches skill competency using a model, the process begins again as the skill/activity is performed with clients.

Additional information about the different types of skills and tips for developing competency in each are provided in the next section.

Shaping Attitudes

Facts can help address attitudes. For example, by providing evidence that HIV cannot be transmitted through casual social contact, a trainer may be able to liberate learners from misconception that have caused them to fear their HIV-positive clients or treat them differently. Really getting to internal attitudes (more subtle attitudes that are personal or cultural) requires continual behavior modeling on the part of the trainer—as well as opportunities for learners to reflect on and self-assess their own underlying feelings and beliefs. As a trainer, can model the appropriate attitudes and values through the use of “value clarification” exercises to help learners assess their attitudes and feelings. Activities that are especially useful for exploring and addressing attitudes are large and small group discussions, role plays and anything involving thought-provoking scenarios in which a “right” answer is not clear. Learners can track changes in their own attitudes in their skills journals.
Training Perspectives: What about Attitudes?
During a course, you may encounter attitudes and opinions that you think are terrible and/or that you know to be based on erroneous information. It’s very important not to judge learners for their attitudes—to keep a positive learning climate despite the feelings you may have about them. By asking questions and through other activities, you can help learners become more aware of and evaluate their own attitudes—and to see that others may not share them.

Provide as many opportunities as possible for learners to self-assess and respond to different situations to help in attitude development. But be careful not to expect that attitudes you deem undesirable will change during the course. Think about some opinions or attitudes you hold and how hard it would be to change them, and how long it would take to change them, if ever. Likewise, you probably won’t be able to change some learners’ attitudes during a short training course. You can, however, increase learners’ awareness of their attitudes and begin the process of self-reflection and -assessment and, ultimately, change.

OVERVIEW OF DIFFERENT TYPES OF SKILLS
Knowledge, skills and attitudes are often discussed separately for training purposes, when in actuality, these important components of competency overlap significantly in practice. Within the context of skill development, there is even more overlap, with some competencies requiring a unique combination of psychomotor (hand) skills, clinical decision-making skills and communication (attitudinal) skills. The trainer must take active steps as a coach to ensure that the learner is able to apply the right mix of these knowledge, skills and attitudes in order to achieve competency. Consider the case of a trainer coaching a learner in providing postpartum family planning to an HIV-positive client. This trainer must be vigilant in assessing how the learner’s knowledge of and attitudes toward HIV affect the communication and clinical decision-making skills needed to competently provide this service.

Psychomotor Skills
- **Characteristics:** Psychomotor, or “hand,” skills require repetition, are generally done in a specific step-by-step order, and involve use of some type of model.
- **Examples:** IUD insertion, active management of third stage of labor, male circumcision.
- **Demonstration:** During demonstration, be sure that everyone has an adequate view of fine hand skills. For psychomotor skills, use of video or other means to show steps over and over again is helpful. Video is also useful for demonstrating procedures that are rarely performed (e.g., bimanual compression of the uterus during a postpartum hemorrhage, repair of a severe obstetrical laceration) tasks that are difficult to see (e.g., vaginal repair, internal surgery).
- **Practice and Feedback:** Psychomotor skills are appropriate for practice in a small group, with learners helping each other and providing feedback. Step-by-step assessment tools, such as checklists or detailed performance standards, are essential to outline steps for correct completion of tasks involved in a skill. Feedback at this point is focused on the procedure itself, ways to improve performance, and tips for working...
with clients (based on learners’ “interactions” with models). It is essential to assess each learner for competency with models before they begin clinical work with clients.

**Clinical Decision-Making Skills**

- **Characteristics:** Clinical decision-making is a process used to make decisions about a client’s condition, diagnosis and treatment. Clinical decision-making skills require a “higher order” application of knowledge gained. The learner must be able to effectively analyze several components of a situation and evaluate the most relevant or important components. This process requires the ability to gather information and select appropriate interventions based on that information. Because clinical decision-making is a cognitive skill, it is more difficult to demonstrate than other skills. And yet the principles remain the same. As trainer and coach, your job is to break down the clinical decision-making process into manageable steps, as shown in the Box on the next page and Exhibit 3-2. During training, you are demonstrating not only how to perform a required psychomotor, or hand, skill, but also how to make appropriate clinical decisions regarding the care being provided. Strong clinical decision-making skills are critical to quality care and development of them must be a training priority, beginning in the classroom and continuing through the clinical training experience.

- **Examples:** Adjusting an HIV-positive client’s medications based on new symptoms; adding or emphasizing certain messages to family planning counseling based on a couple’s desire to have no children for the next 10 years; deciding to perform a cesarean section based on ongoing, using a partograph to make an appropriate decision regarding the management of a woman’s labor.

- **Demonstration:** In demonstrating clinical decision-making, you break down the process into “whole-part-whole,” as you do any other skill. Although you may able to demonstrate how to perform certain aspects or steps of a clinical decision-making process—such as history taking or physical exam—you will need to “explain” instead of “show” other steps. Either way, the key is to share with learners the reasoning and judgment used to make decisions. Clinical simulations, case studies, role plays and questioning can all be used to demonstrate, examine and discuss how decisions are made.
Training Perspectives: Lifting the Curtain on Clinical Decision-Making

Proficient trainers, who have developed expertise in their area of practice, make appropriate decisions without seeming to put forth a great deal of effort. It is not that these experts are not thinking, but rather that their thought processes have become so integrated with actual practice that they are no longer fully conscious of them—they have become “second nature.” Consider a dancer. While highly skilled and experienced and beautiful to watch, this person may have great difficulty explaining the steps in the dance to a person interested in learning them. The same may be true for a physician, attempting to illuminate for others exactly how she diagnoses a particular illness, or for a midwife trying to teach the processes involved in managing a woman’s labor.

And yet there are reasons and judgments underlying all that these clinicians do and every decision they make. Learners need to have a clear view into these thought processes.

It may be one of your biggest challenges as a trainer, lifting the curtain to reveal the thought processes that inform appropriate decisions, but it may also be among your most rewarding. Strengthening learners’ clinical decision-making skills is to do nothing less than strengthen their minds—their mental capacity to apply what they have learned in unique and unanticipated ways, to problem-solve and provide quality care in situations wholly different from those they’ve encountered in textbooks and their past experiences.

Practice and Feedback: As learners observe and practice clinical decision-making through the above-listed activities, you can help them identify important information and get a clearer sense of the process by providing continual feedback. Practical experience with clients, followed by review of clinical decisions made and their outcomes, is essential. Increase the complexity and variety of cases as decision-making skills become stronger. The more practice and feedback learners get in a variety of settings, the better.

Steps in Clinical Decision-Making

Not every clinical decision involves all four of the following steps to the extent represented here (and in ex; in fact, within each of these steps, providers will make countless other decisions that will have a direct impact on the client. All clinical decisions, however, share the same overall goal and underlying process—to provide appropriate, evidence-based care informed by sound clinical reason and judgment.

Step 1: Assessment: In assessment, you (1) gather information, targeting your history taking, physical exam and diagnostic tests based on the client’s complaints; and (2) use this information to draft a list of differential diagnoses (all the possible causes of the symptoms).

Step 2: Diagnosis: During diagnosis, based on your list of differential diagnoses, you gather additional information to rule out diagnoses and select a most probable diagnosis. This is called a “working diagnosis,” and it is used until it is proved or disproved. A diagnosis that is proved, either through a procedure or otherwise, is called the “final diagnosis.”

Step 3: Intervention: Based on your diagnosis, you select appropriate intervention and develop a plan of care. Documentation of the plan is essential to ensure that the health care team implements it correctly, as well as to have a record of care provided.

Step 4: Evaluation: Evaluation of the effectiveness of care should be an ongoing, process. It may involve gathering new information, reconsidering the diagnosis and modifying the care plan if it proves ineffective in addressing the client’s needs. Continual evaluation of interventions, whether effective or not, adds to the learners’ experience and will strengthen future decision-making.
Communication Skills

- **Characteristics:** Communication skills are not as simple to demonstrate and teach as psychomotor skills. So much of communication is non-verbal, and teaching good communication skills requires attention to many things, including body language, facial expressions and cultural norms. Build on the basic principles of good interpersonal communication—active listening, paying attention to non-verbal communication, and using clear, concise language. Brief and focused communication is generally more effective than detailed explanations.

- **Examples:** Counseling a pregnant HIV-positive woman about postpartum family planning; providing correct information about breastfeeding to a woman and her mother-in-law, who has been giving the woman misinformation; discussing a care plan for your TB/HIV co-infected client with a coworker who disagrees with your approach.

- **Demonstration:** Role plays, especially when well-structured and used in combination with assessment tools that outline key points (e.g., checklists), are very useful for demonstrating communication skills. Use demonstration as an opportunity for learners to observe non-verbal communication. Behavior modeling good communication skills throughout your interaction with learners is an excellent way to help teach this important skill. Encourage learners to use either the assessment tools or communication-specific job aids, such as counseling guidelines or job aids for patient education, to support their development.

- **Practice and Feedback:** Practicing good communication skills in role plays or while practicing with anatomic models is important in developing competency in this area. As is true for all skills, the more opportunities for practice with feedback, the more opportunity the learner has to develop the skills. Feedback should focus on not only what is said, but on how it is said. Again, in order for feedback to be useful, it must be specific. For example, rather than saying “You communicated well with that client,” you might say, “You did a great job paraphrasing and redirecting the client during that counseling session.” Encourage learners to request feedback from clients about their communication skills.
OVERVIEW OF THE COMPETENCY DEVELOPMENT PROCESS

Conducting an Effective Clinical Demonstration

**Situation 3-4:** You are working with a new clinical trainer during his first clinical skills course. He is reviewing the information in the Clinical Training Skills reference manual and notices that it says “never demonstrate the skill or activity incorrectly.” He asks you why. How do you answer him?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

The first step in the skills development process, in both simulated and real environments, is introducing and demonstrating a skill. Demonstration helps to clarify the verbal introduction. Demonstration is also important when a skill is relatively complex, for example, the skill of performing a vasectomy. Almost all skills can be demonstrated, although some skills (e.g., decision-making, communication) are more difficult to demonstrate than others.

Think about how you would demonstrate the following skills:

- **Counsel** an adolescent about safer sex and HIV prevention
- **Decide** how to manage an adverse effect of an antiretroviral drug
- **Prioritize** tasks
- **Construct** a process for maintaining an adequate stock of vaccines

Clinical skills such as taking a history, performing a physical examination, or selecting a treatment often can be demonstrated by showing a video, or by acting out the skill with a simulated patient or anatomic model. Other methods are needed, however, to demonstrate communication and clinical decision making skills. These methods include role plays, case studies, patient scenarios, simulated consultations, or stories.

Activities that should be conducted before, during and after demonstration are discussed below.

**Before: Introduce the Skill**
Before demonstrating a skill, it is essential that you introduce it and provide an overview of it. When introducing a skill describe:

- What the skill is,
- Why the skill is important,
- When it should be used,
- The objectives of the demonstration, and
- Highlight important steps involved in performing the skill.

**During: Demonstrate the Skill**
Make sure everyone will be able to see what you are doing and ask if anyone has any questions. Use visuals aids, teaching aids such as anatomic models, or other appropriate
demonstration methods (e.g., role plays, simulated patients). When applicable, provide competency-based learning tools to help learners follow the steps as you demonstrate the skill.

Teachers need to assess to what degree learners understood the information in the introduction. They can find this out by asking open-ended questions such as, “Why is this skill important?” “When should you use this skill?” “What are the main steps in performing the skill?” This two-way communication will also help establish a dialogue and feeling of openness with and among learners.

Following are some different ways to demonstrate a skill:

- Use media that demonstrates the skill correctly
- Perform a role play in which a learner simulates a patient or caretaker and responds much as a real patient or caretaker would.
- Use anatomic models to demonstrate a skill.
- Demonstrate the skill with simulated or real patients.

As you demonstrate skills, use the following tips to make the demonstration more effective.

- **Demonstrate the skill in as realistic a manner as possible**, using a variety of methods, and using actual equipment and materials.

- **Whenever possible, use the “whole-part-whole” approach** to demonstrate a skill (or a procedure that involves a number of skills or tasks):
  - Demonstrate the whole procedure from beginning to end to introduce learners to the entire procedure;
  - Isolate or break down the procedure or activity into parts (e.g., pre-operative counseling, getting the patient ready, performing the procedure, etc.) and allow practice of the individual parts of the procedure; and
  - Demonstrate the whole procedure again and then allow learners to practice it from beginning to end.

- **Always demonstrate the skill correctly**. Obviously, you must never demonstrate incorrect methods. Remind the learners to follow along with the competency-based learning tool if one is available. Correctly perform the steps of the skill in the proper sequence and according to the performance standards. This includes demonstrating “nonclinical” steps such as delegation of tasks to staff, pre- and postoperative counseling, communication with the patient, and decision-making about diagnosis and treatment.

- **Interact with the learners**. It is not enough to perform the skill correctly and visibly. You must explain what you are doing and emphasize the important points. During the demonstration, explain to learners what is being done—especially any steps that are difficult or hard to see. Take enough time so that they can observe and understand each step. Ask questions of learners to keep them involved, such as, “What should I do next?” or “What would happen if...?” Encourage questions and
suggestions. Again, a handout or other learning tool will help learners learn the necessary points.

- **Use equipment and materials correctly** and make sure that learners see clearly how they are used. You should also make sure that the necessary equipment will be available to the learners when they are working in the field.

- **Use an assessment tool.** Particularly for complicated skills, during the demonstrations the learners should refer to a competency-based learning tool such as a decision tree, flowchart, algorithm, poster, or chart. This helps familiarize them with the use of a learning tool, and reinforces the standard way of performing the skill.

Starting with demonstrations that do not involve patients enables you to take time, stop and discuss key points, and repeat difficult steps without endangering the health or comfort of a patient.

**After: Summarize the Demonstration**

Discuss the demonstration and ask the learners if they have any questions. Briefly review the learning tool if one is available. This is an excellent time to ask learners questions to assess their understanding of the skill. The essential elements of an effective demonstration are summarized in the job aid at the end of this module.

**Facilitating Skills Practice and Giving Feedback**

The most important step in teaching and learning skills is **practice.** Practice is the performance by learners of the skill in the presence of a teacher, tutor or clinical instructor. After you introduce, demonstrate and discuss a skill, observe and interact with learners as they practice it. Monitor learners’ progress. Listen, question, give feedback and help learners overcome problems. Feedback ensures that learners gain experience with a skill and improve their proficiency where needed. Initial skills should be relatively easy and short, so that learners experience success and reinforcing feedback right away. As learners become more proficient, you can introduce more difficult skills. The following activities should be conducted before, during and after practice with feedback:

**Before: Introduce the Practice Session**

To the greatest extent possible, practice should be set up to resemble real-life situations that graduates will face in their future careers. The module *Prepare the Teaching Environment* explains how to prepare for practice in a simulated environment, select sites for clinical practice and prepare the clinical practice environment. Practice sessions in a real environment (e.g., clinic, hospital, laboratory) will require additional preparation and coordination, which is described in detail in Chapter 6.

After arriving at the classroom or clinical practice site, review the skill with the learners, including the steps that will be emphasized during the session. Ask if they have any questions before they begin. Explain how methods such as role plays, case studies, and exercises, and materials such as medical equipment, anatomic models, or videos will be used. If competency-based learning tools are available, ask learners to refer to them during the practice session.
Tell learners who will be available to help during the session, and how long the session will last. Discuss the roles of the teacher, learners, and other instructors during the session, specifying who will practice and who will observe and give feedback. If the group of learners is large and the number of teachers or tutors is limited, there are several options you can choose from, including:

- Divide the learners into small groups, and have them do a staggered rotation through the practice area.
- Identify other persons, such as tutors or more senior learners, who could observe the learners during practice and give feedback.
- Ask learners to work in pairs or groups of three and take turns practicing, observing, and giving feedback to each other. In this option, the teacher or tutors should move from group to group to observe learners as they practice. At the end of the session, each group should report to the larger group the main results of their practice, such as the types of skills practiced, the main difficulties encountered, and the main achievements.

**During: Facilitate the Practice Session**

You will need to use different teaching methods for different types of skills. It is important to remember that a variety of teaching methods can be incorporated into practice sessions in both the simulated and real environments to prepare learners for additional practice with patients, and to reinforce experiences with patients. Following are some examples of methods that can be used to practice healthcare delivery skills in both simulated and real environments for the key skill areas of communication, clinical care, critical thinking, and management:

- **Role plays.** Role plays are useful for practicing communication skills and exploring underlying values and attitudes of both learners and patients.

- **Simulations.** Depending on the skill to be practiced, simulations can involve real people, anatomic models, or computer programs. Models do not have to be sophisticated. For example, an orange could be used for learners to practice giving injections.

- **Video, photograph or computer exercises.** These exercises can be used to practice identifying clinical symptoms and signs, or to present problems related to communication or management.

- **Case studies.** Case studies can be individual or group exercises. They can be used to practice clinical decision-making, or to present and solve problems related to the management of health services.

- **Projects.** In a project, the teacher asks a learner or a group of learners to attempt a specific task, such as finding out what local myths there are about family planning methods. In addition to building critical thinking skills, projects like these increase learners’ skills in talking to people and collecting and reporting information.

- **Work with real patients.** Learners must eventually practice skills that they are developing with real patients. The trainer must always place the needs of the patient before the needs of the learner. The learner should be provided opportunities to first
practice low-risk skills such as taking a history, or skills that learners have practiced and in which they feel most confident.

During the practice and feedback session, a great deal of two-way communication should occur between the teacher or tutors and the learners. This two-way communication involves the use of feedback, active listening, questioning, and problem-solving skills to reinforce the development of skills within a positive learning climate.

Training Perspectives: The Power of Feedback
Practice does not make perfect unless it is combined with feedback. Feedback is your way of giving critical information to learners about the quality of their performance—they need it to grow more competent, confident and ultimately independent in their practice. Like coaching, feedback is essential throughout learning; it is particularly important during and after practice sessions and after learners have had their skills assessed. If given correctly, feedback is positive enough to function as reinforcement and encouragement for learners, and specific enough that it provides a sort of “blueprint” for how they can improve.

After: Summarize the Practice Session
Conduct a feedback session immediately after practice (see Box, below). First, ask learners how they felt about their own performance. Begin by asking them what they believed they did well and what they would like to improve, or what they would do differently next time. Refer to a competency-based learning tool, if one is available, for a quick review of the steps, and ask learners where they experienced difficulty. Then discuss the strengths of their performance and offer specific suggestions for improvement. Determine if they need additional practice and, if so, arrange for additional independent or facilitated practice sessions.

During the feedback process after a practice session:
- First, the learner should first identify personal strengths and the areas where improvement is needed.
- Next, the trainer should provide specific, descriptive feedback that includes suggestions of not only what, but how, to improve.
- Finally, the learner and the trainer should agree on what will be the focus of the practice session, including how they will interact while they are with the client. For example, they may agree that if the trainer places a hand on the learner’s shoulder, it is a signal to stop and wait for further instructions.

Bringing It All Together
The essential elements of an effective clinical demonstration, followed by a practice session and feedback, are summarized in the self-assessment guide presented in Sample 3-1 at the end of the chapter. Sample 3-2 is a self-assessment guide for coaching skill development.

What happens in the coaching process before, during and after a demonstration and a practice and feedback session is summarized in Exhibit 3-3.
### Exhibit 3-3. Using the Coaching Process for Demonstration and Practice

<table>
<thead>
<tr>
<th></th>
<th>DEMONSTRATION</th>
<th>PRACTICE SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before</strong></td>
<td>Clinical trainer:</td>
<td>Clinical trainer:</td>
</tr>
<tr>
<td></td>
<td>● Provides an overview of the skill/activity</td>
<td>● Reviews any earlier practice sessions</td>
</tr>
<tr>
<td></td>
<td>● Uses audiovisual and other training aids</td>
<td>● Reviews any critical steps</td>
</tr>
<tr>
<td></td>
<td>● Reviews the assessment tool</td>
<td>● Answers questions about the skill/activity</td>
</tr>
<tr>
<td></td>
<td>● Asks for questions</td>
<td></td>
</tr>
<tr>
<td><strong>During</strong></td>
<td>Clinical trainer:</td>
<td>Learner:</td>
</tr>
<tr>
<td></td>
<td>● Demonstrates each step of the skill/activity</td>
<td>● Performs the procedure while trainer observes using the assessment tool</td>
</tr>
<tr>
<td></td>
<td>● Uses audiovisual and other training aids</td>
<td>● Asks questions as needed while coach provides positive feedback, asks questions and offers suggestions</td>
</tr>
<tr>
<td></td>
<td>● Asks questions as appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learner:</td>
<td>Clinical trainer:</td>
</tr>
<tr>
<td></td>
<td>● Observes using the learning guide</td>
<td>● Trainer observes and evaluates learner performance on models using the checklist</td>
</tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Two-way interaction takes place</td>
<td></td>
</tr>
<tr>
<td><strong>After</strong></td>
<td>Both:</td>
<td>Learner:</td>
</tr>
<tr>
<td></td>
<td>● Discuss the skill/activity</td>
<td>● Shares feelings about positive aspects of the practice session</td>
</tr>
<tr>
<td></td>
<td>● Review the assessment tool for critical steps</td>
<td>● Offers suggestions for self-improvement</td>
</tr>
<tr>
<td></td>
<td>Trainer:</td>
<td>Clinical trainer:</td>
</tr>
<tr>
<td></td>
<td>● Answers any questions</td>
<td>● Provides positive feedback</td>
</tr>
<tr>
<td></td>
<td>Learner:</td>
<td>● Offers suggestions for improvement</td>
</tr>
<tr>
<td></td>
<td>● Is ready to practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical trainer:</td>
<td>Both:</td>
</tr>
<tr>
<td></td>
<td>● Determines if learner is competent to move from models to clients</td>
<td>● Review any problematic or critical steps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>● Set goals for additional practice if needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical trainer:</td>
<td>Clinical trainer:</td>
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<td></td>
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</tbody>
</table>

You will apply the basic principle of coaching, demonstration, practice and feedback for each type of skill.
TIPS FOR DEVELOPING COMPETENCY IN DIFFERENT TYPES OF SKILLS

Using Anatomic Models for Clinical Skills

Situation 3-5: During the opening session of a clinical skills course, one of the physicians asks why she needs to learn the skill on an anatomic model. She has always learned skills by watching a skilled clinician and then trying the procedure herself. What is your response?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

The use of anatomic models enhances skill development by providing learners with the opportunity to practice a skill or specific portion of a procedure repeatedly until they are comfortable with it and have achieved some degree of confidence and ability.

Advantages of Using Anatomic Models

The advantages of using anatomic models include:

- Clients are not harmed or inconvenienced if a mistake is made.
- The demonstration or practice can be stopped at any time for further explanation or correction by the clinical trainer.
- Several learners can practice simultaneously, reducing training time.
- Difficult tasks (e.g., using the tubal hook to identify and bring the fallopian tubes out of the pelvic cavity for a minilaparotomy) can be practiced repeatedly on a pelvic model without actually performing surgery on a client.
- Practice is not limited to the clinic or operating room, or to the time when clients are scheduled.
- Practice of a sequence of steps or skill can be repeated at any time and as often as needed.
- Clinical training is possible even when client caseload is low, because fewer cases are needed for learners to attain skill competency.
- Training time is reduced.

Any simulation, however, is only an approximation of the real situation. To enhance learning, it is important that the anatomic models and the simulated setting be as close to the real experience as possible.

How to Work with Models

Practice with the model should continue until skill competency and some degree of skill proficiency have been demonstrated by the learner. Then, and only then, should the learner be permitted to perform the procedure with a client.

When using models in clinical training, it is important that:

- Sufficient models are available (usually one model for two or, at most, three learners).
- The model is positioned as if it were a client. This enables the learner to perform the skill/activity as it will be performed with clients.
Conditions, such as instruments used to perform the procedure and recommended infection prevention practices, duplicate the real situation as much as possible.

The model is treated gently and with the same respect given an actual client.

To use a model effectively, the clinical trainer must be as proficient in performing the procedure on the model as with a client. This requires considerable practice with the model, including learning how to assemble and disassemble it.

Teaching Clinical Decision-Making Skills

Clinical decision-making is a crucial skill for all clinicians to learn, even though it can be a challenging and time-consuming skill to teach. Pre-service education, rather than in-service training, is the preferable time to begin teaching clinical decision-making because of its longer training period and more extensive supervised clinical practice. Several conditions are necessary if teaching of clinical decision-making is to be effective.

- It must be taught early in the curriculum and receive continual emphasis. The steps of clinical decision-making should be introduced early and used in a variety of situations.
- The curriculum must provide learners with opportunities and appropriate situations in which decision-making can occur.
- Teachers must create a safe and supportive learning environment where learners are given an active role in the outcomes of the clinical work. By providing learners with a sense of responsibility to the healthcare team, teachers can increase learners’ commitment to active decision-making and empower them to risk making their own decisions.

Main Strategies

Three of the main strategies for teaching decision-making are described below.

- **Teaching learners how to structure problems: the steps in decision-making.**
  Learners are often unclear about exactly what decisions were involved in the management of the clients they see because aspects of the assessment, diagnosis and treatment were not shared with them. Teach learners the steps of clinical decision making to provide a structure for diagnosing and treating clients.

- **Explaining the reasoning and judgment** behind each decision. Otherwise, learners may think that they are merely supposed to memorize opinions rather than understand the underlying strategy, values and probabilities, as described earlier, that went into forming that opinion or decision. Hearing the reasoning behind the opinion helps them learn the process for developing such opinions.

- **Providing as much experience in decision-making as possible.** Knowledge and experience are the key components of successful decision-making. Once learners have a basic understanding of the decision-making process, it is important that they be given as many opportunities to apply that process as possible. Teachers should:
  - Expose learners to as many and as wide a variety of clients as possible.
- Put learners in the clinical setting as early as possible and provide careful guidance as they gain their experience.

- Give learners as much structured independence as possible; they must be given the opportunity and time to draw their own conclusions and consider their own decisions.

- Provide learners with a forum, for example, case reviews or clinical conferences, for comparing their decisions with the decisions made by more experienced clinicians.

Finally, the teacher should give learners feedback on how the clinical decision-making process was applied in a given situation.

**The Step-By-Step Strategy**

The following actions, grouped under each of the four clinical decision-making steps, can help teachers teach each decision-making process:

**Step one: assessment**

- Show learners **how to use the knowledge they have acquired** to recognize patterns in the data that they collect about clients.

- Help learners **categorize the information obtained** and mentally “file it away” for use in future situations.

- Highlight important cases that demonstrate critical principles of client care.

- Assist learners in choosing when and where to limit the amount of data collected, and justify that decision.

- After the decision-making process is completed, help learners **identify which of the information collected was most relevant** to the final diagnosis. This may help learners develop a shortcut in the diagnostic process.

**Step two: diagnosis**

- Assist learners to **build associations between clinical features and diagnoses**. Help learners to interpret the patient’s initial complaint in terms of possible diagnoses, develop as complete a differential diagnosis as possible and avoid deciding prematurely on a working diagnosis. Using such questions as, “Given this symptom, which diagnosis is potentially most dangerous to my client?” and, “Given these symptoms, which diagnosis is most likely?” will help to build important associations between symptoms and possible diagnoses, and ensure a thorough list of differential diagnoses.

- Early in the process, encourage learners to **develop broad differential diagnoses** and use clinical data to support or not support the diagnoses they chose to place on their lists. They must be given an opportunity to discuss their thoughts with senior colleagues and use logical reasoning to refine their process of choosing a working diagnosis. Frequent use of the question “Why?” will help learners consider their choices and decisions more thoroughly.
In choosing among the possible diagnoses, help learners to interpret the collected data. Learners must decide which pieces are strong and which are weak, and how the pieces combine to create a coherent picture. Help learners see the strength of each piece of data, not only in relation to a specific client but with regard to the types and amount of disease in their client population. Having such a picture may facilitate future clinical decision-making.

Ask learners to anticipate clinical findings, responses to different treatments and clinical developments as a way to expand their experience. This can be accomplished by asking questions such as, “The patient’s blood pressure is 90/50 and she continues to have a moderate amount of vaginal bleeding despite our performing external uterine massage for 15 minutes. We have begun IV fluids, which are infusing rapidly. How would you evaluate the patient’s response to our interventions? What are the next interventions to be tried? How do you anticipate her condition will change, based upon those interventions?” Learners can also be asked to research less commonly used treatments, for example, in the library and literature.

Present hypothetical situations that will challenge learners thinking and clarify their reasoning process. Asking “what if” questions such as, “What if the client with postpartum hemorrhage is already in shock when you see her? How would that change your diagnosis and intervention?” and, “What if the family planning client is at risk for STDs? What impact would that have on counseling and method provision?” will help expand the learners’ “experience” even though no actual client is involved.

**Step three: planning/intervention**

- Share with learners your personal experiences with various treatment options in order to suggest additional data that should be considered in choosing the best option.

- Help learners compile and analyze the probability figures discussed earlier that are needed to evaluate the various treatment options.

- Assist them in identifying the full range of outcomes of a treatment and to consider their personal priorities and values and the level of risk, discomfort or inconvenience they would be willing to accept if they were the client. This approach will help the learners to see how their perceptions of risk, discomfort or inconvenience may differ from those of the client, who may have a different understanding of the problem and its implications. It will also teach learners how to involve the client in the decision.

**Step four: evaluation**

- Guide learners in applying evaluation criteria to the treatment outcome and make an accurate assessment of its efficacy.

- Assist learners in deciding whether the treatment has been effective in addressing the symptom or the illness.

- Ask learners whether another treatment option should be considered. Help them to choose an alternative, decide on additional information to be gathered and perhaps even modify the diagnosis based on the outcome of treatment.
Algorithms in Clinical Decision-Making

Algorithms as decision rules have come into widespread use recently. Their value in guiding the clinical decision-making of both new learners and proficient clinicians is recognized. But algorithms are not a tool that individuals automatically understand how to use. To make the most effective use of algorithms, it is important to understand how algorithms are constructed, what they represent and how their structure and function will change as a clinician gains practical experience. An **algorithm** is a structured approach for solving a problem that graphically shows all the possible solutions to the problem and the sequence of steps, many of which involve decisions, followed in reaching each of those solutions. Each sequence of steps leads to a different solution, as determined by the choices, or decisions, made. A clinical algorithm (Exhibit 3-4) creates a picture of a diagnostic reasoning pathway.

Algorithms can be developed and used for any situation in which decisions or judgments must be made. The simple algorithm in **Exhibit 3-4**, for example, will help clinicians assess the appropriateness of the Lactational Amenorrhea Method (LAM) of family planning for a specific woman by considering certain conditions. If the algorithm is appropriately structured and contains the correct information, the clinician, or even the client herself, will be able to make an accurate assessment of the reliability of LAM as a contraceptive method. It can be used to help make a diagnosis or, more often, to implement a course of treatment (based on the available information) and evaluate whether that treatment has achieved the desired result.

**Exhibit 3-4. Algorithm to Assess the Appropriateness of the LAM for Clients**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have your menses returned?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>2. Are your supplementing regularly or allowing long periods without breastfeeding, either day or night?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>3. Is your baby more than 6 months old?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

*There is only 1-2% chance of pregnancy at this time.*

When the answer to any one of these questions becomes **YES**, . . .

*The mother, however, may choose to use a complementary method at any time. Adapted from: Labbok, Cooney and Coly 1994."
Using Role Plays for Communication Skills and Attitudes Development

Role plays are very useful for developing desired attitudes and building communication skills. Role plays to help learners self-assess attitudes may involve “acting” and drama. Role plays to demonstrate a specific communication skill should be very focused and structured. They can be used to help learners self-assess their own attitudes. Here are some tips for effective use of role plays:

- Be sure the role play will meet the learning objectives. A role play will be effective only if it is clearly related to the learning objectives. Explain the objectives of the role play before beginning the activity.

- Keep the role play brief and to the point. Be ready to handle unexpected situations that might arise (confusion, arguments, etc.).

- Explain what the other learners should observe and what kind of feedback they should give. Tell them what to look for and how to document their questions or feedback. Should they observe for verbal communication skills? The use of questioning? Nonverbal communication?

- Provide the learners with questions or activities that will help them to focus on the main concept(s) being presented.

- When the role play is completed, engage learners in a follow-up discussion. Summarize and discuss important features of the role play by asking questions of both the players and observers. And be sure to reiterate how the role play relates to the learning objectives.

CHAPTER SUMMARY

- Helping learners develop the desired knowledge, skills and attitudes required for competency is a three-part process, including (1) introducing/demonstrating desired competencies; (2) providing opportunities for practice and feedback in simulated (e.g., classroom, skills development lab) and real environments (e.g., clinic, hospital, laboratory); and (3) assessing learners’ ongoing progress and providing feedback.

- Assuming the role of coach, the trainer must be able to promote the development of a full range of psychomotor, clinical decision-making and communication skills. In order to develop learners’ clinical skills fully, the trainer must have good communication skills, characterized by active listening, questioning and providing feedback.

- The process of developing learner competence and confidence in their knowledge and skills also helps them to explore, develop and integrate the morals, values and ethics that help shape appropriate attitudes—which are necessary for the provision of quality health services.
SITUATION RESPONSES

Situation 3-1
In this context, a “coach” is a proficient service provider who is training another service provider. The coach will communicate clearly, use active listening, interact and give feedback while demonstrating clinical skills, supervising practice sessions and assessing skill competency.

Situation 3-2
Acknowledge that the service provider obviously has a positive attitude and strong interest in becoming a trainer. You should point out, however, that to be an effective trainer the service provider must first be a proficient service provider. After completing the clinical skills course, the service provider should work hard to become a proficient service provider. In addition, he will need to attend a clinical training skills course to learn to be a trainer. At that point, he will be ready to co-train.

Situation 3-3
In addition to reviewing the steps in the checklist and asking for questions, the trainer should have used supporting media (video or photos) and then demonstrated the skill using the anatomic model. The trainer could then have asked one of the learners to repeat the demonstration. When there were no additional questions, the learners should have moved to the practice session.

Situation 3-4
Some trainers like to demonstrate the “wrong” way to perform a skill to make a point with their learners. The problem with this training technique is that some learners will remember the demonstration and this may affect the way they perform the skill. It is always better to demonstrate the correct way to perform a clinical skill.

Situation 3-5
Anatomic models are used to prevent harm to clients while learners are learning new skills. In training courses using models, demonstrations or practice procedures can be stopped for discussion, several learners can practice at the same time and learners can practice their skills until they feel confident to work with clients.
### CLINICAL DEMONSTRATION SKILLS: SELF-ASSESSMENT GUIDE

To what degree are the following statements true of your actions or behavior when demonstrating new skills to learners?

<table>
<thead>
<tr>
<th>DEMONSTRATION SKILLS</th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I use trainer’s notes, a personalized manual or learning guide.</td>
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<tr>
<td>2. I state the objective(s) as part of the introduction.</td>
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<tr>
<td>3. I present an effective introduction.</td>
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<tr>
<td>4. I arrange the demonstration area so that learners are able to see each step in the procedure clearly.</td>
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<tr>
<td>5. I never demonstrate an incorrect procedure or short cuts.</td>
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<tr>
<td>6. I communicate with the model or client during the demonstration of the activity/skill.</td>
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<tr>
<td>7. I ask questions and encourage learners to ask questions.</td>
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<tr>
<td>8. I demonstrate or simulate appropriate infection prevention practices.</td>
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<tr>
<td>9. When using a model, I position the model as if it were an actual client.</td>
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<tr>
<td>10. I maintain eye contact with learners as much as possible.</td>
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<tr>
<td>11. I project my voice so that all learners can hear.</td>
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<tr>
<td>12. I provide opportunities for the learners to practice the activity/skill under direct supervision.</td>
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</tbody>
</table>

Those demonstration skills I feel competent in using include:

Those demonstration skills I would like to improve include:
COACHING FOR CLINICAL SKILLS: SELF-ASSESSMENT GUIDE

<table>
<thead>
<tr>
<th>COACHING SKILLS</th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NO</th>
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<tbody>
<tr>
<td><strong>BEFORE PRACTICE SESSION</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1. I greet the learner.</td>
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<tr>
<td>2. I ask the learner to reflect on her/his performance in previous practice sessions.</td>
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<tr>
<td>3. I ask which steps or tasks the learner would like to work on during the practice session.</td>
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<tr>
<td>4. I review any difficult steps or tasks in the learning guide that will be practiced during the session.</td>
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<tr>
<td>5. I work with the learner to set specific goals for the practice session.</td>
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<tr>
<td><strong>DURING PRACTICE SESSION</strong></td>
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<tr>
<td>1. I observe as the learner practices the procedure.</td>
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<tr>
<td>2. I provide positive reinforcement and suggestions for improvement as the learner practices the procedure.</td>
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<tr>
<td>3. I refer to the learning guide during observation.</td>
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<td>4. I record notes about learner performance on the learning guide during the observation.</td>
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<td>5. I am sensitive to the client when providing feedback to the learner during a clinical session.</td>
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<tr>
<td>6. I provide corrective comments only when the comfort or safety of the client is in doubt.</td>
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<tr>
<td><strong>AFTER PRACTICE FEEDBACK SESSION</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. I greet the learner.</td>
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<tr>
<td>2. I ask the learner to share feelings about the practice session.</td>
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<tr>
<td>3. I ask the learner to identify those steps performed well.</td>
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<tr>
<td>4. I ask the learner to identify those steps where performance could be improved.</td>
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<tr>
<td>5. I refer to my notes on the learning guide.</td>
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<tr>
<td>6. I provide positive reinforcement regarding those steps or tasks the learner performs well.</td>
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<tr>
<td>7. I offer specific suggestions for improvement.</td>
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<tr>
<td>8. I work with the learner to establish goals for the next practice session.</td>
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</tbody>
</table>

Those coaching skills I feel competent in using include:

Those coaching skills I would like to improve include:
PREPARING AND USING VISUAL AIDS

INTRODUCTION

Visual aids help trainers communicate information clearly and maintain learner interest, making them among the most useful of teaching tools. Writing on a board or using diagrams in a presentation, for example, provides visual reinforcement of or supplement to course content—allowing learners to absorb more information, more easily. Visual aids are useful not only for presentations, but also for demonstrations, introductions or summaries of clinical practice sessions, and other activities.

