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# Training Skills for Health Care Providers

## Facilitator's Guide

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# **LEARNER'S GUIDE**



# WELCOME!

Welcome—trainers, clinical preceptors, faculty members, skilled health care providers—to the Training Skills Course. You have been selected to attend this exciting new course, which combines:

- **A self-paced, interactive knowledge update** through ModCAL® (Modified Computer-Assisted Learning) for Training Skills, if a “blended learning” approach is being used (see **Box**, page 2); followed by
- **Practice with individual coaching** by the course facilitator (a master trainer) in the context of one of the following training scenarios:
  - **Immediately co-train a clinical skills course** with an experienced trainer who is qualified to mentor candidate clinical trainers. This option provides the learner the opportunity to immediately apply new skills and be mentored and assessed for qualification.
  - **Attend group-based practice and then co-train a course.** In some programs, learners may practice in a group-based session before co-training a skills course. This option will include the knowledge update (if ModCAL was not used) and offers the learner opportunity for practice before proceeding to co-training.

As a learner and candidate clinical trainer, you will continually be assessed throughout the course in a variety of ways. Ultimately, once you have completed the practice component of the course, the facilitator will determine if you have achieved the essential core competencies to become a qualified clinical trainer.

## **A Word about Terminology**

In the context of the Training Skills Course Learner’s and Facilitator’s Guides:

- The **facilitator, trainer** or **mentor/coach** is the master trainer who is conducting the Training Skills Course.
- **Candidate clinical trainers, clinical trainers** or **learners** are the individuals attending the Training Skills Course.
- **Skills course participants** or **participants** are the people whom the candidate clinical trainers/learners will train in the co-training experience and future clinical skills courses.

### What Is Blended Learning?

Innovative, technology-supported learning tools and methods can be mixed with more traditional training approaches to increase the efficiency and effectiveness of a learning event—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—such as a computer- or Web-based program to be completed—or more informal, such as through relationships, conversations, self-study and independent research.

ModCAL for Training Skills was designed precisely to work as part of a blended learning approach. Clinical skills courses may also benefit through use of this approach, when possible and appropriate. If ModCAL for Training Skills is part of your training package, decision-makers in the sponsoring program/organization have determined that this approach is appropriate in the context of this particular Training Skills Course—that is:

- **There is a need**—Customers have demanded training efficiencies or to shorten training;
- **Resources are available**—Necessary technologies and equipment, as well as people who know how to use them, are available;
- **Learners are deemed willing and able to commit to self-paced learning**—Although independent learning is a hallmark of adult learning theory, this remains a serious consideration; and
- **Learners have the experience and technical competency** needed to be successful using this approach.

## CONTENTS OF THE PACKAGE

The learners’ Training Skills Course Welcome Package may include:

- A **flash drive** containing ModCAL, the computer-assisted portion of the Training Skills Course.
- This **Training Skills Learner’s Guide**, which includes key information about the course, the course syllabus and a range of tools that you’ll need to navigate through this course—such as an individual learning plan form and generic training performance standards. (**Note:** These and other tools/handouts may also be printed from the “Resources” section of ModCAL.)
- The **Training Skills Manual**, which contains the essential content covered in ModCAL. This document will serve as a valuable reference both during the course and when you are conducting future clinical training courses.
- The relevant **clinical learning resource package**. This package provides the clinical content for your training skills practice sessions (the co-training component) of the Training Skills Course. (Some learners may already have their packages, in which case none will be enclosed.)



## HOW TO GET STARTED

1. Briefly review the Learner's Guide, paying special attention to the Introduction—especially the syllabus.
2. Review the “Course Overview” module on the ModCAL/flash drive.

### **A few tips for using the ModCAL/flash drive:**

- Depending on your computer settings, the flash drive may not automatically open. If it doesn't, click on the flash drive and then the **ModCAL.exe file** to start the program.
- To move between presentations, hover over and click on the “Open” tab on the left-hand side of the screen.

3. Set aside time to complete the ModCAL component of the Training Skills Course. Here are the eight modules, each of which will take about 45 minutes to complete:

Module One: Principles of Training

Module Two: Effective Facilitation Skills

Module Three: Developing Competency

Module Four: Facilitating in the Classroom

Module Five: Facilitating in the Clinic

Module Six: Assessing Competency

Module Seven: Supporting the Learner

Module Eight: Managing Training

Final Knowledge Assessment

***Enjoy the course!***

## INTRODUCTION

The Training Skills Course is delivered through a combination of ModCAL, if applicable, and individual coaching by the course facilitator. This Learner's Guide includes materials that you may need for the Training Skills Course, which may be completed in one of several different ways.

Some key attributes of the Training Skills Course are as follows:

- You receive the knowledge update through interactive modules on the computer (i.e., ModCAL) or in a group-based classroom setting.
- You observe demonstrations of skills during the interactive modules on ModCAL, if applicable, followed by additional demonstrations and practice under the guidance of the facilitator.
- Assessment of learning is ongoing and conducted at your own pace; although when using ModCAL, you may be assigned a date by which it must be completed.
- The final knowledge assessment is completely computer-based when you use ModCAL (print-based in a group-based class setting), whereas skills assessment is done individually and in-person by a qualified trainer.

## COURSE GOAL

The goal of this course is to prepare proficient service providers to be competent clinical trainers who are qualified to conduct competency-based clinical skills courses.

The desired **core competencies** required of **qualified clinical trainers** are to be able to:

- Train skills course participants in new competencies, or reinforce existing ones
- Coordinate training activities in collaboration with other staff
- Implement group-based training, using a “blended learning approach” when indicated
- Document and report training activities conducted
- Provide post-training, transfer-of-learning support

## COURSE SYLLABUS

### Course Components

The Training Skills Course is designed to help you become a clinical trainer or a more effective trainer, and may also be used for clinical preceptors or faculty members. As described below, there are three components to the Training Skills Course. These components may occur in combination with one another or as individual events. You must complete all three of the following components in order to be qualified as a clinical trainer:

- **Standardization of a clinical skills and knowledge update.** You will learn a standardized approach to performing the required clinical competencies (including skills, knowledge and attitudes needed) that you will be training others to perform. You will practice these competencies through simulations and with actual clients. This skills standardization and knowledge update may be conducted before or in combination with ModCAL.
- **Provision/demonstration of training skills.** New information on effective training and training skills is also provided through ModCAL or a group-based course.
- **Practice in conducting clinical skills training, as well as coaching and assessment.** Soon after completing the ModCAL component of the course, you will co-train one or more clinical skills courses under the guidance of the facilitator. At this time, the facilitator will provide coaching and assess your training skills.

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

Through skills standardization as a prerequisite to the Training Skills Course, you will learn a particular way to perform the clinical skills (e.g., male circumcision, management of postpartum hemorrhage) that will form the basis of your co-training experience. Through this process:

- Your and other learners' performance of these skills is observed and evaluated, by the facilitator or another qualified trainer, in relation to "standardized" checklists (developed and validated by a group of experts) that make complex skills easy to master, outlining the essential steps involved in a given skill in the correct sequence;
- Differences between your 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 actual 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 candidate clinical trainers are "on the same page" about how to **teach** skills.

As final assessment occurs during the co-training experience, learners are considered *candidate clinical trainers* until they have: (1) conducted one or more clinical skills courses, *and* (2) been evaluated by the facilitator and determined to be competent—and thus are *qualified clinical trainers*.

## **Learning Objectives**

### ***For ModCAL for Training Skills***

For each of the eight content modules, there are several learning objectives, as listed below:

#### **1. Principles of competency-based training**

- Describe the concept and key components of competency-based training
- Compare the different definitions of competency and describe types of competency domains
- Analyze how competencies determine learning activities and assessment methods
- Describe the theories that support competency-based training
- Describe how to positively influence group process
- Describe a variety of competency-based training approaches

#### **2. Effective facilitation skills**

- Describe how to create a positive learning environment
- Describe the facilitation process
- Describe basic facilitation techniques:
  - Techniques to introduce an activity
  - Questioning techniques
  - Use of audiovisual aids
  - Feedback skills
  - Techniques to summarize an activity
- Describe organizational skills used by effective trainers

#### **3. Developing competency**

- Describe the process of developing competency in learners
- List attributes of a good coach
- Outline the process for providing individual feedback
- Describe tips for developing knowledge, skills and attitudes in learners

#### 4. **Facilitating in the classroom**

- Define the classroom
- Describe how to facilitate a variety of learning activities
- Identify key considerations for effective use of:
  - Presentations
  - Large and small group activities
  - Simulated practice and structured observations

#### 5. **Facilitating in the clinic**

- Describe the importance of consistency between classroom and clinic learning experiences
- Describe the roles of individuals involved in clinical practice
- Explain ways to maximize learning opportunities in the clinical setting
- Discuss ways to protect the rights of the client
- List ways to ensure a humane clinical learning environment
- Describe tips for promoting competency development in the clinical setting
- Outline effective use of pre- and post-clinical practice meetings
- Describe how to document learning experiences

#### 6. **Assessing competency**

- Use assessment results to guide training
- Describe a variety of assessment tools and how they are used
- Determine learner qualification using assessment tools
- Select appropriate interventions to apply when learners are unable to demonstrate competency

#### 7. **Supporting learners**

- Describe the relationship between training and performance improvement
- Describe the process and factors involved as learners move from competency to proficiency
- Outline trainer responsibilities to support transfer of learning before, during and after training
- Describe activities during training that support the learner post-training

- Describe the range of roles for the trainer in supporting learners after training

## 8. **Managing training**

- Describe the process of conducting a training course—before, during and after
- Outline the process for preparing clinical practice sites and preceptors
- Describe general planning and logistical issues
- Describe post-training tasks
- Explain roles a trainer may play in coordinating training

### **For Co-Training**

After you complete ModCAL, you will be provided with practice and co-training opportunities. The type of practice and co-training in which you participate will vary depending on your program. The objectives of the co-training experience are for you to:

- Demonstrate effective facilitation, coaching and demonstration skills
- Demonstrate the ability to coach and supervise skills course participants in simulated and clinical situations
- Demonstrate the ability to conduct a clinical skills course

### **Learning Materials for the Training Skills Course**

- ModCAL for Training Skills
- Reference manual: *Training Skills for Health Care Providers*, Jhpiego Corporation (Third Edition, September 2010)
- Courseware: *Training Skills for Health Care Providers—Facilitator’s Guide* and *Learner’s Guide*, Jhpiego Corporation (September 2010)
- Required clinical learning package: reference manual, course notebooks/guides for participants and trainers. You will use the relevant clinical skills LRP for your practice activities.

### **Learner Selection Criteria**

Health care providers must meet several important selection criteria prior to beginning their careers as clinical trainers. These include:

- **Proficiency**—Clinical trainers must be a proficient provider of the services that they are training new providers to perform. Proficient providers have moved beyond entry-level competency and have fully integrated their knowledge, skills and attitudes in their grasp of

subject matter and in actual practice. Proficient providers are experts in their field.

- **Motivation**—Clinical trainers must have passion and commitment toward preparing the next generation of health care providers.
- **Opportunity**—Clinical trainers needs organizational support and commitment to provide the enabling environment, time, equipment/supplies and other resources needed to be successful in their role.

### Methods of Assessment

- The assessment tool for the ModCAL for Training Skills component is a final knowledge assessment (administered via ModCAL). Passing of this exam is required before the co-training experience.
- Assessment tools used during practice and co-training include:
  - Checklists for effective facilitation, demonstration and coaching skills
  - Self-assessment tools:
    - Individual learning plan
    - Clinical training skills portfolio
    - Training performance standards

## QUALIFICATION

During your co-training experience, the facilitator will decide if you are qualified and ready to train independently. Qualification is a statement by a training body that you have met the requirements of the course. Qualification does not imply certification; you may only be certified by an agency qualified to do so. The decision about qualification is based on achievement in three areas:

- **Knowledge**—Learner’s score on the ModCAL final knowledge assessment that equals or exceeds the recommended pass score
- **Skills**—Determination by a qualified trainer of learner’s competency in performing facilitation, clinical demonstration and coaching skills
- **Practice**—Self-assessment of performance, as documented in the learner’s clinical training skills portfolio; trainer’s assessment of performance, reviewing the portfolio and using training performance standards tools

## HOW TO WORK WITH THE FACILITATOR

When you begin the training skills course, there will be a facilitator and contact person available to you for questions. You may have opportunities to meet with the facilitator as you work through ModCAL and other components of the course, as well as after you complete the course. The facilitator will be available to:

- Answer questions and provide guidance as needed as you work through the computer modules
- Demonstrate effective classroom and clinical training skills when appropriate
- Provide guidance, coaching and feedback as you practice classroom and clinical training skills during a course
- Evaluate your classroom and clinical training skills and determine when you are qualified as a clinical trainer



# THE CO-TRAINING EXPERIENCE

The co-training experience provides you with the opportunity to co-train a course with the mentoring and support of the facilitator. You will be supported during your co-training experience in preparing for and conducting a clinical skills course—as well as afterward, if you have any questions or concerns. This section provides specific guidance on what to do before, during and after the co-training experience, including how to use the tools contained in this package.

## BEFORE CO-TRAINING: PREPARATION

In preparation for your co-training experience, complete the following tasks:

- **Review the training performance standards related to the TRAINER tasks** (focus on Tools 4 to 7). Also read the verification criteria and self-assess to determine whether or not you meet each of the related trainer standards. Identify the top five to seven performance standards you think you need to improve upon. Document these in your individual learning plan to identify your learning priorities for your co-training experience.
- **Meet with your facilitator to prepare for the co-training experience.** Before co-training, the master trainer who will be mentoring you (the course facilitator) should meet with you to review your learning plan and prepare you for co-training. Depending on your level of experience, you may participate in some practice sessions and receive feedback before co-training.
- **Participate in a meeting to coordinate roles.** Before training, you will meet with the facilitator who will be mentoring you during your co-training experience, and any other candidate clinical trainers with whom you will be co-training. During this meeting you will:
  - Work with the group to identify who will be responsible for what is involved in planning and preparation. Clarify your role in training. Use the workshop preparation checklist if needed (see “Resources” section of ModCAL).
  - Review the course materials and model course outline and decide who will facilitate which sessions.
  - Share your individual learning plan and learning priorities for the experience.
- **Review the “Managing Training” module of ModCAL** or the *Training Works!* document (also included in the “Resources” section of ModCAL).

- **Participate in planning for clinical practice.** Based on the decisions made in the meeting, participate in any clinical site visits or clinical preparation as agreed upon. Managing clinical practice effectively is one of your most important tasks as a candidate clinical trainer.
- **Practice the related clinical skill(s).** You will have participated in a skills standardization activity, but be sure that you are comfortable with the related clinical skills and familiar with the related assessment tools.

**Note:** Be sure to check out the “Resources” section of the ModCAL for Training Skills, which contains a wide range of training tools that can aid in planning and managing a course, such as: a workshop preparation checklist to help you ensure that logistics are addressed, sample warm-ups and energizers you can use to keep skills course participants engaged, and sample training data forms for training-related information you will need to collect. It also includes the full range of handouts/tools included in the Learner’s Guide.

## DURING CO-TRAINING: PRACTICE AND FEEDBACK

- **Be an active learner.** Your co-training experience is the time to actively seek out learning opportunities and additional responsibilities. During the preparation meeting, the group will agree upon certain norms and expectations; hold to these during training. Typically, these norms address issues such as practicing effective time management, addressing suggestions for improvement, and clarifying roles and responsibilities. Commit to seeking out feedback and moving toward independent practice as a clinical trainer.
- **Participate in end-of-the-day meetings.** During these meetings, each agenda item for that day is discussed and the peer-to-peer feedback and feedback from the facilitator will be shared. You or the designated discussion leader will facilitate the feedback process. This time is also used to plan for the next day’s activities.
- **Assess your progress.** Use your individualized learning plan and training performance standards to self-assess your progress and performance. Look for new learning opportunities and ways to increase your independence as a trainer.
- **Participate in the qualification process.** You are expected to use the clinical training skills portfolio to determine whether you feel you have mastered the expected core competencies by the end of your co-training experience. Use it also to document relevant experiences and identify future goals for your development as a clinical trainer. While the facilitator makes the final decision, as an adult learner, your self-assessment is an important factor in the decision about qualification.

## **AFTER CO-TRAINING: GETTING THE SUPPORT YOU NEED**

By definition, the coaching experience ends when the course is completed and you have been determined to be a qualified clinical trainer. However, most programs have some type of support/follow-up or means of contacting their training staff if you have any questions or concerns. Actively participate in any type of support or follow-up activities that may be available, as these will help to ensure that your practices remain consistent with what you learned in the course.

# GROUP-BASED PRACTICE—GUIDANCE AND MATERIALS

This section contains information and tools you will need if you are attending group-based practice sessions prior to co-training.

## INSTRUCTIONS FOR PRESENTATIONS AND DEMONSTRATIONS

### Preparing for Presentations

- Review the presentation you have selected or been assigned.
- Read the section of the reference manual that relates to your presentation.
- Review the slides for your presentation.
- Prepare trainer's notes or a session plan that include the following:
  - Objectives
  - Your plan on how to introduce the topic (remember—not much time!)
  - Notes, either in the reference manual or somewhere else, on points you want to cover during the presentation
  - Notes on any activities you want to include
  - Any reminders about audiovisual or other supplies needed
  - How you plan to summarize (remember—not much time!)
- Review the checklist on PRESENTATION skills to remind yourself of skills to use during your short presentation.
- Take a deep breath and relax. We are all here to practice together and learn!

### Preparing for and Conducting Demonstrations

- Review the demonstration or coaching you have selected or were assigned.
- Review the skills checklist for what you will be demonstrating or coaching.
- Review the demonstration checklist if you are assigned to demonstrate a skill.
- Review the coaching skills if you are assigned to demonstrate coaching. Keep in mind you will only need to demonstrate coaching for the section assigned (during or afterward).
- Remember you are demonstrating DEMONSTRATION or COACHING training skills in a certain area, not focusing on the skill itself. Use the checklists to help you plan and practice.

- Ask for any volunteers you will need for your coaching or demonstration. The group will serve as the “audience” for whom you are demonstrating.
- When demonstrating coaching skills, provide volunteers (the person acting as your skills course participant) with instructions about what they should do “right” or “wrong.” If demonstrating coaching, the “participant” should do some things right, and some things wrong.

### Providing Feedback

1. Each learner should have a copy of the related Training Skills checklist to use during observation.
2. Provide everyone with a sufficient number of slips of scrap paper. Each observer should write down at least three things done well and two suggestions for improvement. Remember that feedback should be specific. If it was “good,” *why was it good? What made it good?* If improvements are needed, *what exactly needs to be changed?* Comments may be kept anonymous.
3. Remember that you are providing feedback on effective training skills, not on clinical content.
4. Agree as a group that after each presentation, learners will be asked to state three things they did well and then offer several suggestions for how they could improve.
5. The facilitator will also collect the slips of paper and spend about three to five minutes reviewing common themes and comments and then give the feedback to the learner.

### MODEL SESSION SCHEDULES

The schedules presented provide a model plan of the group-based training that may be delivered. It suggests appropriate learning activities, resources and materials that the facilitator may use to meet the learning objectives. There are two schedules included:

- A three-day schedule for group-based practice for learners’ who have completed ModCAL for Training Skills. This schedule focuses mostly on providing practice and feedback since most content has been provided using ModCAL.
- A five-day schedule for group-based transfer of knowledge and skills and practice for learners who have not completed ModCAL.

The facilitator may incorporate different learning activities or make other modifications to the schedule to better fit the unique situation of a particular setting/country or the specific needs of a group of learners.

**MODEL SCHEDULE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS**

Day 1	Day 2	Day 3
<p align="center">AM (4 hours)</p> <p><b>Opening:</b></p> <ul style="list-style-type: none"> <li>• Welcome and introductions</li> <li>• Overview of the course (Goals, Syllabus, Objectives, Schedule)</li> <li>• Review course materials</li> <li>• Identify learning goals</li> </ul> <p><b>Remaining questions regarding ModCAL content</b> and Final Knowledge Assessment</p> <p><b>Discussion:</b> Review clinical LRPs, focusing on trainer’s notebook</p> <p><b>Activity:</b></p> <ul style="list-style-type: none"> <li>• Effective facilitation skills</li> <li>• Review of materials, focusing on clinical content (e.g., ART, FP)</li> </ul> <p>Divide group into two large groups for presentation delivery. Learners will plan a 15-minute interactive presentation using materials from the appropriate reference manual. Learners will use relevant learning package to support their presentations.</p> <p align="center"><b>LUNCH</b></p>	<p align="center">AM (4 hours)</p> <p>Agenda and opening activity</p> <p><b>Activity: Presentations</b> (finish up) Each learner will present a 15 minute illustrated lecture and receive:</p> <ul style="list-style-type: none"> <li>• Feedback from learners</li> <li>• Feedback from facilitator</li> </ul> <p>(Videotape presentations for analysis if possible.)</p> <p><b>Discussion:</b> Representatives from each of the two groups highlight things generally done well and things that need improvement.</p> <p><b>Activity: Skills training preparation</b></p> <p><b>Activity: Skills training</b> Learners will be divided into groups and assigned topics from the appropriate learning packages and asked to prepare a 10–15 minute demonstration. Divide into two groups for delivery.</p> <p align="center"><b>LUNCH</b></p>	<p align="center">AM (4 hours)</p> <p>Agenda and opening activity</p> <p><b>Discussion:</b> Review of teaching clinical decision-making skills</p> <p><b>Review of assessment concepts</b></p> <p><b>Assessment activity</b></p> <p><b>Review of key tools:</b> Review key tools for use in training (workshop checklist, TIMS forms, performance standards, learning plans, portfolio, etc.)</p> <p><b>Qualification discussion</b></p> <p align="center"><b>LUNCH</b></p>