Training Perspectives: Bringing Content to Life

Think about the last presentation you attended. What visual aids did the presenter use? Were they effective? Did they hold your interest and help emphasize important points? What types of visual aids do you use in your teaching? Visual aids can be a powerful complement to any learning activity—helping to bring course content to life, while:

- Highlighting important points, key steps or tasks; or
- Providing supplemental information that can be used for reference during and beyond the course.

BASIC SKILLS FOR USING ANY VISUAL AID

Although there are some specific uses and tips for each type of visual aid, some basic rules apply in every situation.

- Prepare aids beforehand, if possible, particularly if they are complicated (e.g., detailed graphics, instructions for complex activities).
- Always check any equipment needed ahead of time.
- Make sure aids are legible/visible from anywhere in the room.
- Make sure aids are easy to read and not overcrowded.
- Emphasize important information (e.g., with underlining, boldface).
- Always face and focus on the learners, not the aid itself.
Checking equipment beforehand, to make sure it is working well and that you are able to operate it properly, is especially important when using new equipment or using equipment in a new setting—whether using a projection unit, overhead projector, DVD or other media player, or if web access is required.

ADDITIONAL GUIDANCE FOR USING SPECIFIC VISUAL AIDS

Building on the basic rules for using any visual aid, the trainer should be familiar with the various uses, advantages and disadvantages, as well as any additional tips for using specific types of visual aids.

Paper Handouts

Paper handouts are a very useful tool for trainers, especially for sharing detailed/complex information with learners—for instance, summarizing the side effects of common antiretroviral drugs, or presenting data on the WHO medical eligibility criteria for family planning methods. In cases such as these, where the information may be used for reference again and again, handouts are more appropriate than slides/transparencies and other aids that cannot hold a lot of information or provide no permanent record.

Some possible uses of handouts:

- Share detailed/complex graphics or data (e.g., flowcharts, algorithms, dosage information)
- Create exercises or games (e.g., fill-in-the-blank, matching key concepts or terms)
- Provide a job aid that can be used after the course is over, to help facilitate transfer-of-learning
- Delineate or clarify steps in a task or a procedure

Some advantages of using handouts:

- Provide a permanent record and reference (job aid)
- Are easy to create and use (very “low-tech”)
- Can free learners up to pay full attention to the presentation (by saving them from having to take extensive detailed notes)

Some disadvantages of using handouts:

- May actually be distracting if they are shared at the wrong time (learners will look at them rather than engage in the presentation/activity).
- Can be expensive to prepare and ship—do not overproduce!
**Additional tips:**

- Keep handouts visually attractive with the use of white space—in other words, **don’t overcrowd them** with information, graphics, etc. Although they are ideal useful for presenting a lot of information, they should still be easy to read.

- Always be sure to prepare enough copies and to **hand them out at the appropriate time**—at the beginning if learners are to refer to, use or annotate them during the presentation/activity; at the end if they might be distracting.

**Writing Boards**

The writing board is the most commonly used visual aid. It can display information written with chalk (chalkboard or blackboard) or special pens (whiteboard). You can use a writing board for announcements, informal discussions, brainstorming sessions, and note taking. A writing board is also an excellent tool for illustrating subjects like anatomy and physiology and for outlining procedures.

Some **possible uses** of a writing board:

- Document ideas during discussions or brainstorming exercises.
- Draw a sketch of anatomy or a physiological response.
- List points you wish to emphasize.
- Diagram a sequence of activities or flowchart for working through the process of making a clinical decision.
- Note objectives or outcomes before or after clinical practice sessions
- Record discussions or ideas during small group exercises

The **advantages** of using a writing board:

- Available in most classrooms and do not require electricity
- Inexpensive and easy to use
- Excellent for brainstorming; problem-solving; making sketches, diagrams, charts or lists; and other participatory activities

The following are some **disadvantages** of using a writing board:

- Cannot hold a large amount of material
- Can be time-consuming
- Difficult to talk to/face learners at the same time
- Difficult to write large enough, in large classroom, that learners in the back of the room can easily read what is written

Provides no permanent record of the information presented (see Technology Tip, next page)
Additional tips:

- **Try to keep the board neat and the writing clear:** Most trainers use a writing board of some kind. Sometimes the board will look messy at the end of a presentation, with untidy diagrams and no pattern to the words. Before you start, decide what you will illustrate on the board. During the presentation, write the key words or phrases in order, according to the structure of the presentation. Remember that learners tend to copy the words and the layout as they appear on the board. *Make sure that what you write on the board is what you want the learners to write in their notes.*

- **Remember to bring an ample supply of chalk (for blackboards) or markers (for white boards).** White board markers must be of the “dry erase” variety. Ensure that they are all in working order (not dried out) before the event.

**Technology Tip!** Take a photo of flip chart pages and writing boards (close-up enough to read the writing) before destroying or erasing them. Images can be organized and given to learners on a CD at the end of the event.

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**Flip Charts**

A flip chart is a large tablet or pad of paper, usually on a tripod or stand. You can use a flip chart for displaying prepared notes or drawings as well as for brainstorming and recording ideas from discussions. You can also use flip charts before and after clinical practice visits to introduce objectives and group exercises, or to summarize the experience.

The **possible uses** for a flip chart are the same as those listed for the writing board, plus:

- Provide a broad view of a concept by posting several flip chart pages around the room as the activity or discussion proceeds

- List less relevant issues or questions that may arise during an activity on a flip chart page posted off to the side (to be addressed later), to keep the group on track—this device is known as “the parking lot”

- Brainstorm important reminders (e.g., key terms, norms) and then post pages around the room so that they are visible at all times

The **advantages** of using a flip chart:

- Relatively inexpensive, easy to move from room to room, and do not require electricity

- Small enough that several may be used simultaneously (e.g., for small group work).

- Suitable for use by both trainers and learners

- Can be prepared in advance and revealed at appropriate points in the presentation
Disadvantages of the flip chart are essentially the same as those listed for the writing board. Flip charts, however, provide a permanent record of the information presented.

Additional tips:
Building on the main tip given for using writing boards—to “Make sure that what you write… is what you want the learners to write in their notes”—when preparing flip chart pages:

- Make it easy to read. Use bullets (•) to highlight items on the page, leave plenty of white space, and avoid putting too much information on one page. Print in block letters using wide-tipped pens or markers.
- Make the flip chart page attractive. Use different colored pens to provide contrast, and use headings, boxes, cartoons, and borders to improve the appearance of the page.
- Have masking tape available to hang flip chart pages on the walls during brainstorming and problem-solving sessions.
- To hide a portion of the page, fold up the lower portion of the page and tape it; when you are ready to reveal the information, remove the tape and let the page drop.
- Face the learners, not the flip chart, while talking.
- When you finish with a flip chart page, tape it to the wall where you and the learners can refer to it.
- Prepare them beforehand; reuse them whenever possible.

Computer Graphics (Slides) Presentations
Many computer software packages allow you to create interesting transparencies and electronic computer graphics presentations (slide presentations such as PowerPoint). You can also add high-quality images, video files and sound clips to your presentations, which may be projected onto a screen using the computer and a special projection unit, or viewed by individuals or small groups on a standard computer monitor. Individual graphics/slides can also be printed to transparencies.

Following are some possible uses for computer graphics presentations:
- Provide an overall structure/outline for the trainer and learners to follow in discussing the main points of a presentation
- Show images, illustrations, charts or diagrams to support a topic
- Provide visual support to learners as they make their own presentations and oral reports
- Use at clinical practice sites to share practices and procedures with tutors, learners, etc.
The **advantages** of using computer graphics presentations are:

- Are attractive, interesting and easy to create (most graphics software is user-friendly)
- Are versatile (from an electronic presentation, transparencies, related handouts and note sheets are easily created)
- Can be saved on the computer and updated easily
- Can be modified during the course (material can be added/changed as new points are raised during interaction with learners)

Some **disadvantages** of using computer graphics presentations:

- Can pose challenges for low-resource settings
  - Projection units—which are expensive, require electricity and can be challenging to use—must be available.
  - Computers can be expensive, also, and will require ongoing updates and maintenance.
  - Also needed: electrical outlets, extension cords, voltage surge protectors, time to set them up, and an alternate plan in case there are equipment or electricity failures
- Can become overused and boring
- Are not as useful as paper handouts for presenting complex graphics/information or synthesizing data

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**Training Perspectives: Keeping Your Presentations Fresh and Relevant**

Because transparencies or computer graphics presentations are fully prepared beforehand, trainers often tend to use them “as is,” forgetting that not every slide is needed for every course. A particular group of learners may already know certain information; other information may not be relevant in a given setting. Before presenting computer graphics presentations, always consider the audience and cut (or create) slides as needed. Also, review them to ensure that they are as up-to-date as possible.

**Additional tips:**

- Make them clear and easy to read:
  - Use the 6 x 6 rule (about six lines of text per slide and six words per line).
  - Avoid busy or confusing backgrounds. Use a color for the text that has a very high contrast with the background. (A simple white (or light-colored) background with dark lettering is very effective.)
  - Create a transparency/slide in landscape (horizontal) rather than portrait (vertical) format (see samples at the end of this module). The information is easier to read when presented in a landscape format.
Keep them simple and consistent:
- Use the same general style and tone throughout.
- Use sound effects sparingly and only to emphasize a point.
- If there is animation or a strong design element, it should be used consistently throughout the presentation.

Whenever possible, use pictures, charts, or graphs to support or replace text.
- Bar graphs, pie charts, and line graphs are effective tools to show trends and statistics.
- Photographs and line drawings are useful for showing clinical signs and symptoms and demonstrating clinical procedures.

If you use graphics and photos;
- Be sure they support the content.
- Make them large enough to be seen easily in the back of the room.
- Watch for file size as graphics and photos tend to be large, which may make them difficult to share (e.g., may take longer to open or download) with learners under certain circumstances.

Minimize and prepare for technical difficulties:
- Always check the function of the projection unit before using. Set it up and focus in advance, and know how to troubleshoot and identify problems. It’s always good to keep a hard copy or print out of your presentation.
- Make sure that technical assistance is available to deal promptly with problems. Practice using the computer program for creating and projecting your presentation until you are comfortable with it.
- Always save the presentation on the computer’s hard drive and on a diskette or CD-ROM in case something happens to the computer.

Specific Tips for Transparencies
- Print your text. It is easier to read than script handwriting. If you are using a computer to prepare transparencies, use only one typeface (font) per slide. Use italics or bold to emphasize points rather than using another font.
- Number the transparencies to keep them in the correct order (the number can be written on the transparency itself or on its outside frame).
- Store the transparencies in a box with a lid, an envelope, or a “pocket” made from folders or sheets of clear plastic to protect them from dust and scratches.
Video

Videos are very versatile aids. Videos can be used by a single student for individual learning, by a group of learners for independent learning, or by the trainer to initiate a discussion with learners. One of the most important aspects of teaching a skill is showing how an expert would perform it—video is particularly useful for skills demonstration. A bank of prerecorded videos provides a valuable resource for demonstrating various aspects of clinical practice. When the resources are available, you can also use video to record individual learners’ performances, review them together and provide valuable feedback on their clinical skill development.

Video can also be recorded on a CD-ROM to be played on a computer or on a DVD to be played on a DVD player. Video from a CD-ROM or DVD can also be projected onto a screen, allowing a large group of learners to see the video. When this approach is used, external speakers may be needed so that all learners can hear the audio portion of the video.

Possible uses for video:

- Provide an overview or introduction to a topic to stimulate interest and discussion.
- Allow the trainer to model a technique or procedure—such as how to counsel adolescents about reducing their HIV risks, assess breastfeeding attachment, or insert an IUD—in a clear, step-by-step manner.
- Allow learners to practice identifying clinical signs such as sunken eyes and fast breathing.

The advantages of using video are:

- May capture events that the eye alone would not see. For example, a video camera attached to a laparoscope can project onto a television screen the details of tubal occlusion or gall bladder surgery.
- Can demonstrate individual steps of a clinical procedure or technique more clearly by slowing down the video or stopping (pausing) to analyze a single frame. Use of these techniques allows learners to watch and emulate a step-by-step demonstration of a technique, such as insertion of Norplant implants, at their own pace.
- May be already made (commercially developed) and can be purchased (or borrowed) for a fraction of the cost of creating a video
- Can be used as a demonstration tool at any time—learners do not always have to travel to a clinical setting for a demonstration.
- Can show rare clinical signs or symptoms, such as severe wasting or unresponsiveness.
- Can demonstrate communication skills—such as those involved in history taking, counseling, or educating patients—by showing interactions with patients.
There are also some disadvantages to using video:

- Are often outdated if commercially prepared and may show techniques that are inconsistent with currently approved practices.
- May have been erroneously edited, omitting or rearranging key training steps in a procedure.
- May depict cultural differences—such as accents, appearance, or communication customs—that are distracting to learners.

**Tips** for using videos:

- Preview the video to ensure that it is appropriate for the learners and consistent with the course objectives.
- Make sure that the information presented in the video is up-to-date with current practices and standards. If there are some minor differences, be sure to tell the learners about them **before showing the video**. If there are considerable differences, do not show the video.
- If you are using the Internet, ensure that your computer has good connectivity and adequate speed to show the video properly. If you are showing a video from the Web, click play and let it begin downloading (“buffering”) while introducing the topic, and then hit play again when it is about halfway downloaded.
- Arrange the room so that all learners can see the video monitor or screen and hear the audio.
- Prepare the learners for the video:
  - State the objective.
  - Give them an overview of the content they will see on the video.
  - Focus their attention by asking that they look for a number of specific points as they watch the video.
  - Show several short video segments, pausing in between for explanation or discussion, rather than showing one long, uninterrupted video.

**Training Perspectives: Creating Active Viewers**

Use videos as an interactive tool. When appropriate, stop the video to point out things the learners should notice, or ask questions to check their understanding. Discuss the video after it has been shown. Review the main points that the learners were asked to watch for as they viewed the video. **This will make the video a much more effective teaching tool than if learners were to watch it passively, without your guidance.**
CHAPTER SUMMARY

No matter which visual aids you use, remember the following:

- **Keep it simple.** Each presentation, flip chart or slide should be neat, clean and easy to read—and should reinforce or summarize key points.

- **Keep it relevant.** Ensure that videos and slides are up-to-date. Present information and demonstrate skills in a manner consistent with best practices.

- **Keep it focused.** Prepare or use visual aids that support the learning objectives, highlight main points and are appropriate to the needs of your learners.
Family Planning:
Lactational Amenorrhea Method (LAM)

- Effective (1-2 pregnancies per 100 women during first 6 months of use)
- Effective immediately
- Does not interfere with sexual intercourse
- No systemic side effects
- No medical supervision necessary
- No supplies required
- No cost involved
Essential Newborn Care Interventions

- Clean childbirth and cord care
  - Prevent newborn infection
- Thermal protection
  - Prevent and manage newborn hypo/hyperthermia
- Early and exclusive breastfeeding
  - Started within 1 hour after childbirth
- Initiation of breathing and resuscitation
  - Early asphyxia identification and management
Proportion of global burden of selected diseases borne by children under 5 years (estimated, year 2000)

Percentage of deaths occurring among:

- **Children 0-4 years**
- **All other age groups**

% ARI: 54%
% Diarrhea: 85%
% Malaria: 79%
% Measles: 89%

Adapted from: Murray and Lopez 1996.
GUIDE FOR USING VISUAL AIDS (JOB AID)

Follow these steps to select and use visual aids:

1. Select one or more of the following visual aids for use during your course:
   - Paper handouts
   - Writing board
   - Flip chart
   - Computer graphics/slides (e.g., PowerPoint)
   - Video

2. Follow the guidelines in this module to develop your visual aids.

3. Practice using your visual aids in advance.

4. Set up or prepare your visual aids in the room before the learners arrive.

5. Check that all audiovisual equipment is working before the learners arrive.

6. Make sure that all learners can see the writing board, flip chart, screen, video monitor, etc.

7. Prepare any copies of handouts in advance and have them in the room when the learners arrive.

8. When appropriate, have questions or instructions for exercises (e.g., case studies, role plays) prepared for use after using the visual aids.

9. When appropriate, include questions related to information delivered through the visual aids (e.g., key points from a video) on tests/knowledge assessments.

10. Make notes about how effective the visual aids were in helping the learners learn, and how you might use the visual aids in future presentations.
INTRODUCTION

The classroom is the place where competency development begins. In the classroom, the trainer uses a variety of learning activities to transfer knowledge, skills and attitudes to learners—in order to develop the desired competencies. Trainers can help learners get the most out of the classroom experience through:

- Delivering interactive presentations;
- Facilitating a variety of learning activities (group learning activities, role plays, case studies, clinical simulations and brainstorming); and
- Leading effective discussions, using a variety of approaches.

Throughout it all, trainers use the effective facilitation skills they’ve learned to continually assess learner progress and, ultimately, their readiness to work with clients. Learners engage in self-assessment as well, preparing for supervised practice in a clinical setting. Each learning event provides additional information about which techniques are effective for different objectives and which are not. When the trainer uses this experience as a training tool for new trainers, the classroom indeed becomes a living laboratory where everybody learns and everybody benefits.
Training Perspectives: What Is a Classroom?
In considering this question, you may envision a simple room, the teacher stationed at the front, you and your classmates seated in rows facing forward. But the truth is a classroom can be many things: it is wherever learners learn. It can be a group-based session in a training area; a group or individual in a computer or skills lab; or someone working independently, with or without feedback, using a computer or other device as an aid. What is important is what happens in the “classroom”:

- Knowledge is… presented, discussed, clarified, absorbed, assessed and reinforced;
- Skills are… described, demonstrated, practiced, simulated, assessed and further developed;
- Attitudes are… explored, clarified, considered, evaluated and—when needed—revised; and
- Learners learn!

DELIVERING INTERACTIVE PRESENTATIONS
An effective presentation can be one of the most rewarding aspects of the training and learning experience. The goal of a presentation is to help a variety of learners, each with a unique learning style, gain new knowledge and integrate that knowledge with their clinical experience and practice. The trainer able keep learners engaged with an exciting, dynamic delivery—using a variety of learning techniques—is more likely to be successful in helping learners reach course objectives. Through effective presentations, the trainer manages and facilitates the progression of learners from basic understanding of concepts to their application to practice.

At its most basic, a presentation simply presents information to the learner, who may be able to memorize and repeat what is said, without completely understanding the new concepts and how they apply to her/his role as a health care provider. Guiding the learner toward a broader consideration of new information, encouraging analysis of how it fits with his or her current knowledge and values, is the higher purpose of a presentation. This is how knowledge is transferred to practice.

Keep in mind the full range of facilitation skills discussed in Chapter 2, as they are especially important during presentations—when learners (particularly in traditional classroom settings) have a tendency to get bored or lose focus. Here are some of the facilitation skills/tips that are particularly important for presentations.

- Throughout the presentation, never forget that your focus is the learner.

  - When presenting, make eye contact with all the learners, not just a few of them. Scan the room frequently to ensure that certain that everyone is paying attention. This keeps them focused on you as well.
  
  - Visual aids are especially important during presentations, but be careful not to pay more attention to them than the learners—and always face the group. Examples:
    
    - If showing a computer slide presentation, position your monitor so that you can see the information without turning your back on the learners (to face the projection screen). Similarly, be particularly careful to avoid focusing on the group and not the screen if using a laser pointer.
Use visual aids (or trainer’s notes) as a reminder of content, rather than an exact script to be followed—reading them word-for-word during the presentation will not only keep you focused on the materials, but will also bore the learners.

- Keep presentations interesting by building-in small or large group activities, such as discussions, case studies or short games. Also, rather than thinking of presentations as a one-way action (i.e., the trainer providing learners with new information), ask questions and provide feedback frequently to make the presentations more interactive. These activities/actions are important to help the learners absorb the information (by reinforcing key points), assess their understanding and maintain energy.

- Another way to help maintain energy is to move around the room. Moving helps to ensure that you are not consistently blocking the view of any learners. It also provides cues that can reinforce and discourage certain behaviors. For example, by moving toward learners who ask or respond to a question, you show interest in what they are saying and appreciation for their participation. By moving toward learners who might be distracted (e.g., engaged in a side conversation), you are making a gentle but very effective request that they pay attention. The only caution is not to move around so much that it becomes a distraction.

- Keep in mind that presentations should be no longer than 45 minutes. No one can really pay attention longer than that; learners will lose attention after a certain amount of time, no matter how important the topic.

- Also, it is important to respect time limits. This is often difficult for new trainers to do, so it is especially important you consistently model this behavior. Keeping on time sets a precedent, allowing you to expect/request that learners do so as well. And remember that you can always use the reference materials as a back up: if need be, learners can read them later if you have had to reduce or omit content because of time constraints.

- Use your time and other resources wisely. If it is important, then spend time on it. If it is not important, or the content is already well understood, do not bore the group by discussing/repeating unneeded information. For example, if the pre-course knowledge assessment revealed that the group understood counseling prior to surgical contraception, you can move through those slides quickly—perhaps asking a few “checking questions” and move on. Your time is better spent on slides covering topics that the assessment showed were not so well understood. Learners will benefit more as well.

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**Training Perspectives: Transferring Information … and Attitudes**

Remember: You are modeling behavior the entire time that you are presenting to or interacting with learners. This means that the attitude with which you regard the topic being presented or discussed (e.g., through your tone of voice, facial expressions and gestures, how much time you spend on it) will influence learners’ attitudes toward it as well. Therefore, you should be mindful, for example, of what you emphasize or de-emphasize. When you spend a lot of time on something, learners will tend to regard it as important, just as they may dismiss something that you spend little time on as unimportant.
Whether presenting or conducting group learning activities, as presented in the next section, keep in mind the principles of group process (fully discussed in Chapter 2) to keep learners focused and on track. Exhibit 5-1 provides a helpful summary of both positive and negative behaviors that the trainer should watch for and suggests steps the trainer can take when undesirable behavior occurs.
### Exhibit 5-1. Group Process: Behaviors and Interventions

<table>
<thead>
<tr>
<th>ASPECT OF GROUP PROCESS</th>
<th>DESIRED BEHAVIOR</th>
<th>EXAMPLES OF UNDESIRABLE BEHAVIORS</th>
<th>POSSIBLE INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>• When learners speak, other group members listen and respond appropriately.</td>
<td>• Learners interrupt one another or the trainer.</td>
<td>• The trainer asks group members what they notice about how they are communicating: “Do you see any patterns or themes in the way people are communicating?”</td>
</tr>
<tr>
<td></td>
<td>• Learners are aware of how communication is happening in the group.</td>
<td>• Group members do not listen to one another.</td>
<td>• When there are side conversations, the trainer moves toward the people involved, or asks the learner who is trying to speak to the group: “What does it feel like when you are speaking and others are talking at the same time?”</td>
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<tr>
<td></td>
<td></td>
<td>• Learners look at the floor when they talk.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learners carry on side conversations.</td>
<td></td>
</tr>
<tr>
<td>Participation</td>
<td>Discussion is structured so that everyone can participate.</td>
<td>• Some learners dominate discussion.</td>
<td>• When dominant members want to contribute, the trainer says, “Let’s hear from some other people.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A few learners are uncomfortable talking in a group.</td>
<td>• The trainer is sensitive in drawing out the learners.</td>
</tr>
<tr>
<td>Group Cohesion</td>
<td>Members accept group goals and are willing to work toward them.</td>
<td>• The trainer talks too much.</td>
<td>• The trainer monitors the amount of time s/he is speaking; self-awareness is the key.</td>
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<td></td>
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<tr>
<td>Atmosphere</td>
<td>Group members are friendly with one another and feel free to express themselves and share personal feelings.</td>
<td>Group members are formal in their interactions. Atmosphere is tense.</td>
<td>The trainer calls the group’s attention to the effects of competition, and explains to them that some degree of competitiveness can be helpful to the group interaction. The trainer tells the group, “There are enough rewards for everyone and enough time for all to complete the tasks.”</td>
</tr>
<tr>
<td>Group Norms</td>
<td>The group has developed a consensus about how to work together.</td>
<td>• Learners arrive late.</td>
<td>Discuss norms on the first morning. When norms are not honored, the trainer must discuss this issue with the group. The trainer can bring to the front of the room the flipchart page about norms that was created on the first day, and ask the group members whether they are still committed to following the norms or if they want to change them.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learners talk at the same time.</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>The trainer respects the learners and speaks to them as colleagues, and the learners respect the trainer.</td>
<td>• Sessions do not end on time.</td>
<td>The trainer has to take responsibility for her/his own behavior. When there are two or more trainers, they need to give one another feedback. If training alone, the trainer arranges to be observed by a more experienced trainer who will provide feedback. In either case, the trainer being observed will have to make clear to the observer in what areas s/he believes she needs feedback.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feedback is insincere.</td>
<td></td>
</tr>
</tbody>
</table>
CONDUCTING GROUP LEARNING ACTIVITIES

Group learning activities can be used during classroom and practical sessions to help learners build knowledge, skills and appropriate attitudes. In this section, you will learn about five useful group learning activities: role plays, case studies, clinical simulations, brainstorming sessions, education games and discussions. Group learning methods often overlap. For example, a clinical simulation might include a role play or a case study. Furthermore, some group learning activities, such as case studies, also can be used for individual learning.

Some group learning activities are more appropriate than others for achieving specific learning outcomes. Role plays are particularly good for exploring attitudes and developing communication skills, whereas clinical simulations are especially effective for developing decision-making skills. Refer to the learning objectives that you have already defined to decide which group learning activities to use. Examples:

- If one of your objectives is that learners will demonstrate a nonjudgmental attitude when counseling HIV-positive patients, a role play would be an appropriate group activity to help learners develop this behavior.

- If one of your objectives is that learners will demonstrate an ability to manage a woman with first-trimester bleeding, a series of case studies would be an appropriate group activity to help learners learn the clinical decision-making skills required to meet your objective.

Group learning activities require careful planning and preparation. Large numbers of learners—as well as limited space, facilities and time—present challenges for group learning. Nevertheless, the effort to incorporate these activities into your course will be worth the investment in terms of learning outcomes. Group learning activities allow learners to interact with trainers and one another other learner, share ideas and questions, check their understanding and develop decision-making and problem-solving skills.

Sample 5-1, at the end of this chapter, provides a job aid for selecting, preparing and facilitating group learning activities.

Selecting Group Learning Activities

During your course, you will have many opportunities to divide learners into small groups for exercises or activities. Whether they take place in the classroom or clinic, small group activities are facilitated in basically the same way as activities involving the whole group. The following are some examples of group learning activities:

- **Prepare a role play** within a small group and present it to the larger group.

- **React to a case study** that is presented in writing, orally or through video or slides.

- **Respond to a clinical simulation** orally or with a demonstration of skills.

- **Brainstorm** either about the solution to a problem or possible answers to a question.

- **Discuss** a topic, issue or problem.
Group learning activities have many **advantages**, for example, they:

- Involve all learners
- Allow learners to interact, ask questions and learn from one another
- Give learners opportunities to identify, analyze and solve problems
- Permit learners to express their thoughts, opinions and concerns
- Provide opportunities for practice in presenting information to a large group
- Help learners explore, consider and change their attitudes

**Planning Group Learning Activities**

To make the most of the time, resources and space available, plan your group learning activities carefully. Activities assigned to small groups should be challenging, interesting and relevant to the background of the learners and the learning objectives of the course. When selecting group activities, you should first consider your learning objectives. Which objectives can the activity achieve? Once you have selected the activity, clearly describe for yourself, on paper, what will happen during the activity. List the supplies you will need for the activity.

Also, given the number of learners, consider any logistics that will affect the activity—such as space available. The space used for group activities should be large enough to allow several arrangements of tables, desks or chairs so that individual groups can work without disturbing one another. If smaller rooms near the main classroom where groups can work (also known as breakout rooms) are available, consider using them for these activities.

**Facilitating Group Learning Activities**

All groups may work on the same topic at the same time, or you can assign a range of topics simultaneously to different groups to address the same or different problems.

**Before dividing the learners into groups**, clearly describe the activity to all learners, ask if any clarification is needed, explain how each group should record its decisions (e.g., a recorder should keep notes or write decisions on flipchart paper) and suggest how each group’s discussion should be reported back to the larger group. Provide clear instructions so that the learners know exactly what you expect of them. Instructions typically include:

- **The activity itself.** Present the group activity either written, orally, by using visual aids or through a combination of these methods.
- **What the learners will do.** Provide a very clear explanation of the activity. Tell the learners the purpose of the activity, exactly what they will do in their groups, and how they will report after completing the activity.
- **Time limit.** It is critical to give a time limit for any activity. Tell learners how much time they will have to complete the activity and remind them when there are five minutes remaining.
Even if you are giving a case study or other activity that learners will complete individually, give the same level of detail in your instructions.

**While the groups are at work,** move among the learners to monitor the progress of each group, remind learners of the task and time limit, if needed, and offer suggestions to groups that are having difficulties or straying from the main task.

**After the groups have completed** their activity, bring them together as a large group to discuss the activity. This discussion may involve:

- Oral reports from each group
- Responses to questions about the activity
- Role plays developed and presented by learners in the small groups
- Recommendations from each group

Always summarize the group activity by stressing the main points and relating them to the learning objectives.

**SIX GROUP LEARNING ACTIVITIES**

**Role Plays**

A role play is a learning activity in which learners play out roles in a simulated situation that relates to one or more learning objectives. Role plays promote learning through behavior modeling, observation, feedback, analysis and conceptualization. For example, if one of your learning objectives is that learners will be able to educate a mother about giving oral drugs at home, acting out the roles of a healthcare provider who is advising a mother about the drugs, and a mother who is learning how to give the drugs to her child, will be a useful activity. It will help learners develop the communication skills they need in such interactions. A role play is often useful for exploring, discussing and influencing the behaviors and attitudes of learners, and for helping learners develop skills such as history-taking, physical examination and counseling.

Providing feedback after a role play is essential to the effectiveness of this teaching method. It is important to ensure that all learners have an opportunity to receive feedback from you, their peers and other trainers. If your class has more than 10 learners, you may choose to divide learners into groups of three and alternate those learners who observe and those who provide feedback. Give very clear instructions to all learners about what aspects of the role play require feedback (e.g., the appropriateness of the information given, demonstrated attitudes, body language, communication skills). This will allow you to circulate among several groups to keep them on track, while ensuring that each learner receives feedback.
The following are some main advantages of role plays:

- Encourage learner participation and stimulate thinking. They motivate learners by involving them in a realistic situation.
- Help learners understand another person’s perspective or situation:
  - Learners experience and understand a variety of situations from different points of view.
  - Learners strengthen their ability to empathize with others.
- Can be used to inform, assess and improve a variety of learners’ skills and attitudes such as:
  - Communication and interpersonal skills needed to interview, counsel and treat patients
  - Demonstrated attitudes such as caring, compassion and understanding
  - Skills needed for choosing and implementing solutions or plans (i.e., problem-solving and decision-making)
- Give learners opportunities to receive feedback on their performance in a safe setting; this feedback provides insight into their own behavior, and helps them to understand how others view them.

To create a role play, follow these steps:

- Decide what the learners should learn from the role play (the objectives).
- Select an appropriate situation. It may be drawn from learners’ experiences, your experiences or clinical records. The situation should be relevant and similar to situations that learners will encounter during their professional careers. Keep the situation simple; the interaction is more important than the content. Because the same role play may be used with a number of learners in various learning settings, keep the situation as general as possible.
- Identify the roles that learners will act out during the role play. In most clinical learning situations, there will be a clinician and a patient. Specify any specific roles or points of information that learners should cover. For example, clearly explain the desired “patient” behavior in the role play, such as whether the learner acting the role of the patient should resist advice, ask certain questions or give certain answers...
- Determine whether the role play will be informal, formal or a clinical demonstration:
  - Informal. The trainer gives the role players a general situation and asks them to “act it out” with little or no preparation time. For example, if a question about a patient counseling session comes up in class, you may ask two of the learners to take a few minutes to plan and present a brief role play that addresses the situation. This type of role play is not prepared in advance.
  - Formal. The trainers give the role players a set of instructions that outline the scope and sequence of the role play. Using the counseling example, the learners would be given a situation with specific roles they are to act out, often with...
specific points of information to cover. This type of role play is typically prepared in advance.

- **Clinical demonstration.** This type of role play is often part of a clinical simulation. The clinical demonstration role play, which is similar to the formal role play, typically uses an anatomic model, simulated patient or real patient, and often occurs as part of a coaching session. For example, you demonstrate a pelvic examination using a pelvic model, or demonstrate counseling a woman about oral contraceptives. Following the demonstration, you ask two of the learners to role play the procedure. One learner assumes the patient or caretaker role, while the other assumes the role of the clinician. If an anatomic model is used, the learner playing the patient sits or stands by the model and speaks as a patient would, asking questions and responding to the clinician. The learner playing the clinician will not only perform the physical examination but also will verbally interact with the “patient.”

- Determine whether learners will report the results of their discussion of the role play in writing or orally to the entire group.

To **facilitate** a role play:

- Explain the nature and purpose of the exercise (the objectives);
- Specify the timeframe allotted and describe any props available;
- Define the setting and situation of the role play; and
- Brief the learners on their roles.
- Explain what the other learners should observe and what kind of feedback they should give. Tell learners what to look for and how to document their questions or feedback. Should they observe for verbal communication skills? Nonverbal communication? The use of questioning?
- Provide the learners with questions or activities that will help them to focus on the main concept(s) being presented.
- Keep the role play brief and to the point. Be ready to handle unexpected situations that might arise (confusion, arguments, etc.).
- Engage learners in a follow-up discussion. Discuss important features of the role play by asking questions of both the players and observers.
- Provide feedback, both positive and suggestions for improvement.
- Summarize what happened in the session, what was learned and how it applies to the learning objectives.
Training Perspectives: Strengthening Learners’ Observational Skills
When we know what we are looking for, we are more likely to find it. “Structured observation” is an important tool in facilitating certain learning activities in the classroom (e.g., clinical simulations, role plays) and in preparing learners for clinical practice (such as when visiting the facility where clinical practice will occur). This tool is especially well-suited to homing in on provider attitudes to be reflected upon and discussed later. As with every learning activity, ensure that objectives are clear before the observation begins. This is what makes the observation “structured.” Explain to learners:

- What they observing for (e.g., essential steps in a focused antenatal exam)
- What tools should they use to record their observations (A clinical skills checklist can be used to guide observations. Alternately, a simple notebook or structured evaluation tool, developed by the trainer, can help learners organize their thoughts during the observation.)
- What will be discussed later during the post-observation debrief (i.e., how will observations be shared?)

Also, when visiting the facility where clinical practice will ultimately occur, be sure the facility is ready for your learners and that learners understand the importance of respecting client rights during the observations.

See Sample 5-2 for an example of a role play from an Integrated Management of Childhood Illness (IMCI) training course.
Sample 5-2. Role Play: Case of the Sick Child

<table>
<thead>
<tr>
<th>Learning Objectives (based on the supporting objectives for the course):</th>
<th>Learners will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify correct and incorrect feeding practices</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Use the Sick Child Recording Forms</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Respond to questions about the appropriateness of the advice given</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:**
- Two learners will take the roles of a healthcare provider and a mother of a sick child who has a feeding problem.
- Other learners should observe, record the mother's responses in the appropriate place on the Sick Child Recording Form, and note correct feeding practices and feeding problems.
- Both learners in the role play should behave and respond as a healthcare provider and a mother might behave.
- After the role play, lead a brief discussion. Review the answers that the mother gave to the feeding questions. List on a flipchart or chalkboard the correct feeding practices mentioned. Then list the feeding problems. Ask the discussion questions to all learners.

**Roles:**
- Health care provider: Explain that the “healthcare provider” will use the questions on the Sick Child Recording Form to identify feeding problems. Explain that the healthcare provider may need to ask additional questions if the mother’s answers are unclear or incomplete.
- Mother: Assign the role of the mother in the role play to a different learner. Give the “mother” the information below describing her child’s feeding. Tell the mother that she may make up additional realistic information that fits the situation, if necessary.

**Situation:** A mother brings her five-month-old girl to the outpatient clinic because she has a cough and runny nose. The healthcare provider has already told the mother about a soothing local remedy for cough. Now the healthcare provider will ask some questions about how the mother feeds her daughter.

**Role Play: Description for Zuwena’s Mother**
- You are the mother of Zuwena, a five-month-old girl. You have brought her to the healthcare provider because she has a cough and runny nose.
- You are still breastfeeding Zuwena about three times each day and once during the night. In the past month you have started giving her thin cereal gruel because she seemed hungry after breastfeeding and your mother-in-law suggested it. You give the gruel by spoon three times each day. You do not own or use a feeding bottle.
- During the illness Zuwena has breastfed as usual, but she spits out the gruel and cries. Your friend suggested giving Zuwena some sugar water instead of the gruel while she is sick. You have tried giving the sugar water by cup, and Zuwena seems to like the sweet taste.

**Discussion Questions:**
1. Did the healthcare provider ask all the right questions to assess correct feeding practices?
2. If not, what additional questions should the provider have asked?
3. What are the consequences of not asking these questions?
4. Did the healthcare provider use good communication skills when counseling the mother?
5. Did the healthcare provider check the mother’s understanding upon completion of the counseling session?
6. What recommendations do you have for the healthcare provider to improve communication skills?