MODEL SCHEDULE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)		
Day 1	Day 2	Day 3
<p>PM (3 hours)</p> <p><b>Activity: Presentations</b> Each learner will present a 15-minute illustrated lecture and receive:</p> <ul style="list-style-type: none"> <li>• Feedback from learners</li> <li>• Feedback from trainers (Videotape presentations for analysis if possible.)</li> </ul> <p><b>Discussion:</b> Representatives from each of the two groups highlight things generally done well and things that need improvement.</p> <p><b>Review of the day's activities</b></p> <p><b>Reading assignment:</b> Review chapters on Facilitation of Training and Facilitating in the Classroom; prepare for skills practice</p>	<p>PM (3 hours)</p> <p><b>Activity:</b> Continue training skills practice</p> <p><b>Discussion:</b> Representatives from each group highlight things generally done well and things that need improvement.</p> <p><b>Demonstration:</b> Demonstrate the use of clinical drills/clinical simulations to develop clinical decision-making skills</p> <p><b>Review of the day's activities</b></p> <p><b>Reading assignment:</b> Review chapters on Conducting a Skills Course and Facilitating in the Clinic</p>	<p>PM (3 hours)</p> <p><b>Review of "Conducting a Clinical Skills Course"</b></p> <p><b>Present plan for trainer development</b></p> <p><b>Course summary</b></p> <p><b>Course evaluation</b></p> <p><b>Closing ceremony</b></p>

MODEL SCHEDULE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS		
DAY 1	DAY 2	DAY 3
<p><b>AM (4 hours)</b></p> <p><b>Welcome and opening activities</b></p> <ul style="list-style-type: none"> <li>• Welcome and opening</li> <li>• Participant introductions</li> <li>• Workshop overview (goals, objectives, schedule)</li> <li>• Review of course materials</li> <li>• Participant expectations and norms</li> <li>• Identification of learning goals</li> <li>• Review of the training skills course LRP and selection of topics for classroom presentation and skills demonstration</li> </ul> <p><b>Introduction to the Training Skills Course</b></p> <ul style="list-style-type: none"> <li>• Presentation/discussion: Review key concepts</li> </ul> <p><b>Chapter 1: Competency-Based Training</b></p> <ul style="list-style-type: none"> <li>• Presentation/discussion: Review key concepts</li> </ul> <p><b>LUNCH</b></p> <p><b>PM (3 hours)</b></p> <p><b>Energizer</b></p> <p><b>Chapter 2: Facilitation</b></p> <ul style="list-style-type: none"> <li>• Presentation/discussion: Review key concepts</li> <li>• Small group work (audiovisual aids addressed here)</li> <li>• Practice basic facilitation skills</li> </ul> <p><b>Chapter 3: Competency Development</b></p> <ul style="list-style-type: none"> <li>• Presentation/discussion: Review key concepts</li> <li>• Small group activity</li> </ul> <p><b>Assign presentations</b></p> <p><b>Review of the day's activities</b></p> <p><b>Reading assignment:</b> Review Training Skills Manual Chapters 1–6</p>	<p><b>AM (4 hours)</b></p> <p><b>Agenda</b></p> <p><b>Recap Chapters 1–3</b></p> <p><b>Chapter 4: Competency Assessment and Qualification</b></p> <ul style="list-style-type: none"> <li>• Small group presentations</li> <li>• Feedback and discussion</li> </ul> <p><b>Chapter 5: Conducting Clinical Skills Course: An Overview</b></p> <p><b>Chapter 6: Facilitating in the Classroom</b> Presentation/discussion: Review key concepts</p> <p><b>Preparation</b></p> <p><b>LUNCH</b></p> <p><b>PM (3 hours)</b></p> <p><b>Energizer</b></p> <p><b>Chapter 6 (cont.): Facilitating in the Classroom</b> Effective facilitation: Small groups rotate and practice presentations in small groups (peer to peer and trainer rotating feedback using checklist) using materials from the clinical LRP</p> <p><b>Group discussion:</b> Summarize things done well and areas for improvement</p> <p><b>Assign demonstration or coaching practice</b></p> <p><b>Review of the day's activities</b></p> <p><b>Reading assignment:</b> Review Training Skills Manual Chapters 7–8</p>	<p><b>AM (4 hours)</b></p> <p><b>Agenda</b></p> <p><b>Recap activity: Chapters 4–6</b></p> <p><b>Chapter 6 (cont.): Additional Guidance in the Classroom</b></p> <ul style="list-style-type: none"> <li>• Clinical decision-making and clinical simulations</li> <li>• Teaching clinical decision-making</li> <li>• Small group practice in using clinical simulations</li> </ul> <p><b>Chapter 6 (cont.): Additional Guidance in the Classroom</b> Trainer demonstration of demonstration and coaching skills</p> <ul style="list-style-type: none"> <li>• Skills demonstration</li> <li>• Clinical simulation</li> <li>• Coaching during skill development</li> </ul> <p>Participants prepare a skills demonstration and coaching during clinical practice role plays</p> <p><b>LUNCH</b></p> <p><b>PM (3 hours)</b></p> <p><b>Energizer</b></p> <p><b>Continue activity:</b> Participants perform demonstration of a skill or coaching during clinical practice</p> <p><b>Review of the day's activities</b></p> <p><b>Reading assignment:</b> Review Training Skills Manual Chapters 9–10</p>



MODEL SCHEDULE FOR TRAINING SKILLS GROUP-BASED PRACTICE 5 DAYS, 10 SESSIONS (CONT.)	
DAY 4	DAY 5
<p><b>AM (4 hours)</b></p> <p><b>Agenda and opening activity</b></p> <p><b>Recap activity:</b> Common things done well/areas for improvement; revisit individual learning plans</p> <p><b>Group discussion:</b> Summarize things done well and areas for improvement</p> <p><b>Chapter 7:</b> Additional Guidance on Facilitating in the Clinical Setting</p> <p><b>Module 8:</b> Planning for a Skills Course</p>	<p><b>AM (4 hours)</b></p> <p><b>Agenda and opening activity; Recap of Chapters 7–10</b></p> <p><b>Provide knowledge assessment results</b></p> <p><b>Synthesis activity:</b> Demonstrate facilitation skills</p> <p><b>Review of key points</b></p>
<p><b>LUNCH</b></p> <p><b>PM (3 hours)</b></p> <p><b>Energizer</b></p> <p><b>Chapter 9:</b> Managing Problems That May Arise during the Clinical Skills Course</p> <p><b>Chapter 10:</b> Post-Course Activities</p> <p><b>End of the course questionnaire</b></p> <p><b>Assign synthesis activities</b></p> <p><b>Review of the day's activities</b></p>	<p><b>LUNCH</b></p> <p><b>PM (3 hours)</b></p> <p><b>Review plan for trainer development</b></p> <p><b>Planning for your first course: Review of Chapter 5 and small group activities</b></p> <p><b>Qualifying participants</b></p> <p><b>Workshop evaluation</b></p> <p><b>Closing summary</b></p> <p><b>Closing ceremony</b></p>



# GENERIC TOOLS

This section contains tools you will use to identify your learning needs either before a co-training experience or before a group-based practice course, followed by a co-training experience.

## INDIVIDUALIZED LEARNING PLAN

**Learner:** \_\_\_\_\_ **Facilitator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** In the form on the following page, for each of the qualified trainer competencies (first column), self-assess your level of competency (fourth column) for each of the related training skills (third column)—according to the scale below. The related tools and training performance standards (PS) are listed to guide you in your self-assessment (second column). Next, in collaboration with your facilitator, identify a plan for developing competency in the related skills (fifth column). Following discussion of your progress and the plan associated with each competency, your facilitator will initial it, signifying her/his agreement.

### Level of Competency Scale

**Low = Acquiring competence.** Candidate trainer needs practice and coaching.

**Mod = Somewhat competent.** Candidate trainer is knowledgeable and can perform some skills independently.

**High = Competency achieved.** Candidate trainer can independently provide beginning-level training services.

TRAINING COMPETENCY	RELATED PERFORMANCE STANDARD	TRAINING SKILL	LEVEL OF COMPETENCE	LEARNER'S PLAN FOR DEVELOPING COMPETENCY
			LOW MOD HIGH	
Trains learners in new competencies, or reinforces existing ones	Tool 5, PS 1–14	Facilitates learning using presentations	↕	
Implements group-based training, using a blended learning approach when indicated	Tool 6, PS 1–3	Facilitates learning using group activities	↕	
Coordinates training in collaboration with other staff	Tool 6, PS 9	Demonstrates Psychomotor, clinical decision-making and communication skills	↕	
Coordinates training in collaboration with other staff	Tool 4, PS 3–5	Assesses development of competency	↕	
Coordinates training in collaboration with other staff	Tool 2, PS 5	Plans for training with training team	↕	
Coordinates training in collaboration with other staff	Tool 1, PS 1–11	Participates in participant selection	↕	
Coordinates training in collaboration with other staff	Tool 4, PS 2	Ensures availability of resources needed for training	↕	
Coordinates training in collaboration with other staff	Tool 2, PS 10	Prepares for blended learning activities where appropriate	↕	
Coordinates training in collaboration with other staff	Tool 2, PS 2	Monitors training and adapts strategies as needed	↕	
Documents and reports training activities conducted	Tool 2, PS 3	Participates in financial management of training	↕	
Provides post-training transfer-of-learning support	Tool 7, PS 1–3	Maintains records of training	↕	
Provides post-training transfer-of-learning support		Evaluates effectiveness of training	↕	
Provides post-training transfer-of-learning support		Reviews participant individual learning plans	↕	
Provides post-training transfer-of-learning support		Coordinates with supervisor/manager to create a positive learning environment	↕	



## PRACTICE AND ASSESSMENT TOOLS

These tools will be used during practice and for assessment either during a co-training experience or during a group-based practice course, followed by a co-training experience.

### CANDIDATE CLINICAL TRAINING SKILLS PORTFOLIO

The learner's clinical training skills portfolio is intended to capture your self-reflections on your strengths and weaknesses as a trainer, documenting evidence that you have developed the core competencies needed to be a qualified trainer.

- Drawing from your individual learning plan, describe the areas that you believe that you need to focus on MOST during your period of mentored training. What assistance do you need MOST from your training mentor?
- For each skills course conducted, describe:
  - Training successes—*What worked well and why?*
  - Training challenges and steps taken to overcome them
- Include a training performance checklist, as shown below. (**Exhibit L-1**).