**Timeframe—20 minutes**
Case Studies

A case study is a learning activity that uses realistic scenarios focusing on a specific issue, topic, or problem. Learners typically read, study and react to the case study individually or in small groups. The essential feature is that a situation is described in words (or possibly in pictures). The situation may be related to the diagnosis or treatment of patients, interpersonal skills, or any of a wide range of managerial or organizational problems. Learners may be asked to do any of the following:

- Define the problem in the case study and develop suggestions for solutions.
- Respond to a clinical situation by suggesting appropriate interventions and discussing them.
- Evaluate clinical decisions and the process used to make the decision in the case study.
- Identify the possible impact of choices or decisions made in the case study.
- Analyze the causes of a problem.
- Identify attitudes that may influence the healthcare providers’ behaviors described in the case study.

Case studies are useful to:

- Focus on real-life problems or situations
- Develop problem-solving and decision-making skills
- Strengthen learners’ ability to apply information
- Clarify and expand learners’ knowledge
- Explore and change attitudes

The following are some advantages of case studies:

- They are a participatory teaching method that actively involves learners and encourages them to interact with one another.
- Learners react to realistic and relevant cases that relate directly to the course and often to their future work environment.
- Reactions often provide different perspectives and different solutions to problems presented in the case study.

To create a case study:

- Decide which objective the case study will help address, and decide what the learners should learn from the case study.
- Identify the topic, issue, or problem on which the learners will focus. You can find situations for the case studies in one or more of the following sources: experiences of clinic staff, learners or patients; medical histories/records; reference manuals; clinical journals; exercises from prepared materials (e.g., IMCI exercises).
■ Ensure that the case study presents a real situation. It should relate directly to the background, experiences, and interests of the learners. It is difficult for learners to react to a case study when they have little or no understanding of the situation.

■ Determine whether the case study will be completed by individuals or in small groups.

■ Provide the learners with reaction activities (described below) that will guide them in completing the case study.

■ Decide whether learners will report the results of their work on the case study in writing or orally to the entire group.

To facilitate a case study:

■ Provide clear directions, including how to complete the case study, how to present the answers, and the time limit or due date.

■ If the learners are working in groups, suggest that each group select someone to act as the recorder. This person should take notes and prepare the group’s reaction to the case study.

■ After learners have read the case study, either individually or in small groups, given them the opportunity to react to it. Typical reaction exercises include:
  
  ▪ **Analysis of the problem.** The learners are asked to analyze the situation presented in the case study and determine the source of the problem.

  ▪ **Responses to case study questions.** These ask learners to respond to the questions in the case study. *Examples:*
    - “What are three observations suggesting that the patient was not counseled properly?”
    - “What are some of the consequences of delaying referral during a complicated childbirth?”

  ▪ **Problem solutions.** The learners are asked to offer possible solutions for the situation being presented. *Examples:*
    - “How could this problem have been avoided?”
    - “How could this case have been managed more effectively?”
    - “What patient-management mistakes were made?”

  ▪ **Discussion of the responses.** The learners discuss the responses given by the different groups.

  ▪ **Summary of key points.** Each group summarizes the key points of the case study. The trainer confirms key points and adds any other points that the group may have missed.

Case studies are often used or included in clinical simulations. Summarize the results of the case study activity and the related discussion before moving on to the next topic. Refer to the case study in **Sample 5-3.**
Sample 5-3. Case Study: Breastfeeding and Depo-Provera

Directions
Read and analyze this case study individually. When the others in your group have finished reading it, discuss and answer the questions. Choose one person in your group to share your answers with the larger group.

Case Study
Suntali is 29 years old and has four children. She has been using Depo-Provera since 6 weeks after the birth of her youngest child 2 years ago. She says that she had trouble breastfeeding her child because of the Depo-Provera. She kept using this family planning method, however, because she was more worried about another pregnancy than about her problems with breastfeeding. For the past several months, she has felt tired and has had a hard time doing her work. She is sure this is because of the Depo, and she would like to stop taking it for a period of time.

Questions
1. What would you tell Suntali about breastfeeding and Depo-Provera?
2. What questions would you ask her about her diet? Her breastfeeding practices?
3. How would you counsel her about taking a rest period from Depo? Is it necessary?

Clinical Simulations
A clinical simulation presents the learner with a carefully planned, simulated patient management situation. Clinical simulations are an excellent method for developing clinical decision-making skills. The learner interacts with persons and things in the environment, applies previous knowledge and skills to respond to a problem and receives feedback about those responses without having to be concerned about real-life consequences. Clinical simulations are often conducted with a small group of learners—one learner may be the primary responder while other learners provide feedback, or all learners in the group may be involved in the exercise.

Simulations can take a variety of forms:

- **Written simulations** are pencil-and-paper presentations of actual problems or cases about which the learner must make decisions as if performing in the real-life situation. After making each decision, the learner receives feedback on the effects of that decision, and incorporates it into the next decision. These simulations may be used in assessing learners’ knowledge.

- **Role play simulations** allow the learner to take on the role of an individual involved in a clinical situation. The main purpose is to give the learner new insights into behaviors and feelings of other people.

- **Mediated simulations** use audio or visual media to present the problem, represent an interpersonal situation, or help in the analysis of a problem or situation. For example, a video of people interacting may be shown, or audiotapes of heart sounds may be played to provide information for the learner to use in the simulation.

- **Physical simulators**, or anatomic models, closely resemble the human body (or parts of it), and are often used for developing psychomotor skills. A physical simulator may be used along with a role play in a clinical simulation that requires learners also to demonstrate technical skills.
Clinical Training Skills (CTS) for Health Care Providers

- **Live simulated patients** involve the use of persons trained to act the role of the patient. They are given a very specific script to follow while interacting with the learner. The interaction may be videotaped or observed so that feedback can be provided to the learner.

Clinical simulations are **useful** to:

- Help learners practice responding to emergency situations. When the topic of the clinical simulation is responding to an emergency, the simulation helps learners learn to make quick decisions and deal with pressure in a safe environment.

- Help learners develop critical thinking skills. Clinical simulations allow learners to receive feedback on their problem-solving and decision-making skills as they practice managing a patient problem. Later, the experience gained during the clinical simulation should help learners to feel more confident and improve their clinical judgment when in a similar situation.

- Assess learners’ ability to integrate knowledge, skills, and attitudes into providing healthcare in a simulated setting. Clinical simulations are often included in observed structured clinical examinations (OCSE), as described in Chapter 8.

The following are some **advantages** of clinical simulations:

- The same clinical simulation can be used repeatedly until the learners master the situation it presents. It can also be adapted to address different causes for the problem it presents, different treatment options or different outcomes.

- Clinical situations can be used to assist in mastery of important clinical skills that do not occur frequently in the clinical setting, such as postpartum hemorrhage or eclamptic seizures.

- Time can be shortened or lengthened in a clinical simulation. Learners can move through a situation more rapidly than in real life because, for example, they do not need to wait for laboratory test results. They can also take more time than is actually available in life-threatening situations to collect information, discuss the situation with their trainer, and make decisions as they practice and master these skills—without posing risk to an actual patient.

- Clinical simulations can be tailored to specific instructional objectives. Because they can be easily adapted to specific needs and interests, both trainers and learners are motivated to use them.

To **create** a clinical simulation, follow these steps:

- Define the **objective of the clinical simulation** and the expected outcome. Will it be used to help learners practice responding to emergency situations? Will it be used to walk learners through a clinical problem that will also require a demonstration of skills? Will it be used to help learners develop decision-making skills while managing a simulated patient scenario? Will it be used to assess learners’ skills or knowledge? The objective of the clinical simulation will determine the kind of simulation created.
Based on the objectives, create a patient scenario that includes the problem, the related lab and diagnostic results, and possible outcomes for different interventions. Document this information so that you do not have to re-create scenarios. Whether creating a scenario for an emergency situation or a patient management situation, prepare detailed data to be shared with learners, as well as a list of possible outcomes. List the questions to be asked about how they would manage the case and the potential answers for possible interventions.

To facilitate a clinical simulation, follow these steps:

- **Ask learners to present a case:**
  - Ask two or three learners (Group A) to prepare a case for presentation from their clinical experience. Tell them to be prepared for all clinical and theoretical aspects of the case. Important aspects of a case may include the patient’s:
    - Presenting illness/symptoms
    - History
    - Physical examination findings
    - Laboratory values
  - When it is time to present, have Group A share the patient’s presenting complaint. Stop them.
  - Ask other learners (Group B) what they think the problem or diagnosis could be, and tell them to explain their answers. Ask others from Group B to respond to this information. Group A members can ask questions to prompt Group B to think through possible problems and provide additional data as needed. The facilitator can also asked probing questions or provide additional information needed to prompt the participants.
  - Allow Group A to present additional relevant data. Stop them.
  - Ask Group B learners if they have changed their views, or what their next steps would be and why.
  - Continue this process of allowing information to be revealed gradually, and asking and responding to Group B learners’ answers. Guide the discussion by providing essential information when needed, asking related questions to help learners make decisions and giving them feedback on their proposed diagnoses and interventions.

This type of clinical simulation is more effective with senior-level learners who have had more experience with managing patients. Be sure to protect patient confidentiality during this activity.
Structure a patient scenario in a simulated practice setting: This method is more involved because it may require learners also to demonstrate a skill or “act out” a situation. Structured scenarios may include responding to a clinical problem or an emergency situation. Before you begin, discuss the following with the learners:

- Clarify the objectives of the activity, whether to develop decision-making skills, practice handling an emergency or manage a sick patient.
- Discuss how the learner or learners should perform the clinical skills. Should they talk it through or demonstrate the skill?
- If you are using a clinical simulation to help learners develop life-saving skills, give learners clear instructions about their individual roles during the clinical simulation. Who will act as the physician? Who will act as the nurse? Who will run for supplies? Who will be responsible for documenting interventions?
- If you are using a tool such as an algorithm or recording form, find out whether the learners are familiar with it; if necessary, explain it to them and describe how you will use it as a teaching tool.
- Define your role during the activity. Will you only ask questions or will you also provide information, along with feedback, at key points?
- Discuss time constraints. Is there any time limit on responding or completing the activity?

To conduct a clinical simulation involving models:

- Set up the area as realistically as possible. Provide anatomic models and any equipment or supplies that would be needed.
- Present the initial information about the patient or the situation. Begin by providing relatively little information.
- Have a learner respond to that information and identify what other information is needed. You respond with additional information and ask that learner or other learners what their next steps might be. You may ask the learner to demonstrate on the model the actions she or he would then choose to take. Respond by asking the learner such questions as, “Why would you choose that intervention?” or “Are you sure you want to do that?” in order to understand their rationale for intervention.
- Continue to provide pieces of information and ask questions of the learners. “What would you do next?” “What information would you need now?” “Why did you make that decision?”
- Provide the learner or learners with feedback on their responses. Ask questions to check their understanding and help them continue to develop their cognitive skills.

Refer to the sample clinical simulation (Sample 5-4) at the end of this chapter. The sample includes questions to ask and possible responses, along with data to share with the learner. This sample may serve as a guide for developing additional clinical simulations.
Brainstorming Sessions

Brainstorming is generating a list of ideas, thoughts or alternative solutions that focus on a specific topic or problem. Brainstorming is a teaching method that stimulates thought and creativity and is often used along with group discussions. Brainstorming sessions should not be interrupted to discuss or criticize individual ideas—the idea is to keep the ideas coming for a period of time. Once the brainstorming process has been completed, the compiled list may be used as the introduction to a topic or form the basis for a group discussion. For example, the group may look for patterns or themes in the list and organize the ideas into groups. The key to successful brainstorming is to separate the generation of ideas, or possible solutions to a problem, from the evaluation of these ideas or solutions. Plan for brainstorming by determining the objectives of the activity and making sure that there is a way to record responses and suggestions.

Brainstorming is useful to:

- Stimulate interest in a topic
- Encourage broad or creative thinking

The following are some advantages of brainstorming:

- Allows learners to share their ideas without criticism
- Allows for creative thinking
- Generates ideas
- Allows for expressing opinions

Here are some tips for facilitating a brainstorming session:

- Explain the ground rules before beginning the session. There are three basic rules: all ideas are accepted (added to the list), all discussion of the ideas/suggestions is delayed until after the list is generated—and no criticism of ideas/suggestions is allowed.
  Example:
  
  “During this brainstorming session, we will be following three basic rules. All ideas will be accepted; Alain will write them on the flipchart. At no time will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not, ...”

- Clearly state objective of the brainstorming session to keep it focused; this may be in the form of a question to be answered or a problem to be solved. Example:

  “During the next few minutes, we will be brainstorming and will follow our usual rules. Our topic today is “Benefits of Family Planning.” I would like your full participation. Maria will write your ideas on the board so that we can discuss them later.”

- Maintain a written record on a flipchart or writing board of the ideas and suggestions. This will prevent repetition, keep learners focused on the topic and be useful when it is time to discuss each item.
Provide opportunities for anonymous brainstorming by giving the learners cards on which they can write their comments or questions. Post the cards and use them for a later discussion. This technique allows learners to share thoughts or questions they might not be comfortable revealing.

Involve all of the learners and provide positive feedback in order to encourage more input. Avoid allowing a few learners to monopolize the session, and encourage those not offering suggestions to do so.

Review written ideas and suggestions periodically to stimulate additional ideas.

Conclude brainstorming by reviewing and summarizing all of the suggestions, placing them into categories, if useful and possible.

Sample Brainstorming Topics
- What behaviors or communication skills do you want your healthcare provider to have?
- What are the functions of a medical record?
- What are the essential parts of a complete history and physical?
- What are issues to consider when counseling adolescents about family planning and reproductive health?
- What are potential complications that may occur during childbirth?

Educational Games
Games are a great way to check learners’ understanding of key points, generate discussion and foster changes in attitude—energizing the group at the same time. Unlike warm-ups and ice-breakers, whose sole purpose is to energize and foster cohesion in the group, a game should be directly tied to course objectives. Games can be developed for large groups, small groups or individuals working on their own. Examples of games that may be readily adapted to specific learning objectives include: races and other competitions, debates, word puzzles, matching games, simulation/role play-related games and board games.

The following are some advantages of educational games:
- Adds fun, providing a break from “more serious” or intense activities
- Can reduce the stress or tension, which is conducive to learning
- Encourages participation and interaction among learners

Here some tips for facilitating an educational game—as with any activity:
- Provide good, clear instructions during the introduction;
- Adhere to time limits; and
- Summarize any key points and transition to the next topic.
- Also, consider using prizes to foster engagement.

Sample 5-5, at the end of this chapter, provides an example of a game used in a male circumcision course.
**Group Discussion**

A discussion is an opportunity for learners to share their ideas, thoughts, questions and answers in a group setting with a facilitator. A discussion that relates to the topic and stays focused on the learning objectives can be a very effective teaching method. Guide the learners as the discussion develops and keep it focused on the topic at hand.

In addition to group discussion that focuses on the learning objectives, there are two other types of discussions that may be used in a learning situation:

- **General discussion** that addresses learners’ questions about a learning topic. For example, a learner asks about a situation she observed in the clinic. You decide that this is an important question and therefore devote five minutes to a general discussion.

- **Panel discussion** in which a moderator conducts a question-and-answer session among panel members (e.g., clinicians, patients, recent graduates from the same training) and learners.

Group discussion is useful to support other teaching methods, particularly to:

- Conclude a presentation
- Summarize the main points of a videotape
- Check learners’ understanding of a clinical demonstration
- Examine alternative solutions to a case study
- Explore attitudes exhibited during a role play
- Analyze the results of a brainstorming session

The following are some advantages of group discussion:

- Provide a forum to discuss attitudes
- Emphasize key points
- Create interest and stimulate thinking about a topic
- Encourage active participation

When preparing for a discussion, consider the following:

- What are the objectives of this discussion? How long should it last?
- Do learners have some knowledge of or experience with the topic? Attempting a group discussion when learners have limited knowledge or experience in the topic will often result in little or no interaction.
- Is there enough time available? Discussion requires more time than a presentation because of the interaction among the learners.
Are you prepared to direct or control the discussion? A poorly directed discussion may move away from the subject and never accomplish the learning objectives. If the trainer does not maintain control, a few learners may dominate the discussion while others lose interest.

How do you choose a topic for discussion? Group discussions are best planned ahead of time, although sometimes they arise spontaneously from the learners themselves, often through other learning activities.

Training Perspectives: Striking a Balance

At its best, group discussion can be a very powerful learning experience—an exciting opportunity for learners to explore ideas, learn the perspectives of others and consider, even question, their own attitudes and beliefs. At its worst, it can become counterproductive, leaving learners confused. Your role as the discussion facilitator is to strike a balance—keeping the discussion focused and on track, ensuring that all learners have an opportunity to participate, and intervening when the discussion moves away from the learning objectives. By facilitating, rather than leading, the discussion, you encourage learners to view examination of their thoughts, opinions and experiences as an important part of the learning process.

Here are some tips for facilitating successful group discussions:

- Have a very clear idea in mind of what the group will discuss and what you hope to gain through the discussion. State the topic as part of the introduction. Example:
  - “To conclude this presentation on counseling the sexually active adolescent, let’s take a few minutes to discuss the importance of confidentiality.”

- Shift the conversation to the learners. Allow the learners to discuss the topic and ensure that the discussion stays on the topic at hand. Actively engage quieter learners, by asking them specific questions, so that everyone has a chance to share their thoughts. Examples:
  - “Abdul, would you share your thoughts on...?”
  - “Rosa, what is your opinion?”
  - “Michelle, do you agree with my statement that...?”

- Allow the group to direct the discussion; act as a referee and intercede only when necessary. Example:
  - “It is obvious that Alain and Ilka are taking opposite sides in this discussion. Alain, let me see if I can clarify your position. You seem to feel that....”

- Summarize the key points of the discussion periodically. Provide feedback on learners’ comments when appropriate. Examples:
  - “Let’s stop here for a minute and summarize the main points of our discussion.”
  - “Actually, Nsungu, confidentiality is essential for counseling and testing for HIV. Can anyone tell me why?”

- Ensure that the discussion stays on the topic. Examples:
“Sandra, can you explain a little more clearly how that situation relates to our topic?”
“Monica, would you clarify for us how your point relates to the topic?”
“Let’s stop for a moment and review the purpose of our discussion.”

- Acknowledge the contributions of each learner and provide positive reinforcement. Point out differences or similarities among the ideas presented by different people. Encourage interaction. Examples:
  - “That is an excellent point, Rosminah. Thank you for sharing that with the group.”
  - “So, Oscar, you would support Maria’s statement about the practice, but hold a different opinion about…”
  - “Alex has a good argument against the policy. Biran, would you like to take the opposite position?”

- Encourage all learners to get involved. Example:
  - “Srijana, I can see that you have been thinking about these comments. Can you give us your thoughts?”

- Ensure that no one learner dominates the discussion. Example:
  - “Juan, you have contributed a great deal to our discussion. Let’s see if someone else would like to offer....”

- Conclude the discussion with a summary of the main ideas and how they relate to the objectives presented during the introduction.

CHAPTER SUMMARY

- The classroom is the place where competency development begins. In the classroom, a variety of learning activities are used to transfer knowledge, skills and attitudes in order to develop the desired competencies. Throughout it all, you’ll use the effective facilitation skills as you assess learner progress and readiness to work with clients.

- Using a variety of techniques, the trainer can engage learners’ interest while effectively and efficiently transferring information to them, facilitating their progress from understanding to application and analysis of new knowledge.

- Group learning activities—such as case studies, role plays, clinical simulations, brainstorming session, educational games and discussions—can be used during classroom and practical sessions to help learners build knowledge, skills and appropriate attitudes. They also energize the group, giving learners a chance to ask questions, interact and explore different perspectives.
SELECTING, PREPARING, AND FACILITATING GROUP LEARNING ACTIVITIES (JOB AID)

### SELECTING GROUP LEARNING ACTIVITIES

<table>
<thead>
<tr>
<th>METHOD</th>
<th>DEFINITION</th>
<th>OBJECTIVE AREA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role Play</td>
<td>An activity in which learners play out roles in a simulated situation that relates to one or more of the learning objectives.</td>
<td>Attitudes and skills (especially communication skills)</td>
</tr>
<tr>
<td>Case Study</td>
<td>Realistic scenario, focusing on a specific issue, topic or problem, to which learners respond orally or in writing.</td>
<td>Knowledge and skills (especially cognitive skills)</td>
</tr>
<tr>
<td>Clinical Simulation</td>
<td>Representation of a simulated patient management situation; it may involve models or simulated patients.</td>
<td>Knowledge and skills (especially cognitive skills)</td>
</tr>
<tr>
<td>Brainstorming</td>
<td>Generating a list of ideas, thoughts, or alternative solutions that focus on a specific topic or problem.</td>
<td>Knowledge, skills (especially cognitive skills), and attitudes</td>
</tr>
<tr>
<td>Discussion</td>
<td>Interactive process in which learners share their ideas, thoughts, questions, and answers in a group setting with a facilitator.</td>
<td>Knowledge and attitudes</td>
</tr>
</tbody>
</table>

### FACILITATING GROUP LEARNING ACTIVITIES

<table>
<thead>
<tr>
<th>Select Activities</th>
<th>• Select an activity that meets specific learning objectives for your course.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare Activities</td>
<td>• Clearly describe for yourself on paper how the activity will be conducted.</td>
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<tr>
<td></td>
<td>• List the resources needed to conduct the activity.</td>
</tr>
<tr>
<td>Facilitate Activities</td>
<td><strong>Before</strong></td>
</tr>
<tr>
<td></td>
<td>• State the purpose of the activity and the learning objectives that it should achieve.</td>
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<td></td>
<td>• Explain the method for determining who is in each group.</td>
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<td></td>
<td>• Give learners clear instructions for how to do the activity.</td>
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<td></td>
<td>• Tell learners how much time they have to complete the activity.</td>
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<td></td>
<td><strong>During</strong></td>
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<td></td>
<td>• Carefully monitor the progress of the groups as they work.</td>
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<td></td>
<td>• Give suggestions to groups to help them focus on the task and progress.</td>
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<td>• Tell learners how much time is remaining.</td>
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<td></td>
<td><strong>After</strong></td>
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<td>• Discuss the results with learners.</td>
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<tr>
<td></td>
<td>• Ask questions.</td>
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<tr>
<td></td>
<td>• Give feedback to learners.</td>
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<tr>
<td></td>
<td>• Always summarize the main points or lessons learned from the activity.</td>
</tr>
</tbody>
</table>
CLINICAL SIMULATION: MANAGEMENT OF VAGINAL BLEEDING DURING EARLY PREGNANCY

Objective
Learners will demonstrate decision-making skills in the management of vaginal bleeding in early pregnancy, with emphasis on thinking quickly and reacting (intervening) rapidly.

Instructions
The activity should be carried out in the most realistic setting possible, such as the labor and delivery area of a hospital, clinic, or maternity center, where equipment and supplies are available for emergency interventions.

One learner should play the role of patient and a second learner the role of skilled provider. Other learners may be called on to assist the provider.

The trainer will give the learner playing the role of provider information about the patient’s condition and ask pertinent questions, as indicated in the left-hand column of the table below.

The learner will be expected to think quickly and react (intervene) rapidly when the trainer provides information and asks questions. Key reactions/responses expected from the learner are provided in the right-hand column of the table below.

Procedures such as starting an IV and bimanual examination should be role played, using the appropriate equipment.

Initially, the trainer and learner will discuss what is happening during the simulation in order to develop problem-solving and decision-making skills. The italicized questions in the simulation are for this purpose. Further discussion may take place after the simulation is completed.

As the learner’s skills become stronger, the focus of the simulation should shift to providing appropriate care for the life-threatening emergency situation in a quick, efficient, and effective manner. All discussion and questioning should take place after the simulation is over.

Resources: Checklists for Postabortion Care and Postabortion Care Family Planning Counseling, childbirth simulator, sphygmomanometer, stethoscope, equipment for starting an IV infusion, syringes and vials, bucket for waste disposal, high-level disinfected or sterile surgical gloves, antiseptic solution.
### SCENARIO 1

(Information provided and questions asked by the trainer)

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<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>Mrs. A. is 20 years old. This is her first pregnancy. Her family brings her into the health center. Mrs. A. is able to walk with the support of her sister and husband. She reports that she is 14 or 15 weeks pregnant and that she has had some cramping and spotting for several days. However, she has had heavy bleeding and cramping for the past 6–8 hours. She has not attended an antenatal clinic nor is she being treated for any illnesses.</td>
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<td></td>
<td>States that first concern is to determine whether or not Mrs. A. is in shock</td>
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<td></td>
<td>Makes a rapid evaluation of her general condition, including vital signs (temperature, pulse, blood pressure, and respiration rate), level of consciousness, color, and skin temperature</td>
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<td>Explains to Mrs. A. (and her family) what is going to be done, listens to them, and responds attentively to their questions and concerns</td>
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<tr>
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<td>What is your first concern?</td>
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<td>What will you do first?</td>
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<tr>
<td>2.</td>
<td>On examination, you find that Mrs. A.’s blood pressure is 100/60 mm Hg, pulse 100 beats/minute, respiration rate 24 breaths/minute. She is conscious. Her skin is not cold or clammy. You notice bright red blood soaking through her dress.</td>
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<td></td>
<td>States that Mrs. A. is not in shock</td>
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<td>Starts an IV infusion of normal saline or Ringer’s lactate</td>
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<td></td>
<td>Asks Mrs. A. if anything happened to her or if anyone did anything to her which may have caused the bleeding</td>
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<td>Asks how long it takes to soak a pad</td>
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<td>Asks if Mrs. A. has passed any tissue</td>
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<td></td>
<td>Asks if she has fainted</td>
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<td></td>
<td>Is Mrs. A. in shock?</td>
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<td></td>
<td>What will you do next?</td>
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<td></td>
<td>What questions will you ask?</td>
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<tr>
<td>3.</td>
<td>Mrs. A. was well until she started bleeding. You can tell from her responses that she wanted this pregnancy. You see no signs of physical violence. She soaks a pad every 4–5 minutes. She has not fainted but she “feels dizzy.” She has passed some clots and thinks she may have passed tissue.</td>
</tr>
<tr>
<td></td>
<td>Palpates Mrs. A.’s abdomen for uterine size, tenderness, and consistency; checks for tender adnexal mass to rule out ectopic pregnancy; checks for large, boggy uterus to rule out molar pregnancy</td>
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<td></td>
<td>Does a bimanual examination to rule out inevitable or incomplete abortion</td>
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<td></td>
<td>Takes Mrs. A.’s temperature to rule out sepsis</td>
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<td></td>
<td>What will you do next and why?</td>
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<tr>
<td>4.</td>
<td>On examination, you find that the uterus is firm, slightly tender, and palpable just at the level of the symphysis pubis; there are no adnexal masses. Bimanual examination reveals that the cervix is approx 1–2 cm dilated, uterine size is less than 12 weeks, and no tissue is palpable at the cervix. There is no cervical motion tenderness.</td>
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<tr>
<td></td>
<td>States that Mrs. A. has an incomplete abortion</td>
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<td></td>
<td>Explains findings to Mrs. A. (and her family)</td>
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<td></td>
<td>Prepares Mrs. A. for MVA</td>
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<td></td>
<td>What is your working diagnosis?</td>
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<td></td>
<td>What will you do now?</td>
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<tr>
<td>SCENARIO 1</td>
<td>KEY REACTIONS/RESPONSES</td>
</tr>
<tr>
<td>-------------</td>
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<tr>
<td><strong>Discussion Question 1:</strong> Why did you rule out ectopic pregnancy?</td>
<td><strong>Expected Responses:</strong> Bleeding is heavier than for ectopic; no adnexal masses were palpable abdominally or vaginally; no cervical motion tenderness; cervix is dilated; no history of fainting</td>
</tr>
</tbody>
</table>
| 5. The treatment room is occupied at the moment because another patient with incomplete abortion is undergoing an MVA. The room will be available in 30 minutes.  
- **What will you do now?** | • Explains the situation to Mrs. A. (and her family) and provides reassurance  
• Keeps the IV running  
• Gives ergometrine 0.2 mg IM OR misoprostol 400 μg orally  
• Continues to monitor blood loss, pulse, and blood pressure |
| 6. Fifteen minutes have passed since ergometrine was given, but Mrs. A. is still soaking one pad every 5 minutes. Her blood pressure is 98/60 mm Hg and her pulse 104 beats/minute.  
- **What will you do now?** | • Repeats the ergometrine 0.2 mg IM  
• Continues IV infusion  
• Continues to monitor blood loss, blood pressure, and pulse  
• Takes blood for typing and cross-matching so that it is available if needed |
| 7. Bleeding slowed after the second dose of ergometrine. MVA was performed 30 minutes later and complete evacuation of the products of conception has been assured.  
- **What will you do now?** | • Monitors Mrs. A.’s vital signs and blood loss  
• Ensures that Mrs. A. is clean, warm, and comfortable  
• Encourages her to eat and drink as she wishes |
| 8. After 6 hours, Mrs. A.’s vital signs are stable and there is almost no blood loss. She insists on going home.  
- **What will you do before she goes home?** | • Talks to Mrs. A. about whether or not she wants to get pregnant and when; provides family planning counseling and a family planning method, if necessary  
• Provides reassurance about the chances for a subsequent successful pregnancy  
• Advises Mrs. A. to seek medical attention immediately if she develops prolonged cramping, prolonged bleeding, bleeding more than normal menstrual bleeding, severe or increased pain, fever, chills or malaise, foul-smelling discharge, fainting  
• Talks to her and her husband about safe sex  
• Asks about her tetanus immunization status and provides immunization if needed |
GAME USED IN A MALE CIRCUMCISION COURSE

<table>
<thead>
<tr>
<th>Male Reproductive Anatomy: Anatomy Race</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
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<td><strong>Duration</strong></td>
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<td><strong>Activities</strong></td>
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<td><strong>Debriefing</strong></td>
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INTRODUCTION

Clinical practice represents a precious learning opportunity for learners. It is the time when they synthesize the knowledge, skills and attitudes they have learned and practiced in the classroom, and apply them with actual clients under supervision in a clinical setting. Anatomic models, no matter how realistic, are no substitute for the reality of providing care for a living, feeling and reacting human being.

During clinical practice, the trainer also faces new responsibilities. She/he must:

- Ensure that all learners have adequate opportunities for practicing with clients so that by the end of the clinical experience they are competent;
- Prepare for the clinical practice by becoming familiar with the clinic site and the staff who work there, and by developing a logical plan for skill practice and activities to complement and support those skills (this includes being prepared with activities that will fill gaps between clinical experiences and keep the learners continually involved in learning activities);
- Be constantly alert to what is going on in the clinic in order to identify potential learning opportunities, even when they are not consistent with what was planned for that day;
- Supervise all activities performed by the learners or delegate some of the responsibilities to clinic staff; and
- Continue to provide both positive and corrective feedback to learners in the clinic to ensure the continued development of skills.
Clinical practice can be a challenging, but particularly rewarding, experience for both trainers and learners. It is also essential for ensuring that learners will be able to provide safe, beginning-level services when they return to the workplace.

**DEVELOPING COMPETENCY IN CLINICAL SETTING**

**Situation 6-1:** It is the second day of clinical practice in a Norplant implants clinical skills course. The four learners whom you are supervising have many questions about how to manage the side effects of Norplant implants, but no clients with problems have come into the clinic. You and the learners are about to have an extended post-clinical practice meeting about recommended infection prevention practices as observed in the clinic. At this time, a client arrives complaining of heavy prolonged vaginal bleeding since her implants were inserted 6 months ago. You had planned on discussing this and other side effects and their management at tomorrow’s post-clinical meeting. What do you, as the trainer, do in this situation?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Continuing to develop learner competency in the clinical setting is the next logical step in the learners’ gradual progression toward independent practice. In general, the trainer will apply the same facilitation skills described in Chapter 2 to support this progression, with the following additions and emphases.

1. **In the clinical setting, build on the learning that has already occurred in simulation.** However, during clinical practice you should be prepared to practice and assess some of the skills in simulation. For example, when teaching antiretroviral therapy management, you may not have clients that present with drug-related side effects that must be managed, so you may need to use simulations to assess the learners’ ability to identify and manage complications. During an emergency obstetrical skills course you may not see pre-eclampsia or manage any clients in shock, so those things may need to be practiced and assessed in simulation. This is why it’s important to structure clinical practice to maximize client time and exposure.

2. **Move learners from observation to direct work with patients.** Continue following the same basic the skills development process established in the classroom, though adapted to the clinical setting. Demonstrate skills with actual clients for learners to observe; then allow them to practice and receive feedback working directly with the clients themselves—before having them demonstrate skills for assessment.

3. **Just as in the classroom, structure clinical practice so that learners advance from basic/simple to complex skills.** Once learners master simple skills, they will feel more comfortable with complex skills. For example, learners should be able to manage a normal labor and childbirth competently before they manage complications. Likewise, learners who have mastered history taking and physical examination in simulation should have a chance to practice those skills in the clinic before moving on to more complex skills, such as diagnosing and treating illnesses. This progression allows learners to develop confidence and helps ensure their success.

4. **Follow a whole-part-whole strategy in allowing learners to master different skills individually before integrating them.** For example, in managing malaria training,
learners have the chance to master specific skills such as diagnosis (even if in simulation) and treatment before they manage patients from start to finish. However, learners may not be able to manage one patient from start-to-finish, depending on the opportunities available, so it is important to identify ways for learners to practice and finally integrate sets of skills. Likewise, learners in an ARV management training will not be able to initiate treatment, conduct a return visit, manage complications or side effects or switch regimes all with one patient; they will have to master some skills with the clients available at the time and others during simulation.

5. **Allow learners to practice under the guidance of a trainer prior to practicing alone.** Learners may be able to complete tasks to a higher level of competence under the guidance of a trainer than on their own. For example, learners who are able to manage normal births with ease while being coached may struggle when on their own. The trainer should allow the learner to move gradually toward independence, recording his/her increasing level of competence in the process.

### CLIENTS’ RIGHTS DURING CLINICAL TRAINING

**Situation 6-2:** As the clinical trainer for a male circumcision course, you overhear the learners, who are sitting in the clinic waiting area, discussing the cases they performed that morning. Several clients are still waiting to be seen and the housekeeping staff is tidying up the area. Clients are being mentioned by name and their behavior and cases described in detail, often in uncomplimentary terms. One learner is furious that a client refused to let him perform the procedure because he is “just learning.” How would you intervene in this situation?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

The rights of clients to privacy and confidentiality should be considered at all times during a clinical training course. The following practices will help ensure that clients’ rights are routinely protected during clinical training.

- The right to **bodily privacy** must be respected whenever a client is undergoing a physical examination or procedure.
- The confidentiality of any client information obtained during counseling, history taking, physical examinations or procedures must be strictly observed. Clients should be reassured of this confidentiality.

Confidentiality can be difficult to maintain when specific cases are used in learning exercises such as case studies and clinical meetings. Such discussions should be conducted without reference to the client by name, and should always take place in a private area where other staff and clients cannot overhear what is being said.

- The **client should be informed** about the role of each person involved such as the clinical trainer, other clinician-in-training support staff or researchers. In addition, clients have the right to information about their diagnosis, treatment options and plan of care. **Clients have the right to information.**
The client’s permission should be obtained before having a clinician-in-training observe, assist with or perform any procedures. Understanding the right to refuse care from a “clinician-in-training” (i.e., the learner) is important for every client. Furthermore, care should not be rescheduled or denied if the client does not permit a clinician-in-training to be present or provide services. In such cases, the clinical trainer or other staff member should perform the procedure.

Safe practices, quality service delivery and clean facilities are not a privilege but a client’s right, as is now reflected in many clients’ rights statements. To ensure a humane clinical learning environment in which this fundamental right is protected:

- Early in clinical training, the trainer must be present during all interactions between the learner and client, and the client should always be made aware of the situation and the trainer’s role. Later, as competency continues to develop, the learner can be given the opportunity to practice more independently. Throughout clinical training, the trainer must balance the needs of the learner with the complexity of the task for which the learner is being prepared—always putting client safety first. For example, surgical procedures may involve sustained, direct contact between trainer and learner. In contrast, teaching an experienced provider to manage ARVs may require frequent check-ins between clients to discuss clinical decisions that have been reached by the learner.

Remember, that the trainer is ultimately responsible for the safety and comfort of the client and must remain alert to their needs.

- The trainer must be careful how coaching and feedback are given during practice with clients. Corrective feedback in the presence of a client should be limited to errors that could harm or cause discomfort to the client. Excessive negative feedback can create anxiety for both the client and the clinician-in-training.

- Clients should be chosen carefully to ensure that they are appropriate for clinical training purposes. For example, learners should not practice with clients who are “difficult” or have complicated decisions until they are proficient in performing the procedure.
Training Perspectives: Helping Clients Feel Comfortable with the Learning Experience

Several strategies can be used to increase the chance a client will accept care from a learner:

- Let the patient know the exact role of the learner and the importance of practice with real clients.
- Explain that the learner is a skilled provider and has already practiced the new skills on model or in simulations.
- Emphasize that you will be there to supervise during any part of the care in which the learner is not already proficient, and to provide coaching if needed.
- If a client accepts care from the learner, thank him or her for participating.
- If they refuse care by the learners, assure them that they will be treated with the same respect as those who accept.
- Make clear that they have the right to opt out at any time, for any reason.
- Make sure to thank those who agree to participate in training. Let them know the importance of their contribution!

A client who participates in the learning process is giving of him/herself for the benefit of others. Trainers and learners should keep this in mind throughout their interactions with this person.

CONDUCTING AND STRUCTURING CLINICAL PRACTICE SESSIONS

By structuring clinical practice sessions (described in more detail below) and through the following practices, the trainer can help learners get the most out of the experience:

- **Let learners know which activities they can do independently and which require supervision.** For example, if a learner is already competent in educating patients with HIV/TB co-infection, she/he can practice that portion of services independently and call in the trainer when practicing history-taking and physical examination to diagnose HIV/TB co-infection.

- **Structure activities to allow learners the most interaction with patients.** Although demonstration is appropriate in the beginning of clinical sessions, allow learners direct contact with patients as soon as you believe it is appropriate. The more learners work with patients, the more practical knowledge, experience and confidence they will acquire.

- **Plan a “rotation system” so that learners do not overwhelm one area.** For example, three or four learners are the most that a specific area of a clinic can absorb without affecting service delivery. If there are more, plan a rotation system that allows ample time for all learners in each clinic area, based on your assessment of the individual needs of each. This also helps balance the load for staff members who will be working with learners. For example, several learners can be assigned to the counseling area, several to the screening area, several to the outpatient department, and several to different inpatient wards. They can change work areas every few hours, every day, or every few days—whichever seems most appropriate.

- **Prepare activities that learners can do when there are no appropriate patients at the clinical practice site.** There may be times when learners will not have any planned activities with patients. Provide alternative activities for learning such as interviewing patients about patient satisfaction, observing existing infection...
prevention practices on the inpatient wards, reviewing charts, and learning about how care is documented.

Before the Clinical Practice Session
During much of clinical practice, the trainer may be overseeing several clinical staff—as they interact with learners—and providing overall supervision to many learners rather than providing direct guidance to a few.

First, to ensure that the practice runs as smoothly as possible:

- Meet with clinical staff and any clinical instructors/preceptors to ensure review the day’s plan, see if there are any issues that need to be discussed/resolved and identify any interesting learning opportunities that might presently exist on the unit.
- Ensure that they understand their role.
- Visit the different areas where learners will be assigned to see if there are any problems or logistical issues that need to be addressed.

As will be further discussed in Chapter 8, ALL clinic staff should be oriented—well before clinical practice—to the purpose of the training, benefits of the training to their facility and health care system and their role in supporting it. Depending on your training program, clinic staff may even provide a supervisory role and need to be trained in using the appropriate assessment tools.

Next, meet with the learners before the session, either earlier in the week or early in the morning on clinical practice days. Although this meeting should be brief, it will help learners have a productive clinical experience. Items to be covered include:

- The learning objectives for that day or the clinical session
- Any necessary scheduling changes
- Learners’ tasks for that day or session, including the work assignments and rotation schedule if applicable
- Assignments to be completed during that day/session
- Where to go if have questions or difficulties
- The topic for the post-session meeting, so that the learners can prepare cases or look for experiences to share
- Questions related to the session or from previous sessions, if they can be answered quickly; if not, postpone them until the post-session meeting
- Discussion about how feedback will be provided in the clinical setting
Training Perspectives: Laying the Groundwork for a Positive Clinical Practice Experience

If possible, well before the course begins, the trainer should gain a working knowledge of the clinic, including how it is set up, how it functions, the client population and heaviest client flow times. The trainer should also initiate a good working relationship with the staff. Staff should understand their role in the clinical training so they can support the learners. They should also understand the overall purpose and objectives of the course, as well as the importance of the clinical practice component. Ultimately, the trainer will need to rely on the staff’s cooperation in notifying him/her of unique, unusual or especially pertinent client situations and allowing learners to provide services to these clients.

During the Clinical Practice Session

When you are working with clinical instructors and staff, check in with them periodically to make sure everything is running smoothly. Coordinate with them any planned learning activities that may require your assistance.

- Observe learner-patient interaction and ask questions to gauge learners’ understanding. This may also allow you to ask some questions to help the learners develop decision-making skills or explain the rationales for their decisions.

- Continue the process of facilitating skills development as described earlier. Learners now have the opportunity to observe demonstrations, practice, receive feedback, and demonstrate competency in the real setting. Demonstrate skills, observe the learners’ performance of skills whenever possible and provide feedback. Ask learners if they have opportunities to be assessed in any of the skills in their logbook and if so, arrange for assigned staff or the clinical instructor to observe them as they perform these skills, or observe them yourself.

Safe and efficient provision of services must be the highest priority for everyone working in the clinic, regardless of individual roles and responsibilities, and must not be compromised for the sake of learning.

- As always, maintain a positive learning environment. Learners will be intimidated and nervous at the beginning of clinical practice experiences. Help reduce their anxiety by having a friendly and helpful manner with them. Encourage the clinical instructors and staff also to help put learners at ease so they can learn well and feel comfortable asking questions.

After the Clinical Practice Session

If possible, meet with the learners at the end of the session. If you cannot meet with them every day, you should still meet with them regularly to assess the progress of their learning in the clinical setting. Conduct these meetings away from the patient care area if possible. Ideally, clinics will have a small room you can use for small group activities or meetings with learners.
Below are several actions you can take at the end of the day, or periodically during the rotation, to help further learning:

- Review the learning objectives and assess learners’ progress toward meeting them
- Encourage learners to present cases seen that day, particularly those that were interesting, unusual, or difficult
- Respond to clinical questions concerning situations and clients in the clinic or information in the reference manual
- Provide an opportunity for learners to ask questions
- Ask learners questions about cases or their care plans
- Tell learners about the logistics of future clinical practice sessions

These meetings, especially extended sessions, should be conducted away from the client care area if possible. Although every clinic will not have a meeting room, an effort should be made to locate a space that will allow free discussion, small group work and practice on models and that will not interfere with efficient client care or other staff duties. The trainer may need to be very creative to find such a location. If weather permits, these sessions can be held outdoors. They can also be held at the classroom if it is nearby, although the trainer and learners may spend valuable time getting there.

**MAXIMIZING LEARNING OPPORTUNITIES IN THE CLINICAL SETTING**

To get the most out of time spent practicing in the clinic setting, the trainer should **develop a plan for each clinic day.** The plan will provide a daily focus that is consistent with the learning objectives and help to ensure that all required skills will be adequately addressed. Also, having previously visited the clinic(s) and worked with the staff, the trainer will be able to design a plan that is appropriate for each clinic’s specific situation. **Samples 6-1 and 6-2** show daily plans for clinical practice for a pre-service and in-service training course, respectively.

**Strategies to Increase Exposure to Clients**

**Situation 6-3:** You are the trainer for an IUD clinical skills course. Having completed the classroom portion, you are now in the clinic area supervising six learners. In the first two clinical days, there were an adequate number of clients to enable all learners to demonstrate competency in performing a pelvic examination. This is the third day, when according to your plan, the learners should begin inserting IUDs with clients. Today, however, the weather has suddenly become cold and rainy. Only a few clients have come to the clinic and no one has chosen the IUD as her contraceptive method. What do you do with the learners now that there are no clients to be seen?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.
Even with careful planning, ensuring that every learner gets adequate time with actual clients requires flexibility, creativity and cooperation among trainers, learners and clinic staff. Here are some strategies for increasing learners’ exposure to clients:

- **Well before the course begins, recruit clients through a health education campaign** and have them sign them up to receive targeted services during clinical practice part of the training. This can be done by posting flyers in the facility and surrounding area well in advance. The flyer should state the purpose of the training and welcome clients to participate. Clinic staff talk can also help spread the word.

- **Schedule clinical practice for times that have heaviest client flow.** This strategy alone greatly increases learners’ chances of being exposed to greater numbers of clients who are relevant to course objectives.

### Moving Ahead, while Keeping Safety First, during Heavy Client Flow

There are times when the clinical environment may interfere with learning and, worse, compromise the safety of clients. Heavy client flow or an emergency situation may require the trainer to balance maximizing learner exposure with minimizing stress and reducing risk. The trainer should discuss the situation with learners and the clinical staff and then develop an appropriate plan. For example, the trainer may decide to approach only those clients requiring services that are most related to the needs of the learners. Alternately, the trainer may negotiate to have a qualified staff person assigned to a designated examination room, where a reasonable number of clients are being seen.

- **Ensure that there are not more learners than can be accommodated** comfortably in one area of the clinic at the same time. Generally, three or four learners are the most that a specific area of a clinic can absorb without affecting service delivery. If there are more, the trainer should plan a “rotation system” that allows each learner to have equal time and opportunity in each clinic area. For example, two learners can be assigned to the counseling area, two to the screening area and two to the procedure rooms, with others completing special assignments. They can change work areas every few hours, every day or every few days—whichever seems most appropriate.

- **Spread clinical practice out over a network of clinical practice sites,** where experienced staff headed by a clinical preceptor have been prepared to supervise the learners’ practice in the clinical training. This allows smaller groups of learners to rotate through a larger numbers of facilities, and thus gain more individual access to more clients.

- **Conduct the course in the facility itself, if possible, or very close to it,** and keep a flexible schedule for the clinical practice component. This enables learners to more readily participate in emergencies or unusual clinical situations that may occur.

- **Remain flexible and constantly alert** to learning opportunities as they arise in the clinic. The staff and learners also should be encouraged to watch for such learning opportunities in the clinical environment. The trainer may then decide which of the learners, and how many, will be assigned to a particular client. The trainer and learners should remember that clinical experiences need to be shared equally. Therefore, the learner who identifies a case may not be assigned to it if this learner has had a similar case before. And, of course, it is not appropriate to subject the same client to a procedure (e.g., pelvic examination) multiple times simply so that all learners can practice a skill.
To take advantage of unique clinical opportunities that may arise, be prepared to modify the plan for that day and subsequent days, but with as little disruption as possible to the logical flow of activities. Learners should be notified of any changes as soon as possible so that they can be well-prepared for each clinical day.

**Integrating Other Learning Activities with Clinical Practice**

Even with the best planning, rarely will all learners have the opportunity to work with all types of clients. The clinical trainer will need to supplement, with case studies, role plays, and other activities, the practice done with actual clients (see Chapter 7). The trainer should identify important but uncommon client situations (that are unlikely to occur on a given day in the clinic) and prepare activities to cover these skills in advance. Actual cases seen in the clinic may also serve as the basis for such activities. These can then be used during clinical sessions to expand the learners’ range of experiences.

Inevitably there will also be times when there are few or no clients in the clinic. The trainer should have ready activities for the learners to do during these “down times.”

During pre-clinic meetings:

- Identify learning activities learners can practice independently without your supervision, such as practicing infection prevention skills or reviewing job aids.

- Ask learners: “What will you do in-between cases? Given any gaps in your experience with actual clients:
  - What simulations (e.g., taking a history, diagnosing illnesses based on patient information, even clinical decision-making) can you practice and assess (either through self- or peer-assessment)?
  - What role plays, case studies and other activities might be most helpful to you now?"

Even when there are no clients, learning must continue—the trainer must keep everyone engaged and continuing to work toward objectives. Leaving the clinic site early or taking extended breaks are not acceptable options.

**THE TRAINER AS COACH**

**Situation 6-4:** You are coaching a learner who is inserting an IUD with a client. The client is aware that the “service provider” is learning a new skill and she appears somewhat nervous, but has agreed to have the insertion done by the learner. The learner performs the first steps of the insertion procedure correctly, but has some difficulty applying the tenacious to the cervix. What would you do? How would you interact with her?

What would you do if the learner, after inserting the speculum, forgot to swab the cervix before continuing with the procedure?

What would you do if the learner had difficulty using the withdrawal technique for IUD insertion and began pushing the IUD inserter tube to release the IUD in the uterus?

Write your responses on a piece of paper and then compare your responses with the ones found at the end of this chapter.
In the clinic, the trainer’s main role is coach learners as they practice with actual clients and are assessed. In general, the trainer will apply the same coaching skills addressed in Chapter 3 to facilitate clinical learning, with the following additions and emphases.

**Providing Feedback in the Clinic**

One of the most difficult tasks for the trainer in the role of coach, and one with which even experienced trainers struggle, is providing feedback in the clinical setting. No matter how comfortable a trainer may be in giving feedback in the classroom or while working with models, the situation changes in the clinic. The clients, staff and other learners are nearby and the clinic services need to keep flowing smoothly and efficiently. The trainer often feels pressured to keep things moving because the client does not want to wait a long time for services and the trainer needs to be available to all the learners. Spending “too much time” with any one client or learner has an impact on everyone.

**Feedback Sessions**

The feedback sessions before and after practice are often skipped in an effort to save time. These sessions, however, are very important for the continued development of the learner’s skills. Without adequate feedback and coaching, the learner may take longer to achieve competency and end up requiring the “saved” time later. Keep in mind that by this time, the learner has already practiced and been assessed on a models/in simulations and may not need extensive feedback on every aspect of the skills they are performing. To minimize disruption of services, the pre- and post-practice feedback sessions can take place in just a few minutes in a location away from the client care areas.

The structure of the feedback session is essentially the same regardless of whether the session takes place before or after practice, and whether it is in response to a learner’s performance with models or with clients.

- **First**, the learner should identify personal strengths and areas where improvement is needed.
- **Next**, the trainer should provide specific, descriptive feedback that includes suggestions of not only what, but how, to improve.
- **Finally**, the learner and the trainer should agree on the focus of the practice session, including how they will interact while they are with the client. For example, they may agree that if the trainer places a hand on the learner’s shoulder, it is a signal to stop and wait for further instructions.

The feedback session before practice should be given before entering the room to work with the client. The feedback session after practice can be delayed until the client’s care has been completed and the client is ready to leave the clinic. The trainer should try not to delay it much longer than this (e.g., until the end of the day). Feedback is always more effective when given as soon after the experience as possible. This also allows the learner to apply the feedback with the next client for whom services are provided, if appropriate.
Feedback during the Procedure

Some feedback can be provided during the procedure itself, if needed. Again, the client should know that the learner, although already a service provider, is practicing new skills. Explain to the client that the learner has had extensive practice and mastered the skill on models, but that the client should not be concerned when the trainer “coaches” the learner during the procedure. For example, encouraging the learner to “tent” the skin further during Norplant implants insertion does not mean that something is wrong. Finally, the client should clearly understand that the trainer is a service provider who is proficient in the skills the learner is practicing and is there to ensure that the procedure is completed safely and without delay.

Safe and efficient provision of services must be the highest priority for everyone working in the clinic regardless of their roles and responsibilities, and must not be compromised for the sake of learning.

Positive versus Corrective Feedback

Positive feedback is often easy to give and can be provided in the presence of the client. Trainers often think that hearing feedback, even positive feedback, will disturb the client. Many clients, however, find it comforting to hear the learner being given positive feedback. Keep in mind that:

- Feedback should be restrained and low-key, as overly exuberant praise can be as worrisome to the client as hearing negative comments. Too much praise may cause the client to wonder, “What are they hiding?” “Why is it so surprising that this person is doing a good job?”

- Positive feedback can be conveyed by facial expression and tone of voice rather than words, and still be highly effective.

At the same time, the absence of feedback of any kind can be disturbing to the learner. By this phase of skill development, the learner is expected to do a good job even with the first client, and is accustomed to hearing positive comments. Therefore, in order to maintain the learner’s confidence, it is important to give positive feedback.

Corrective feedback is difficult to give under any circumstances, but particularly when a client is present. It is important to keep such feedback even more restrained and low-key. There are a number of techniques that will make it easier.

- Often a look or hand gesture (e.g., a touch on the shoulder) can be as effective as words and less worrisome to the client.

- Simple suggestions to facilitate the procedure can be made in a quiet, direct manner. For example, the trainer might say, “Try manipulating the tenacious with your middle finger and thumb, rather than your first finger and thumb.” Do not go into lengthy explanations of why you are making the suggestion/offering an observation—save that for the post-practice feedback session.

- To help a learner avoid making a mistake, the trainer can calmly ask a simple, straightforward question about the procedure itself. If a step in a procedure is about
to be missed, for example, asking the learner to name the next step before doing anything further could serve as a reminder and help him/her avoid an error. This is not the time to ask hypothetical questions about potential complications of the error, as this may distract the learner and alarm the client.

- Sometimes, even though they have had extensive practice on models or in a role play, or have completed a task successfully with earlier clients, learners make mistakes that can potentially harm the client. In these instances, the trainer must be prepared to step in and take over the procedure at a moment’s notice. This should be done calmly and with complete control to avoid unnecessarily alarming the client.

- If the learner encounters unexpected difficulty in performing a skill during a client interaction, provide the coaching or help needed in a way that helps maintain learner confidence. Always allow time for adequate de-briefing of learners as soon as possible after a difficult client interaction (e.g., at the post-clinical meeting). Key to corrective coaching are:
  - Reassuring learners that difficult cases cannot always be predicted;
  - Letting learners take the lead in identifying what they are doing well and how they can improve;
  - Focusing corrective feedback on errors that matter most (could harm or cause discomfort to the client), and avoiding excessive negative feedback.

**Training Perspectives: Corrective Feedback—as “At Home” in the Clinic as in the Classroom**

It may be tempting to think that the need for corrective feedback in the clinic can be minimized, or even eliminated, by conducting effective practice sessions in the classroom—the rationale being that if learners perform well with models, they should not require much corrective feedback in the clinic, except in unusual situations. However, using role plays, anatomic models and the like only simulates what can only be mastered in the clinical setting, and true competency can only be achieved with real clients. Therefore, corrective feedback is as “at home” in the clinic as it is in the classroom. Corrective feedback will always be an important part of clinical training and you can expect, and should be prepared, to provide it at any point in a learner’s progression toward competency.

**THE TRAINER AS SUPERVISOR**

**Situation 6-5:** You are conducting a course on reversible methods that has now moved into the clinical area. It is the first day in the clinic and the seven learners you are supervising are eager to begin working with clients as quickly as possible. You are going to supervise their interactions with clients and their service provision skills. After a short period of calm, you suddenly have four learners who need you to assist them at the same time: one is going to do basic counseling, another needs to give a Depo-Provera injection, another needs to perform a pelvic examination and the fourth needs to help a client who has returned complaining of nausea, breast tenderness and spotting between periods since beginning combined oral contraceptives 2 months ago. What do you do?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.
In addition to coaching learners as they practice with actual clients in the clinical setting, the trainer is ultimately responsible for supervising them. In the role of supervisor, the trainer must closely monitor learners’ activities so that:

- Each learner receives appropriate and adequate opportunities for skill practice,
- Learners do not disrupt the efficient provision of services within the clinic or interfere with staff and their duties, and
- The care provided by each learner does not harm clients or place them in an unsafe situation.

Here are some basic principles the trainer should keep in mind in supervising learners in the clinic:

1. **The trainer should be with learners when they are practicing with clients as appropriate**—such as when the learners are conducting surgical procedure on a client (in which, case one-to-one, constant supervision is required), or during any client contact involving a skill for which a learner’s initial competency has not yet been determined/recorded. (In other words, what learners can do independently, or without constant supervision, depends in part on the amount of risk involved and the skills in which they are already proficient or have developed a certain level of competence.) Once initial competency has been recorded, the trainer must periodically review the learner’s performance to ensure that competency is being maintained. Safe and efficient provision of services must be the highest priority for everyone working in the clinic regardless of their roles and responsibilities, and must not be compromised for the sake of learning.

**Training Perspectives: Knowing when the Time Is Right**

There are few hard and fast rules about when a learner can work with clients without direct supervision from the trainer. Even in counseling, where no obvious risk is posed to clients, learners in their eagerness to learn a new skill may present certain methods in a persuasive manner while counseling a client (e.g., perhaps if the client chooses an IUD, the learner will have the opportunity to perform IUD insertion). The trainer may need to closely monitor counseling sessions, therefore, to be sure that information on all contraceptive methods is presented in an unbiased manner and that client screening is performed to prevent unnecessary examinations or provision of an unsuitable method. And once the trainer is comfortable with the learners’ level of competence in counseling, the trainer may allow him/her more independence.

Aside from ensuring an appropriate level of competence before allowing the learner to practice certain skills independently, keep the following principles in mind:

- Humanistic teaching does not put learners into situations where they are “in over their heads” and may cause harm.
- Cognitive apprenticeship posits that learners can learn more, and more quickly, with the direct guidance of the trainer, who must gradually move the learner toward independence.
- A learner’s readiness for eventual independence must be monitored using formative assessment techniques (as further discussed in Chapter 7).

Whatever you decide with regard to the level of independence an individual learner should have at a given time, this decision will depend on many factors.
2. Most trainers have more than one or two learners to supervise. Because the trainer cannot be with all of them at the same time, the following, other methods of supervision must be sometimes be used:

- Learners must understand what they can do independently and what requires trainer supervision, so that they can keep busy when the trainer is involved with another learner. Learners should be made responsible for ensuring that they are supervised when necessary. The trainer, however, still holds the ultimate responsibility.

- Additional activities that require no direct supervision will give learners the opportunity to be actively engaged in learning when they are not with clients. Examples include structured role play or practice of psychomotor skills such as suturing, implant or IUD insertion with anatomic models.

- Clinic staff also can act as supervisors if the trainer is confident of their clinical skills and ability to provide appropriate feedback. The possibility of having clinic staff supervise learners is another reason why the trainer should get to know the staff before the training begins. During the initial visit to the clinic, the trainer can observe the skills of the staff members, and verify that they are proficient service providers. The trainer may also have the opportunity to assess their coaching skills. There may even be time to work with staff members to improve their skills so that they can serve as role models and support learner learning.

3. The more learners there are in the clinic, the more the trainer relies upon the staff also to act as trainers. Nevertheless, the ultimate responsibility for each learner, including that of final assessment of skill competency, is the trainer’s. For this reason, if multiple clinical sites are used during a course, a trainer must be assigned to each site.

- Because clinic staff usually is not involved in the classroom portion of a course, they do not have an opportunity to get to know the learners and their abilities before they arrive at the clinic. Therefore, it is a good idea to share such information with the clinic staff whenever they will have to take over a large part of the learner supervision. Clinic staff should also be encouraged to do an initial assessment of learners’ skills before allowing them to work with clients so that they can feel confident that the learners are well prepared.

- Clinic staff should also be aware of the feedback the trainer would like to receive from them about learners. Trainers should also solicit their feedback on the training as well (logistics, effect on clinical care, suggestions for improvement, etc.). Issues to consider when arranging for gathering such feedback from staff include the following:
  - Will it be oral, written or both? If written feedback is needed, and the LRP does not contain such a form, the trainer should design an instrument or form to guide the clinic staff, if the. The trainer should furnish a sufficient number of copies of the form and instruct the staff in its use. Samples 6-3 and 6-4 are clinical practice feedback forms for pre-service and in-service
training respectively. The trainer should develop a form that staff members can complete quickly and easily.

- How frequently will feedback be provided? Daily? Weekly? Only at the end of training? Daily feedback may be most appropriate/helpful for new clinical practice sites, whereas weekly or even end-of-training feedback may be sufficient more “seasoned” sites.

- Do staff understand that both positive and corrective feedback should be provided? Make sure they understand that their feedback can help improve an individual learner’s performance, as well as the overall effectiveness of the training. The trainer will need to decide if, when and how to provide corrective feedback to a specific learner, but ideally it should be provided as close to the point of care as possible.

- Are there appropriate administrative channels through which the feedback should be transmitted? In some clinics, for example, staff members provide their feedback to the individual in charge of the clinic who then prepares a report for the trainer.

- When designing the feedback system, the trainer should keep in mind the time required to prepare and provide feedback. This will be extra work for the clinic staff, who already have a very busy schedule. It is best to keep the system as simple and easy to use as possible.

Training Perspectives: Preventing Mistakes through Learner Preparedness/Well-Being

Mistakes that may harm clients can also adversely affect the confidence and future performance of learners. Thus, careful oversight of learner preparedness/well-being is critical to protecting the client—as well as the learner him/herself.

- Discuss each client with your learner along with related medical issues and technical concerns before the interaction—not during or after the interaction.

- Gauge the learner’s level of confidence and preparedness to perform a skill or activity beforehand. Ask him/her whether they feel ready to perform the skill/activity.
  - If the answer is no (or you have any doubts), supervise the learner’s further practice on models and/or have the learner assist you during a relevant client interaction.
  - Even if the answer is yes, observe the learner carefully during the interaction for signs of stress or lack of preparation. If needed, coach the learner or give the agreed-upon signal to stop and wait for further instructions.

Remember: The best way to deal with mistakes is to prevent them! When mistakes do occur, however, the trainer must maximize what can be learned as a result of them.

CHAPTER SUMMARY

- Clinical practice is the best opportunity for learners to synthesize the knowledge, skills and attitudes expected in a “real life” situation that is as similar as possible to their actual workplaces.

- Building on simulated practice, learners form simple to complex skills with actual patients—moving toward greater independence.
It is the trainer’s responsibility to ensure a “humane experience” by ensuring that client safety is a priority and client rights are observed, and by managing learner stress.

There are several ways to maximize the learning opportunities available through clinical practice, for example: scheduling clinical practice during times of heaviest client flow, limiting the number of learners in one facility or area of the facility, ensuring that everyone is working together to identify valuable learning opportunities and launching a client recruitment campaign.

Depending on your type of training program, clinic staff may provide a supervisory role and need to be prepared and provided with the appropriate assessment tools.

You, as the trainer, are responsible for the quality of the experience and for completing the assessments required.

**SITUATION RESPONSES**

**Situation 6-1**

Now is **not** the time to keep to the planned schedule! Not only is the management of Norplant implants side effects of interest to the learners, it is uncommon to see these clients in the clinic. You should take advantage of this opportunity to have learners work with this client. It probably will not be possible for all four learners to interact with her, because you risk overwhelming her. You will have to decide which two learners will have this experience. You should note who had this practice, so that the next time such a client comes in, different learners can be given the opportunity to work with her. You should supervise the client-learner interaction. Afterwards, during the post-clinical meeting, the two learners should share their experience with the others, and discuss alternative ways of helping this client. It is probably a good idea to have the more detailed discussion of side effects and their management that is planned for the next day. The infection prevention discussion can be postponed until tomorrow.

**Situation 6-2**

It is important that you step in and stop the conversation right away in a low-key manner. Suggest that you all move to a more private location. Once there, ask the learners why they think you had them move and then discuss the importance of confidentiality and privacy as essential elements of clients’ rights and quality care. The learner’s anger at being “rejected” by the client should also be explored. Emphasize that this too is a key part of clients’ rights and should not be taken personally; perhaps that client has had a bad experience with a “new learner” in the past.

**Situation 6-3**

Prior preparation is vital at a time like this. You should already have prepared a number of activities, including case studies, role plays and other assignments that can be used when there are no clients. You should then gather the learners in a place where they will not interfere with clinic routines and get them started on an activity. If you have nothing prepared, you will need to come up with something QUICKLY! Learners must not stand
around doing nothing, nor should they go home early because you, the trainer, are unprepared. Situations like this occur in almost every clinical practice, so it is very important that you think ahead and are ready with alternative activities. Once you have them ready, you can use them again and again with different groups of learners.

**Situation 6-4**

You should let the learner know what she is doing well while she is performing the procedure. A few brief comments such as “nice job,” or “well done,” said in a moderate tone are adequate. This is not necessary for every step in the procedure, but enough to let the learner know that she is doing well. When the learner gets to a step where there is a problem, such as in this case of applying the tenaculum to the cervix, you may want to make a few calm, supportive statements indicating how to overcome the difficulty. Some examples include: “Try holding the tenaculum with your thumb and middle finger,” or “Turn the tenaculum over; that may make it easier.” Again, these should be said in a calm, straightforward manner. Do not let the learner struggle for very long before you offer advice. If she continues to have trouble, be prepared to step in and take over. Although this is not a life-threatening step for the client, it is uncomfortable, and you do not want to prolong the procedure. After the insertion is complete and the client is on her way out of the clinic, find a quiet place to spend a few minutes providing feedback to the learner, including more detailed information on what her problems were and ways to overcome them.

If the step is an important one, as in the second example (forgetting to swab the cervix), as soon as you realize that the learner is about to make an error, you need to intervene. In this case, as soon as it is clear that the learner is going to apply the tenaculum without cleaning the cervix, you might ask her to wait and consider the next step carefully. A hand on the shoulder may also convey the message to stop, and think before proceeding. If the learner is unable to identify that she is skipping a step, tell her what to do. Again, this should be done in a calm, direct manner in such a way that it does not prolong the procedure.

The third example, pushing the IUD inserter tube into the uterus, is a potentially dangerous or even life-threatening mistake. Use the same approach as above—stopping the learner, having her think for a minute, and so on—but if she is not able to identify the problem and correct it, you must step in and finish the procedure to ensure the client’s safety.

**Situation 6-5**

Obviously, you cannot be in four places at one time. One option is to ask staff members to supervise three of the learners while you supervise one. To feel comfortable doing this you will need to know the skills and abilities of the staff, which can only come through working and communicating with them before such a situation arises. Based on your assessment of their skills, you can decide which learner you will supervise. For example, you may want to supervise the learner performing the pelvic exam as that is a more advanced skill, especially if you have doubts about the staff’s skills in this area. Or you
may want to accompany the learner who will deal with side effects of combined oral contraceptives, if that is a new topic or one with which learners have had difficulty.

If you cannot use the staff to supervise some of the learners, you have a long and very busy clinical practice period ahead of you! You need to set priorities for the types of skills that need supervision. If learners have had considerable practice in one or two of the areas in question, those areas are not top priorities. The staff may need to go ahead and deal with those clients to avoid having them wait for a long period while you supervise other learners and clients. You could also set priorities by how long the activity will take. The Depo-Provera injection, for example, should only take a few minutes to give, so you could supervise that first and then move on to other learners. You will constantly be struggling throughout the clinical practice with this problem, however, if you cannot rely on the staff members to help supervise clients. It is worth investing some time to get to know them and their skills, and even help them improve, in order to have some help in the clinic.
PRE-SERVICE DAILY PLAN FOR CLINICAL PRACTICE

**Date:** 07 March 2008

**Clinical Site:** University Hospital Family Planning Clinic

**Tutor:** Mary Smith

**Clinical Instructor/Preceptor(s):** Margaret Jones

**Learning Objectives:**
- To observe a clinical instructor/preceptor providing Depo-Provera injections to clients (include observation of appropriate infection prevention techniques)
- To practice counseling clients interested in temporary family planning methods under the supervision of a clinical instructor/preceptor
- To practice, and assess as appropriate, pelvic examination skills with clients, under the supervision of a clinical instructor/preceptor
- To practice IUD insertion on the pelvic model
- To develop skills in the management of Depo-Provera side effects by observing a clinical instructor/preceptor while working with clients and through case studies

**Activities:**
- Preclinical meeting: 30 minutes
  - Review learning objectives for the day.
  - Give learner assignments for clinical areas—two learners in the counseling area, two in the examination room, and two in the injection room—and remind learners that they will rotate every hour.
  - Encourage learners to practice IUD insertion on the pelvic model if there are no clients available in their area.
  - Distribute case studies to be discussed in the post-clinical meeting that can be read and prepared if there are no clients available.
- Clinical activities: 4 hours
- Post-clinical meeting: 12 hours
  - Ask each learner to present for discussion one client with whom s/he worked that day.
  - Divide learners into pairs and have them work through the first case study and then report their conclusion for discussion. Do the second case study if time permits.
  - Review plan for the next clinical session.
IN-SERVICE DAILY PLAN FOR CLINICAL PRACTICE

Date: 07 September 2008
Clinical Site: Teaching Hospital FP Clinic

Clinical Trainer: Swaraj Shresta
Clinical Instructor/Preceptor(s): Chandra Shah

Course: IUD Insertion and Removal

Learning Objectives:

- To practice counseling clients interested in using the IUD as their family planning method under the supervision of the clinical trainer or clinical instructor/preceptor
- To practice, and assess as appropriate, pelvic examination skills with clients, under the supervision of the clinical trainer or clinical instructor/preceptor
- To practice IUD insertion on the pelvic model
- To observe and assess the infection prevention practices used by clinic personnel

Activities:

- Preclinical meeting: 30 minutes
  - Review learning objectives for the day.
  - Give learner assignments for clinical areas-two learners in the counseling area, two in the examination room, and two observing infection prevention practices-and remind them that they will rotate every 2 hours.
  - Encourage learners to practice IUD insertion on the pelvic model if there are no clients available in their area or they complete their observations.
  - Distribute the infection prevention observation guide and briefly review how it is used.
- Clinical activities: 4 hours
- Post-clinical meeting: 12 hours
  - Ask each learner to present for discussion one client with whom s/he worked that day.
  - Have each pair of learners share the infection prevention practices that they observed and assess how they compare with what they have been taught in the course. Identify possible barriers or reasons for incorrect practices. Discuss ways to improve the IP practices in the clinic.
  - Review plan for the next clinical session.
FINAL PRE-SERVICE CLINICAL PRACTICE FEEDBACK FORM

Date:_________________________ Clinical Site:_________________________

Learner:_______________________ School:______________________________

Tutor:__________________________ Clinical Instructor/Preceptors:________

Please rate this learner in the following areas using the rating scale below. Add any additional comments you feel will contribute to the assessment of this learner.

5-Strongly Agree  4-Agree  3-No Opinion  2-Disagree  1-Strongly Disagree

<table>
<thead>
<tr>
<th>AREA OF ASSESSMENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The learner attended all clinical practice sessions.</td>
<td></td>
</tr>
<tr>
<td>2. The learner was on time for each session and remained for the entire scheduled time.</td>
<td></td>
</tr>
<tr>
<td>3. The learner entered the clinical practice with adequate knowledge of family planning.</td>
<td></td>
</tr>
<tr>
<td>4. The learner entered the clinical practice with competency on models or in role plays in key clinical skills (see list below).</td>
<td></td>
</tr>
<tr>
<td>5. The learner was aware of the learning objectives and actively looked for learning opportunities to meet them.</td>
<td></td>
</tr>
<tr>
<td>6. The learner recognized personal limitations and sought help/additional practice when needed.</td>
<td></td>
</tr>
<tr>
<td>7. The learner was respectful towards the clients and respected their privacy and the confidentiality of information about them.</td>
<td></td>
</tr>
<tr>
<td>8. The learner contributed to the efficient and safe provision of family planning services during clinical practice sessions.</td>
<td></td>
</tr>
</tbody>
</table>

Please attach copies of the skills checklists that you used to assess this learner’s competency with clients in each of the following areas:

- Initial counseling for a new family planner acceptor
- Method-specific counseling for the chosen method, including provision of that method using recommended infection prevention practices
- Client screening and assessment
- Pelvic examination, including infection prevention practices
- IUD insertion, including infection prevention practices
What are the areas in which the learner did not achieve competency or in which you feel additional practice is required? Please list these on the back of this form. For each, please indicate what and how much additional work you feel would be needed for the learner to demonstrate competency.
## FINAL IN-SERVICE CLINICAL PRACTICE FEEDBACK FORM

**Date:**

**Clinical Site:**

**Learner:**

**Course:** No-Scalpel Vasectomy (NSV)

**Clinical Trainer:**

**Clinical Instructor/Preceptor(s):**

Please rate this learner in the following areas using the rating scale below. Add any additional comments you feel will contribute to the assessment of this learner.

<table>
<thead>
<tr>
<th>AREA OF ASSESSMENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The learner attended all clinical practice sessions.</td>
<td></td>
</tr>
<tr>
<td>2. The learner was on time for each session and remained for the entire scheduled time.</td>
<td></td>
</tr>
<tr>
<td>3. The learner entered the clinical practice with adequate knowledge of NSV.</td>
<td></td>
</tr>
<tr>
<td>4. The learner entered the clinical practice with competency on models for NSV and in role plays for counseling for NSV.</td>
<td></td>
</tr>
<tr>
<td>5. The learner was aware of the learning objectives and actively looked for learning opportunities to meet them.</td>
<td></td>
</tr>
<tr>
<td>6. The learner recognized personal limitations and sought help/additional practice when needed.</td>
<td></td>
</tr>
<tr>
<td>7. The learner was respectful towards the clients and respected their privacy and the confidentiality of information about them.</td>
<td></td>
</tr>
<tr>
<td>8. The learner contributed to the efficient and safe provision of family planning services, especially NSV, during clinical practice sessions.</td>
<td></td>
</tr>
</tbody>
</table>

Please attach copies of the skills checklists that you used to assess this learner’s competency with clients in each of the following areas:

- Method-specific counseling for NSV
- Client screening and assessment for NSV
- NSV, including infection prevention practices

What are the areas in which the learner did not achieve competency or in which you feel additional practice is required? Please list these on the back of this form. For each, please indicate what and how much additional work you feel would be needed for the learner to demonstrate competency.
CHAPTER SEVEN

ASSESSING LEARNER COMPETENCE

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  Formative Assessment in Practice ......................... 7-7
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  Key Features of Summative Assessment ............... 7-14
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INTRODUCTION

An essential component of any training course is assessing learner competency. Assessment must be meaningful—logically related to the competencies and related learning objectives that are being taught—and provide an accurate measure of learner progress and, ultimately, readiness for practice. Assessment results provide learners with the objective feedback they need to build competence, and trainers with information to guide them in making modifications to the course or their teaching strategies, as needed, to better meet the needs of learners.

Like every aspect of effective training, assessment is a two-way process—a shared responsibility among learners and trainers. They are in fact partners, throughout training, in both developing and assessing the competencies that will ultimately enable learners to provide safe, beginning-level services independently, given the appropriate enabling environment.

Training Perspectives: A Fresh Look at Assessment

Whatever form it takes—a written test, a role play, observed practice with actual clients, even an educational game—assessment can sometimes cause anxiety for learners and trainers alike. Learners hope to do well so that they can advance; trainers hope for this as well, along with confirmation that their teaching methods have been effective. Throughout the course, take time to reinforce the following themes with learners:

• Life-long learning is important for all health care providers;
• Continuous assessment is an essential component of that process; and
• Assessment is as much about learning as it is about evaluation—providing learners with opportunities to practice and receive feedback, and trainers a chance to review and refine their strategies.