**Exhibit L-1. Competency Self-Assessment and Verification**

COMPETENCY	ACHIEVED COMPETENCY		MENTOR VERIFICATION	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Train learners in new competencies, or reinforce existing ones	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coordinate training in collaboration with other staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Implement group-based training, using a blended learning approach when indicated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Document and report training activities conducted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provide post-training transfer-of-learning support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## CHECKLISTS FOR EFFECTIVE FACILITATION, DEMONSTRATION AND COACHING SKILLS

Criteria for satisfactory performance by the learner are based on the knowledge, attitudes and skills set forth in the reference manual and practiced during training. In preparing for formal evaluation by the trainer(s), learners can familiarize themselves with the content of the checklist by critiquing each other's facilitation, demonstration and coaching skills.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed by learner during evaluation by trainer

When determining competence, the judgment of a skilled trainer is the most important factor. Thus, in the final analysis, **competence** carries more weight than the **number** of observations. Because the goal of this training is to enable **every** learner to achieve competency, additional training or practice may be necessary. When you believe, as a qualified trainer, that the learner has achieved the necessary skills, place your **initials** (e.g., "PJ") in the corresponding column in the last row of the checklist.

### Checklist for Effective Facilitation Skills

Place an “S” in case box if task/activity is performed **satisfactorily**, an “✖” if it is **not** performed **satisfactorily**, or “N/O” if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed by learner during evaluation by trainer

**Skilled delivery of a learning activity:** If you, as a qualified trainer, believe that the learner has achieved competency, place your **initials (e.g., “PJ”)** in the corresponding column.

**Learner:** \_\_\_\_\_ **Date Observed:** \_\_\_\_\_

CHECKLIST FOR EFFECTIVE FACILITATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. Presents an effective introduction.					
2. States the objective(s) as part of the introduction.					
3. Asks questions of the entire group.					
4. Targets questions to individuals.					
5. Uses learners' names.					
6. Provides positive feedback.					
7. Responds to learners' questions.					
8. Follows trainer's notes and/or a personalized reference manual.					
9. Maintains eye contact.					
10. Projects voice so that all learners can hear.					
11. Moves about the room.					
12. Uses audiovisuals effectively.					
13. Presents an effective summary.					
<b>Skilled delivery of facilitating a learning activity or presentation</b>					



## Checklist for Clinical Demonstration Skills

Place an “**S**” in case box if task/activity is performed **satisfactorily**, an “**✖**” if it is **not** performed **satisfactorily**, or “**N/O**” if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed by learner during evaluation by trainer

**Skilled delivery of a clinical demonstration:** If you, as a qualified trainer, believe that the learner has achieved skills needed to train providers in the service delivery site, place your **initials (e.g., “PJ”)** in the corresponding column.

**Learner:** \_\_\_\_\_ **Date Observed:** \_\_\_\_\_

CHECKLIST FOR CLINICAL DEMONSTRATION SKILLS					
STEP/TASK	OBSERVATIONS				
1. States the objective(s) as part of the introduction.					
2. Presents an effective introduction.					
3. Arranges demonstration area so that learners are able to see each step in the procedure clearly.					
4. Communicates with the model or client during demonstration of the skill/activity.					
5. Asks questions and encourages learners to ask questions.					
6. Demonstrates or simulates appropriate infection prevention practices.					
7. When using model, positions model as an actual client.					
8. Maintains eye contact with learners as much as possible.					
9. Projects voice so that all learners can hear.					
10. Provides learners opportunities to practice the skill/activity under direct supervision.					
<b>Skilled delivery of a clinical demonstration</b>					

### Checklist for Clinical Coaching Skills

Place an **“S”** in case box if task/activity is performed **satisfactorily**, an **“✖”** if it is **not performed satisfactorily**, or **“N/O”** if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed by learner during evaluation by trainer

**Skilled delivery of coaching:** If you, as a qualified trainer, believe that the learner has skills needed for practice in the service delivery site, place your **initials (e.g., “PJ”)** in the corresponding column.

**Learner:** \_\_\_\_\_ **Date Observed:** \_\_\_\_\_

CHECKLIST FOR CLINICAL COACHING SKILLS					
STEP/TASK	OBSERVATIONS				
<b>BEFORE PRACTICE SESSION</b>					
1. Greets learner and reviews previous performance when applicable.					
2. Works with the learner to set specific goals for the practice session.					
<b>DURING PRACTICE SESSION</b>					
1. Observes the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure.					
2. Refers to the checklist or performance standards during observation.					
3. Records notes about learners’ performance during the observation.					
4. Is sensitive to the client when providing feedback to the learner during a clinical session with clients.					
<b>AFTER PRACTICE FEEDBACK SESSION</b>					
1. Reviews notes taken during the practice session.					
2. Greets the learner and asks to share perception of the practice session.					
3. Asks the learner to identify those steps performed well.					
4. Asks the learner to identify those steps where performance could be improved.					
5. Provides positive reinforcement and corrective feedback.					
6. Works with the learner to establish goals for the next practice session.					
<b>Skilled delivery of coaching</b>					

## TRAINING PERFORMANCE STANDARDS TOOLS

These performance standards provide a general summary of the key areas to address for successful training programs. Here are some tips on how you can use them.

- Review the standards beforehand to identify your learning needs related to training.
- Periodically assess your progress in standards or areas that are new to you or more difficult for you.
- Self-assess to determine whether you feel you have achieved the desired objectives.

As shown in **Exhibit L-2** below, each tool focuses on performance standards related to a different area of trainer roles and responsibilities.

**Exhibit L-2. Use of Performance Standards Tools**

STANDARDS AREA	TIPS FOR USE
Tool 1: Infrastructure, Equipment and Supplies	Use this tool for a brief review of needed inputs for training
Tool 2: Training Management	Use this tool to get an overview of the different components of a successful training system
Tool 3: Trainer Development	Use this tool for an overview of the recommended process for trainer development
Tool 4: Training Planning/Preparation	Use this tool to help you plan and prepare for your courses
Tool 5: Classroom Training	Use this tool to help you facilitate learning activities of any kind
Tool 6: Clinical Demonstration, Practice and Coaching	Use this tool to help you effectively facilitate your learners' skill development—through demonstration, coaching, continual assessment and feedback
Tool 7: Transfer of Learning (TOL)	Use this tool to help remind you of tips to ensure learning transfers into the workplace
All tools	In the "Observation" columns in each performance standard tool, mark a "Y" for Yes, "N" for No or "N/A" for Not Applicable.

## Tool 1: Infrastructure, Equipment and Supplies

TRAINING SITE (NAME, PLACE)	
DATE	
INDIVIDUAL OBSERVING	

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
1. The training site has the <u>basic infrastructure setup</u> to support clinical training.	Observe that the site has clean, functioning, well-lit and well-maintained:			
	<ul style="list-style-type: none"> <li>Identified clinical practice site</li> </ul>			
	<ul style="list-style-type: none"> <li>Training hall within walking distance to clinical practice site (or transportation to transfer participants from classroom to clinical practice site)</li> </ul>			
	<ul style="list-style-type: none"> <li>Space for demonstration for clinical practice</li> </ul>			
	<ul style="list-style-type: none"> <li>Training coordination room near the training hall</li> </ul>			
	<ul style="list-style-type: none"> <li>Area for tea and lunch breaks</li> </ul>			
	<ul style="list-style-type: none"> <li>Hostel/hotel/stay arrangement</li> </ul>			
	<ul style="list-style-type: none"> <li>Secured storage space for models, equipment, training supplies and books</li> </ul>			
	<ul style="list-style-type: none"> <li>Inverter (power-converting device) for coordination room and classroom</li> </ul>			
	2. The training site has space for simulations using models.	Observe that the site has space for practice either in or near the training hall and:		
<ul style="list-style-type: none"> <li>Is set up according to clinical training conducted</li> </ul>				
<ul style="list-style-type: none"> <li>Is large enough to accommodate 3–5 students at a time</li> </ul>				
<ul style="list-style-type: none"> <li>Has a practice schedule posted if needed</li> </ul>				
<ul style="list-style-type: none"> <li>Is lockable</li> </ul>				
<ul style="list-style-type: none"> <li>Has relevant job aids and IEC materials</li> </ul>				

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>3. The training site has a <u>toilet</u> near the <u>training hall</u>.</p>	<p><b>Observe the toilet facilities:</b></p> <ul style="list-style-type: none"> <li>• Are clean and functional</li> <li>• Located close to the training hall</li> <li>• Have running water</li> <li>• Have soap and soap dish</li> <li>• Have mirror</li> <li>• Are well-ventilated</li> <li>• Have lockable doors</li> </ul>			
<p>4. The site has the basic <u>classroom equipment</u> and <u>furniture</u> to support training.</p>	<p><b>Observe the classroom has:</b></p> <ul style="list-style-type: none"> <li>• Whiteboard with stand or wall mounted</li> <li>• LCD projector in working condition</li> <li>• Computer (laptop/desktop) with all wires to connect to LCD projector</li> <li>• Projection screen</li> <li>• Video conference equipment (if the site is a videoconference center)</li> <li>• TV</li> <li>• DVD player</li> <li>• Pen (USB) drive</li> <li>• Flip chart easel</li> <li>• Air conditioners/fans/coolers</li> <li>• Potable water</li> </ul>			
<p>5. There are adequate supplies to conduct training sessions.</p>	<p><b>Observe there are sufficient supplies and materials to support at least 3 training courses:</b></p> <ul style="list-style-type: none"> <li>• Flip chart paper</li> <li>• Flip chart markers</li> <li>• Whiteboard markers</li> <li>• Participant paper, pen and folder sets</li> <li>• Tape or pins to hang up flip charts</li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>6. The training site has enough training materials during the course.</p>	<p><b>Verify by interviewing or reviewing records that during the last course:</b></p>			
	<ul style="list-style-type: none"> <li>• All participants received a reference manual</li> </ul>			
	<ul style="list-style-type: none"> <li>• All participants received a participant handbook</li> </ul>			
	<ul style="list-style-type: none"> <li>• All participants received copies of the presentation graphics</li> </ul>			
	<ul style="list-style-type: none"> <li>• All trainers had reference manual, participant handbook and trainer notebook/facilitator guide</li> </ul>			
<p>7. The training organizing body has sufficient teaching/ learning materials to conduct clinical training.</p>	<p><b>Examine training materials for at least two different training courses and verify that they include the following:</b></p>			
	<ul style="list-style-type: none"> <li>• Reference manual/modules</li> </ul>			
	<ul style="list-style-type: none"> <li>• Trainer notebook/facilitator guide</li> </ul>			
	<ul style="list-style-type: none"> <li>• Participant handbook</li> </ul>			
	<ul style="list-style-type: none"> <li>• Presentation graphics (PowerPoint presentations) electronically available</li> </ul>			
	<ul style="list-style-type: none"> <li>• Clinical skills videotape/VCD/DVD</li> </ul>			
	<ul style="list-style-type: none"> <li>• Required anatomic models</li> </ul>			
	<ul style="list-style-type: none"> <li>• Record-keeping and reporting form relevant to the service delivery of the skills being imparted as approved in the state</li> </ul>			
	<ul style="list-style-type: none"> <li>• Other teaching aids including job aids</li> </ul>			
	<p>8. The training body has latest additional reference materials relevant to the trainings conducted.</p>	<p><b>Observe that the following materials are available for participants and trainers to use:</b></p>		
<ul style="list-style-type: none"> <li>• A set of training materials for each training being conducted at the site</li> </ul>				
<ul style="list-style-type: none"> <li>• Hand hygiene supplies (running water, soap, soap dish, individual towels)</li> </ul>				
<p>9. The clinical practice area is conducive for clinical skills practice.</p>	<p><b>Observe the clinical practice site area in the hospital or other clinical facility for participants to see that:</b></p>			
	<ul style="list-style-type: none"> <li>• The clinic practices are the same standards of services as covered in the training</li> </ul>			
	<ul style="list-style-type: none"> <li>• Clinic is big enough to allow participants to observe/provide services</li> </ul>			
	<ul style="list-style-type: none"> <li>• There are enough supplies to allow participants to practice skills</li> </ul>			
	<ul style="list-style-type: none"> <li>• The clinical practice area is similar to where the participants work</li> </ul>			
	<ul style="list-style-type: none"> <li>• The staff are receptive of participants coming for clinical practice</li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
10. The hostel/hotel/stay arrangements are adequate.	• The clinical practice area is within 30 minutes of the training site			
	• Transportation/escort is available for night duty or shift			
	<b>Observe OR ask the training course participants that hostel/hotel/stay arrangement:</b>			
	• Is clean			
	• Is safe for women to stay			
	• Is enough for all out-station participants at once if rooms are shared by two participants			
	• Has attached toilet and bathroom			
11. The training body has a designated locking store room/storage space for models, equipment, training supplies and books.	• Has a mosquito bed net or repellent			
	• Is well-ventilated			
	<b>Observe if the store room/storage space has:</b>			
	• Locking door			
	• Adequate space for supplies			
	• Shelves for sorting and storing different training materials			
	• Visible sign in/out sheet			
	• Visible routine inventory sheet that is completed			
	• Cabinets for locking training supplies and equipment (one per course)			

TOOL 1: INFRASTRUCTURE, EQUIPMENT AND SUPPLIES	11 STANDARDS
TOTAL STANDARDS OBSERVED	
TOTAL STANDARDS MET	
PERCENT ACHIEVEMENT	%

**Tool 2: Training Management**

TRAINING SITE (NAME, PLACE)	
DATE	
INDIVIDUAL OBSERVING	

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
1. The training body training activities are well-coordinated.	<b>Observe if there is/are:</b>			
	<ul style="list-style-type: none"> <li>Regular meetings between training coordinator and clinical sites management staff (Administrator, Chief Medical Superintendent/Superintendent in Chief, and trainers)</li> </ul>			
	<ul style="list-style-type: none"> <li>Regular monthly meetings between training coordinator and trainers</li> </ul>			
	<ul style="list-style-type: none"> <li>A meeting of the training coordinator and trainers a week before training</li> </ul>			
	<ul style="list-style-type: none"> <li>A hospital training team meeting before and after each training event when relevant</li> </ul>			
2. The training body has good financial systems and management.	<b>Observe if the training body:</b>			
	<ul style="list-style-type: none"> <li>Follows any established financial procedures to support clinical trainings</li> </ul>			
	<ul style="list-style-type: none"> <li>Reviews the past training event related to participants to confirm that:                             <ul style="list-style-type: none"> <li>All participants received per diem and travel expenses as per the state rules</li> <li>There are receipts of all payments made</li> <li>The financial transactions have been entered in required documentation</li> <li>Participants were paid on time</li> <li>The expenditure report is sent to the higher authorities as per guidelines for the training course</li> </ul> </li> </ul>			
	<ul style="list-style-type: none"> <li>Review the last training event to confirm that:                             <ul style="list-style-type: none"> <li>All trainers were paid honorarium as per any guidelines</li> <li>There are receipts of all payments made to the trainers</li> <li>The financial transactions have been entered in the book of accounts by training event</li> </ul> </li> </ul>			



PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
	<ul style="list-style-type: none"> <li>- Payments were made within a week after training.</li> <li>• There is a record of pending payments to participants, trainers or other vendors as appropriate</li> <li>• The total training expense is within the budget approved for the training</li> </ul>			
<p><b>3. The training body has adequate record-keeping systems.</b></p>	<p><b>Discuss with the training site coordinator and observe the records to see if:</b></p> <ul style="list-style-type: none"> <li>• There is a file for each training course/batch</li> <li>• Each file contains training report including: <ul style="list-style-type: none"> <li>- Title of the training course</li> <li>- The dates of training</li> <li>- Names of the trainers</li> <li>- The list of participants</li> <li>- The agenda for the training</li> <li>- Participant's registration forms as required</li> </ul> </li> <li>- A brief description of training including: assessment and evaluation of participants; and any significant event that trainers want to report.</li> <li>- Training evaluation forms completed by the participants</li> </ul>			
<p><b>4. Training body has an annual training plan and quarterly training calendar.</b></p>	<p><b>Observe if:</b></p> <ul style="list-style-type: none"> <li>• There is an annual training plan</li> <li>• The copy of the plan is sent to any stakeholders as required</li> <li>• There is a quarterly training calendar that shows start and end dates for all courses</li> <li>• A copy of the quarterly training calendar is sent to any stakeholders at the beginning of each quarter as required</li> </ul>			
<p><b>5. Participant selection criteria are followed for all trainings.</b></p>	<p><b>Review the participants registration forms, or discuss with the training coordinator or trainers that:</b></p> <ul style="list-style-type: none"> <li>• Participant selection criteria as described in the training materials are followed</li> <li>• More than 90% of participants met the selection criteria in the last 3 trainings</li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>6. Class size and trainer support is appropriate.</p>	<p><b>Through review of training records, observe if:</b></p>			
	<ul style="list-style-type: none"> <li>At least 1 trainer was always available during classroom and clinical practice</li> </ul>			
	<ul style="list-style-type: none"> <li>Training batch does not exceed as per the recommendations in course syllabus</li> </ul>			
<p>7. Trainer performance assessment is regularly conducted.</p>	<p><b>Interview the training coordinator and training staff and review administrative documents to find out if:</b></p>			
	<ul style="list-style-type: none"> <li>There is standardized format to assess trainer performance</li> </ul>			
	<ul style="list-style-type: none"> <li>Trainer performance is measured on a regular basis, at least once a year</li> </ul>			
	<ul style="list-style-type: none"> <li>Assessments are performed using a standardized format</li> </ul>			
	<ul style="list-style-type: none"> <li>Feedback to trainers includes participant evaluation forms</li> </ul>			
	<ul style="list-style-type: none"> <li>Trainers periodically have refresher training (every 3 years)</li> </ul>			
<p>8. Participant course completion requirements are known by participants and trainers.</p>	<p><b>Observe/review records materials or guidelines to determine if:</b></p>			
	<ul style="list-style-type: none"> <li>Requirements for learners to “pass” each course are outlined in training materials</li> </ul>			
	<ul style="list-style-type: none"> <li>Clear steps if a participant does not meet passing requirements exist in guidelines or trainers’ tools</li> </ul>			
	<ul style="list-style-type: none"> <li>The type of certificate that participant will receive and conditions for issuing certificates are outlined in materials or trainers’ tools</li> </ul>			
<p>9. Course completion requirements are met before any participant can be certified.</p>	<p><b>Through the record reviews, observe that:</b></p>			
	<ul style="list-style-type: none"> <li>Course completion requirements are explicitly stated and participants informed of requirements</li> </ul>			
	<ul style="list-style-type: none"> <li>All participants who have received certificates during the last training have met these requirements</li> </ul>			
	<ul style="list-style-type: none"> <li>Participants who have not met certification requirements are provided with additional practice and assessment opportunities</li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
10. The clinical training is routinely monitored for effectiveness.	Through interviews with trainers and by review of administrative records, observe that clinical training is monitored for effectiveness:			
	<ul style="list-style-type: none"> <li>Standardized course evaluation form is used</li> </ul>			
	<ul style="list-style-type: none"> <li>Trainers and training coordinator meet to review course evaluation forms at the end of training to get participants' feedback on training</li> </ul>			
	<ul style="list-style-type: none"> <li>Course evaluation feedback that requires action is resolved and documented</li> </ul>			

TOOL 2: TRAINING BODY MANAGEMENT	10 STANDARDS
TOTAL STANDARDS OBSERVED	
TOTAL STANDARDS MET	
PERCENT ACHIEVEMENT	%

### Tool 3: Trainer Development

TRAINING SITE (NAME, PLACE)	
DATE	
INDIVIDUAL OBSERVING	

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
1. <u>The training body follows trainer development pathway.</u>	Verify by interviewing the in-charge staff or trainers:			
	• Clinical trainers:			
	– Have completed a clinical skills standardization course			
	– Are proficient in relevant clinical competencies			
	– Successfully completed a training skills course			
	– Co-trained initial courses and been qualified by master trainer			
2. <u>The training body manages trainers appropriately.</u>	• <b>Master trainers:</b>			
	– Successfully completed at least a transfer-of-training course			
	– Co-trained a training skills course			
	Verify by interviewing the in-charge staff that:			
	• There is documentation of clinical trainers by each clinical training area			
	• The clinical trainers are used in rotation			
3. <u>There is a record of trainer development activity.</u>	• There is a clinical trainer performance evaluation plan			
	• There is a system to provide feedback to clinical trainers on their performance			
	Review with the trainer if:			
	• Participants complete trainer evaluation forms for every training			
	• There is a mechanism in place to review trainer performance and participant feedback			
	• There is documentation of trainers available by type of trainer (Qualified vs. Master)			
• The trainer attends technical updates/refreshers training				

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>4. The training body has <u>facility</u> for <u>trainer development</u>.</p>	<p><b>Interview the trainers to find out if they:</b></p> <ul style="list-style-type: none"> <li>• Provide clinical services related to training on a regular basis</li> <li>• Have access to technical information through a library, suggested books, CDs and/or videos related to areas of training</li> <li>• Have access to computers (desktop/laptop)</li> <li>• Have access to an Internet connection</li> </ul>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	

<b>TOOL 3: TRAINER DEVELOPMENT</b>	<b>4 STANDARDS</b>
TOTAL STANDARDS OBSERVED	
TOTAL STANDARDS MET	
PERCENT ACHIEVEMENT	%