Assessment truly is a shared responsibility among trainers and learners, as well as a shared benefit!
PRINCIPLES OF ASSESSMENT

As a general guide, effective assessment requires:
- Clear definition of learning objectives
- Use of a variety of appropriate assessment procedures or methods to meet those objectives
- Close agreement among the learning objectives, assessment tasks and assessment methods
- An adequate sample of learners’ performance
- Procedures that are fair to everyone
- Clear criteria for judging successful performance
- Feedback to learners that emphasizes strengths of performance and areas to be improved
- Support of a comprehensive grading and reporting system

When assessing learners’ progress and development or determining whether a learner has mastered the content and can perform the desired competencies, trainers as well as the methods they use should adhere to few key principles, as described below.

1. **Assessment methods should be competency-based—that is, directly related to and appropriate for the competencies and related objectives they are intended to measure.** Just as you would not expect a person to pilot a plane successfully simply after reading a book about flying, when assessing this person’s ability to fly, you would not select a written exam as your primary means of assessment. To ensure that candidate pilots have the necessary knowledge, skills and attitudes to fly the plane safely, and to protect the lives of their future passengers, you would assess their ability using a standardized checklist while closely observing their skills—both in simulation and in reality. For certain clinical skills, lives are also at stake and similarly strict criteria should be used in assessment. For other clinical skills, the stakes might not be quite so high—the point remains, however, that assessment methods should “fit” the competencies they are measuring.

2. **The results of assessment should be used both formatively (to help develop learner competence) and summatively (to help evaluate and make decisions about learner competence).** In formative assessment, the focus is on giving feedback to learners, helping them to improve their performance and prepare for later assessments. **Formative assessment has been described as “assessment FOR learning.”** In summative assessment, the results are recorded and used to determine if the learner should move on to a next phase in the course (such as from working with models to working with actual clients) and, ultimately, pass the course. **Summative assessment is sometimes described as an “assessment OF learning” and is used to formally assess and document learner progress at specific times.** A good overall assessment strategy in a course will involve frequent formative assessment of key knowledge, skills and attitudes before the learners complete periodic summative assessment. With both types of assessment, trainers should give clear feedback to learners about what they have done well and what they need to improve.

3. **Assessment should be continuous and conducted in a positive manner that builds learner confidence.** Formative assessment can be a powerful tool for change and growth because, again, the focus is more on the process of learning—providing
learners with feedback and suggestions to help them improve their performance—than on the results of a test. The pilot who has had plenty of opportunities to practice, ask questions, make mistakes and receive feedback—during simulated and supervised flights—will be more confident and competent in his/her first independent flight. Trainers are encouraged to seek out a variety of creative approaches and to even make changes, as needed, to tools that are designed specifically for formative assessment.

4. **Assessment must meaningfully determine whether learners have achieved the learning objectives.** Therefore, summative assessment tools are carefully developed and **validated** by a group of subject matter experts. (Read more about this process in Exhibit 7-1.) Again, we want definitive, objective verification that a pilot has the knowledge, skills and attitudes she/he needs to safely fly a plane before that first independent flight. It is **strongly recommended that trainers not modify tools designed specifically for summative assessment**, even when they are used formatively.

5. **Assessment tools used formatively should be “harmonized” with those used for summative assessment.** Given the integral nature of competency development and assessment, using many of the same tools (e.g., knowledge assessments, checklists, training performance standards) throughout a course makes sense for several reasons:

   - **When beginning training,** the trainer can use these tools to set a baseline and goals for training outcomes. Learners can use these tools to assess their skill level and identify their learning needs in the context of clear expectations.
   - **During training,** learners and trainers can use these tools to assess learner progress and provide feedback based on objective criteria and guidelines/standards.
   - **At the end of training,** trainers can some of these same assessment tools to determine whether the learner has mastered the desired competencies.

Assuming that the tools used to develop an evaluate learning are based on up-to-date, evidence-based information, consistency among them reinforces correct practice and ensures continuity and cohesiveness of the learning experience—setting learners up for success.
Chapter 7: Assessing Learner Competence

Exhibit 7-1. The Creation and Validation of Summative Assessment Tools

Every Jhpiego learning resource package includes a variety of assessment tools: some that are specifically designed for formative assessment, such as role plays and case studies; others for summative assessment (which can also be used formatively), which include the skills checklists and post-course knowledge assessments.

Whereas tools designed specifically for formative assessment can be used effectively in a variety of ways, Jhpiego strongly recommends that trainers not modify summative assessment tools, even when they are used formatively. This is because these tools have been created and validated by a panel of Jhpiego subject matter experts to ensure that they accurately measure the knowledge, skills and attitudes related to the desired training competency. This group of experts works together—through the development and review process—to:

- Link the tools directly to the learning objectives. This helps to ensure the validity of your assessments.
- Eliminate nonessential steps/tasks from the checklists, add anything that is missing and ensure that all tools are clearly worded and easy to use. This helps to ensure the effectiveness and efficiency of your assessments.
- Ensure the accuracy of the assessments, that the information presented reflects the most up-to-date, evidence-based practices and national standards of care.
- Develop recommended procedures for administering and scoring the assessments so that they produce consistent results (i.e., the same learner should receive the same score on the same test, even if administered or graded by different trainers). This helps to ensure the reliability of your assessments.
- Determine an appropriate “pass score” for the post-course knowledge assessment, helping—along with all of the above—to standardize criteria for qualification.
- Make assessments objective by ensuring that the personal opinion of the trainer administering and scoring the assessment does not affect the results.
- Ensure that methods are feasible—that is, that you and other trainers can implement them given the time and resources available.

Trainers who experience difficulties using the checklists and post-course knowledge assessments included in a learning resource package, or have suggestions for changes, should discuss and work together to resolve these issues with Jhpiego Global Learning Office staff.

6. A variety of assessment tools should be used. Variety makes for more interesting learning. In addition, certain assessment tools may be better suited than others for assessing each of the three “competency domains” (further discussed in Chapter 1)—knowledge, skills or attitudes. For example:

- Knowledge is readily assessed through questions, oral quizzes, educational games, case studies and written examinations, among other methods/tools.
- Skills assessment usually requires demonstration, observation and documentation, using methods/tools such as skills checklists, algorithms, clinical simulations and role plays.
- Attitudes can be assessed through the use of role plays, self-reflection journals, self-assessment methods or other means.

A typical learning resource package includes the tools needed for assessment in each of the competency domains, as well as specific guidance on criteria for qualification. As Exhibit 7-2 shows, a wide range of methods/tools that can be used for the formative assessment of knowledge, skills and attitudes, whereas only validated tools should be used for summative assessment.
### Exhibit 7-2. Formative and Summative Assessment Tools and Their Use

<table>
<thead>
<tr>
<th>ASSESSMENT METHODS/TOOLS¹</th>
<th>USE²</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Validated objective written examinations (e.g., Post-Course Knowledge Assessment)</td>
<td>Summative assessment³ of knowledge</td>
<td>These are formal assessments using multiple-choice, true-false or matching questions</td>
</tr>
<tr>
<td>Case studies</td>
<td>Formative assessment of knowledge</td>
<td>These involve real-life clinical scenarios and patient management problems: Information about the case is provided and several objective questions (e.g., multiple-choice, short-answer) are asked; learners work independently or in groups on the series of questions and often share their answers orally.</td>
</tr>
<tr>
<td>Drills, quizzes and practice tests</td>
<td>Formative assessment of knowledge</td>
<td>Drills are verbal question-and-answer periods during a classroom or practical session. Quizzes and practice tests are short versions of written examinations that are designed to help prepare learners for a summative assessment.</td>
</tr>
<tr>
<td>Written exercises</td>
<td>Formative assessment of knowledge</td>
<td>Written exercises involve asking learners to read and then answer questions to check their understanding of the reading. They can also involve asking learners to read a case study, or view a video, slides, or photographs and then respond to related questions in writing rather than orally. Written exercises can be a great way to assess the development of clinical decision-making skills.</td>
</tr>
<tr>
<td>Project reports</td>
<td>Formative assessment of knowledge</td>
<td>The learner completes a project (e.g., reads a chapter or article, interview a patient) and then writes a report about it.</td>
</tr>
<tr>
<td>Essay examinations</td>
<td>Formative assessment of knowledge</td>
<td>An essay question can be written on any subject and is a common type of written examination. Essay questions are easy to write and can test the learners’ ability to organize and express ideas.</td>
</tr>
<tr>
<td>Oral examination</td>
<td>Formative assessment of knowledge</td>
<td>Examiners interview one or more learners about what they know about specific topics or what they would do in specific situations. This may take place in a classroom setting or when working with patients. Oral exams have poor reliability unless well structured with standardized questions and case studies. Trainers tend to consider these examinations valid, but learners often do not.</td>
</tr>
<tr>
<td>Games</td>
<td>Formative assessment of knowledge</td>
<td>Although these activities include an element of fun, they are often designed to provide or reinforce key information.</td>
</tr>
<tr>
<td>Validated skills checklists</td>
<td>Summative assessment³ of skills and attitudes</td>
<td>Focusing only on the essential steps or tasks involved in a specific competency, checklists contain sufficient detail to permit (1) the learner to understand exactly what is involved in specific skill or activity and (2) the clinical trainer to effectively and objectively evaluate and record the learner’s overall performance of the skill.</td>
</tr>
<tr>
<td>Role plays</td>
<td>Formative assessment of skills and attitudes</td>
<td>Simulations of activities that involve clinical decision-making and communication skills, in which learners often take turns playing role of provider and client.</td>
</tr>
</tbody>
</table>
| Case logs | Formative assessment of | This document, maintained by the learner, contains a list of skills that she/he should be
<table>
<thead>
<tr>
<th>ASSESSMENT METHODS/TOOLS</th>
<th>USE</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>able to complete by the end of the course, as well as a running record of which have been directly observed and judged successfully completed.</td>
</tr>
<tr>
<td>Portfolio</td>
<td>Formative assessment of skills and attitudes</td>
<td>This is a collection of “work products” assembled by the learner. Elements usually included are a brief description of the problem encountered, care or management of the problem and lessons learned; may also contain personal reflection, accounts of challenging experiences and other items deemed significant by the learner.</td>
</tr>
<tr>
<td>Medical record review</td>
<td>Formative assessment of skills and attitudes</td>
<td>Drawing from a sampling of the medical records completed by the learner in the clinical setting, the trainer is able to evaluate decisions made, care provided, etc.</td>
</tr>
<tr>
<td>Clinical rounds</td>
<td>Formative assessment of skills and attitudes</td>
<td>While making rounds in the patient ward, the trainer asks the learners questions.</td>
</tr>
</tbody>
</table>

1 This is not intended to be an exhaustive list of the assessment methods/tools that a training course may incorporate, nor are the designations universal (i.e., terminology tends to vary among different courses, programs, organizations)

2 Although the tools are divided up according to the competency domain(s) to which they are best suited, there is a lot of overlap; for example, review of a learner’s portfolio will reveal information about what they know (knowledge), what they can do (skills) and how they feel (attitudes).

3 Summative assessment tools can and are used formatively. For example, the checklist is used summatively to determine whether learners are ready to practice their skills with actual clients and, later, to decide whether they can be qualified, but checklists are used formatively throughout training, as learners practice their skills on anatomic models in the classroom as well as in the clinical setting.

**FORMATIVE ASSESSMENT**

In formative assessment—conducted on a continuous, ongoing basis throughout the course—the focus is on evaluating the learners’ progress and development and providing targeted feedback and suggestions for improvement. It can also reveal important information to the trainer about how effective the training has been thus far, either collectively or individually, and where adjustments may be needed. *For example:*

- A pre-course assessment is conducted before training begins, providing a baseline measure of learners’ existing knowledge, skills and attitudes, and is used to develop an individualized learning plan.

- A trainer conducts a skills assessment (using a checklist) while a learner practices active management of third stage of labor with an anatomic model; based on the checklist, the trainer coaches the learner through steps where he is having difficulty.

- In observing learners role play HIV counseling, the trainer notes that the majority are missing several of the same critical points; she decides to add some case studies to the next morning’s schedule that will reinforce these key points, eliminating another activity that she feels is not as important for this particular group.
Key Features of Formative Assessment
Here are some key features of formative assessment, which is essential for learners to
develop competency throughout the course.

- **Incorporates of range of formal and informal tools**, such as role plays, case studies,
games, quizzes, skills checklists, written assessments, skills demonstrations,
discussions and many more. Almost anything that happens in the classroom can be
used as a tool for formative assessment—an opportunity for learning, assessing
progress and providing feedback.

- **Can be unstructured and flexible.** Again, tools designed especially for formative
assessment can be modified and new approaches developed in the field. These tools
can be used at any time throughout the course.

- **Is non-threatening.** They may be scored, but they are not “graded” in the sense that
they have a direct impact on whether a learner advances. Learners can score their own
work, even, and are often encouraged to ask questions about the content.

- **Involves direct and immediate feedback.** Whether asking group or individual
questions, doing group exercises, games or reviewing homework, direct and
immediate feedback should be provided.

- **Can provide structured information on learners’ understanding** of a certain topic,
perhaps through a quiz or homework assignment. Trainers can use such information
to evaluate mastery of content to date and revise training accordingly.

- **Facilitates learning**—helping learners learn by reinforcing important information,
giving the trainer an idea of learner progress so that she/he can focus on learning
activities and practice that will directly address learner needs. Skills practice and
coaching sessions are a great example of how to use formative assessment to help
learners learn.

Formative Assessment in Practice
As a learner progresses through the course, the trainer performs formative assessment in
the classroom and the clinical setting. Again, this type of assessment helps learners
develop the desired competencies—primarily through feedback—and also prepares them
for summative assessments, those critical “decision points” during the course when
knowledge, skills and attitudes are formally evaluated. (This section provides detailed
information on issues or practices unique to formative assessment, while the details of
how to conduct many of the activities mentioned are covered in Chapters 5 and 6.)

In the Classroom³
Building knowledge
To help learners acquire new knowledge, the trainer presents information using a variety
of techniques to help them retain and understand it. Through the use of tools/methods—
such as oral quizzes, written tests and exercises (see Box, next page), case studies, games
and questioning techniques—and by providing learners ample feedback, the trainer is

³ Again, if a blended learning approach is being used, the “classroom” may be a virtual classroom (on CD-ROM,
via the Internet, etc.) during the knowledge and/or skills acquisition phase, but many of the same principles
should apply.
able to highlight key points, reinforce correct information and correct misinformation—as well as to assess learners’ level of knowledge. **By the end of this phase in training, learners will take a validated objective written examination (summative assessment) (page 7-14),** which will enable the trainer to determine whether they have in fact acquired the knowledge necessary to move on to the skills portion of the course.

### Using Written Tests in Formative Assessment*

Subjective written tests (e.g., short-answer questions, essay questions, written assignments), which are often used for formative assessment, may be more difficult to score than objective tests, such as the validated objective written examination used in summative assessment. Use of an answer key (perhaps outlining main points a “correct” answer should cover) is recommended, and may be provided, for ease of scoring. Blind testing/scoring is also recommended to eliminate any biases.

Either way, however, because the purpose of formative assessment is to provide feedback to learners to help them improve their performance, it is not necessary to assign a numerical score to the assessment. The results of formative assessments may be reported to learners on a scale such as poor, fair, good or excellent. **The crucial aspect of formative assessment is to explain to the learners why they got questions wrong or received a given rating, and how they can improve the results when reassessed on the same topic in the future.**

Following are some ways to help learners learn from knowledge assessments:

- Ensure that they understand which course learning objective corresponds with any incorrect responses, so that they know where to focus their energies.
- Instruct learners to review the materials related to the questions they missed.
- Give learners an opportunity to ask you questions about any test items on which they scored poorly or that they did not understand.
- Discuss answers as a group (protecting anonymity), asking learners the reasons why different answers are correct or incorrect.

(Additional guidance for conducting written tests is provided on page 7-15.)

*Note:* If many learners had trouble with the same questions, either the teaching methods or materials may not have adequately addressed the corresponding learning objective(s), or the questions (in formative assessment tools only) may need to be rewritten. Adapting the teaching methods/materials to better address the problem areas might also be considered. These issues are further discussed in “Using Assessment to Evaluate and Guide Training” (page 7-19).

* Written tests and exercises are highlighted here but may in fact be used in any phase during the course.

### Building skills in a simulated setting

In this phase of the course, the trainer conducts clinical demonstrations to provide learners with a clear picture of the skills to be learned. The trainer is able to assess and build the learner’s level of competence in practicing these skills through the use of two key methods/tools—direct observation and structured feedback reports—which are further discussed below. **By the end of this phase in training, learners’ performance will be formally evaluated according to the validated skills checklist (summative assessment),** which will enable the trainer to determine whether they have the level of skills competence needed to practice their skills in with actual clients in a clinical setting. (Remember: Actual competency can only be achieved with actual patients in a clinical setting.)
**Direct observation:** This is the most valid way to assess learners’ skills in both formative and summative assessment and can be conducted by the trainer or the learner’s peers (and, later, by clinical staff). The main components of direct observation as a key formative assessment tool are:

- **Observation:** As a learner practices his/her newly acquired skills with validated skills checklists ([Exhibit 7-3](#)) and any other tools and equipment needed, the observer—follows along with the same checklist—noting which steps are performed correctly and which are performed incorrectly or missed.

- **Asking questions:** As learners proceed through a given task or procedure, the observer asks questions about what they are doing, why they are doing it, etc. This probing allows the trainer to assess fully the learner’s ability to integrate knowledge, skills and attitudes.

- **Providing feedback:** When steps are missed or performed incorrectly, the observer coaches and provides positive, constructive feedback to the learner to aid him/her in getting back on track.

Additional guidance for conducting skills assessments using checklists is provided on page 7-17.

With the appropriate guides, direct observation can also be used to assess learners’ demonstrated attitudes, as well as communication and clinical decision-making skills—through a variety of simulations (e.g., taking a history, diagnosing illnesses based on patient information, even clinical decision-making).

**Tip:** In many training situations, it is difficult to observe each individual learner, particularly when time is limited and the ratio of learners to trainers is high. Nevertheless, several techniques can be used to overcome the obstacles to direct observation. For example, assessments can be “staggered” by dividing learners into small groups and sending them for practice and assessment at different times throughout the session or course. Learners can also be videotaped so that the trainer and the learner can review together following the practice session.
Exhibit 7-3. More about Using Validated Skills Checklists

Although checklists focus only on the essential steps or tasks involved in a specific competency, they contain sufficient detail to permit (1) the learner to understand exactly what is involved in specific skill or activity and (2) the clinical trainer to effectively and objectively evaluate and record the learner’s overall performance. Using checklists in competency-based clinical training:

- Ensures that learners have mastered the clinical skills and activities, first with models or in role play, and then with clients
- Ensures that all learners will have their skills measured according to the same standard
- Forms the basis for follow-up observations and evaluations

The checklist is first used formatively, to develop learner competency. Following along with the checklist, the trainer and/or peers will observe the learner’s performance on models—providing coaching and feedback as needed. After learners demonstrate competency on models or in role play, they can practice their skills with actual clients under supervision, and the checklist is once again used to assess their performance.

When clinical practice is completed, the checklist—together with the clinical trainer’s review of the learner’s case logs, skill portfolio and any medical records—becomes a tool for summative assessment; it provides objective documentation of the learner’s level of performance. Furthermore, it serves as one part of the process of attesting that the learner is qualified to provide the clinical service (e.g., male circumcision, postpartum family planning, diagnosis and management of pre-eclampsia/eclampsia). Like other tools used in summative assessment (e.g., the post-course knowledge assessment) the competency-based checklists used in skills development are developed and validated by a group of subject matter experts. As such, they should not be modified.

Sample 7-1 contains a checklist for providing post-test PMTCT counseling for a woman with a negative result. It designed to be used by either a program supervisor or the provider, for self-assessment. Note that it focuses only on the key steps of the process.

Structured feedback reports: These reports provide a standardized way to give feedback to learners on their performance over the course of a specific time period. Structured feedback reports are typically used in pre-service education, or for courses that require the use of clinical preceptors to help supervise learning in the clinical environment. When you use this method, you are assessing sustained performance rather than just taking “a snapshot” as you would with an isolated assessment or examination. Trainers and clinical instructors (and, later, clinical staff) working with or alongside learners can complete these feedback reports. They can cover areas such as overall performance, demonstrated attitudes and essential health care delivery skills. They are particularly useful for assessing characteristics such as professional ethics and attitudes, which are difficult to evaluate using other methods. Most feedback reports include objective rating scales to allow the assessor to provide a quick formative assessment of the learner’s performance.

Standardized feedback reports are useful because they:

- Are easy to use, efficient and consistent
- Provide a formal structure for assessment, particularly formative assessment
- Reinforce essential skills
- Ensure that each learner receives feedback on important, but hard to measure, aspects of service delivery
Trainers should discuss the reports with the learners at various stages throughout the course so that they can give them useful feedback. A sample learner feedback report used for pre-service education is included as Sample 7-2 at the end of this chapter.

**In the Clinic**

**Building competence and confidence with actual patients**

In the clinical setting, the trainer continues monitoring learners’ progress and coaching them toward competency (remember: actual competency can only be achieved with actual patients!), while also playing a supervisory role and managing/coordinating many logistical aspects of clinical practice. For this reason (depending on the program), qualified clinical staff may share in many of the trainer’s responsibilities—particularly with regard to conducting formative assessment and providing feedback (see Box, below).

With the support of the clinical staff (if applicable), the trainer continues to use direct observation (with modifications to protect clients’ rights, etc., as described in Chapter 6) and standardized feedback forms as major methods of formative assessment. Three additional tools are also incorporated, as further discussed below: case logs, skills portfolios and medical records review. **By the end of this phase in training, learners’ performance will be again be formally evaluated according to the validated skills checklist (summative assessment),** which will enable the trainer to determine whether they have the level of skills competence needed to practice their skills in with actual clients in a clinical setting.

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**Involving Clinical Staff in Training**

Providing clinical staff with the opportunity to assist in the training can be an enriching experience for the whole facility, as well as improve the skills of staff. Their involvement can also be a great support to the trainer, who is suddenly juggling many additional roles, and can foster an experience of cooperation among them and learners—helping to extend the positive learning environment of the classroom into the clinical setting. There are, however, some important considerations that go along with this arrangement to ensure that everyone’s skills are standardized and they are thereby “on the same page.” For example, the more people involved in assessing the skills of learners, the more critical it is to use a standardized checklist—this helps to reduce variations in scoring among different observers and increases the reliability of the assessment. Using the tool correctly will likely require some training. Moreover, to ensure that the practices of staff do not affect scoring using the steps outlined in the checklist, a skills standardization activity must be conducted prior to delegating assessment to clinic staff.

**Case logs:**

One very useful tool for monitoring learners’ progress over a single or several clinical rotations within one course is a **case log** (also called a log book or **case book**). Essentially a list of skills or tasks that learners should be able to perform by the end of the course, a case log provides a standardized tool for learners to use in tracking their skills development throughout a course. (Each course may have a logbook, or one case log may be used for several related courses.)

Keeping a case log involves these basic steps:

- When learners feel they are ready, they ask the trainer to observe their performance of a skill.
The trainer check off each skill or task in the case log after the learner completes it correctly.

If the learners do not perform the skill competently, the trainer advises the learner to try again after additional practice—providing verbal and written suggestions for how to improve.

Although keeping a case log requires time because learners must be directly observed, these documents offer several advantages:

- Provide a valuable, ongoing record of the skills that learners are able to perform competently, allows the learners and trainers to document progress.
- Help learners and trainers identify meaningful experiences during the development of the target skills.
- Encourage the learner to consider things that she/he would do differently next time. For example: After a case in which a learner managed postpartum hemorrhage, she re-examines the partograph, considering whether she might have anticipated the postpartum hemorrhage based on data/risk factors that she recorded during management of the labor.
- Provide an opportunity for learners to reflect on and keep track of their progress.
- Yield a clear report that to be considered in the final summative assessment for qualification (though it is important to remember that any specific number of cases does not automatically equal competency).

Keep in mind the following points about using case logs:

- Each course should have its own case log, or a section of a case log, for documenting skills that need to be completed either in simulated practice or during clinical practice.
- The skills contained in the case logs should be based on the related learning objectives.
- The case log does not provide any guidance in the assessment of the skill or task; an accompanying tool such as a checklist, rating scale or recording form can be used to guide assessment.

For sample case logs, refer to Samples 7-3 and 7-4 at the end of this chapter.

**Portfolio:**
A portfolio is a collection of “work products” assembled by the learner. Elements usually included are a brief description of the problem encountered, care or management of the problem and lessons learned. Portfolios may also contain:

- **Detailed accounts of procedures performed:** The learner can use the portfolio to record both positive events—great leaps forward—as well as set backs and struggles.
- **Personal reflections:** The learner may record thoughts and feelings about on interesting experiences related to their learning goals. For example, a midwife in an
emergency obstetrical care training program may record her management of a postpartum hemorrhage, analyze her ability to use the required hand skills, as well as the appropriateness of the clinical decisions that she or he made. She may also use the portfolio to reflect upon her environment, considering whether she had the appropriate equipment, supplies and support needed to be effective.

- **Difficult, complicated or outstanding issues**: The learner may recount ethical dilemmas faced, provide an analysis of challenging cases or adverse events and list questions that have not been answered or resolved.

- **Remarkable learning experiences**, especially those in which the learner has minimal or no supervision, such as home visits, community-based experiences, or rotations to distant clinic sites.

- **An evidence-based list of references or other helpful resources**

Through providing an opportunity for reflection, the portfolio provides a means of self-directed formative assessment for the learner. This formative self-assessment is consistent with adult learning practices and the development of life-long learning skills that are needed by health care providers. The portfolio can also be reviewed by the trainer during the final summative assessment to get a broad perspective of the learner’s development over time.

**Medical Record Review:**
The trainer can also review the medical records completed by learners in the clinical setting. Record review provides an opportunity to assess the quality of clinical decisions made by learners, as well as their ability to document/record the care that they have delivered.

To successfully conduct a record review,

- Have six to eight random medical records available that are related to the training related competencies
- Establish clear criteria for reviewing each record, for example: clinical decisions made, consultations or referrals, care and treatment, outcomes and documentation.
- Discuss your observations with the learner.

Along with the case log and portfolio, Review of medical records is often another component of the final summative assessment.

**Training Perspectives: Keep the Goal in Mind**

In both knowledge and skills, make every effort to help your learners achieve competency in every area. Whatever tools you use to assess competency, remain flexible and creative in your approach to formative assessment, keeping in mind that the goal of is **learning**. And for summative assessment—although standardized and validated tools are to be used—keep in mind that the goal is **success in demonstrating competency**. If some learners do not achieve a passing score the first time around, consider giving them another chance, if possible, and ways you can help them succeed. These may include providing them with additional exercises or opportunities for practice.
SUMMATIVE ASSESSMENT

Summative assessment is conducted periodically during the course to assess learners’ readiness to move on to activities requiring a greater level ability/responsibility, and at the end of the course to determine whether an individual is ready to provide safe beginning-level services independently. For example:

- Following a computer- or technology-assisted update on long-acting contraceptive methods, a knowledge assessment identifies learners who are ready for group-based skills training and those who should review certain modules and retake the quiz before moving on.

- A trainer conducts a skills assessment (using a checklist) while a learner practices inserting an IUD; based on the checklist, the trainer determines that the learner is ready to practice with actual clients under supervision.

Key Features of Summative Assessment

Here are key features of summative assessment, which is essential for determining learner progress and competency at specified points during the course:

- **Can incorporate a range of tools** as well, but all must be validated to ensure that they measure what is intended, in a consistent manner—in other words, that they consistently measure the knowledge, skills and attitudes that they were designed to measure. Whether a written exam, checklist for observable skills or an objective structured clinical examination (OSCE, which combines skill performance and questions in standardized “stations,” further described on page 7-19), summative assessment tools provide a definitive and often comprehensive measure of learner progress and ability.

- **Is well-defined and structured.** For example, a training learning resource package will include standardized tools to use for summative assessment of knowledge and skills, along with specific guidance on how to use them. These tools will usually be used at specified times during the course, such as assessing for competency in simulation before moving into clinical practice, or towards the end of the course to determine if learners are competent to provide services independently. **Are scored by trainers according to defined procedures** and can have an impact on if/when a learner advances.

- **Involves feedback,** but typically it will not be in “real time” (as it often is in formative assessment), and will likely point toward remedial measures (e.g., steps the learner can take in order to repeat the summative assessment, if possible) or even post-course considerations (e.g., recommendations for supervision upon deployment to the service delivery site).

- **Provides a summary of learner progress** at certain times during training. Summative assessment tools may summarize previous experiences or formative assessment results, providing information that can be used analysis of learning and determining the direction/emphasis of training efforts to follow.
Is used to make decisions about learner progress or ability at specified points, such as to determine whether a learner can begin practicing skills with real clients or when she/he can be qualified to provide services independently.

Training Perspectives: When The Right Answer Is Critical
A number of the knowledge assessment methods/tools shown in the table above could be used either formative or summative assessment. The majority of tools lend themselves more to formative assessment—when helping learners learn is more the focus than determining whether they know the “right answer.” For summative assessment, however, when the right answer is the focus, Jhpiego strongly urges the use of the validated tools provided specifically for this purpose—these are objective written assessments that are accompanied by clear instructions on how to use them as well as answer keys.

Summative Assessment in Practice
As learners progress through the course, the trainers perform summative assessment in the classroom and the clinical setting. Again, these assessments are conducted at critical decision points, helping the trainer to determine whether learners are ready to move into the next phase of a course—one that requires greater level of skill and responsibility—and finally to become qualified. This section provides detailed guidance on how to conduct these formal assessments.

In the Classroom

Knowledge assessment to determine readiness for skills portion of course
After learners have been undergone the knowledge acquisition phase of training, they will take a validated objective written examination, which will enable the trainer to determine whether they have in fact acquired the knowledge necessary to move on to the skills portion of the course. Guidelines for conducting this examination (many of which are applicable for any written test) follow:

Trainers should make necessary preparations before administering a written test.

- Make certain that the testing area is ready (e.g., sufficient space, at desks or tables, for learners to complete the assessment; as well as adequate lighting, ventilation and comfortable temperature).
- Select an appropriate knowledge assessment tool, depending on the purpose of the assessment.
- Make sure that there are adequate supplies for the test.
- Make arrangements to ensure that learners being tested will not be interrupted.
- Review the test procedures.
- Rehearse by reading the instructions, as you will be sharing them with the learners immediately before administering the test.
- Try to anticipate any questions that might be asked before the test begins.

4 Again, if a blended learning approach is being used, the “classroom” may be a virtual classroom (on CD-ROM, via the Internet, etc.) during the knowledge and/or skills acquisition phase, but many of the same principles should apply.
When administering a written test, the trainer should try to create a relaxed atmosphere from the beginning. Too much learner anxiety can have a negative effect on her/his ability to demonstrate what they know. The following guidelines can help the trainer further support learners in the test-taking process.

- **Give clear instructions to the learners.** To perform to the best of their abilities, learners must know the purpose and basic parameters of the assessment. This means that they must be aware of the time limit (if there is one, see below), the manner in which they are to select and record answers, and the scoring system that will be used. Often, as is the case with summative knowledge assessments, all of the instructions will be provided. In any case, the trainer should review them with the learners and answer any questions they may have before they begin taking the test.

- **Give learners enough time to respond.** Some people are able to perform well on tests when faced with the pressures of a time limit; many others do not. Therefore, untimed written examinations are generally recommended. The trainer can make special provisions for learners who may need more time, such as allowing others who have finished “early” leave the room for a break (to be called back in when everyone is done). Alternately, if there are two trainers, two rooms can be set up for test taking, one for those who anticipate finishing early and another for those who do not. The important thing is to equate the “ability to finish early” or “needing more time” with differences in individual learning and test-taking styles, rather than with differences in intelligence. If a time limit must be imposed (for logistical reasons), make sure that it is reasonable for each learner; state the time limit clearly in the beginning; and let people know when they are half-way through and when there are five minutes left. Jhpiego summative assessments provide guidelines for length of time to complete—usually approximately one minute per question.

- **Manage the testing environment** to maximize learners’ ability to focus on the examination. The most neglected of all test administration issues has been the physical condition of the testing area, which has been proven to adversely affect the test performances of many students. To ensure a test-friendly environment:
  - **Minimize noise** to ensure that they can hear the oral instructions and will not be distracted while taking the test.
  - Again, **monitor lighting, ventilation and temperature.** These factors, if not maintained at adequate levels, can also affect learners’ concentration.
  - During the testing process, **refrain from any special coaching** on the subject matter in an attempt to reduce anxiety and frustration.
  - **Remain in the room** during the examination and move around the room, as needed, to monitor the learners and respond to any questions.

There are several ways to score written tests, depending on tools provided. Whatever scoring method is used, the crucial aspect of summative assessment is that answers can be objectively scored in a completely standardized way.
Objective written tests (e.g., true or false, matching, multiple choice) are recommended for summative assessment. Because there really is only right answer—and an answer key is generally provided—they are very easy for trainers to score. The easiest and most common way is to assign an equal number of points to each question. Another way to score a test is to assign certain items more points. For example, true-false questions may be assigned only one point and multiple-choice questions may be assigned two or three points.

A validated objective written examination, such as is included in this package and generally recommended for summative assessment, is accompanied by an answer key and complete instructions for scoring.

Skills assessment to determine readiness for clinical practice

After learners have undergone the phase of training focused on skills acquisition and development in simulated settings, they will undergo a formal skills assessment using a validated skills checklist, which will enable the trainer to determine whether they are ready to practice their skills with actual clients in a clinical setting. Guidelines for conducting this skills assessment (most of which are applicable for formative skills assessments as well) follow:

- **Before** the skills assessment, prepare the learner:
  - **Discuss previous practice sessions with the learner.** Ask if the learner has any questions about the skill and is ready to be assessed.
  - **Review the assessment tool.** Briefly review the checklist, recording form or rating scale with the learner. Whether the learner is being assessed with a model, a simulated patient or an actual patient, provide an opportunity for reviewing the essential steps.

- **During** the skills assessment, observe and assess the learner’s performance:
  - **Stand to the side,** or somewhere else where you can see without intruding, and let the learner perform the skill.
  - **Do not interfere or interrupt** the learner unless the learner is about to make a mistake that may endanger or hurt the patient.
  - **Provide only essential feedback** while the learner is performing the skill.

- **After** the skills assessment:
  - **Review the skill with the learner.** Ask the learner to share feelings about what she or he did well during the session and what could be improved.
  - **Provide positive feedback and offer suggestions for improvement.** Tell the learner what she or he did well and then offer specific tips or instructions on how to improve performance.
  - **Determine whether the learner is competent or needs additional practice.** Based on the pre-determined criteria, decide whether the learner is competent in performing the skill or needs additional practice. (Note: Validated checklists include only critical tasks related to competency and, like validated objective written examinations, are accompanied by complete instructions for scoring.)
Final summative assessment to determine qualification

**Situation 7-1:** You have been asked to conduct a course for tuberculosis and HIV integration. In this course you will be presenting information to the learners, and they will be practicing clinical skills with anatomic models and with clients. During the course overview, one of the learners asks you, “How will you make sure we are qualified to manage tuberculosis and HIV?” How do you answer this question?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

“Qualification” is the term used to establish that a learner has demonstrated mastery of the required competencies and is, therefore, qualified to provide services. It is a statement made by a training institution(s) that the learner has met the requirements of a specific course in knowledge, skills and practice areas. Qualification does not imply certification, which can be granted only by an authorized organization or agency.

**Ensuring Competency through Qualification**

Jhpiego is not a certifying body and so does not provide certification; the organization does, however, provide a “statement of qualification.” As explained previously, determining whether a learner is qualified should be based on observed and measured performance using competency-based (knowledge, attitude and skill), validated assessments—rather than on completion of a set number of practice cases. The use of the standardized assessment tools contained in each learning package provides an evidence-based justification for qualifying or withholding qualification from an individual who has been trained.

Whatever format the “final summative assessment” takes (see Box, next page), demonstrated performance and the application of knowledge, skills and appropriate attitudes in the clinical setting is the best way to assess competency. As a proficient service provider in his/her own right, the trainer observes the learner’s performance in this setting and ultimately considers the following required areas of achievement:

- **Knowledge.** To be qualified, a learner must earn a passing score on the course’s final knowledge assessment. Did the learner pass the post-course knowledge assessment provided?

- **Skills.** To be qualified, a learner must demonstrate satisfactory performance of clinical activities and skills as evaluated by the clinical trainer using a competency-based skills checklist. In determining whether the learner is competent, the clinical trainer will observe and rate the learner’s performance for each step of the skill or activity. The learner must be rated “satisfactory” in each skill or activity to be evaluated as competent and eligible for qualification. Did the learner demonstrate mastery of the skills with clients, based on checklist provided?

- **Practice.** To be qualified, the learner must demonstrate the ability to provide client services in the clinical setting. During the course, it is the clinical trainer’s responsibility to observe each learner’s overall performance in providing client services. This will include summative knowledge and skills assessments, but also review of the learner’s case log, portfolio and medical records. Also, as part of this evaluation, the clinical trainer can assess the impact on clients of the learner’s attitudes—a critical component of high-quality service delivery. Only by observing how the learner applies his/her newly acquired knowledge and skills with actual clients can the trainer make the final determination of whether the learner should
receive that statement of qualification. **Can the learner be considered ready to provide beginning-level services to clients—safely, effectively and independently?**

If the answer is “yes,” to all of these questions, the trainer has determined that the learner should be qualified.

### Objective Structured Clinical Examinations (OSCE)

OSCE can assess knowledge, skills and attitudes. It is not so much an assessment method as an “administrative structure” in which a variety of assessment methods can be incorporated. Through OSCE, learners typically rotate through a series of “stations” in which they answer questions (orally or written) or perform tasks while being observed. When OSCE is used summatively, only prescribed, validated methods/tools should be incorporated.

### Training Perspectives: When Competency Seems out of Reach

Achieving competency is not always possible for all learners during a short training event. Use all available time remaining in the course to provide learners additional practice opportunities and try again to qualify them. As part of this effort, you could also:

- Provide very specific feedback on what the learner needs to practice in order to master the competency.
- Work together with learners and supervisors to create individualized learning plans to be followed after training.

When learners still have **not** mastered content by the end of the course, arrange for practice with supervision in their clinical site and a follow-up visit to reassess. Continued practice and assessment until competency has been reached is essential.

### USING ASSESSMENT TO EVALUATE AND GUIDE TRAINING

Competency-based knowledge and skills assessment has a direct effect on learning. When the progress of learners through a course is based on their passing assessments, they will focus on learning the material on which they are being assessed. If material is taught but learners are not assessed on it, learners will see no reason to focus on that material. In other words, from the learners’ perspective, if the content is covered in the examinations, it is important; if it is not covered, it is not important.

In addition, assessment can be used to identify aspects of the course that should be strengthened, in order to strengthen training/increase learning. If many learners perform poorly in the same part of the course, the content may be confusing due to the inadequate definition of learning objectives, inappropriate teaching methods, poorly designed learning materials or poorly developed knowledge and skills assessments. These weaknesses should be addressed in order to improve teaching and learning.

In both of these ways, assessment guides the trainer in making decisions about how to best spend course time.
Situation 7-2: You and a co-trainer are conducting a clinical skills course. The day before the course ends your co-trainer asks you about allowing the learners an opportunity to provide written feedback about the course. You remember that this is mentioned in the course schedule, but you both have been so busy that you forgot to prepare for this. What kinds of questions should you include in the end-of-course written evaluation?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Revising Training Based on Assessment Results

As has already been discussed at length, learner assessments provide the trainer with critical information about the learner progress and ability, but also about the course itself—specifically how it could be strengthened or modified to better meet learner needs.

- Pre-course assessment is not intended to test but rather to assess what the learners already know, individually and as a group, about the course content. Results of this assessment provide a “baseline” but also critical information about the strengths and needs of a particular group, helping the trainer decide which topics might be de-emphasized or emphasized in the course.

- Results of ongoing assessments can reveal areas that need more attention (e.g., gaps in knowledge, missing steps in clinical simulations, poor attitudes toward “clients” during role plays); the trainer can then revise the schedule or learning activities to focus more on those particular competencies.

- End-of-course assessments can provide important information that trainers can use to refine the course for future learners, increasing its effectiveness and efficiency in developing the desired competencies.

Revising Training Based on Learner Feedback

Assessing learner reactions to the course is also important in the clinical training process. It should occur both during and at the end of the course. To determine how learners like the course and how they perceive its value, trainers can ask learners to use one of the following methods:

- Daily reactions (oral or written)
- End-of-course written evaluations
- End-of-course informal reactions

On a daily basis and at the end of the course, it is important to review learner feedback. If there is more than one clinical trainer conducting the course, they should hold a brief daily meeting as well as a post-course meeting to discuss the learners’ reactions and suggestions, as well as each their own individual assessments of the course. This exercise will help identify elements of the clinical training that need to be changed—either during the present course or, subsequently, in future courses—to better meet learner needs and course goals.
Daily Reactions

Trainers should continually monitor the training. Daily monitoring encourages learners to think and talk about what they learned during the day and to make suggestions to the entire group about how to improve the course. Trainers often monitor their course using a daily evaluation form. Such monitoring can also be conducted as a learner-led exercise at the end of each training day. A useful technique is to have learners:

- Write on a piece of paper the two or three most important ideas or concepts that they learned during the day, questions that are still unanswered, as well as suggestions for course improvement.
- Share with the group one or two items from both categories in their lists.
- Begin the next training day by making sure that unanswered questions and any other issues are addressed before moving on.

End-of-Course Reactions

Written course evaluations, which are typically included in a learning resource package, allow trainers to identify the:

- Extent to which the course met learners’ expectations
- Aspects of the course that learners found the most or least helpful
- Relevance of the course content to the learners’ work
- Appropriateness and effectiveness of the training methods used
- Extent to which administrative aspects of the course were satisfactory (e.g., the training environment, accommodations, food, travel arrangements)

The clinical trainer should schedule sufficient time for learners to complete the evaluations. Evaluations should not be distributed late on the last day of training when learners are tired and may be preparing to depart. Consider distributing them at the end of the day, prior to the final day of training or before lunch on the last day. Sample 7-5 can be used by learners to evaluate the trainer. Sample 7-6 is an example of a VCT course evaluation to be completed by learners at the end of training.

Informal discussions can accompany the formal written evaluation so that the clinical trainer can better understand the learners’ reactions. If learner expectations were recorded on a flip chart during the training introduction, they can provide a great framework for this informal discussion. For example, learners can be asked, individually or in small groups, to discuss questions such as:

- “What were your expectations for the course? To what degree were they met?”
- “Based on the stated course objectives, did you learn what you expected to learn?”
- How can the training team best meet any unmet expectations following the training?
- What suggestions do you have for the training team that will help to improve future courses?
Answers to these questions can then be summarized by a group reporter (during the session) and shared with the clinical trainer(s) either orally or in writing.

Alternately, the clinical trainer can select several aspects of the course (e.g., course content, training methods, administrative arrangements) and ask learners to write their reactions to each anonymously. Learner comments can be posted under their respective category headings on flipchart sheets or on a writing board. The trainer or a learner can then lead a general discussion with the learners about the comments.

CHAPTER SUMMARY

In summary, when you think about how to assess learners, keep in mind the importance of formative assessment in helping learners master new content, followed by formal, summative assessment to assess learning. Keep mind the following as well:

- Assessment tools and methods used must be linked to competencies—use of observation for assessing skills and attitudes, use of questionnaires or other appropriate means for assessing knowledge. Jhpiego’s learning resource packages contain a variety of tools for a range of purposes.

- Tools used for formative assessment can often be used in a variety of ways and even modified to better meet the needs of learners or tailored to the local setting.

- For summative assessment, Jhpiego strongly recommends the use of standardized tools used designed specifically for this purpose, which have been developed and validated by subject matter experts.

- Assessment results are used by trainers to make important decisions:

  - First, the pre-course assessment helps the trainer better understand the learning needs of the group before the course begins. Based on these valuable insights, he/she may make changes to the course—for example, to emphasize certain topics while de-emphasizing others.

  - Throughout the course, results of formative assessment help the trainer evaluate how learners are progressing, individually and as a group—identifying areas where they are demonstrating mastery, as well as those where they may need more help. Based on such ongoing assessment, the trainer may decide to make further changes to the course.

  - Summative assessment may be used at specific times during the course as a meaningful measure of learners’ mastery of knowledge and skills. Based on the results of these assessments, the trainer can determine learners readiness for the next phase of training (e.g., practicing skills in a clinical setting under supervision) and, finally, whether the learner is qualified to provide beginning-level services independently in the workplace.
SITUATION RESPONSES

Situation 7-1

The best way to assess competency is the demonstrated performance and the application of knowledge, skills and appropriate attitudes in the clinical setting. Tell the learner that they will self-assess their competency using the portfolio, and you will evaluate their knowledge (did they pass the final exam?), their skills (have they demonstrated mastery with clients?) and attitudes (do they display the appropriate attitudes?) to decide if they are “qualified” to work with clients.

Situation 7-2

Include some close-ended questions (or statements) based on the course goals and objectives (e.g., “I feel confident in managing tuberculosis and HIV”) with an appropriate rating scale. Include also some open-ended questions (e.g., “What did you like the most about this course?”) to allow learners to share their feelings about the course.
CHECKLIST FOR PROVIDING POST-TEST PMTCT COUNSELING
(NEGATIVE RESULT)
(To be used by program supervisor or provider)

Instruction: This checklist can be used by supervisors to observe the quality of the service provided by the PMTCT program service provider. Based on the observations, the supervisor can discuss the areas for improvement. Additionally, the supervisor should develop individual strategies/plans with the service provider in an attempt to improve compliance with the guidelines/standards. The checklist can also be used to assess self-performance.

Observer: ________________________________________________________________________
Date: ____________________________________________________________________________
Name of Facility: __________________________________________________________________
Health Region: ____________________________________________________________________
Name of Provider: _________________________________________________________________
Type of Provider (circle): Doctor      Public Health Nurse      Midwife      Contact Investigator
Used for (circle): Supervision      Self-assessment

<table>
<thead>
<tr>
<th>INTERACTION</th>
<th>YES</th>
<th>NO</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Reveal Test Result</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. State the result in a direct, neutral voice: “Your result is negative.”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Explain the meaning of the result:  
  2.1 State that the client is not infected if there has been an adequate period since the last risk activity—e.g., unprotected sex, sharing of needles.  
  2.2 State that the client might be HIV infected but exposure to HIV may not at this time produced antibodies to be detected by the test (since there was not adequate time since last risk activity). Advise retesting in this case. |  |  |  |
| B) Educate the Client |  |  |  |
| 1. Review modes of HIV transmission. |  |  |  |
| 2. Review methods of HIV prevention:  
  2.1 Practicing safe sex (include postponing sex as an option)  
  2.2 Using condoms  
  2.3 Avoiding substance use/abuse  
  2.4 Avoiding intravenous needle sharing |  |  |  |
| 3. Inform client that a test should be repeated in a subsequent pregnancy. |  |  |  |
### STRUCTURED FEEDBACK FORM

**Learner’s Name:** _______________________  **Learner’s Class/Level:** __________________

**Name of Rotation:** ______________________  **Dates of Rotation:** ______________________

Please circle the description that best represents the learner’s performance in each area.

<table>
<thead>
<tr>
<th>AREA OF COMPETENCY</th>
<th>LEVEL OF COMPTENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical knowledge</td>
<td>Lacking</td>
</tr>
<tr>
<td></td>
<td>Needs improvement</td>
</tr>
<tr>
<td></td>
<td>Demonstrates basic knowledge</td>
</tr>
<tr>
<td></td>
<td>Applies knowledge to cases</td>
</tr>
<tr>
<td></td>
<td>Applies knowledge consistently</td>
</tr>
<tr>
<td>History taking</td>
<td>Inaccurate</td>
</tr>
<tr>
<td></td>
<td>Inconsistent, misses major points</td>
</tr>
<tr>
<td></td>
<td>Complete and accurate</td>
</tr>
<tr>
<td></td>
<td>Complete, quickly asks for important information</td>
</tr>
<tr>
<td></td>
<td>Comprehensive, looks at related findings</td>
</tr>
<tr>
<td>Physical exam</td>
<td>Major mistakes</td>
</tr>
<tr>
<td></td>
<td>Inconsistent</td>
</tr>
<tr>
<td></td>
<td>Complete but slow</td>
</tr>
<tr>
<td></td>
<td>Thorough and efficient</td>
</tr>
<tr>
<td></td>
<td>Comprehensive, examines related areas</td>
</tr>
<tr>
<td>Data presentation (written and verbal)</td>
<td>Confusing and vague</td>
</tr>
<tr>
<td></td>
<td>Misses important data</td>
</tr>
<tr>
<td></td>
<td>Identifies problems and prioritizes them</td>
</tr>
<tr>
<td></td>
<td>Understands problem and demonstrates integration of data</td>
</tr>
<tr>
<td></td>
<td>Integrates data and includes additional data</td>
</tr>
<tr>
<td>Care plan</td>
<td>Poorly created and confusing</td>
</tr>
<tr>
<td></td>
<td>Appropriate but incomplete</td>
</tr>
<tr>
<td></td>
<td>Implements clinical instructor's instructions, partial understanding</td>
</tr>
<tr>
<td></td>
<td>Care plan is complete and clear</td>
</tr>
<tr>
<td></td>
<td>Care plan is comprehensive and is implemented efficiently and adapted appropriately</td>
</tr>
<tr>
<td>Patient education and counseling</td>
<td>Doesn't provide</td>
</tr>
<tr>
<td></td>
<td>Minimal or confusing</td>
</tr>
<tr>
<td></td>
<td>Provides basic education, minimal counseling</td>
</tr>
<tr>
<td></td>
<td>Provides education and counseling, checks patient understanding</td>
</tr>
<tr>
<td></td>
<td>Involves family in education and counseling, documents education provided</td>
</tr>
<tr>
<td>Interpersonal skills</td>
<td>Confrontational or judgmental</td>
</tr>
<tr>
<td></td>
<td>Polite</td>
</tr>
<tr>
<td></td>
<td>Communicates clearly, listens well</td>
</tr>
<tr>
<td></td>
<td>Communicates caring and concern, puts others at ease</td>
</tr>
<tr>
<td></td>
<td>Excellent, handles difficult situations calmly</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Uncooperative</td>
</tr>
<tr>
<td></td>
<td>Inconsistent</td>
</tr>
<tr>
<td></td>
<td>Cooperative and responsible, not late or untidy</td>
</tr>
<tr>
<td></td>
<td>Takes initiative to be involved and presents self well</td>
</tr>
<tr>
<td></td>
<td>Demonstrates leadership, earns respect</td>
</tr>
<tr>
<td>Attitude toward learning</td>
<td>Negative</td>
</tr>
<tr>
<td></td>
<td>Disinterested</td>
</tr>
<tr>
<td></td>
<td>Interested</td>
</tr>
<tr>
<td></td>
<td>Asks good questions, demonstrates extra effort</td>
</tr>
<tr>
<td></td>
<td>Learns independently, contributes to improving learning experience for others</td>
</tr>
</tbody>
</table>
Chapter 7: Assessing Learner Competence  

What are this learner’s strengths?

Were there any particular areas in which the learner could improve? Please explain.

Other comments:

Did you review this assessment with the learner?   YES   NO

Your name: ________________________________  Signature: ____________________________
Date: ________________________________
**SAMPLE CASE LOG FOR PRE-SERVICE EDUCATION**

**Neonatal Nursing Care**

<table>
<thead>
<tr>
<th>TASK</th>
<th>NUMBER (MINIMUM)*</th>
<th>ASSESSMENT</th>
<th>SIGNATURE(S) OF CLINICAL INSTRUCTOR, STAFF MEMBER, OR TEACHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal resuscitation (bag/endotracheal)</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gestational assessment</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination of normal newborn and identification of high-risk babies</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filling up of neonatal case sheet</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding of newborn</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cup and spoon feeding</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasogastric feeding</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature recording (axial and rectal)</td>
<td>04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of warmer and phototherapy</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of spacer for asthma</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous access</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARI cases classify and manage</td>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of sick newborn</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manteaux</td>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Murmur identification</td>
<td>02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O = OBSERVED, A = ASSISTED, C = COMPETENT

*Numbers do not equate with competency*
### SAMPLE CASE LOG FROM IN-SERVICE TRAINING

#### Male Circumcision

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Training Location</th>
<th>Pt MR #</th>
<th>Target Competency</th>
<th>Self Assessment</th>
<th>Key Challenges &amp; Successes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5/1</td>
<td>Small town PHC</td>
<td>52315</td>
<td>Individual Counseling &amp; Informed Consent</td>
<td>O</td>
<td>Having never counseled a man seeking MC, I asked an experienced provider to demonstrate the best method of doing this for me before I tried myself.</td>
</tr>
<tr>
<td>2</td>
<td>5/1</td>
<td>Big town Hospital</td>
<td>61748</td>
<td>Circumcision</td>
<td>A</td>
<td>I was able to initiate the MC using a dorsal slit method. I needed help with correct injection of local anesthesia</td>
</tr>
</tbody>
</table>

O = OBSERVED, A = ASSISTED, C = COMPETENT
FORM FOR EVALUATION OF CLINICAL TRAINER
(To be completed by Learners)

Name of clinical trainer: ____________________________________________________________

Instructions: Please indicate on a 1 to 5 scale your opinion of the performance of the clinical trainer.

<table>
<thead>
<tr>
<th>THE CLINICAL TRAINER:</th>
<th>RATING</th>
<th>COMMENTS/SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Made me feel welcome when I entered the course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Showed sensitivity to my natural feelings of fear and anxiety when learning new skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Showed or admitted her/his limitations on the subject</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Encouraged interaction with all learners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Made it easy for me to ask questions and express my concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Assessed my skills before or at the beginning of training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Clearly stated objectives before activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Established clear standards for the performance expected of me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Reinforced important information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Demonstrated each new competency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Provided me with enough opportunities to practice and achieve competence in the new competencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Gave me specific feedback so I knew how well I was performing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Met with me to discuss my performance following each practice session</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Comments:
EXAMPLE OF A VOLUNTARY COUNSELING AND TESTING FOR HIV COURSE EVALUATION
(To be completed by Learners)

Please indicate on a scale of 1–5 your opinion of the following course components:

<table>
<thead>
<tr>
<th>COURSE COMPONENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The precourse questionnaire helped me to study more effectively.</td>
<td></td>
</tr>
<tr>
<td>2. The role plays were helpful in learning the VCT protocol.</td>
<td></td>
</tr>
<tr>
<td>3. The time scheduled for practicing VCT skills using role plays was sufficient.</td>
<td></td>
</tr>
<tr>
<td>4. The time scheduled for practicing VCT skills with clients in the clinic was sufficient.</td>
<td></td>
</tr>
<tr>
<td>5. I feel more confident providing VCT for clients.</td>
<td></td>
</tr>
<tr>
<td>6. The training approach used in this course made it easier for me to learn the VCT protocol.</td>
<td></td>
</tr>
<tr>
<td>7. The learning objectives of this training course were stated clearly.</td>
<td></td>
</tr>
<tr>
<td>8. The trainers communicated clearly and effectively.</td>
<td></td>
</tr>
<tr>
<td>9. The information presented in the course was new to me.</td>
<td></td>
</tr>
<tr>
<td>10. The trainers used a variety of audiovisual materials.</td>
<td></td>
</tr>
<tr>
<td>11. The trainers displayed interest in the subject areas they taught.</td>
<td></td>
</tr>
<tr>
<td>12. The course content (or the content of the sessions) had sufficient theoretical information.</td>
<td></td>
</tr>
<tr>
<td>13. The sessions were well organized.</td>
<td></td>
</tr>
<tr>
<td>14. The trainers asked questions and involved me in the sessions.</td>
<td></td>
</tr>
<tr>
<td>15. The content of the course was useful to my work.</td>
<td></td>
</tr>
<tr>
<td>16. The course made me feel more competent or skillful in my work.</td>
<td></td>
</tr>
<tr>
<td>17. The trainers used a variety of training methods.</td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL COMMENTS (use reverse side if needed)

1. What topics, if any, should be added to improve the course? Why?

2. What topics, if any, should be deleted to improve the course? Why?
INTRODUCTION

A successful training course does not come about by accident, but rather through careful planning. This planning takes thought, time, preparation and often some study on the part of the clinical trainer. In most cases, designing the clinical course will be the responsibility of a master trainer, while conducting the course will be the role of a clinical trainer. To design an effective course, a trainer needs special knowledge and experience in order to write primary and enabling objectives and select appropriate training methods and materials. These topics are beyond the scope of this manual.5

Each trainer may have a different level of involvement in planning and organizing a course. The level of involvement will depend on whether the trainer is a staff member of the sponsoring organization, a staff member of the institution where the training will be conducted or a national or regional consultant. In any case, the clinical trainer needs to be thoroughly familiar with the issues surrounding course planning. In most circumstances, clinical trainers are not expected to develop the course, but are asked to adapt an existing course to the local setting and conduct it using suitable training methods.

The trainer is responsible for ensuring that the course is carried out essentially as it was designed. The trainer must make sure that the clinical practice sessions, which are an integral part of a clinical skills course (see Chapter 7), as well as the classroom sessions, are conducted appropriately. In addition to taking responsibility for the organization of the course in general, the trainer must also be able to give presentations and demonstrations and lead other course activities, all of which require prior planning. Well-planned and -executed classroom and clinic sessions will help to create a positive learning experience (as discussed in Chapter 1). This chapter will help support the candidate

Training Perspectives: Roles that Come with the Territory
Before, during and after a training course, trainers play a variety of roles.
- As a trainer, you will guide learners through practice and feedback towards competency.
- As a logistics manager, you will make sure that you are prepared and ready to conduct the course and that all necessary arrangements have been made (e.g., selecting and inviting learners; arranging lodging, per diem and transportation; preparing the classroom and clinical site; copying materials; etc.).
- As a data collector, you will make sure that the required data to collect is collected and summarized for the sponsoring group.

Your responsibilities in each of these areas will vary depending on the amount of program support you have to assist in logistics management and data collection. You will likely be part of a “training team,” a team that works together from start to finish to plan, implement and follow-up on training activities. Or, it may just be you, with varying degrees of support from program staff to train learners, manage logistics and assist in data collection. Whether you are part of a team or working more independently with limited support, be sure to clearly identify who will do what and by when. There are several tools provided in this LRP that can assist you in this process.

GENERAL PLANNING ISSUES
Planning a clinical training course requires a considerable amount of time and attention to detail and ideally should begin at least six months before the course. A typical timeline for planning activities is presented in Exhibit 8-1. The trainer can obtain information about the classroom and clinical requirements for the course, as well as the materials, supplies and equipment needed for each learning activity, from the course outline in the Facilitator’s Guide/Trainer’s Notebook (see section on Course Materials). The clinical trainer is responsible for making sure that these items are available and organized before the course begins. A training preparation checklist is provided in Sample 8-2. In order to plan effectively for classroom and clinical facilities, course materials and other requirements, the trainer must know well in advance how many learners will be attending the course. After determining the number of learners, the trainer should check on the following course requirements:
- Adequate space for classroom and clinical activities
- Learning materials, including whether they will require adaptation
- Any supplemental written materials for the learning activities (e.g., role play, case study)
- Supplies and equipment (e.g., flipcharts, paper and pencils, anatomic models, surgical instruments, bleach, buckets) Sample 8-3 provides a syllabus for a LAM Facilitation Skills Course for Maternal, Newborn and Child Health Providers and Trainers, which details—among other things—all of items needed for the course.
Exhibit 8-1. Suggested Timeline for Preparing for a Clinical Skills Training Course

<table>
<thead>
<tr>
<th>TIME PRIOR TO COURSE</th>
<th>ACTIVITY</th>
</tr>
</thead>
</table>
| 6 months             | ● Confirm training site (classroom and clinical facilities)  
                       | ● Select housing accommodations (if necessary)  
                       | ● Select and confirm clinical training consultants or special content experts (if necessary)  
                       | ● Meet with staff at clinical training site |
| 3 months             | ● Select and notify learners  
                       | ● Initiate administrative arrangements  
                       | ● Confirm housing accommodations  
                       | ● Reconfirm clinical training consultants or content experts  
                       | ● Order learning materials, supplies and equipment  
                       | ● Confirm arrangements to receive learners at the clinical training facility |
| 1 month              | ● Review course syllabus, schedule and outline and adapt if necessary (if possible, send copies of the syllabus and schedule to learners and other clinical trainers)  
                       | ● Review content material and prepare for each session to be delivered by clinical trainer  
                       | ● Prepare audiovisuals (transparencies, slides, flipcharts, etc.)  
                       | ● Arrange for all audiovisual equipment (overhead projector, video player, monitor, slide projector, etc.)  
                       | ● Visit classroom training site and confirm arrangements  
                       | ● Visit clinical training site(s) and confirm arrangements  
                       | ● Confirm receipt of learning materials, supplies and equipment  
                       | ● Finalize administrative arrangements  
                       | ● Reconfirm housing arrangements |
| 1 week               | ● Review final list of learners for information on experience and clinical responsibilities  
                       | ● Review the course syllabus and outline  
                       | ● Assemble learning materials  
                       | ● Prepare statements of qualification or participation  
                       | ● Reconfirm availability of clients at clinical training site  
                       | ● Meet with cotrainer(s), clinical training consultants or special content experts to review individual roles and responsibilities |
| 1 to 2 days          | ● Prepare classroom facility  
                       | ● Prepare and check audiovisual equipment and other learning aids  
                       | ● Arrange anatomic models and all needed instruments and supplies  
                       | ● Check with cotrainers to be sure there are no other arrangements that need to be made |

One of the most important considerations in selecting a training site is finding a good classroom facility that is near an appropriate clinical facility. The organizers of the course must weigh the advantages and disadvantages of selecting a training site close to where the majority of the learners work. Conducting a course in, or even near, the workplace can cause numerous interruptions and distractions. Conversely, the greater the distance the classroom and clinical sites are from the learners’ work sites, the greater the costs of transportation and housing.

There are a number of administrative arrangements for which the clinical trainer will have no direct responsibility, such as arranging for housing accommodations or per diem payments. In the interest of minimizing problems at the beginning of the course, however, the clinical trainer should work closely with the person who is handling these
arrangements to make certain that all administrative details are taken care of promptly. These details include:

- Scheduling classroom and clinic site(s) and informing appropriate staff of upcoming training
- Confirming financial support, including how travel costs, per diem payments or housing allowances will be paid to or on behalf of the learners
- Making arrangements for learners, including housing accommodations and transportation to and from the course
- Providing pertinent information to learners (e.g., course syllabus, financial and housing arrangements)
- Obtaining learning materials, equipment and supplies needed for course activities, including clinic practice (if necessary)

Learner Selection

**Situation 8-1:** During the introductions at the beginning of a clinical skills course for service providers, you discover that one of your learners does not meet the selection criteria and should not be participating in the course. What would you do?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Selection of appropriate learners is critical to the success of any course. The trainer may have an excellent course design, materials, clinical and classroom facilities and supporting audiovisuals, but these mean very little if the wrong learners attend the course. Having clear, agreed-upon criteria for course learners is crucial.

For most courses there is a syllabus (see Sample 8-3), which contains a range of information about a course. A key element of the course syllabus is the learner selection criteria. Once the individuals planning the course have a clear understanding of these criteria, they can help to make certain that the types of individuals selected to attend are those for whom the event was designed.

**Selecting Learners for a Clinical Skills Course**

The following criteria should be considered when selecting learners for a clinical skills course (e.g., IUD, male circumcision):

- Learners must be reproductive health professionals (e.g., physician, nurse, nurse midwife) who are currently providing health services.
- Learners should have an interest in providing the health service(s) upon which the course is based.
- The learners’ institution (e.g., clinic, hospital) should be capable of offering the health service(s) upon which the course is based (i.e., has adequate caseload, staffing, clinic space, supplies, proper infection prevention practices, counseling capability, etc.).
Learners should have the support of their supervisors or managers. To achieve improved job performance, the trainer should communicate with the supervisors and managers of skills course learners whenever possible. Trainers should ask that they endorse the clinical training, encourage attendance and participation, take part in planning the transfer of new knowledge and skills to the workplace and provide support when the clinician who has received training begins to apply newly acquired skills on the job.

Two individuals from each site should attend training, when appropriate. Training pairs of clinicians makes it more likely that the new skills will be used when learners return to their sites, because they will be able to assist and coach each other at their workplace.

Learners should be selected and notified two to three months in advance of the course, whenever possible. As part of their invitation, learners (and their supervisors, if appropriate) should be sent information about the course. In addition to the dates, location and logistical information, learners should receive a copy of the course syllabus from the learner’s handbook. The syllabus describes the course and its goals, learning materials, learner selection criteria and how the learners will be evaluated.

If all the learners are coming from the same geographic area and the trainer has the organizational and financial support to do so, visiting the clinical sites of some or all of the learners before a course has several advantages. The trainer can observe clinical skills, assess infection prevention practices, discuss client caseload, observe counseling procedures and provide information to staff concerning the upcoming course. The trainer is then in a better position to determine that course objectives, content and activities match the needs and capabilities of the learners. Furthermore, those attending training will have established a relationship with the trainer and have a clearer understanding of what they will learn in the course.

**Course Materials**

**Situation 8-2:** You have been conducting very successful 10-day IUD courses. You are asked to conduct the same course for the same number of learners, but to do it in only five days. How would you respond to this request?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Use of standardized learning materials helps ensure consistency in the transfer of knowledge and skills and in objective evaluation of learner performance. Clinical trainers are therefore often provided with pretested learning packages, which contain all the materials the trainer will need to conduct the course. A typical learning package usually consists of:

- A content-specific reference manual
- Courseware for the learner and trainer (e.g., a learner’s handbook and trainer’s notebook)
- Anatomic models and audiovisual or other learning aids
From a content perspective, the reference manual provides all of the essential, “need-to-know” information needed for conducting the course in a logical manner. Because it serves as the “text” for the learners and the “reference source” for the clinical trainer, special handouts usually are not needed. Country-specific supplemental material, however, may be prepared and distributed as appropriate. Such material could include information on the country’s demographic profile, medical records and reporting system; national or local health care guidelines, if available and appropriate; local drug lists and the like. Because the manual contains only information that is consistent with course goals and objectives, it becomes an integral part of all classroom exercises—from giving an illustrated lecture to providing problem-solving information. Finally, it provides a readily available reference for problem-solving and review of newly learned information when learners return to their home clinics or hospitals.

The learner’s guide (or “notebook,” “handbook”) serves as the road map to guide the learner through each phase of the course. It contains a model course syllabus and schedule, as well as all supplemental printed materials such as the precourse knowledge assessment, skills development checklists, learning exercises and tools, and the course evaluation.

The trainer’s guide (or “notebook”) contains the learner’s materials as well as trainer-specific information such as the model; course outline, answer keys to the knowledge assessments and certain exercises, and competency-based knowledge and skill assessment instruments.

Anatomic models, audiovisual and other learning aids are used for classroom demonstrations and practice of skills and activities. Examples include a pelvic model (ZOE) for IUD skills training, an audiovisual demonstration of active management of third stage of labor, and flipcharts or whiteboards to reinforce key information or capture important points that arise during discussion.

When trainers are learning to use a standardized learning package (e.g., training for provider-initiated HIV testing and counseling, for providing lactational amenorrhoea method services, for providing essential newborn care), they focus on how to use the components of the package to conduct the course as designed. But as trainers become proficient at delivering the standardized course, they will begin to see ways in which it may be adapted to meet special course requirements or learner needs.

The course outline and schedule included in a standardized package are intended to serve as a model for the clinical trainer, and are designed to permit the course learners and clinical trainer the widest possible latitude in adapting the training to the learners’ individual and group learning needs. Before the course, the clinical trainer should determine what changes, if any, are needed regarding allocation of classroom and clinic time. For example, client availability is a critical factor in assuring that the learners will have enough supervised time in the clinic setting to become competent and confident in their skills. The schedule may have to be modified to accommodate the clinic schedule or the number of course learners.
There are a number of reasons the trainer would adapt the learning package for a clinical skills course, including:

- The number of days available to conduct the course differs from the number of days in the model course schedule.
- The number of learners is significantly larger or smaller than the number specified in the course syllabus.
- New information or skills need to be added to a course. For example, a group of learners in a male circumcision skills course needs refresher training in infection prevention.
- Clients are available only at specific times.
- Specific types of clients are available only at specific times.
- The results of the precourse knowledge or skills assessment indicate a need to emphasize or de-emphasize certain topics, which results in changes to the course schedule.
- Learners must finish early each day because of organizational or institutional commitments.

**Note:** The schedule and learning activities for a course with a clinical skills component can be adapted or modified only to the extent that client safety is not compromised.

If a course is modified, some parts of the standard learning package (e.g., the course schedule) will need to be revised to reflect the changes. Learners should receive a copy of the new documents on the first day of the course. Other items—particularly the final knowledge assessments, skills checklists and training performance standards—should not be changed for individual courses.

**Trainer Organization and Preparation**

The foundation of effective training is organization—both at the “course level” and at the individual “session level”. It is critical that trainers to be well-prepared as there are so many different components and elements to manage and coordinate. A major focus of preparation is taking care of logistical details and anticipating possible challenges to ensure that the course/session flows smoothly, which limits distractions, reduces stress and makes the most of precious time during the course. In this way, good preparation also demonstrates to the learners that the trainer values and respects them and their time and supports their commitment to learning.

**Course-Level Preparation**

Preparation before the course is essential. If the trainer is involved in conducting training needs assessment related to the course, he/she will be in a better position to revise the course if needed to meet the identified learning needs. If the trainer is not involved in the needs assessment, there is still a lot of basic, course-level preparation to do. This includes reading and reviewing the course materials, gathering basic information about the
learners if possible, practicing all clinical procedures if needed, and checking all supplies and equipment.

- **Review the materials.** As previously described, a typical learning package contains a reference text, learner’s materials, trainer’s materials, audiovisual accompaniments (e.g., a computer-based slides presentation) any other necessary resources (e.g., an anatomic model). Some courses may include electronic media component as well, delivered via the web, CD-ROM, flash drive or other means. In reviewing the course materials, the trainer should pay special attention to the following:
  
  - **Course syllabus and schedule:** These present learner selection criteria, course goals and objectives, assessment methods and an overview of daily activities.
  - **Model course outline:** This provides general guidance for conducting the individual sessions and learning activities, identifying the materials needed to facilitate each; a close review of the course outline will help the trainer plan for each day.
  - **Assessment tools and exercises:** these are the “nuts and bolts” of the course, the means by which the trainer helps participants achieve the learning objectives; a close review of these will help the trainer prepare his/her “trainer’s notes”—more detailed guidance on navigating through various activities to maximize their impact.

**Training Perspectives: The Trainer’s “Toolbox”**

As a trainer, you have a range of key tools available to you to help you develop a workable plan for the course. Use them!

- **Defining the plan:** The learner’s syllabus and schedule, the trainer’s outline, and the various assessment tools and exercises are critical in organizing the overall course and individual sessions.

- **Revising the plan:** These same tools are important in revising/modifying a course based on any specific training needs identified (either through a pre-course needs assessment, pre-course knowledge assessment or other means). You would begin by adapting the course schedule and then revise the course outline accordingly. But remember: although some assessment tools and exercises may also be modified to meet specific needs, others (i.e., final knowledge assessments and skills checklists) should be used as is.

- **Fine-tuning the plan:** Many of the same tools also provide a basis for trainer’s notes, which you will need to prepare for each activity. Learning packages vary in terms of the amount of detailed guidance they offer, and trainer’s notes help close the gap between what is provided and what an individual trainer needs to conduct sessions and activities most efficiently and effectively. Essentially, these notes are your reminders to yourself—of key questions to ask to assess learner understanding or progress, of relevant materials to reference at specific times to reinforce important information, of logistical details to address to improve the flow of an activity, and the like. (Trainer’s notes are further discussed on page 8-10.)

- **When possible, find out about the learners who are attending, as well as the results of any training needs assessments that were done.** Usually, learner selection criteria are outlined in the course syllabus, and they will give you a general idea of who your learners are. But in planning a course that will best meet their needs, it is helpful to know more about them, such as their educational backgrounds, job
responsibilities and information about the facilities in which they work. If you have results from a training needs assessment, or if your program has used standards to identified training needs, use this information to help plan an effective course. Use any additional information you can gather as the basis of reviewing the course, increasing time for training needs identified and reducing time spent on areas that are already performed well.

- **Practice all skills that you will be teaching using assessment tools provided** to be sure you are ready to demonstrate them correctly (and in the “standardized” way). If clinical simulations are included the package, review them to be sure that you are ready to facilitate those activities. Also complete any exercises and take the pre- and post-knowledge assessment to be sure you know the content well.

- **Check all equipment and supplies** to make sure everything is in good working condition and available in adequate quantities. Check audiovisual equipment, anatomic models, instruments or other equipment and supplies required for the course. Make sure you have all of the print materials you need for training, including any handouts, job aids or other materials.

**Tips for Preparing for a Blended Learning Course**

If you are facilitating a “blended learning course” that requires the learners to complete the content component of a course (which focuses on acquiring new knowledge) before they attend a group-based session (which generally focuses on skills training), here are some tips for preparation:

- Build-in time and assign staff to provide materials needed for the content component and follow-up to ensure learners have completed it in time. This can be done through phone calls and email reminders, or arranging for learners to come to complete this component in a central location (such as having them come to an office in small groups) or setting them up at the office or the sites in which they work. Such measures also apply for training approaches that involve paper-based individualized learning in a facility before skills training—learners need support (time, resources, follow-up) to complete this first component before they practice skills in simulation and ultimately work with clients.

- If the course involves the use of computers to complete the content, then training programs need to address the issue of computer-competency of learners. In some programs, learners had never really worked with a computer, so they will need some basic coaching before they get started. In other programs, access to computer may be more of an issue. Whatever the case, you need to ensure that everyone can get to a computer and use it in order to complete the content component of the course in a timely fashion.

- Create a plan for “remedial” updates for learners who have not completed the required content in time for the group-based skills component of the course. Programs can allot time for these staff to catch up on the first day of the course. Alternately, they may establish a policy whereby those who have not completed required content in time are disqualified from attending the group-based session (but may attend a later one, once they have completed the content component).

**Session-Level Preparation**

Here are some key tips for planning for individual sessions, or learning activities.

- **Plan to keep on time.** Indicate time limits in your trainer’s notes or note the time limit in the course outline. And while it may sound basic, make sure there’s a clock where you are training so you can keep track of time. This is very important for tight training schedules.
- **Prepare the questions you want to ask in advance and document them using trainer’s notes.** Remember how important questions are for checking understanding and helping involve learners. Take the time to plan what to ask and when to ask it, and then write it down so you don’t forget!

- **Be prepared.** Be ready for changes in time—for example, be ready with the next activity if you move more quickly than expected and be ready to cut something out if you fall behind in time.