### Tool 4: Training Planning/Preparation

TRAINING SITE (NAME, PLACE)					
DATE					
INDIVIDUAL OBSERVING					
PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES	
<p>1. The training body provides adequate preparation for a training course.</p>	<p>Interview the training coordinator to ensure that the following were accomplished before training:</p> <ul style="list-style-type: none"> <li>• <b>Trainers and other staff:</b> <ul style="list-style-type: none"> <li>- The trainers for the course were informed and booked</li> <li>- Staff in the clinical area were informed about training dates</li> <li>- The accountant was informed about the dates of training</li> <li>- Any guest presenters were identified and informed</li> </ul> </li> <li>• <b>Supplies and logistics:</b> <ul style="list-style-type: none"> <li>- Stationery materials were ordered and procured</li> <li>- Anatomical models were procured</li> <li>- The instruments and equipment for classroom practice were procured</li> <li>- Training materials were ordered and procured</li> <li>- Audiovisual aids were booked</li> <li>- The certificate prototype was prepared for review</li> <li>- Dietary needs, travel and transportation, lodging and per diem were prepared for</li> <li>- Transportation to the clinic site was arranged (if needed)</li> </ul> </li> </ul>				

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES	
<p><b>2. The training body prepares for blended learning activities appropriately.</b></p>	<p><b>Interview the training coordinator to verify that:</b></p>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>		
	<ul style="list-style-type: none"> <li>Guidance exists for conducting blended learning courses</li> </ul>				
	<ul style="list-style-type: none"> <li>Electronic content is made available at least 3 weeks before training</li> </ul>				
	<ul style="list-style-type: none"> <li>Participants are provided with guidance via document or group-based session on how to complete the electronic content</li> </ul>				
	<ul style="list-style-type: none"> <li>Participants are provided with a person to contact for technical and content questions</li> </ul>				
	<ul style="list-style-type: none"> <li>Participants are contacted to ensure they received the electronic content and are able to access it</li> </ul>				
	<ul style="list-style-type: none"> <li>Participants are provided with follow-up visits or calls to ensure they have completed the content before any practice and mentoring activities occur</li> </ul>				
	<ul style="list-style-type: none"> <li>A policy or guideline describes what to do if participants arrive for a practice or mentoring activity and have NOT completed the required content</li> </ul>				
	<p><b>3. The trainers prepares for a training course to ensure training meets any identified training needs.</b></p>				<p><b>Interview the trainers to verify that prior to conducting training they:</b></p>
<ul style="list-style-type: none"> <li>Review any existing training needs assessment information available</li> </ul>					
<ul style="list-style-type: none"> <li>Review the course syllabus, course schedule and course outline</li> </ul>					
<ul style="list-style-type: none"> <li>Revise course schedule and outline based on training needs information available when indicated</li> </ul>					
<ul style="list-style-type: none"> <li>Assign topics/session to individual trainers as needed.</li> </ul>					
<ul style="list-style-type: none"> <li>Review content materials and prepare for each session to be delivered.</li> </ul>					
<ul style="list-style-type: none"> <li>Review and update presentation graphics as appropriate.</li> </ul>					
<ul style="list-style-type: none"> <li>Visit classroom to confirm availability of the audiovisuals and power supply.</li> </ul>					
<ul style="list-style-type: none"> <li>Meet with clinical staff and management.</li> </ul>					
<ul style="list-style-type: none"> <li>Ensure that client scheduling is arranged with clinic staff or management as needed.</li> </ul>					

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES	
4. Participant invitations include essential information and arrive on time.	<b>Review the records to verify:</b>				
	• Participant invitation letters were sent at least <b>3 weeks</b> before the training				
	• The number of invitations is consistent with the course syllabus recommendations				
	• <b>The invitation letter:</b>				
	– Includes course goals and duties				
	– States that participants should arrive the day before the training				
	• The training coordinator confirmed the participants <b>1 week</b> before the training				
	5. The training body ensures everything is ready immediately before the training starts.	<b>Interview the training coordinator or observe the following:</b>			
		• The classroom was set up			
		• Participant accommodations were ready			
• Training materials were available					
• Audiovisual equipment was set up					
• A backup plan was in place in case of power failure					
• Training supplies were available					
• The training budget was available					
• The trainers reviewed the preparation for training					
• The clinical staff was ready to receive the participants for clinical practice					
• The guest presenters were confirmed (date and time)					
<b>TOOL 4: TRAINING PLANNING/PREPARATION</b>					
TOTAL STANDARDS OBSERVED		5 STANDARDS			
TOTAL STANDARDS MET					
PERCENT ACHIEVEMENT		%			



## Tool 5: Classroom Training

TRAINING SITE (NAME, PLACE)	
DATE	
INDIVIDUAL OBSERVING	

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES	
1. The trainer makes the training relevant and participatory.	Observe/interview trainer to verify:				
	<ul style="list-style-type: none"> <li>● <b>Participants are involved in the process of learning by:</b> <ul style="list-style-type: none"> <li>- Making agenda, giving daily summaries and other activities</li> <li>- Questioning and feedback</li> <li>- Group and individual activities</li> <li>- Timely energizers</li> </ul> </li> <li>● <b>Participants are treated as individuals:</b> <ul style="list-style-type: none"> <li>- Use participants' names as often as possible</li> <li>- Treat participants with respect</li> </ul> </li> <li>● Trainer reviews participants' expectations at the beginning of the course</li> <li>● Time is allotted for the trainer to review participants' individual learning plans when they exist</li> </ul>				
	2. The trainer creates a positive training climate.	Observe/interview trainer to verify:			
		<ul style="list-style-type: none"> <li>● Various audiovisual aids are appropriately used</li> <li>● A variety of learning activities and training methods are appropriately used: <ul style="list-style-type: none"> <li>- Positive feedback is provided frequently</li> <li>- The trainer models a positive attitude</li> <li>- Trainers create atmosphere of safety for participants to freely communicate with one another and trainers</li> </ul> </li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
3. The trainers provide <u>constructive feedback</u> to participants.	Observe/interview trainer to verify that:			
	• Feedback is positive			
	• Feedback includes specific suggestions for improvement			
	• After coaching or assessment activities, the trainer asks participant to self-assess before providing feedback			
4. The trainer uses effective <u>session introduction and summary skills</u> .	Observe the trainer during the session to verify that he/she:			
	• Introduces session using an engaging technique			
	• States objectives as a part of introduction			
	• <b>Presents effective summary:</b>			
	– Keeps summary brief			
	– Draws the main points of presentation			
	– Links to next topic			
5. The trainer uses effective <u>facilitation skills</u> .	Observe the trainer during the session to verify that he/she:			
	• Uses participants' names often			
	• Uses trainer's notes or a personalized reference manual during presentation			
	• Maintains eye contact with the participants			
	• Projects her/his voice so that all participants can hear			
	• Maintains energy			
	• Uses audiovisuals effectively			
• Provides opportunities for application or practice of presentation content				
6. The trainer uses effective <u>questioning skills</u> .	Observe the trainer during the session to verify that he/she:			
	• Asks questions of the entire group			
	• Targets question to individuals			
	• Asks questions at a variety of level			
	• Responds to participants' questions			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
7. The trainer effectively manages the group dynamics.	<b>Observe the trainer during the training course to verify that he/she:</b>			
	• Manages the communication in the class room			
	• Manages the discussion in the classroom			
	• Encourages/creates a friendly environment in the room			
	• Facilitates the development of group norms at the beginning of the training			
	• Address participants with respect during the training			
8. The trainer uses audiovisual aids appropriately.	<b>Observe the trainer:</b>			
	• Makes sure aids are visible			
	• Makes sure aids are easy to read and not crowded			
	• Underlines or emphasizes important information			
	• Prepares any complicated materials before hand			
	• Always faces the learners			
• Always checks equipment ahead of time				
9. The trainer uses transparencies and/or PowerPoint presentations appropriately.	<b>Observe the trainers:</b>			
	• <b>If using transparencies, the trainer:</b>			
	- Lists one main idea and maximum seven lines on one transparency			
	- Mounts transparencies on mounting frames if available			
	- Numbers transparencies			
	- Has an overhead projector in working condition			
	- Has an extra projector bulb on hand			
	- Does not read from transparencies			
	- Uses a pointer or pencil on transparency rather than pointing fingers on the screen			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
10. The trainer uses <u>media materials</u> appropriately.	<b>Observe the trainers:</b>			
	• <b>If using VCD/DVD player, the trainer:</b>			
	- Introduces the video topic			
	- States the objective of viewing the video			
	- Focuses participants' attention on key points			
	- Stops in between and ask questions or leads discussion as appropriate			
	- Leads follow-up discussion at the end			
- Summarizes the session				
11. The trainer prepares for the <u>illustrated lecture</u> .	<b>Observe trainer presentation or review an illustrated lecture plan to verify that it:</b>			
	• Includes an effective introduction			
	• Has prepared trainer's notes and activities			
	• Has identified questions to use for developing clinical decision-making skills and assessing understanding			
	• Has a plan for effective summary			
12. The trainer facilitates small group activities effectively.	<b>Observe during the training session that the trainer:</b>			
	• Plans small group activities that are consistent with the objective of the session			
	• <b>Provides clear instructions for the group work:</b>			
	- Directions for the small group activity (whether role play, clinical simulation or case study)			
	- Time limit			
	- How to document and report when required			
	• Summarizes the session			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
13. The trainer facilitates large group activities effectively.	<b>Observe a session during which the trainer facilitates a large group session and verify that the trainer:</b>			
	• States the objectives of the session and announces the topic or problem (whether brainstorming, games or group discussions)			
	• Establishes the ground rules			
	• Moderates the discussion appropriately			
	• Maintains a written record during brainstorming			
	• Reviews ideas and suggestions periodically during brainstorming and discussions			
	• Summarizes effectively			
14. The trainer uses assessment to help learners develop competency.	<b>Observe that the trainer:</b>			
	• Uses questions during activities to assess understanding and/or reinforce key points			
	• Uses the summary to highlight important information or assess understanding of important information			
	• Uses end of the day sessions to evaluate training and learner progress and makes changes in training when needed			
	• Provides periodic formative assessment (are participants competent in simulation, etc.) when trainer needs to determine if participants are ready for clinical practice or to move to the next topic			
	• Uses the provided assessment tools to determine if the participant has mastered the required content			
	• Creates a plan for achieving competency for participants who do not meet the requirements for completion or passing of the course			