- **Create, and plan to use, use your trainer’s notes.** Trainer’s notes are essential for staying organized. Use them to note times, introduction methods, key points to highlight, questions to ask and summary for the activity. There are several different ways to do this (see **Box**, below).

### Getting and Staying Organized with Trainers Notes
- Good trainers are organized trainers. A great way to get organized, and maintain that sense of organization throughout the course, is to prepare trainer’s notes for each activity. As described previously, trainer’s notes help you navigate the course most effectively and efficiently, while getting the most out of your learners. Here are several approaches to preparing a trainer’s notes. **Mark up a reference manual.** Highlight key information in the reference manual or write notes on the pages—list questions you plan to ask, underline key terms or points you want to highlight.

- **Use a print-out of your computer slide presentation.** Lots of trainers use this approach to indicate where they want to ask questions and make key points.

- **Annotate the course outline.** While not as useful on a “micro-level,” this approach can be very useful for providing overall trainer guidance and keeping organized for the day. There’s not a lot of room to note questions and other details, but some trainers like using the course outline to keep themselves focused.

- **Use training tools.** Often these are handouts, activities, or instructions from the learning resource package. You can prepare your own copy with specific notes and additional guidance about that activity.

### CLASSROOM SELECTION AND ARRANGEMENTS

**Situation 8-3:** You arrive early on the first day of the course. You find that the classroom is large enough, but contains only chairs. There are no tables or audiovisual equipment in the room. Outside of the room there is a table for registration, but you see no area for the morning tea break. What could have prevented this problem? What should you do right now?

Write your responses on a piece of paper and then compare your responses with the ones found at the end of this chapter.

Group-based training is typically held in or on a facility compound, in a training center or in a hotel. The classroom for a group-based course is usually located close to, or in the same building as, the clinic where the clinical portion of training will be held; or it is in a hotel where the learners are staying. Either way, you will also want to ensure that it is convenient to the clinical site, keeping in mind the following:

- **If the classroom is too far from where the learners are staying or from the clinical site, this will mean additional expenses and logistics to manage.**

- **If the classroom (and this is where the clinical portion of training will be held), learners may become distracted by job obligations.**
Here are some other important considerations when selecting a site for your “classroom.”

In choosing a classroom, the clinical trainer should make sure that:

- This course is the only event scheduled in the room for the entire time period (e.g., 10-day course) to avoid moving equipment, packing up models and removing flipchart pages from the walls at the end of each day.

- The space is large enough for the number of learners. The classroom should be large enough to accommodate:
  - Tables arranged in a U-shape or other formation that will allow as many of the learners as possible to see one another and the trainer (this may be difficult in a lecture hall where chairs are attached to the floor)
  - A table in the front of the room where the trainers can place their course materials
  - Space for audiovisual equipment (e.g., flipchart, screen, overhead projector, video player, monitor); the trainer should make sure that learners will be able to see the projection screen and other audiovisuals
  - Space for learners to work in small groups (i.e., either arrange chairs in small circles or work around the tables), unless separate breakout rooms (see below) are available
  - Space to set up simulated clinics (e.g., for activities with anatomic models or counseling practice)

- Breakout rooms for small group work (e.g., case studies, role plays, problem-solving activities) are available if necessary, and are set up with tables, chairs and any materials that the learners will need.

- The room is “temperature controlled”—properly heated or cooled—and ventilated.

- There will be adequate electric power throughout the course (e.g., be sure there’s an adequate power supply, back-up power source and surge protector for the boxlight projector and laptop) and that you have a contingency plan in case the power fails.

- There are toilet facilities which are adequately maintained.

- Telephones are accessible and in working order, and emergency messages can be taken.

- Furniture such as tables, chairs and desks is available. The chairs are comfortable and tablecloths are available.

- There is a writing board with chalk or marking pens, as well as an information board available for posting notes and messages for learners.

- The lighting is adequate, and the room can be darkened enough to show audiovisuals and still permit learners to take notes or follow along in their learning materials.

- The room is quiet (away from distracting sounds) or can easily be made quiet.

- There is audiovisual equipment in working order, with spare parts such as bulbs readily available. The video monitor is large enough so that all learners can see it well.
There are sufficient electrical connections, and extension cords, electrical adaptors and power strips (multi-plugs) are available, if necessary.

- A video camera is available to record learner presentations during the course, if applicable (i.e., for a clinical training skills course).

Always visit and set up the classroom before training starts so you have no unusual surprises!

There are also other arrangements related to the training site which the trainer needs to consider:

- Refreshments for morning and afternoon breaks should be planned. Decide if these breaks will be set up in the classroom, outside of the classroom or in another room (e.g., cafeteria).

- The trainer may need to plan for meals. Decide if these meals will be set up in the classroom, outside of the classroom or in another room (e.g., cafeteria).

- Before the course begins (the day before at the latest),
  - The classroom should be completely ready to receive learners, set up and equipped with the necessary materials and supplies; and
  - The trainer should have everything she/he needs in order, such as training materials, materials for the learner, anatomic models and equipment, and audiovisual aids.

**CLINIC SELECTION AND ARRANGEMENTS**

**Situation 8-4:** On the third day of the course, you take the 12 learners for a tour and introduction to the staff of the clinic where they will have their practice sessions. You meet the clinic supervisor and learn not only that staff did not know that you and your learners were coming, but that there will probably be an insufficient number of clients with whom the learners can work. What could have prevented this problem? What should you do right now?

Write your responses on a piece of paper and then compare your responses with the ones found at the end of this chapter.

**Establishing Clinical Practice Sites**

Many teaching institutions have arrangements with health facilities for clinical practice sessions. When assessing an existing or a potential new clinical site to ensure learners’ exposure to a variety of appropriate and relevant clinical experiences, consider the following:

- **Are the service delivery environment and practices consistent with the skills being?** The clinical site operates in a way that is consistent with what is being taught. And staff should provide high-quality services, including recommended infection prevention practices, in accordance with the performance standards or national guidelines and protocols promoted in course. Only in this way will staff be in a
position to serve as role models for learners and reinforce their learning with real-life examples.

- **Is the facility appropriate for this group of learners?** It is also important that clinical practice occurs in a facility similar to the type of setting in which the learners actually work in. Practicing skills in a big hospital with lots of resources will not provide a realistic clinical experience for learners who will be returning to rural hospitals or clinics or remote outposts.

- **Are staff receptive to supervising learners?** Ensure that staff are receptive to have learners come to their site to practice applying their new skills. If staff seem at all opposed to hosting trainings, find another site. Unwelcoming attitudes can create a negative learning environment. If working regularly with a facility, you may be able to implement changes or create incentives to enhance the staff and facility’s ability to host learners. One strategy might be to provide the staff/facility supplies, training or facility upgrades, or other items of value. Another might be to motivate staff by reminding them of the benefits of their assistance, not only to learners but also to clients, and by adequately preparing them and paying them to work as clinical preceptors when appropriate.

- **Is the facility physically adequate and well-equipped to accommodate the learners and learning experience?** The clinical site should be large enough that everyone—learners, the trainer(s), and patients and staff—can move about without interrupting patient flow and service provision, and without compromising patient safety and quality of services. (When possible and needed, divide the learners into smaller groups and use a number of sites to avoid overcrowding one clinic.) You should also confirm the availability and quality of instruments, equipment and supplies needed. It may be necessary to bring in additional consumables items, such as personal protective equipment, and other items to accommodate the additional learners.

- **Will there be enough clients (of the right type) to provide sufficient opportunities for practice and assessment for every learner in each of the essential skills?** Before selecting a clinical site, carefully consider the objectives that must be met within the clinical setting. Review the course syllabus or assessment case log (if there is one) to identify which competencies need to be practiced and assessed in clinic. Ensure that the number and types of clients coming to the clinic who require care involving the skills being practiced is sufficient to provide adequate practice and assessment opportunities for all learners. For example, if you are assessing child nutrition, an outpatient department with a heavy pediatric caseload will be the best choice. Also, it is important to remember that qualified clinical trainers or preceptors must be present at each clinical site for each clinical practice session. Given this requirement and the issue of caseload, you may need to use several separate sites or different scheduled rotations (staggering the times when learners do their clinical practice session—to ensure that learners get what they need. Schedules can also be adjusted to focus on classroom sessions in the afternoon and clinical practice during the busy morning sessions. This is a complex but critical issue and it may require a complex solution.
Is the site easily accessible for learners and trainers and others on the training team? Is the site close to the teaching institution or easily accessible using public transportation? Will special arrangements need to be made for transportation? Select a site that is as easy to reach as possible. But again, if the clinical practice site is where a learner’s workplace, they may not be able to focus on learning, being distracted by other obligations.

Is this clinical site still meeting learning needs? If it is an existing site, is it still appropriate? It is important to periodically review whether or not existing clinical practice sites are meeting the learning objectives of a course.

Consider all of these factors when selecting clinical sites. It is most important that the clinical site and staff practice in a manner consistent with what you are teaching. As few clinical sites will meet all of the criteria, providing adequate clinical practice is often a challenge. This is one reason humanistic learning is so important—if the learner comes to the clinic well-prepared to work with clients (having reached a certain level of competence with models), this makes the best use of everyone’s time.

As a clinical trainer you should visit the clinical practice site before the course begins. Ideally, training programs develop specific training sites over time by establishing relationships between facility management and staff, improving service delivery practices and upgrading facilities when needed. If not, clinic visits are the best time to establish relationships and get the support you need from management and clinical staff.

Selecting and Preparing Clinical Staff to Participate
Perhaps the most important aspect of preparation is selecting and preparing the clinical staff who will assist with clinical practice sessions. Their assistance ranges from supervising clinical practice as clinical instructors on-site, to working alongside learners demonstrating procedures and assisting, supervising, and providing feedback to learners as they work with patients. Selecting and preparing clinical instructors and staff are essential to creating an effective clinical practice environment.

Clinical instructors and staff may already be in place at certain clinical practice sites, or they may need to be recruited. When selecting clinical instructors or staff to work with learners, look for individuals with the following attributes:

- Time available and a desire to work with learners
- Proficient healthcare delivery skills that are consistent with what is being taught
- Excellent interpersonal communication skills
- Organizational skills
- Teaching skills

Although all of these attributes are important, rarely will you find all of them in one provider. You will have to prioritize among them. Keep in mind that some areas can be strengthened more easily than others; you can address gaps in the instructors’ and staff members’ skills and abilities when you prepare them to work with learners. The desire to
work with learners is a crucial quality that these individuals must have, whereas teaching skills, which are not commonly found in providers, can be developed through training and practice. Another quality the selected individuals must have is proficiency in the skills that the learners are being taught. This area can be strengthened later, but identifying providers who are already proficient in the skills will simplify the process of preparing clinical instructors and staff.

Teaching institutions will sometimes have standing agreements with clinical sites to provide clinical practice opportunities for their learners. There may be a documented agreement between a teaching institution and clinical practice site that describes performance expected from the learners, trainers, clinical instructors, clinical staff, and others involved with teaching. If a formal agreement does not exist for the clinical practice site, clarifying expectations is even more important.

After the selection of clinical instructors and staff to work with learners, it is important to strengthen the areas in which they do not completely fit the profile described on the previous page. Most often, this will mean ensuring that:

- Their clinical knowledge and skills are up-to-date and consistent with what is being taught; and
- They have the teaching skills—such as demonstrating with models, coaching, providing feedback, and performing assessments—that they will need in working with learners.

When clinical instructors and staff first assume this role, ensuring that they have these skills may require considerable effort, including providing workshops, seminars, and key documents and educational materials. Therefore, selection and preparation must begin well before learners move into the clinical practice area. Furthermore, you will need to make sure that clinical instructors and staff have both their clinical and teaching skills refreshed and updated periodically.

Before each clinical rotation, additional preparation of all clinical instructors and staff is required. Some ways to do this are:

- Meet with the clinical instructors and staff members to communicate your objectives and requirements for the clinical rotation and discuss any questions. Communicate expectations for learner and staff performance and any updates or guidelines on new content areas that may have been added. The job aid at the end of this module includes a handout for clinical instructors and staff to help prepare them for their role.
- Inform the clinical instructors and staff of the learners’ abilities and learning needs. Encourage them to clarify the learners’ goals and expectations at the beginning of clinical practice. The staff should do an initial assessment of learners’ skills, even if it is as simple as asking them questions about their experiences and learning needs.
- Inform clinical instructors and staff about how to give feedback on learners’ performance. Provide them with any of the assessment tools (e.g., checklists, recording forms, learner feedback reports) they will need. Assessment tools are described in detail in Plan and Use Skills Assessments. If a staff member is assigned to
the learner, will the staff member be required to fill out the learner feedback form? To whom should the staff come regarding any issues about learners? How often are they expected to give feedback to the learners? Will they participate in any sort of formative or summative assessment of learners? Discuss this with the staff and provide them with training and any essential assessment tools. Share information about how to give feedback in the clinical setting as described later in this module.

- Clinical practice carried out in communities or homes may be difficult for you to observe. An efficient way to prepare those sites is to provide the learners with the necessary information, the learning objectives, assessment tools, and a type of documentation form for recording activities they complete. The learners are then responsible for meeting the learning objectives or sharing them with local staff, as well as documenting their experiences or asking the local staff to document for them. Types of documentation forms are discussed later in this module.

### Preparing the Clinical Practice Environment

Skills practice may begin in the classroom with an introduction to the skill and a demonstration. Depending on the type of skill, it continues with opportunities for practice either in the classroom or in a simulated practice environment before learners perform the skill with patients. What steps do you take before a clinical practice session? What preparations do you feel are most important for giving learners a valuable clinical practice experience? Once an appropriate site has been selected, consider all the different aspects of clinical practice as you prepare for the activity—the physical environment, logistics, patient caseload and the clinic staff.

Prepare for the clinical practice session by making sure the **physical environment** will support your objectives. Consider the following questions when preparing for clinical practice:

- **Has a room been reserved for gathering the learners for discussion or small group activities?** You will need some space for meeting with learners before and after each clinical experience. If there are times when there are no patients, the meeting room can be used for the learners to participate in case studies, role plays, or other small group activities. Arrange for a room or space before the clinical practice session.

- **Again, are the essential drugs, supplies and equipment available?** Each clinical session has its own required supplies. For example, for IMCI, the essential IMCI drugs and supplies must be available for learning to treat the sick child. For many topics related to reproductive and maternal health, certain equipment and supplies must be available for clinical practice sessions. Coordinate with the chosen clinical practice site to ensure that the necessary supplies are available. Clinical facilities must have enough instruments and supplies to provide services to patients on an ongoing basis. It may be necessary to supplement the clinic’s basic supplies of consumable items (e.g., gloves) or to provide additional instruments needed for the procedure to be taught. If all of the supplies you need are not available, you may have to ask learners to bring some of them. Plan for and obtain necessary supplies before the clinical practice session.
Another important aspect of preparing the clinical practice environment is managing logistics. Consider the following as you prepare:

- **With whom do you need to coordinate clinical practice?** Who in administration, the clinic, or floor management needs to assist you in making arrangements for and conducting clinical practice? Arrange times with site administration and the head of the related floor or area for the clinical visit. If there are assigned clinical preceptors, coordinate with them to be sure that they will be available to work with learners on the chosen day.

- **Is practice scheduled at a time when patients are available and that is convenient for clinical staff?** You should schedule practice at times when learners will have enough exposure to patients but not interfere with regular service provision. Also, consider what time of day will provide learners with the most appropriate patients for the related clinical experience.

- **What preparations are needed to ensure adequate and appropriate patient flow for clinical practice sessions?** The patient caseload has already been considered during selection of the clinical site, so preparations involve ensuring appropriate patient caseload and flow for each clinical practice session. Consider the following as you prepare:
  - **Will you need to schedule patients?** Certain skills (antenatal exams, breastfeeding assessment and counseling) may require scheduling patients to ensure a sufficient caseload. Coordinate with the staff to arrange for a sufficient number of appropriate patients for the clinical practice visit.
  - **Are there appropriate types of patients?** The type of patients is just as important as the number of patients. If patients who request certain procedures or who have specified health problems are needed, arrange with clinic staff to schedule appointments or help select appropriate patients from the wards.

**Training Perspectives: Making the Most of Clinical Practice**

In order for learners to demonstrate competency with clients, adequate practice in the clinical setting is essential—and yet there are so many variables and factors that are beyond anyone’s control. Many of the same organization and management skills you have developed in the classroom carry over or can be adapted to the clinical setting, to make the most out of learners’ time there:

- As always organize activities so that learners progress from simpler to more complex skills.
- Make sure each day’s objectives are clear to all involved.
- Have a schedule for each clinic day to help ensure learners do not overload a particular unit, for example, and so that staff are aware of what is going, where and when.
- Take advantage of the case load when it is available, which means you may need to adjust this course schedule (share changes to schedule with all).

And as for those times of low patient flow or relative inactivity during clinical practice sessions, line-up other activities or exercises for the learners to work on. Observing procedures, completing related case studies, and doing other small group exercises keeps the momentum going and may provide valuable learning experiences.
Using Objectives to Plan Clinical Practice Activities

As with any teaching, begin by defining or reviewing the learning objectives. Clinical practice requires learning objectives that address the different types of healthcare delivery skills—communication, clinical, critical thinking, and managerial skills. If you are responsible for a clinical session or rotation, review the learning objectives for clinical practice.

After the learning objectives have been reviewed and defined, determine which objectives can be met in the outpatient department and which in the inpatient ward. Traditionally, most clinical practice has taken place in inpatient settings, even though the majority of healthcare providers will work in outpatient settings during their careers. For this reason, it is essential to develop skills in outpatient settings. External clinics, communities, and home visits are other sites used in clinical practice activities.

**Outpatient Department**

The outpatient department provides many excellent opportunities for learners to develop healthcare delivery skills. The outpatient department is the point of first contact with most patients and, therefore, is the most appropriate place to practice interviewing and interpersonal and counseling skills as well as clinical skills. It is the best place to develop an initial care plan and to teach patients how to implement the plan at home, because the inpatient ward is often more focused on direct medical interventions. It also is an excellent interim step between simulated practice and working with very sick patients in the inpatient ward. Below are some examples of learning objectives that can be met in the outpatient setting:

- Use effective communication techniques when interviewing a patient
- Perform a physical examination
- Observe an IUD insertion
- Provide family planning counseling and methods
- Classify the severity of an illness or suggest a diagnosis
- Provide counseling and testing for HIV
- Educate and counsel a patient or caretaker
- Advise a mother about when to return to the clinic

**Inpatient Ward**

In inpatient settings, patients are usually seriously ill, and have already started a care plan and specific treatments. Inpatient wards are a good place to teach patient management, practice healthcare delivery skills, and demonstrate management of rarely seen conditions. The inpatient ward may help learners meet some of the following skill objectives:

- Assess clinical status
- Perform specific clinical interventions such as administering an intravenous solution
- Document information on the patient’s plan of care, treatment, and changes in condition
Communicate clearly with clinical staff and family (as appropriate) the findings about a patient

Review diagnostic test results and apply them to the patient’s condition

**External Clinics and Home Visits**

Some programs have a community or home-based component, and some may depend on distant clinics for clinical practice opportunities. These sites may be useful for meeting objectives around the following skills:

- Assessment of environmental hazards
- Group and individual education skills
- Communication skills
- History-taking skills
- Infant and postpartum visit assessment skills

**CHAPTER SUMMARY**

Effective planning of a training course is a process that begins well before the course—careful preparations. As a trainer, you will function in different roles during this process, ensuring that the participants, course materials, training and clinical practice sites are all appropriately selected and adequately prepared for their part in supporting the learners in achieving competency.

- A good trainer is an organized trainer. And the foundation of effective training is good preparation—both at the “course level” and at the individual “session level.” A major focus of the trainer’s preparation is taking care of logistical details and anticipating possible challenges to ensure that the course/session flows smoothly, which limits distractions, reduces stress and makes the most of precious time during the course.

- Selection of appropriate learners is critical to ensure that the types of individuals selected to attend are those for whom the event was designed.

- Selecting standardized learning materials helps ensure consistency in the transfer of knowledge and skills and in objective evaluation of learner performance.

- Appropriate and well-prepared training and clinical practice sites are critical to supporting the learners as they progress toward achieving the desired competencies.

The trainer plays many roles in planning a training course (and there are many job aids to assist in this process). When the training course begins, and as it continues to go smoothly, the trainer will find that such careful planning was well worth the effort, and has helped to create an environment where the successful transfer of knowledge, attitudes and skills can occur.
**SITUATION RESPONSES**

**Situation 8-1**
This is a common problem and one that is not easily handled. Ideally, the trainer should approach the learner and try to determine why the individual is attending the course. What is the learner’s understanding of why s/he was selected and what s/he is expected to do as a result of attending the course? If it appears that there has been a misunderstanding and that the individual is able to leave the course without embarrassment, this is the ideal situation.

If, due to any number of circumstances, the individual must remain in the course, make it very clear to the learner (and her/his supervisor if possible) that this person will not in any way endanger clients or impede the progress of the course. This learner should receive a “statement of participation” as opposed to a “statement of qualification” when learners in the course are being qualified as service providers.

**Situation 8-2**
This is a very common and challenging situation for the clinical trainer. The model course design calls for a specific number of days needed to deliver a course. When you receive a request to modify the course schedule you will have to consider a number of factors (presented in this chapter). The primary issue is the point at which client safety becomes a concern because learners are unable to achieve all of the course objectives. Although it may be easy to conduct the course in 9 days, it becomes more difficult when it becomes 8, 7 or fewer. If you feel that the quality of the shortened course will jeopardize client safety, do not conduct the course!

**Situation 8-3**
This problem could have been prevented by talking with someone at the training site in advance and explaining specific needs with regard to room furniture and its arrangement, audiovisual equipment, plans for breaks and meals and many other items presented in this chapter. Arriving early and checking on arrangements the evening before the course will also help to prevent these types of problems.

The best solution at this point is to quickly arrange the room as well as you can before the learners arrive, using whatever furniture you can locate easily. Start the course on time and explain the problem to the learners. At the first tea or lunch break, find out what other furniture and equipment, if any, is on the premises and can be brought to your classroom. Continue working on these arrangements at the next break or at the end of the day. If possible, find someone at the site to assist with locating tables and audiovisual equipment, either on the premises or elsewhere, and bringing them to the classroom.

**Situation 8-4**
This is a major problem and could have been avoided if the trainer or faculty member had visited the site in advance, talked with the supervisor, toured the clinic and discussed course objectives, number of learners, client caseload and related matters.
Given that the course is underway, there are several alternatives. First and foremost, apologize to the supervisor and explore any alternatives within that clinic. Second, consider looking for another clinic site (which may require additional transportation and an additional clinical trainer). Third, consider dividing the learners into two groups. One group can work in the clinic while the others practice in the classroom (e.g., working with models, participating in role plays).
## TRAINER’S CHECKLIST FOR CLINICAL TRAINING COURSE PREPARATION

<table>
<thead>
<tr>
<th>KEY PREPARATION STEPS</th>
<th>WHEN COMPLETE</th>
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<tbody>
<tr>
<td><strong>Learner Selection and Management</strong></td>
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<tr>
<td>1. Review learner selection criteria in course syllabus</td>
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<td>2. Visit the potential learners in their clinical sites (if possible)</td>
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<td>3. Clarify responsibility for learner transportation to and from the course</td>
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<td>4. Arrange learner transportation to and from the clinical training sites</td>
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<td>5. Clarify housing arrangements</td>
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<td>6. Clarify per diem rates (if applicable)</td>
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<td>7. Clarify housing costs</td>
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<td>8. Provide the learners with the phone and fax numbers of the training site and/or person making arrangements, if appropriate</td>
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<tr>
<td><strong>Classroom Logistics</strong></td>
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<tr>
<td>1. Consider issues of cost and proximity to work and clinic when selecting a site</td>
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<td>2. Ensure that the classroom is sufficiently large and has good light and ventilation</td>
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<td>3. Ensure that the required audiovisual equipment is available</td>
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<td>4. Arrange for breakout rooms, if applicable</td>
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<td>5. Arrange for breaks and meals, if applicable</td>
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<tr>
<td>6. Arrange to set up the room the day before the course begins</td>
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<td>7. Make sure the furniture is arranged appropriately</td>
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<tr>
<td><strong>Clinic Logistics</strong></td>
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<tr>
<td>1. Ensure adequate number of clients</td>
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<td>2. Ensure that there is adequate space in the clinic</td>
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<td>3. Ensure that adequate supplies are available</td>
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<td>4. Ensure that appropriate service provision practices are being followed</td>
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<td>5. Ensure that clinic staff are aware that individuals in training will be working in the clinic and that they are aware of the course objectives</td>
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</table>
### Classroom Preparation

1. Review the course syllabus
2. Review the course outline
3. Review the course schedule
4. Review the checklists
5. Review the pre- and midcourse questionnaires
6. Study the reference manual
7. Prepare presentation notes
8. Prepare supporting audiovisuals
9. Check all audiovisual equipment
10. Prepare anatomic models, instruments and other equipment
11. Practice clinical procedures with models

<table>
<thead>
<tr>
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<tr>
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<tr>
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<tr>
<td>5. Review the pre- and midcourse questionnaires</td>
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<td>6. Study the reference manual</td>
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<tr>
<td>7. Prepare presentation notes</td>
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<td>8. Prepare supporting audiovisuals</td>
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<td>9. Check all audiovisual equipment</td>
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<tr>
<td>10. Prepare anatomic models, instruments and other equipment</td>
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<tr>
<td>11. Practice clinical procedures with models</td>
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## SAMPLE TRAINING PREPARATION CHECKLIST

<table>
<thead>
<tr>
<th>TASK</th>
<th>PERSON ASSIGNED</th>
<th>DATE DUE</th>
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<tr>
<td><strong>LOGISTICS</strong> <em>(SHOULD BE AT LEAST 1–2 MONTHS PRIOR)</em></td>
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<tr>
<td>Ensure that the training venue has been appropriately selected (classroom and clinical) and is adequate to create a positive learning climate, conduct the planned activities, and meet the course objectives.</td>
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<tr>
<td>• Confirm clinical training sites:</td>
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<td>- Location</td>
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<tr>
<td>- Capacity for training</td>
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<tr>
<td>• Meet with clinical staff and management</td>
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<tr>
<td>• Ensure that client scheduling is arranged with clinic staff or management as needed</td>
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<tr>
<td>• Prepare clinical staff if additional preceptors are needed</td>
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<tr>
<td>• Ensure participants have been invited. <em>(Include information on travel reimbursement, per diem provided, lodging facilities, etc.)</em></td>
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<td>• Ensure any consultants needed are arranged for <em>(SOW and contracts, etc.)</em></td>
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<tr>
<td>• Ensure logistics are being managed: <em>(Include dietary needs, travel and transportation, lodging and per diem)</em></td>
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<tr>
<td>• Ensure transportation to clinic site is arranged <em>(if needed)</em></td>
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<td><strong>MATERIALS</strong></td>
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<tr>
<td>Ensure that the necessary training materials are prepared in time</td>
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<td>• Trainers materials</td>
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<td>• Participants materials</td>
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<td>• Training supplies</td>
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<tr>
<td>• Reference documents</td>
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<tr>
<td>Ensure that all the necessary models, instruments and supplies are in good condition and will be available when needed</td>
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<tr>
<td>• Ensure supplies are in place for projection of AV materials <em>(extension cords, power supply, surge protector)</em></td>
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<tr>
<td>• Ensure that participant certificates of qualification or participation are drafted, finalized, and printed</td>
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### SHORTLY BEFORE

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<tr>
<th>TASK</th>
<th>PERSON ASSIGNED</th>
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<tbody>
<tr>
<td>Review any training needs assessment or learning needs assessment information</td>
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<tr>
<td>Review course materials and adapt if needed</td>
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<tr>
<td>Take pre and post assessments or review for accuracy, practice skills</td>
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<td>Reconfirm clinical training site arrangements</td>
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<tr>
<td>Reconfirm role of consultants</td>
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<tr>
<td>Meet with trainers to coordinate roles and responsibilities if needed</td>
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<tr>
<td>Make sure training manuals and reference or source materials are there</td>
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<tr>
<td>Prepare certificates for statements of qualification or participation</td>
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<tr>
<td>Visit classroom and arrange it, check supplies and equipment</td>
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COURSE SYLLABUS FROM LAM FACILITATION SKILLS COURSE FOR MATERNAL, NEWBORN AND CHILD HEALTH PROVIDERS AND TRAINERS

Participant Learning Objectives

LAM Technical Update—By the end of Day One of the course, participants will be able to:

1. Discuss the benefits of healthy timing and spacing of pregnancies (HTSP)
2. Explain the basic mechanism of action and effectiveness of LAM
3. Describe LAM criteria and the importance of each
4. List advantages and limitations of LAM, including counseling for the HIV-positive woman
5. Discuss opportunities for integrating LAM counseling with other services
6. Identify appropriate timing of introduction of key methods of contraception to the breastfeeding mother
7. Discuss optimal breastfeeding practices
8. Identify basic LAM counseling content and approach, including use of key learning tools/job aids
9. Provide LAM counseling
10. Discuss attitudes toward LAM

Facilitation Skills Update—By the end of Day Two of the course, participants will be able to:

1. Discuss the principles of effective teaching and learning
2. Describe the use of effective facilitation skills
3. Describe a variety of teaching methods
4. Discuss the effective use of relevant audio-visual aids
5. Demonstrate LAM facilitation skills
6. Discuss effective on-site supportive supervision
7. Effectively prepare for conducting a LAM Workshop
8. Conduct a LAM Workshop for MNCH Service Providers

Practicum—By the end of Day Three of the course, participants will be able to:

- Demonstrate effective LAM facilitation skills

Training/Learning Methods

- Illustrated lectures and group discussions
- Case studies and other exercises
Demonstration of LAM counseling skills through role plays

Mentoring and coaching participants in conducting a LAM Workshop for Maternal, Newborn, and Child Health Service Providers

**Participant Selection Criteria**

Participants for this course should be Maternal, Newborn, and Child Health service providers and trainers. Ideally, they should be currently active in maternal, newborn, and child health services and in training.

**Methods of Evaluation**

**Participant:**
- Participant self-assessment and peer assessment of LAM counseling skills using the LAM Counseling Checklist
- Training skills assessment by peers and trainer using the Training Skills Assessment Checklist

**Course:**
- Course evaluation (to be completed by the participant)

**Course Duration**
- Three days

**Suggested Course Composition**
- Up to 24 participants
- One or two trainers
CONDUCTING A CLINICAL TRAINING COURSE

Chapter Nine

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During the Course .................................................................................................... 9-3
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A Typical Day: From Beginning to End .................................................................... 9-5
Finishing Up: Determining Qualification and Action Planning ............................... 9-9
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INTRODUCTION

When conducting a clinical skills training, the clinical trainer—both the content and skills expert for the course—has much to do. Certainly, the course outline provides a foundation, or plan, for the training; however, it is the trainer who is responsible for translating that plan, as well as the learning materials and all that she or he has learned, into a successful learning experience.

- **Before the course**, the trainer must figure out how to deliver the content creatively, in a way that keeps the training focused on the learners and ensures that the learning objectives are achieved. Broader-level organization, preparation and logistical arrangements, as discussed in Chapter 8, must occur well before the start of the course. How each hour, each day, will be conducted becomes the trainer’s focus in the weeks before it begins.

- **Throughout the course**, the trainer must manage the day-to-day activities, ensuring that the materials needed are in place and logistics continue to flow smoothly. She/he must also facilitate the learning activities and practice sessions, while keeping learners engaged and maintaining a positive learning environment. In the clinical setting, the trainer must make the best use of limited time and opportunities—working with clinical staff and learners to maximize learner exposure to clients, while putting the comfort and safety of clients first. In order to help learners develop competence and determine whether they have mastered the knowledge and skills outlined by the course objectives, the trainer will continually perform formative assessment and periodically conduct summative assessment. In the final summative assessment, the trainer will determine if the learner can be qualified to provide beginning-level services independently. And throughout all of this, if there are “problem learners” in the course, the trainer will need to have strategies for dealing with these learners and keeping the training session moving forward.

- **After the course**, the trainer’s job still is not done. He or she will use a variety of evaluation techniques to determine the effectiveness of the course (as described in Chapter 7, as part of “Using Assessment to Evaluate and Guide Training”). He or she
should also document and report findings as part of an ongoing effort to strengthen training activities. Depending on their programs, trainers may also visit course graduates and their immediate supervisors in their workplaces, to ensure that the knowledge, attitudes and skills acquired during training have been transferred to the site, resulting in improved performance and better care for clients.

This chapter provides a general overview of the entire process of conducting a clinical skills course, while highlighting a few aspects that have not yet been discussed or fully addressed.

BEFORE THE COURSE

Situation 9-1: You are observing a colleague as she conducts her first service provider course. She asks many questions and interacts with the learners, but she has a tendency to stand behind a table and read information from the reference manual. What would you advise her to do to prevent reading from the reference manual?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Trainer preparation is essential to conducting a successful course. The trainer will find that the thorough preparation was well worth the effort when the course runs smoothly and the learners leave with the ability to competently perform the skills acquired during training. A well-designed learning package contains three planning documents the trainer will use in preparing for training—the course syllabus, schedule and outline. As previously described, these components of the learning package may need to be revised to reflect adaptations to the course. This chapter assumes that the material made available to the trainer reflects such changes.

Preparation for training falls into two categories: getting ready for the course in general (e.g., obtaining necessary supplies and equipment) and planning individual training sessions. The following steps are recommended. Refer to the workshop preparation checklist in Chapter 8 for the training performance standards for guidance on preparation.

The main tasks the trainer should complete to prepare for a training course are as follows:

- Review any results from a training needs assessment or any documentation from an assessment visit if clinical performance standards are being used. Revise the course as needed based on these findings.

- Review the course syllabus, including the course description, goals, learning methods, training materials, methods of evaluation, course duration and suggested course composition (see Sample 8-3).

- Review the course schedule (see Sample 9-1). This is a shorter version of the course outline, providing a simplified overview for learners.

- Study the course outline (see Sample 9-2). The course outline provides detailed suggestions regarding the teaching of each objective and the facilitation of each
activity. Based on suggestions in the course outline and the trainer’s own ideas, the trainer will gather the necessary equipment, supplies and materials. The trainer should also compare time estimates in the course outline to the schedule to ensure that sufficient time has been allotted for all sessions and activities.

- **Read and study the reference manual** to ensure complete familiarity with the content to be presented during the course.
- **Create trainer’s notes** (as further discussed Chapter 8)
- **Review assessment tools** and make copies if needed
- **Check all audiovisual equipment** (e.g., overhead projector, video player, flip chart stand).
- **Check all anatomic models** (e.g., are they clean and in good condition, are all parts in place).
- **Practice all skills using the** checklists or other assessment tools provided.
- **Obtain information about the learners who will be attending the course.** It is important for the clinical trainer to know basic information about learners such as:
  - Why the learners enrolled in the course. Sometimes this can be determined in advance, although often the clinical trainer has to ask learners on the first day of training. It is important for the trainer to know why they are attending and how they feel about coming to the course in order to create a positive learning climate and achieve course objectives.
  - The experience and educational background of the learners. The clinical trainer should attempt to gather as much information about learners as possible before training. If this is not possible, the trainer should inquire about their backgrounds and expectations during the first day of the course.
  - The types of clinical activities the learners will perform in their daily work after training. Knowing the exact nature of the work that learners will perform after training is critical for the clinical trainer. The trainer must use appropriate, job-specific examples throughout the course so that learners can draw connections between what is being taught and what they will need to do. This is an excellent way to reinforce the importance of what is being learned.

**DURING THE COURSE**

**Day One: Presenting a Course Overview**

<table>
<thead>
<tr>
<th>Situation 9-2: You have been waiting to attend this Norplant implants training course for over a month. Now the day is here and you are sitting in the room with 14 other learners. The two trainers are ready to begin the course. What information are you hoping will be covered during the course overview?</th>
</tr>
</thead>
</table>

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.
An introductory course overview usually includes the following:

- **Review course goals and learner learning objectives.** *Examples:*
  
  “Welcome to the clinical training skills course. My name is Ilka and I will be one of your trainers. The goal of this course is to prepare proficient service providers to become clinical trainers. As clinical trainers, you will be training new service providers. Let’s take a look at the course objectives.”

- **Facilitate learner introductions.** *Example:*
  
  “Let’s take a few minutes and introduce ourselves. I would like you to find another learner to interview. In addition to your partner’s name, ask her or him to share one characteristic of an effective trainer. Please take about 5 minutes and then we will meet everyone.”

- **Describe the course schedule and activities** that will occur during the course. *Example:*
  
  “Each of you has a copy of the course schedule. Note that the major activities are identified for each day including classroom presentations, clinical demonstrations using the models and practice sessions. You will see that during this course you will have the opportunity to plan and present a classroom presentation and a clinical role play. Are there any questions about the schedule?”

- **Examine the course materials.** *Example:*
  
  “The reference manual we will be using in this course is *IUD Guidelines for Family Planning Service Programs*. The manual contains the essential, need-to-know information we will be learning during the course. In addition, you have a copy of the learner’s handbook which contains the course syllabus, schedule and other information we will use during the course.”

- **Review learner expectations** for the course. *Examples:*
  
  “Each of you came to this course with certain expectations. Now that you are aware of the course goals, objectives and schedule, the trainers would like to know if you have any special expectations. These could be things you want to learn or do during the course in addition to what has been planned.”
  
  “Please talk with the person next to you. Once you have identified your expectations, please write them on the flipchart in the front of the room. These will be posted on the wall for reference throughout the course.”

- **Indicate the location of telephones, bathrooms and other services.**

- **Answer any questions learners might have.**
A Typical Day: From Beginning to End

Introducing the Training Session

After a warm-up or energizer to generate interest and get the learners engaged (see the Resources section of ModCAL), the trainer should introduce each training session. This sets the tone, expectations and atmosphere for the session and, collectively, the day. Chapter 2 provides several specific examples for introducing a training session. The trainer should choose a technique with which s/he is comfortable. As the clinical trainer gains more experience in interactive training methods, the variety of introductions used will increase.

With introductions, the important point to remember is that the trainers’ enthusiasm about the topic should be genuine. Learners will recognize if the trainer is not truly interested in the subject and, as a consequence, any momentum the trainer is trying to build will rapidly decline. During the introduction, the trainer should monitor and assess the group’s attentiveness as well. When the group is focused totally on what is unfolding before them, they will be ready to move to the next part of the session.

Facilitating—and Discovering—Learning Activities

Situation 9-3: You are conducting a clinical skills course for IUD service providers. During the session on counseling, you suddenly decide this would be a good time for an activity. You ask the learners to divide into small groups and practice counseling each other. As you move around the room you find that most of the learners in the small groups are just talking and that they are not sure what they are supposed to do. You ask yourself, what went wrong?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

No matter what learning activity she or he is facilitating, the trainer should adhere to the following the facilitation process—the several techniques for which are detailed in Chapter 2:

- **Introduce** the activity in a way that generates interest. All introductions should include a review the objective or objectives of that learning activity.
- **Facilitate** the learning activity using the basic facilitation techniques discussed, such as questioning, audiovisuals aids and feedback. This will enable the trainer to maintain learner interest; develop a deeper understanding in them of the knowledge, skills and attitudes needed to achieve competency; and continually assess their understanding.
- **Summarize** the activity effectively and creatively, including a transition to the next topic/activity.

Note: Although the course outline will provide basic guidance on conducting learning activities, the trainer is advised to create trainer’s notes (as discussed in Chapter 8) that include more explicit instructions, as needed. He or she might also create more detailed plan, based on suggestions in the course outline that can be used as a guide during the learning activity. See Sample 9-3 for a detailed learning activity plan based on an IUD clinical skills course outline.
The elements of the facilitation process are really the “building blocks” of conducting all formal learning activities, whether in the classroom or the clinical setting. There are many other opportunities for learning, however, that can only be discovered—not planned. To make the most out of these informal learning experiences, the trainer should keep the following principles in mind:

- Activities outside of class and conversations during meals and refreshment breaks can be a means of informal learning for both the clinical trainer and the learner, as well as a means of creating a relaxed atmosphere. The clinical trainer must remember, however, to maintain professional standards and respect the confidentiality of such informal conversations.

- Commitments made by a clinical trainer during informal activities are as valid as those made in the classroom. The trainer should follow through on promises made to learners, whether it is for photocopying a topic-related article, arranging an introduction to a colleague or bringing up a learner’s point for discussion in the next training session.

- Incorporating into the learning activities ideas that learners discussed during informal conversations is a way for the clinical trainer to show that their contributions are valued. The trainer can ask learners to help with remembering certain topics: “Please remind me to use your experience with a difficult removal of Norplant implants in tomorrow’s demonstration.”

Conducting Final Knowledge and Skills Assessments

Situation 9-4: You are attending a clinical skills course and understand that in order to be “qualified,” you will need to demonstrate mastery of specific knowledge and skills before the end of the course. According to the course schedule, the midcourse questionnaire is to be administered tomorrow afternoon. The trainer has just announced, however, that since there are only eight learners, the course will finish one day early. Consequently, the midcourse questionnaire will be administered this afternoon after the last session has been presented. You point out to the trainer that this will not allow the learners sufficient time to study the material from the last session. She agrees and says that during the last presentation she will stress “key points” you should remember for the test. As a future clinical trainer, what advice would you give to the trainer regarding how the midcourse questionnaire is being administered?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

As discussed in Chapter 7, although much of assessment is continuous and informal and geared toward building learner competence (i.e., formative assessment), there are specific points during a course when the results of an assessment are the basis of critical decisions. These summative assessments—conducted according to specific protocols using specific tools—help trainers decide whether a learner is ready to advance.

- The final knowledge assessment (or mid-course assessment), using a validated objective written exam, is administered after the knowledge portion of the course; learners who achieve a (predetermined) passing score are deemed ready for the skills portion of the course.
During the skills portion of the course, skills assessments, using validated standardized checklists, are conducted to determine when the learner can move on to the next level of responsibility, such as practicing skills with actual clients.

A final assessment, largely based on assessment with a validated standardized checklist, determines whether the learner has achieved competency and can become qualified.

**Summarizing Training Sessions**

The trainer should summarize each training session. Chapter 2 provides several specific examples for summarizing a training session. An effective summary should be brief as well as interesting. Questions or short games are great ways to keep learners engaged at the end of long day or challenging activity, while ensuring that they have understood important content. The summary should also relate to other content and activities in the course, providing a clear transition between one segment and the next. And finally, an effective summary should remind learners of the relevance of the topic to what they’ll be doing in the workplace. Sometimes, a summary of the entire day’s activities will suffice. However, when the day’s content is particularly varied or the topics complex, periodic summaries may be used throughout the day to keep learners on track.

**Dealing with Problem Learners**

As addressed in Chapter 8, anticipating and managing logistical problems (in the classroom or clinical site) through organization and preparation is a major responsibility of the trainer. Problems with individual learners are more difficult to foresee, but they can pose just as much of a threat to the learning environment and overall success of the course. Experienced clinical trainers can share many stories about difficult moments with individual learners or training groups. A necessary training skill for every trainer to learn is how to handle problem learners without decreasing the motivation and rate of learning of all of the other learners. The majority of learners in a clinical skills course who cause interruptions do so unintentionally, without realizing the effect they are having on others. To further complicate matters, the disruptive behaviors of one or more learners can quickly spread to the others in the group.

Although there is no one way to handle a problem learner, there are a few basic strategies that can be helpful:

- Never embarrass or “put down” the problem learner in front of the others.
- Handle the situation early, before it becomes a serious matter.
- Always use tact and diplomacy.
- Manage personal feelings and remain in control; never show annoyance or lose your temper.

Below is a list of common situations with problem learners that can occur during a clinical skill course, and the corresponding potential solutions that trainers can use to deal with them.
Problem: A learner wants to talk all of the time.
Possible Solutions: Show that you are actively listening by summarizing the learner’s point of view, and then move the discussion forward. Ask other learners for their input. Ask the problem learner to hold off until a break.

Problem: A learner wants to talk about a topic unrelated to the current discussion.
Possible Solutions: Ask the problem learner to wait until later in the course (if appropriate). Ask the learner to meet with you during the next break or at the end of the day to discuss the topic.

Problem: A learner continually talks with another learner.
Possible Solutions: Use nonverbal methods to regain their attention (e.g., make eye contact, move closer). Ask the problem learner a question (make sure to say the learner’s name first). Ask these learners if they have a question. Ask them (privately, if possible) to refrain from talking.

Problem: A learner strongly expresses disagreement with what the trainer says.
Possible Solutions: Summarize the learner’s point of view and ask other learners for their opinions. Agree to disagree. Agree in part and then state how you differ and why.

Problem: A learner has a distracting habit (e.g., pencil tapping, pen clicking, paper shuffling, etc.).
Possible Solutions: Use nonverbal methods to get the learner’s attention (e.g., eye contact). Ignore the behavior if it is not detracting from the session. Privately ask the learner to stop.

Problem: A learner is working on something else during the training session.
Possible Solutions: Use nonverbal methods to get the learner’s attention (eye contact, moving closer). If a group activity is underway, ask that everyone participate. Each time the learner returns to the other work, direct a question to this learner. Privately ask the person to participate actively in the course.

Problem: By arriving late or coming and going at will during the course, a learner does not respect the training schedule.
Possible Solutions: Adhere to the course schedule; do not let everyone suffer because of one learner’s lateness. Remind learners of the course schedule. Ask the learner a question about content that was presented when this person was not in class, not to embarrass but to show that important information is being presented. Privately request promptness (as a courtesy to the rest of the group, not just to the trainer).
Problem: A learner does not participate at all during the discussion.

Possible Solutions:
- Use nonverbal means (e.g., eye contact, smiling) to draw the person into the discussion.
- Direct discussion questions to the learner.
- Interact with the learner during breaks.
- Ask the learner to be the leader in a small group activity.

Problem: A learner does not complete assignments.

Possible Solutions:
- Reemphasize the purpose of the assignments.
- Be sure always to discuss assignments after they are completed to show the value of the assignment.

The ways in which problem situations are handled will give further credibility to the clinical trainer’s leadership. Dealing with problems promptly and effectively will allow more time to concentrate on giving presentations and leading discussions.

Finishing Up: Determining Qualification and Action Planning

**Qualification**

**Situation 9-4:** You have been asked to conduct a course for IUD service providers. In this course you will be presenting information to the learners, and they will be practicing clinical skills with anatomic models and with clients. During the course overview, one of the learners asks you, “How will we be tested to make sure we are qualified to provide IUD services when we complete this course?” How do you answer this question?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

Qualification has been discussed in great detail in Chapter 7—and throughout the manual. It is mentioned here again because it is as much the trainer’s goal in conducting the course as it the learner’s goal in attending it. Qualification means that the learner has been deemed competent to provide the services targeted by the course at a beginning-level independently, given an enabling environment. It is a stepping stone into a world of greater responsibility and, it is hoped, greater reward. Certainly, the provider has increased his/her capacity to provide better care to the woman and families of the communities they serve.

It is critical to ensure that the assessment of each learner is properly documented and signed off by the trainer. This would involve compiling the results of knowledge assessment and observed performance of essential skills with checklists, along with the statement of qualification (if applicable). **Sample 9-4** shows a sample statement of qualification.

**Action Planning**

Each learner should clearly understand whether she/he has been qualified as competent, and “passed” the course, or not. If not, an action plan for meeting competency must be developed by the trainer and shared with the learner. This type of action plan will outline specific steps the learner can take to become qualified.
Action plans also represent a key strategy to facilitate transfer of learning to the workplace. As such, the trainer, course graduates and relevant supervisors should all have a copy of any action plan created. Such action plans outline goals for applying new competencies in the workplace. When possible, the trainer should have teams of learners from the same department or facility develop a team-based action plan together, listing specific activities that will support transfer of learning to their workplace. Action plans are also used during follow-up visits to graduates on the job to assess transfer of learning and help them overcome any obstacles in applying their newly competencies.

### AFTER THE COURSE

**Situation 9-5:** You and a co-trainer are conducting a clinical skills course. The day before the course ends your co-trainer asks you about allowing the learners an opportunity to provide written feedback about the course. You remember that this is mentioned in the course schedule, but you both have been so busy that you forgot to prepare for this. What kinds of questions should you include in the end-of-course written evaluation?

Write your response on a piece of paper and then compare your response with the one found at the end of this chapter.

**Evaluating the Course**

Evaluation is an integral part of the clinical training process. Evaluation can determine whether the training has met its goals (i.e., whether learners’ knowledge, attitudes and skills improved) and identify aspects of the course that should be strengthened. Evaluation of the course is not only an end-of-course activity performed by learners, filling out a form. It is integral part of the learning experience (as described in Chapter 7), conducted both formally and informally, and may occur several times during the course; it may provide not only learners, but also clinic staff and others, many an opportunities to weigh in on how the course is going and to affect change when needed.

At the end of the course, however, it is especially important to ensure that all the essential elements are completed, and that the proper course documentation is in place. The trainer should use the learner’s course evaluation to obtain feedback on the course and his/her performance as a trainer. Trainers should also do self-evaluations after a course is completed and request feedback from co-trainers and others about how the course went—as part of their continuous learning as a trainer.

**Documenting and Reporting Results**

End-of-course activities also include gathering required feedback, as a means to improve the course or your own training skills and approaches; to document that learners satisfactorily completed the course and are deemed competent; to facilitate transfer of learning after the end of the course; and to verify that you have all the learner data and course information you need before learners leave.

The trainer should understand exactly what she/he information she needs to get before training begins, and fulfill the responsibility as close as possible to the course end. Each country, each organization, each program may have its own data forms that need to be
completed. Usually each learner must complete a training information form, and there may also be an overall training information form that the trainer must fill out. These forms will usually be supplied by program staff or those who have organized the training course. Whatever the individual requirements for a specific course, the trainer should:

- Compile and share data. Complete or compile any data required by your program and share it with the required personnel.
- Prepare a training report that summarizes main findings and recommendations. This may or may not be required by your program or sponsors. If it is required, they will provide guidance on reporting.
- Debrief program staff or sponsors on training outcomes, in-person or virtually. This may be done using a training report, phone call, email or other means. Again, the training debrief should include a summary of findings and recommendations for the future.

Sample 9-5 shows a sample of a form which records information about the learner (e.g., name, date and topic of course attended, scores on questionnaires). Both the trainer and the participating agency should keep copies of this form for future reference. It is recommended that, if possible, course graduates be observed in their institution, within three to six months of completing a course, by a course trainer or other qualified individual.

Supporting the Learner after Training

Clinical training often fails to produce long-term results when attention is not given to transferring training to the workplace. Application of newly acquired skills to the job is not the responsibility only of the learners. The clinical trainer and the training/service delivery organization should make every effort to ensure that each learner has the opportunity, resources and motivation to apply the learning on the job. This is especially true for the complex surgical skills learned in clinical training.

Clinical trainers can ensure that training is effective, stays with each learner and gets applied on the job by:

- Using training activities that promote transfer of the new skill or activity to the workplace
- Contracting (developing action plans)
- Providing for follow-up sessions

New skills and activities such as postpartum family planning counseling, ARV management and AMTSL need to be practiced soon after training or they will be lost and never applied.
Effective Transfer of Skills

Before training starts, there should be a clear idea of how the learners will use newly acquired clinical skills. The clinical trainer should know that all parties—supervisors, learners and other trainers—understand and agree to what the learners will be expected to do after returning to the job. Any resources, including time, staff support, equipment and supplies needed to carry out the new skills should be planned for before the learners enter training, not after resuming their work.

In addition to the pretraining planning needed to ensure transfer of new skills back to the workplace, there are a number of other training activities which will increase the probability that learners will use their new skills. For example, any training activity that is seen by the learner as realistic and work-related will increase the likelihood that what has been learned will be applied. Finally, skill practice with clients, problem-solving discussions and role plays give the learner confidence to apply new skills effectively and avoid the embarrassment of failure while on the job.

The following training materials and activities also can increase transfer of training to the job:

- Problem-solving reference manuals and handouts which learners can use to refresh their memories once they return to their jobs
- Learning guides which summarize the key steps of a skill or activity
- Analysis of work-related barriers to applying skills
- Role plays focusing on ways to deal with difficult situations on the job
- Action planning to map out how and when new skills will be applied
- Training people in “teams” from the same work unit (e.g., training the counselor and the service provider together)

Contracting

Another way that clinical trainers can increase learning transfer is “contracting” with course graduates about implementation of their action plans. In this context, a “contract” means a nonlegal pledge to carry out a plan. It should pledge action by the person (e.g., to perform a specific number of procedures or to report on difficult cases) as well as action by the clinical trainer (e.g., to consult on problem cases or provide help in overcoming barriers).

To be effective, these contracts should include the following elements:

- Early commitment. Secure commitment for goals (action plan) early in the training or before the training begins, if possible.
- Realistic goals setting. Make sure that goals are specific, measurable, achievable and realistic.
- Public discussion. Provide opportunities for discussion of action plans with fellow learners. Feedback helps create realistic planning, discussion can create a support network of colleagues who can help carry out the plans, and public commitment increases the likelihood that the plans will be implemented.
Monitoring procedures. When possible, build in opportunities for clinical trainers or local expert service providers to visit a learner’s work site to monitor progress in carrying out the action plan. When personal visits are not possible, write or telephone to check on implementation of the plan.

Follow-up Sessions
Most clinical trainers know that training follow-up is essential, but few actually do it. The excuses are many and include:

- “I have no time.”
- “I have no budget.”
- “I have other courses to conduct.”

Perhaps clinical trainers would take follow-up more seriously if they realized that relopse (learners who go back to their pretraining ways of doing things) rates can be as high as 90% without follow up.

Follow up can be almost any contact between the clinical trainer and learners that help the learners apply what they learned more effectively. The more intensive and frequent the follow up, the more likely it will support transfer of learning. For effective follow up, the clinical trainer can:

- Send relevant articles to learners after training
- Exchange correspondence about successes and problems
- Encourage learners to “network” and support each other
- Send equipment or supplies to support the work
- Make personal visits to consult on problems or meet with supervisors
- Organize refresher training to renew and extend skills
- Arrange follow-up meetings with training groups to share experiences and discuss mutual problems

Depending on the program, a course trainer, program staff member or other qualified individual may be able to follow-up in person. It is best to observe graduates practicing their newly acquired at their institution within three to six months of completing a course. The main objective of this visit should be to assess to what extent the trained provider is supported in her/his work environment. To make this determination, the observer/evaluator may:

- Have a discussion with the trained provider
- Have a discussion with the trainer provider’s supervisor
- Observe the trained provider and the facility
- Review records
Review standards-based management and recognition (SBM-R©) or other performance improvement reports related to the targeted service delivery area (if such activities are being conducted)

This post-course evaluation or follow-up activity is important for several reasons.

- **First**, it provides the trainer and learner the opportunity to discuss any start-up problems or constraints to service delivery (e.g., lack of instruments, supplies, support staff, supervision).

- **Second**, and equally important, it provides the training center, via the trainer, key information on the adequacy of the training and its appropriateness to local conditions.

- **Third**, it affords the trainer an opportunity to identify possible problems in the performance of the trained provider.

- Without this type of follow-up, newly acquired competencies may not be successfully transferred to the workplace.

**CHAPTER SUMMARY**

Conducting an effective clinical training course requires extensive planning and work before, during and after the course:

- This involves reviewing each of the components of the learning package and then preparing and conducting each classroom presentation and clinical practice activity in the course schedule.

- Sessions and learning activities and assessments should be facilitated according to “basic facilitation process,” using the wide range of tools and techniques presented.

- If there are “problem learners” in the course, the trainer will need to know strategies for dealing with these learners and keeping the training session moving forward.

- In order to determine whether learners have mastered the knowledge and skills outlined by the course objectives and can be qualified, the trainer will administer knowledge and skill assessments.

- Following the course, trainers will conduct an evaluation to determine the effectiveness of the course and they teaching skills; they should gather and report documentation as required.

- Using action plans developed with the learners, the trainer can help support transfer of learning to the workplace. Some trainers may visit service providers and their immediate supervisors on the job to ensure that the knowledge, attitudes and skills acquired during training have been transferred to the site, resulting in improved performance and better care for clients.

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Developed by Jhpiego in the field, SBM-R is a practical management approach for improving the performance and quality of health services.
SITUATION RESPONSES

Situation 9-1
Suggest to the trainer that she highlight key words or phrases in the reference manual. This will allow her to glance at the page, focus on a few key words and bring her attention back to the learners. She could also put the key points on overhead transparencies or flipchart pages. These techniques will allow her to move around the room to interact with the learners more effectively.

Situation 9-2
As a learner in a course, you are probably interested in the course goals and objectives; the identity and background of the other learners; the course schedule and specific learning activities which will occur; and the learning materials you will be using. You might also appreciate the opportunity to share your expectations.

Situation 9-3
Planning some small group role plays during a counseling session is a good idea. Where the trainer went wrong was deciding to do this suddenly without sufficient planning. The trainer should have given the learners a short break and then taken a few minutes to write the activity instructions on the flipchart. This would have given the trainer time to think through the activity, and the learners could have referred to the flipchart when working in their groups.

Situation 9-4
In order to be “qualified,” each learner must score at least 85% on the midcourse questionnaire and demonstrate mastery (according to the steps in the competency-based checklist) of clinical skills both with anatomic models and clients.

Situation 9-5
Include some close-ended questions based on the course goals and objectives (e.g., “I feel confident in Copper T 380A IUD insertion and removal”) with an appropriate rating scale. Include also some open-ended questions (e.g., “What did you like the most about this course?”) to allow learners to share their feelings about the course.
### MODEL IUD COURSE SCHEDULE

**SAMPLE 9-1**

**MODEL IUD COURSE SCHEDULE (Standard Course: 10 days, 20 sessions)**

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
<th>DAY 4</th>
<th>DAY 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0830–1200</strong></td>
<td><strong>0830–1200</strong></td>
<td><strong>0830–1200</strong></td>
<td><strong>0830–1200</strong></td>
<td><strong>0830–1200</strong></td>
</tr>
<tr>
<td><strong>Opening</strong></td>
<td>Review day’s scheduled activities</td>
<td>Review day’s scheduled activities</td>
<td>Review day’s scheduled activities</td>
<td>Review day’s scheduled activities</td>
</tr>
<tr>
<td>• Welcome</td>
<td><strong>Demonstration</strong>: Standard Copper T 380A insertion and removal methods using:</td>
<td><strong>Review key steps</strong> in:</td>
<td>Classroom Practice: Divide into two groups to practice:</td>
<td>Review day’s scheduled activities</td>
</tr>
<tr>
<td>• Learner expectations</td>
<td>• slide set</td>
<td>• Counseling a client</td>
<td>• Counseling a client</td>
<td></td>
</tr>
<tr>
<td><strong>Overview of course</strong></td>
<td>• videotape</td>
<td>• IUD insertion/removal using pelvic models</td>
<td>• IUD insertion/removal using pelvic models</td>
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<tr>
<td>• Goals and objectives</td>
<td>• pelvic model</td>
<td>Learners assess each other’s performance using learning guides or practice checklist</td>
<td>Learners assess each other’s performance using learning guides</td>
<td></td>
</tr>
<tr>
<td>• Approach to training</td>
<td><strong>Exercise</strong>: How to use the learning guides for IUD clinical skills</td>
<td><strong>Tour of Clinic Facilities</strong></td>
<td><strong>Midcourse Questionnaire</strong></td>
<td></td>
</tr>
<tr>
<td>• Review of course materials</td>
<td><strong>Precourse Questionnaire</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>Reading Assignment</strong>: Chapters 1, 2, 7 and Appendix A</td>
<td></td>
</tr>
<tr>
<td><strong>Exercise</strong>: “How People Learn”</td>
<td>Identify individual and group learning needs</td>
<td><strong>LUNCH</strong></td>
<td><strong>Reading Assignment</strong>: Chapters 3, 4 and Appendix B</td>
<td></td>
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<tr>
<td><strong>Lunch</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>Reading Assignment</strong>: Chapter 6</td>
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<td><strong>1330–1630</strong></td>
<td><strong>1330–1630</strong></td>
<td><strong>1330–1630</strong></td>
<td><strong>Reading Assignment</strong>: Chapter 5</td>
<td></td>
</tr>
<tr>
<td><strong>Precourse Assessment</strong></td>
<td>Review of counseling methods:</td>
<td>Discussion:</td>
<td><strong>Discussion/Videotape</strong>: Role of infection prevention practices in IUD services</td>
<td></td>
</tr>
<tr>
<td>Assess each learner’s skills:</td>
<td>• Framework for family planning (FP) counseling</td>
<td>• How IUDs work</td>
<td>• Definitions</td>
<td></td>
</tr>
<tr>
<td>• Counseling (role play)</td>
<td>• Essential components</td>
<td>• Indications, precautions and other conditions</td>
<td>• Handwashing and use of gloves</td>
<td></td>
</tr>
<tr>
<td>• Pelvic exam (pelvic models)</td>
<td>• Characteristics of a good counselor</td>
<td>• Client screening and assessment</td>
<td>• Processing instruments</td>
<td></td>
</tr>
<tr>
<td><strong>Lecture/Discussion</strong>: Key features of Copper T 380A IUD</td>
<td><strong>Role Play</strong>: Divide into teams to practice counseling:</td>
<td><strong>Exercise/Discussion</strong>: Reducing risk of HBV and HIV/AIDS transmission in FP clients</td>
<td>• Waste disposal</td>
<td></td>
</tr>
<tr>
<td><strong>Demonstration and Practice</strong>: Loading the Copper T 380A IUD in the sterile package</td>
<td>• FP acceptor</td>
<td><strong>Demonstration</strong>: In simulated clinical area, demonstrate infection prevention practices for each step of IUD insertion/removal</td>
<td><strong>Midcourse Questionnaire</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Review of the day’s activities</strong></td>
<td>• IUD acceptor</td>
<td><strong>Exercise</strong>: “Who Has AIDS?”</td>
<td><strong>Review of the day’s activities</strong></td>
<td></td>
</tr>
<tr>
<td>Reading Assignment: Chapters 1, 2, 7 and Appendix A</td>
<td>Learners assess each other’s performance with learning guides</td>
<td>Review of the day’s activities</td>
<td>Review of the day’s activities</td>
<td></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>Reading Assignment</strong>: Chapters 1, 8 and 9</td>
<td></td>
</tr>
<tr>
<td><strong>1330–1630</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>LUNCH</strong></td>
<td><strong>Midcourse Questionnaire</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Discussion</strong>: Managing GTIs in family planning clients</td>
<td><strong>Exercise</strong>: Reducing risk of HBV and HIV/AIDS transmission in FP clients</td>
<td><strong>Exercise/Discussion</strong>: Reducing risk of HBV and HIV/AIDS transmission in FP clients</td>
<td><strong>Review of the day’s activities</strong></td>
<td></td>
</tr>
<tr>
<td>• Simplified approach to diagnosing GTIs</td>
<td><strong>Demonstration</strong>: In simulated clinical area, demonstrate infection prevention practices for each step of IUD insertion/removal</td>
<td><strong>Exercise</strong>: “Who Has AIDS?”</td>
<td><strong>Reading Assignment</strong>: Chapters 3, 4 and Appendix B</td>
<td></td>
</tr>
<tr>
<td>• Client screening and assessment</td>
<td><strong>Review of the day’s activities</strong></td>
<td><strong>Discussion/Videotape</strong>: Role of infection prevention practices in IUD services</td>
<td><strong>Reading Assignment</strong>: Chapters 1, 2, 7 and Appendix A</td>
<td></td>
</tr>
<tr>
<td>DAY 6</td>
<td>0830–1200</td>
<td>Review day’s scheduled activities</td>
<td></td>
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<tr>
<td></td>
<td>1300–1630</td>
<td>Clinical Conference</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Management of side effects and other problems</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Role Play: Counseling a client for followup care after IUD removal.</td>
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<tr>
<td></td>
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<td>Discussion: Indications for removal</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Role Play: Managing side effects of lost strings and lost IUDs (hand-held and pelvic models)</td>
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<td></td>
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<td>Review of the day’s activities</td>
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<tr>
<td></td>
<td></td>
<td>Reading Assignment: Chapters 8 and 9</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY 7</th>
<th>0830–1200</th>
<th>Review day’s scheduled activities</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1330–1630</td>
<td>Clinical Conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course accomplishments relative to objectives, training methods and materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course evaluation by learners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of the day’s activities</td>
</tr>
<tr>
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<td></td>
<td>Reading Assignment: Chapters 10 and 11</td>
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</table>

<table>
<thead>
<tr>
<th>DAY 8</th>
<th>0830–1200</th>
<th>Review day’s scheduled activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1300–1630</td>
<td>Clinical Conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course accomplishments relative to objectives, training methods and materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course evaluation by learners</td>
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<td></td>
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<td>Review of the day’s activities</td>
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<table>
<thead>
<tr>
<th>DAY 9</th>
<th>0830–1200</th>
<th>Review day’s scheduled activities</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1300–1630</td>
<td>Clinical Conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course accomplishments relative to objectives, training methods and materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course evaluation by learners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of the day’s activities</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY 10</th>
<th>0830–1200</th>
<th>Review day’s scheduled activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1300–1630</td>
<td>Clinical Conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course accomplishments relative to objectives, training methods and materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discussion: Course evaluation by learners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of the day’s activities</td>
</tr>
</tbody>
</table>

**Clinical Training Skills (CTS) for Health Care Providers**

**MODEL IUD COURSE SCHEDULE (Standard Course: 10 days, 20 sessions)**

**DAY 6**
- 0830-1200: Review day’s scheduled activities
  - Clinical Practice: Provide IUD services in the clinic:
    - Counseling clients
    - GTI screening
    - Client assessment
    - IUD insertion
    - IUD removal (if available)
    - Followup care
    - Management of problems
    - Learners assess each other’s performance using practice checklist

**DAY 7**
- 0830-1200: Review day’s scheduled activities
  - Clinical Practice: Provide IUD services in the clinic:
    - Counseling clients
    - GTI screening
    - Client assessment
    - IUD insertion
    - IUD removal (if available)
    - Followup care
    - Management of problems
    - Learners assess each other’s performance using practice checklist

**DAY 8**
- 0830-1200: Review day’s scheduled activities
  - Clinical Practice: Provide IUD services in the clinic:
    - Counseling clients
    - GTI screening
    - Client assessment
    - IUD insertion
    - IUD removal (if available)
    - Followup care
    - Management of problems
    - Learners assess each other’s performance using practice checklist

**DAY 9**
- 0830-1200: Review day’s scheduled activities
  - Clinical Practice: Provide IUD services in the clinic:
    - Counseling clients
    - GTI screening
    - Client assessment
    - IUD insertion
    - IUD removal (if available)
    - Followup care
    - Management of problems
    - Learners assess each other’s performance using practice checklist

**DAY 10**
- 0830-1200: Review day’s scheduled activities
  - Clinical Practice: Provide IUD services in the clinic:
    - Counseling clients
    - GTI screening
    - Client assessment
    - IUD insertion
    - IUD removal (if available)
    - Followup care
    - Management of problems
    - Learners assess each other’s performance using practice checklist

**DAY 6**
- 1300-1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 7**
- 1300-1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 8**
- 1300-1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 9**
- 1300-1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 10**
- 1300-1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 6**
- 1300–1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 7**
- 1300–1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 8**
- 1300–1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 9**
- 1300–1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities

**DAY 10**
- 1300–1630: Clinical Conference
  - Discussion: Medical barriers and policy issues
  - Discussion: Medical barriers and policy issues
  - Review of the day’s activities
## MODEL IUD COURSE OUTLINE

<table>
<thead>
<tr>
<th>TIME</th>
<th>OBJECTIVES/ACTIVITIES</th>
<th>TRAINING/LEARNING METHODS</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session One: Day 1, AM</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(45 minutes)</td>
<td>Opening</td>
<td>Warmup Exercise</td>
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</tr>
<tr>
<td></td>
<td>Objective: Identify learner expectations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30 minutes)</td>
<td><strong>Objective</strong>: Describe course goals and objectives, approach to clinical training, materials and schedule</td>
<td>Discussion</td>
<td>IUD Reference Manual (1 per learner)</td>
</tr>
<tr>
<td></td>
<td><strong>Handbook</strong>: IUD Course Handbook (1 per learner)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30 minutes)</td>
<td><strong>Objective</strong>: Assess learners’ precourse knowledge</td>
<td>Complete Precourse Questionnaire</td>
<td><strong>Handbook</strong>: Precourse Questionnaire</td>
</tr>
<tr>
<td>(15 minutes)</td>
<td><strong>Break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30 minutes)</td>
<td><strong>Objective</strong>: Identify individual and group learning needs</td>
<td>Exercise: Group grades questionnaires and completes Individual and Group Assessment Matrix</td>
<td><strong>Handbook</strong>: Individual and Group Assessment Matrix</td>
</tr>
<tr>
<td>(60 minutes)</td>
<td><strong>Objective</strong>: Describe how people learn and identify adult learning characteristics</td>
<td><strong>Exercise/Discussion</strong>:</td>
<td><strong>Handbook</strong>: “How People Learn”</td>
</tr>
<tr>
<td></td>
<td>• Activity 1: Loading T-u 380A IUD in sterile package or Building a Box</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Activity 2: Numbers Game</td>
<td></td>
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<tr>
<td></td>
<td>• Activity 3: Nine Dots Puzzle</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL: 210 minutes</strong></td>
<td><strong>Equipment for course</strong></td>
<td></td>
<td><strong>Equipment for course</strong></td>
</tr>
<tr>
<td></td>
<td>• 35 mm slide projector and screen</td>
<td></td>
<td>• ZOE7 pelvic models</td>
</tr>
<tr>
<td></td>
<td>• Overhead projector</td>
<td></td>
<td>• Hand-held uterine models</td>
</tr>
<tr>
<td></td>
<td>• Videotape player (VCR)</td>
<td></td>
<td>• IUD insertion/removal kits</td>
</tr>
<tr>
<td></td>
<td>• Blackboard/chalk (or flipchart/marker pens)</td>
<td></td>
<td>• Copper T IUDs in sterile packages</td>
</tr>
<tr>
<td>TIME</td>
<td>OBJECTIVES/ACTIVITIES</td>
<td>TRAINING/LEARNING METHODS</td>
<td>RESOURCES/MATERIALS</td>
</tr>
<tr>
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</tr>
<tr>
<td>75 minutes</td>
<td><strong>Objective:</strong> Assess each learner's skill in:</td>
<td>Clinical trainers assess learner skills individually</td>
<td>ZOE pelvic model</td>
</tr>
<tr>
<td></td>
<td>• Counseling</td>
<td>• Counseling skills (role play by learners and with volunteers)</td>
<td><strong>Trainer’s Notebook:</strong> Pre-course Assessment Checklist for IUD Counseling and Clinical Skills</td>
</tr>
<tr>
<td></td>
<td>• Performing a pelvic exam</td>
<td>• Clinical skills using pelvic model</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical trainers complete Pre-course Assessment Checklist for each learner and review results individually</td>
<td></td>
</tr>
<tr>
<td>15 minutes</td>
<td><strong>Break</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 minutes</td>
<td><strong>Objective:</strong> Describe key features of the Copper T 380A IUD</td>
<td><strong>Lecture/Discussion</strong></td>
<td><strong>Reference Manual:</strong> Chapter 1</td>
</tr>
<tr>
<td>45 minutes</td>
<td><strong>Objective:</strong> Learn to load the Copper T 380A IUD in the sterile package</td>
<td><strong>Demonstration:</strong> Loading the Copper T 380A IUD in the sterile package (demonstrated by the trainer)</td>
<td>Copper T 380A IUDs in sterile packages (1 per learner)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Exercise:</strong> Learners practice loading the IUD in the sterile package</td>
<td><strong>Reference Manual:</strong> Appendix K</td>
</tr>
<tr>
<td>15 minutes</td>
<td><strong>Objective:</strong> Review of the day's activities</td>
<td><strong>Discussion</strong></td>
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<tr>
<td>TOTAL: 180 minutes</td>
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</tbody>
</table>

**Reading Assignment:** **Reference Manual:** Chapters 1, 2, 7 and Appendix A. **Course Handbook:** Overview and Introduction
## EXAMPLE OF A DETAILED LEARNING ACTIVITY PLAN BASED ON A COURSE OUTLINE

<table>
<thead>
<tr>
<th>Outline and Timing of a Learning Activity in an IUD Clinical Skills Course</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong>: Load the Copper T 380A IUD in the sterile package.</td>
</tr>
<tr>
<td>10:00 Explain rationale for loading in sterile package.</td>
</tr>
<tr>
<td>10:10 Show section of the IUD training video.</td>
</tr>
<tr>
<td>10:20 Demonstrate loading the IUD (depending on size of the group, it may be necessary to do this twice so that all learners can observe the demonstration).</td>
</tr>
<tr>
<td>10:30 Practice (Round I): Ask learners to turn to the <em>Learning Guide for IUD Clinical Skills</em> and review Step 2 of Pre-Insertion Tasks. Divide group into pairs and distribute IUDs in sterile packages. <strong>Instructions</strong>: One person loads the IUD in the sterile package while the second person reads each step aloud from the learning guide. Learners then switch roles. The clinical trainer circulates around the room, coaching where needed. After the first practice round is completed, the clinical trainer asks, “What helped you accomplish this task?” and “What was difficult for you in accomplishing this task?”</td>
</tr>
<tr>
<td>10:50 Practice (Round II): Same instructions and activity as above (learners build on what they learned in Round I).</td>
</tr>
<tr>
<td>11:00 Summarize session, including review of rationale and summary of cost analysis studies for this particular country.</td>
</tr>
</tbody>
</table>
STATEMENT OF QUALIFICATION

(Name of Organization)

hereby attests that

is qualified as an

IUD Service Provider

This is based on the successful completion of the IUD Clinical Skills Course
conducted in/at

(Course Site)

(Month, Days, Year)

________________________________________  __________________________  __________________________
Representative of the Organization  Trainer  Trainer
This learner has satisfactorily completed a midcourse questionnaire covering the information presented in this course.

In addition, this learner has demonstrated mastery of the following IUD clinical skills, with both anatomic models and clients:

- Pelvic examination
- Preinsertion counseling
- Insertion of Copper T 380A IUD
- Postinsertion counseling

- Preremoval counseling
- Removal of Copper T 380A IUD
- General counseling
FORM FOR RECORDING LEARNER DATA

Learner’s Name ________________________ Learner’s Institution ____________________

Learner’s Address ______________________ Learner’s Profession ___________________

Course Title ___________________________ Location of Course _____________________

Dates of Course _________________________ Trainer’s Name _______________________

Precourse Questionnaire score (if available)________________________

Midcourse Questionnaire score________________________ (Attach questionnaire to this form)

Number of times learner took midcourse questionnaire________

Counseling and Clinical Skills Evaluation _____Satisfactory _____Unsatisfactory
(Attach completed checklist to this form)

Provision of services (Practice) _____Satisfactory _____Unsatisfactory

Was learner “qualified” as a result of completing this course? _____Yes _____No

Skills or clinical services provision in which learner was assessed as competent:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

If learner was not qualified as competent, briefly state the reason(s):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
BIBLIOGRAPHY