TOOL 5: CLASSROOM TRAINING	14 STANDARDS
TOTAL STANDARDS OBSERVED	
TOTAL STANDARDS MET	
PERCENT ACHIEVEMENT	%

## Tool 6: Clinical Demonstration, Practice and Coaching

TRAINING SITE (NAME, PLACE)				
DATE				
INDIVIDUAL OBSERVING				
PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
1. The trainer effectively demonstrates types of skills.	Observe a session during which the trainer is demonstrating a skill and verify that the trainer:			
	<ul style="list-style-type: none"> <li>Has set up the demonstration in advance with adequate supplies and equipment</li> </ul>			
	<ul style="list-style-type: none"> <li>Introduces the skill being demonstrated</li> </ul>			
	<ul style="list-style-type: none"> <li>Clearly states objectives as a part of instruction</li> </ul>			
	<ul style="list-style-type: none"> <li>Ensures all the participants are able to see clearly</li> </ul>			
	<ul style="list-style-type: none"> <li>Asks questions and encourages participants to ask questions as appropriate</li> </ul>			
	<ul style="list-style-type: none"> <li>Maintains eye contact with the participants as much as possible</li> </ul>			
	<ul style="list-style-type: none"> <li>Speaks loudly enough so that participants can hear</li> </ul>			
	<b>Psychomotor Skills:</b>			
	<ul style="list-style-type: none"> <li>Communicates with the anatomical model or client during the demonstration of skill or activity</li> </ul>			
	<ul style="list-style-type: none"> <li>Demonstrates or simulates proper infection prevention practices</li> </ul>			
	<ul style="list-style-type: none"> <li>Positions anatomical model as actual client</li> </ul>			
	<b>Communication Skills:</b>			
	<ul style="list-style-type: none"> <li>Provides a concise (under 15 minutes) demonstration of related communication skill</li> </ul>			
	<ul style="list-style-type: none"> <li>Uses questions to assess participants understanding and progress</li> </ul>			
<b>Clinical Decision-Making Skills:</b>				
<ul style="list-style-type: none"> <li>Explains rationale in decisions made in clinic</li> </ul>				
<ul style="list-style-type: none"> <li>Uses questions to ask participants "what if..." in simulation and in clinic to assess their understanding and clinical decision-making abilities</li> </ul>				

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
	<ul style="list-style-type: none"> <li>Asks questions during psychomotor skill demonstrations to assess participants related clinical decision-making skills</li> <li>Uses pre- or post-clinical meetings to review pertinent cases and ask additional questions to develop clinical decision-making skills in related clinical area</li> <li>Demonstrates using “whole-part-whole” when appropriate</li> <li>Provides opportunities for the participants to practice the skills under direct supervision</li> </ul>			
<p><b>2. The trainer is an effective coach.</b></p>	<p><b>Observe while the trainer is working with participants:</b></p> <p><b>Before:</b></p> <ul style="list-style-type: none"> <li>Greets the participant</li> <li>Reviews previous performance as applicable</li> <li>Works with the participant to set specific goals for the practice session</li> </ul> <p><b>During:</b></p> <ul style="list-style-type: none"> <li>Observes the learner, providing positive reinforcement or constructive feedback (when necessary for client comfort or safety) as s/he practices the procedure</li> <li>Refers to the checklist or performance standards during observation</li> <li>Records notes about learner performance during the observation</li> <li>Is sensitive to the client when providing feedback to the learner during a clinical session with clients</li> <li>Provides appropriate practice activities in clinic based on each participant’s abilities and progress</li> </ul> <p><b>After:</b></p> <ul style="list-style-type: none"> <li>Reviews notes taken during the practice session</li> <li>Greets the learner and asks to share perception of the practice session</li> <li>Asks the learner to identify those steps performed well</li> <li>Asks the learner to identify those steps where performance could be improved</li> <li>Provides positive reinforcement and corrective feedback</li> <li>Work with the learner to establish goals for the next practice session</li> </ul>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>3. Clinical practice is arranged to ensure participants have safe and adequate practice with clients.</p>	<p>Observe the clinical practice session for participants and verify that:</p> <ul style="list-style-type: none"> <li>• Client's rights are respected during the clinical practice including his/her right to: <ul style="list-style-type: none"> <li>- Bodily privacy</li> <li>- Confidentiality</li> <li>- Know the role of each person involved in the procedure</li> <li>- Give permission before having clinician-in-training observe, assist with or perform any procedure</li> <li>- Have clinical trainer present when participants are practicing</li> </ul> </li> <li>• Clients are carefully selected by the trainers for participants to practice. There is a daily plan for clinical practice containing: <ul style="list-style-type: none"> <li>- The date</li> <li>- Name of the clinical trainer</li> <li>- The clinic staff responsible for the day</li> <li>- Learning objectives</li> <li>- Activities to be accomplished by the participants</li> </ul> </li> <li>• Clients have been recruited ahead of time when needed to ensure sufficient client load for practice</li> <li>• Clinic practice is structured to ensure maximum exposure to clients</li> <li>• Trainer-to-participant ratio is sufficient to ensure clients are not harmed through adverse events</li> <li>• The plan for clinical activities allows participants to move from supervised to independent practice</li> <li>• The trainer has identified which practice activities may be completed by which participants independently</li> </ul>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	



PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>4. The trainer uses <u>preclinical practice meetings</u> to clearly outline expectations for the clinical day.</p>	<p><b>Observe the trainer during preclinical practice meeting to verify:</b></p> <ul style="list-style-type: none"> <li>● Learning objectives for the day</li> <li>● Any change in the schedule</li> <li>● Participants' roles and responsibilities for the day</li> <li>● Special assignments, if any</li> <li>● Cases/topics for post-clinical practice meeting</li> <li>● Answers to participants' questions</li> </ul>			
<p>5. The trainer <u>supervises clinical practice</u> to ensure safety and adequate practice with clients.</p>	<p><b>Observe the trainer during clinical practice to verify:</b></p> <ul style="list-style-type: none"> <li>● Trainer is always there when participants are performing psychomotor skills with clients</li> <li>● The trainer provides coaching during clinical practice as appropriate</li> <li>● The trainer is sensitive to client's presence while providing feedback</li> <li>● The trainer intervenes if the client's safety is in question</li> </ul>			
<p>6. The trainer uses <u>post-clinical practice meetings</u> effectively to help learners develop competency.</p>	<p><b>Observe the trainer during a post-clinical practice meeting to verify:</b></p> <ul style="list-style-type: none"> <li>● Trainers hold <u>post-clinical practice meeting</u> each day to: <ul style="list-style-type: none"> <li>- Assess progress in learning</li> <li>- Present cases seen during the day</li> <li>- Plan for the next day's activities</li> <li>- Use questions to reinforce key points and develop clinical decision-making skills</li> </ul> </li> </ul>			
<p>7. The training body has adequately prepared the clinical practice site.</p>	<p><b>Verify by interview with clinic management that:</b></p> <ul style="list-style-type: none"> <li>● The training body has shared key resources with the facility management and related ward staff, including: <ul style="list-style-type: none"> <li>- Assessment tools used for clinic</li> <li>- Related skill performance standards</li> <li>- Training materials or reference materials</li> </ul> </li> <li>● The trainer(s) communicate pertinent information with facility staff, including: <ul style="list-style-type: none"> <li>- Topic, times and dates of planned clinical practice</li> </ul> </li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
	<ul style="list-style-type: none"> <li>- Types of clients needed</li> <li>- Any particular learning needs or capability of particular participants</li> </ul>			
8. The training body or trainer has ensured that clinic staff involved in supervision or support of clinical practice are adequately prepared.	<b>Verify by interviewing appropriate clinic staff or training body records that:</b>			
	• Facility staff expected to supervise have been standardized and updated in required skills			
	• Facility staff expected to supervise have been provided with relevant training and assessment tools			
	• Expectations of facility staff in supervision have been documented and shared			
	• Any incentives for supervision have been documented and are implemented consistently			
9. The trainer uses assessment effectively to help learners develop competence and determine if training goals have been met.	<b>Verify by observation or interviewing participants from previous courses that the trainer:</b>			
	• Uses questions during clinical practice to help learners develop clinical decision-making skills			
	• Uses client record review during clinical practice to provide feedback on clinical decision-making skills			
	• Assesses participants' ability to move from closely supervised to more independent practice in the clinical setting			
	• Uses the provided assessment tools to determine if the participant has mastered the required content			
	• Communicates regularly about participant progress with any clinic staff assigned any participant mentoring or supervisory responsibilities			
	• Creates a plan for achieving competency for participants who do not meet the requirements for completion or passing of the course			

TOOL 6: CLINICAL DEMONSTRATION, PRACTICE AND COACHING	8 STANDARDS
TOTAL STANDARDS OBSERVED	
TOTAL STANDARDS MET	
PERCENT ACHIEVEMENT	%

## Tool 7: Transfer of Learning (TOL)

TRAINING SITE (NAME, PLACE)		Y/N, NA		NOTES	
DATE		Y/N, NA			
INDIVIDUAL OBSERVING		Y/N, NA			
PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES	
<p>1. The training body has developed process that incorporates transfer-of-learning (TOL) activities in training implementation.</p>	<p><b>Verify by interviewing the training coordinator or associated staff that:</b></p> <ul style="list-style-type: none"> <li>Plans and budget are in place for follow-up support of participants after training</li> <li>Trainers have access to copies of the action plans prepared by participants during the course</li> <li>Copies of participants' action plans are sent to their supervisors</li> <li>Trainer communicates with the head of the facility about the supplies and equipment the participants would need in order to practice newly learned skills</li> <li>Clinic site selection is consistent with participants' workplace environment</li> <li>Related performance standards or national protocols are used as tools for measuring progress and ability to perform on the job</li> </ul>				
	<p>2. Trainers perform the TOL activities before, during and after each training course.</p>	<p><b>Conduct interview with trainers to verify/observe during the training course:</b></p> <ul style="list-style-type: none"> <li><b>Before training, trainers:</b> <ul style="list-style-type: none"> <li>Review the performance needs assessment findings if available</li> <li>Make changes in course to adjust to participants' needs</li> <li>Send course syllabus, course objectives and course schedule to participants along with invitation letter</li> </ul> </li> <li><b>During training, trainers:</b> <ul style="list-style-type: none"> <li>Review any individual learning plans</li> <li>Provide work-related (realistic) exercises and job aids</li> <li>Give immediate and positive feedback to participants</li> </ul> </li> </ul>			

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
<p>3. The trainers or training body involve <u>participants</u> in transfer-of-learning activities.</p>	<ul style="list-style-type: none"> <li>- Revise training and activities based on participants' progress</li> </ul>			
	<ul style="list-style-type: none"> <li>- Encourage participants to develop realistic action plans to encourage TOL</li> </ul>			
	<ul style="list-style-type: none"> <li>- Remind participants to meet with supervisor to review action plan.</li> </ul>			
	<ul style="list-style-type: none"> <li>- Identify whom to contact for support or questions, or links to any existing networks or other providers for support</li> </ul>			
	<ul style="list-style-type: none"> <li>• <b>After training, trainers:</b></li> </ul>			
	<ul style="list-style-type: none"> <li>- Communicate with participants as appropriate</li> </ul>			
	<ul style="list-style-type: none"> <li>- Facilitate the review of action plans with supervisors and participants</li> </ul>			
	<ul style="list-style-type: none"> <li>- Maintain communication with supervisors and participants</li> </ul>			
	<p><b>Verify by interviewing the trainers or participants (if available) that:</b></p>			
	<ul style="list-style-type: none"> <li>• <b>Before training, the participants:</b></li> </ul>			
	<ul style="list-style-type: none"> <li>- Are involved in needs assessment if conducted</li> </ul>			
	<ul style="list-style-type: none"> <li>- Receive the course syllabus, course objectives and course schedule along with the invitation letter</li> </ul>			
<ul style="list-style-type: none"> <li>- Complete pre-course activities if required</li> </ul>				
<ul style="list-style-type: none"> <li>• <b>During training, the participants:</b></li> </ul>				
<ul style="list-style-type: none"> <li>- Develop an individual learning plan</li> </ul>				
<ul style="list-style-type: none"> <li>- Develop a realistic action plan</li> </ul>				
<ul style="list-style-type: none"> <li>• <b>The trainer reminds the participants to complete the following after training:</b></li> </ul>				
<ul style="list-style-type: none"> <li>- Apply new skills and implemented action plan</li> </ul>				
<ul style="list-style-type: none"> <li>- Use job aids as appropriate</li> </ul>				
<ul style="list-style-type: none"> <li>- Network with other participants and trainers</li> </ul>				
<ul style="list-style-type: none"> <li>- Monitor their own performance</li> </ul>				

PERFORMANCE STANDARDS	DEFINITION (VERIFICATION CRITERIA)	Y/N, NA	Y/N, NA	NOTES
4. The trainer uses effective training skills to help ensure that participants develop competency during training.	Verify by asking the trainer to self-assess his/her ability to:			
	• Maintain learners' self-esteem and build confidence			
	• Help learners move from mastery of simple to more complex concepts and skills			
	• Use formative assessment to gather information and help learners learn			
	• Use questions to help learners move from knowledge recall to application			
	• Use questions to develop clinical decision-making skills			
	• Model appropriate behaviors and attitudes			
	• Use pre- and post-clinical meetings effectively to help learners develop clinical decision-making skills			
	• Provide a gradual progression to independent practice in the clinic			
	• Use summative assessment to make decisions about learners' mastery of content			

TOOL 7: TRANSFER OF LEARNING (TOL)	4 STANDARDS
TOTAL STANDARDS OBSERVED	
TOTAL STANDARDS MET	
PERCENT ACHIEVEMENT	%



# **FACILITATOR'S GUIDE**





# INTRODUCTION

The Training Skills Learning Resource Package (LRP) is designed to be used in preparing clinical trainers who are qualified to conduct competency-based clinical skills courses; it may also be used to strengthen the clinical training skills of pre-service faculty members and clinical preceptors.

To be a qualified clinical trainer, a **candidate clinical trainer** must undergo skills standardization and achieve specific core competencies, demonstrating the ability to:

- Train **skills course participants** in new competencies, or reinforce existing ones
- Coordinate training activities in collaboration with other staff
- Implement group-based training, using a “blended learning approach” when indicated
- Document and report training activities conducted
- Provide post-training, transfer-of-learning support

Your role as **facilitator** is to coach candidate clinical trainers as they develop training skills and, finally, to determine whether they are qualified to be clinical trainers. Like coaching clinical skills course participants, coaching candidate clinical trainers involves several phases:

- Demonstrations of the essential training skills, which will have occurred through ModCAL® (Modified Computer-Assisted Learning) for Training Skills, or can occur in group-based practice. Additional demonstrations of training skills are provided during the group-based practice session and the co-training experience;
- Practice by the candidate clinical trainer, as the facilitator observes, using the presentation, demonstration or coaching skills checklists; and
- Feedback and coaching from the facilitator, using the skills checklists and training performance standards as appropriate during the daily trainer meetings.

Throughout these phases, two different types of assessment are used. *Formative* assessment guides the candidate clinical trainer in developing training skills; *summative* assessment, on the other hand, aids the facilitator in making a decision about whether the candidate clinical trainer has achieved the desired training core competencies and can be become a qualified clinical trainer.

## RESPONSIBILITIES OF THE FACILITATOR

As a facilitator for the Training Skills Course, you will:

- Provide candidate clinical trainers, or learners, with their Training Skills Course “Welcome” package. You may do this during the skills **standardization process** (see **Box** on the following page), through a separate meeting (e.g., by having learners come to your office/facility) or via mail with telephone follow-up. The package includes:
  - A **flash drive** containing ModCAL for Training Skills—the self-paced, computer-assisted learning component of the Training Skills Course.
  - The **Training Skills Course Learner’s Guide**, which includes key information about the course, the course syllabus, learning objectives and a range of tools that learners will need to navigate through the practice component of the course—such as an individual learning plan form and generic training performance standards. (**Note:** These and other handouts for learners may also be printed from the “Resources” section of ModCAL.)
  - The **Training Skills Manual**, which contains the essential content covered in ModCAL. This document will serve as a valuable reference for learners both during the course and when they conduct future clinical training courses.
  - The relevant **clinical learning resource package** (if the learners do not already have it). This LRP provides the clinical content for the co-training component of the Training Skills Course; learners will need it to prepare for their training skills practice sessions.
  - Specific information about:
    - Whom learners should contact if they have any technical questions or concerns about ModCAL;
    - Whom they should contact if they have general questions about the Training Skills Course; and;
    - Where and when they should report for the group-based practice session, if applicable, and the co-training experience.

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

Experienced health care 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 as a prerequisite to the Training Skills Course, candidate clinical trainers will learn a particular way to perform the clinical skills (e.g., male circumcision, management of postpartum hemorrhage) that will form basis of their co-training experience. Through this process:

- Learners’ performance of these skills is observed and evaluated, by the facilitator or another qualified trainer, in relation to “standardized” checklists (developed and validated by a group of experts) that make complex skills easy to master, outlining the essential steps involved in a given skill in the correct sequence;
- Differences between the learners’ 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 learners’ 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 candidate clinical trainers are “on the same page” about how to **teach** skills.

- For the **self-paced, computer-assisted learning component of the Training Skills Course**, introduce learners to ModCAL, whether virtually or in a group-based setting.
  - Explain how to navigate through ModCAL, directing learners to the detailed instructions in the program’s Overview.
  - Advise them on how to proceed though the modules in an efficient manner.
  - Be available to provide guidance as needed, as learners work through the computer modules. You may need to bring the learners to a location equipped with computers and assist them in using ModCAL individually or, if computer availability is an issue, in small groups.
- For the **practice component of the Training Skills Course**:
  - Review and discuss the following at the beginning:
    - Individual learning plans
    - Expectations for practicing facilitation, demonstration and coaching skills
    - Knowledge and skill assessments
    - Qualification criteria and process
    - Schedule for meeting with the facilitator for demonstrations, practice, assessment and questions, when appropriate

- Demonstrate effective facilitation and clinical training skills as needed.
- Provide guidance, coaching and feedback to learners as they practice classroom and clinical training skills.
- Evaluate each learner's classroom and clinical training skills and decide whether she/he is qualified to be a clinical trainer.

## OPTIONS FOR PRACTICE AND ASSESSMENT

After completing both the skills standardization and ModCAL, there are several options for providing learners with training skills practice and for assessing their training skills. Regardless of which option is pursued, it is essential that the clinical skills required for the course have been standardized and that the candidate clinical trainer is indeed competent in those skills before being qualified.

Depending on program needs, and the complexity of the clinical skills that the candidate clinical trainer will be learning to teach, the candidate trainer may either:

- **Prepare for and co-train a skills course**, or a whole-site or on-the-job training course, with an experienced trainer who is qualified to mentor a candidate trainer. This option provides the learner the opportunity to apply skills and be mentored and assessed for qualification in an efficient manner.
- **Attend a group-based practice session and then co-train a course.** In some programs, learners may practice in a group-based session before they have their co-training experience.

Between the two co-training scenarios shown above, there are actually several options for co-training with candidate clinical trainers (further described in the **Box** on the following page). The key is to ensure adequate coaching throughout the experience to support the candidate clinical trainers and, during clinical practice, to protect the clients' rights.

### Different Types of Co-Training Experience

- **The facilitator of the Training Skills Course coaches each candidate clinical trainer individually** during the delivery of a skills course. This is an ideal scenario but is very time-consuming. One-to-one supervision is used during courses involving surgical skills or skills that carry potential risk of harm to clients. Typically, a master trainer coaches a team of two to four as they conduct a skills course.
- **Candidate clinical trainers are coached by a regional- or national-level master trainer.** In some countries or regions, there will be other qualified individuals available who can work with candidate clinical trainers during a co-training experience.
- **A master trainer provides limited co-training support,** more during the first few days of a course and less later on. Although this approach is not ideal, the candidate clinical trainer can at least rely on some coaching/feedback during those first critical days—which are the most important for setting a positive learning climate. Co-training support should be provided again during clinical practice.
- **The candidate clinical trainer co-trains with a proficient clinical trainer.** When a master trainer is not available, it is often better for the candidate clinical trainer to be observed and coached by a proficient clinical trainer than to train alone.
- **Candidate clinical trainers are coached by a colleague from the Training Skills Course.** Ideally this coaching experience coincides with a visit from a master trainer for at least the first few days of the course. If a master trainer is not available, having two candidate clinical trainers work together and support each other through the co-training experience helps to ensure that the course will be conducted as designed. The two candidate clinical trainers know what they are supposed to do and can reinforce correct practices and support each other throughout the course. For training in procedures that involve surgical skills or carry a potential risk of harm to the client, do not use this approach.

How the materials in this LRP are used depends in large part on which of the above-described options is selected.

## HOW TO USE THESE MATERIALS

The assessment tools provided in the Training Skills LRP will help you determine whether the learner is able to perform the desired core competencies of a qualified clinical trainer and can therefore be qualified. There are tools for the learner to use to self-assess and identify learning needs and for you, the facilitator, to use to in providing formative assessment, which aids in learning. Tools are also provided for you to conduct summative assessment to make decisions about advancing candidate trainers to new levels of responsibility in the course and, ultimately, about qualification. Here is additional information on competency development and assessment for the Training Skills Course.

### Development of Competencies

The group-based practice and co-training experience provided represent your opportunity to assist candidate clinical trainers in becoming competent qualified clinical trainers. Use the individual learning plan and other assessment tools as a reference to help candidate trainers identify and prioritize their learning needs before group-based practice and before co-training. Use the checklists and training performance standards to provide formative assessment and feedback to help them develop competency and, over the course of the experience, move from needing

more to less supervision. Your aim is to develop an independently functioning, competent clinical trainer.

### **Assessment of Competencies**

Here, the focus is on summative assessments—the periodic decision points within a Training Skills Course when you determine whether a candidate clinical trainer should advance to new levels of responsibility.

- Knowledge checks and the final knowledge assessment are provided throughout the computer-assisted portion of the course (ModCAL). A print version of the final exam is also included in this guide. Passing this exam indicates that the learner is ready for practice and co-training opportunities.
  - The passing score for the final exam is 78% and “criterion-based,” determined through review and validation of the questions by a group of subject matter experts.
  - If any learners do not pass the final exam, they should review the relevant topic(s) and take the exam again.
- Skills are assessed using checklists (also reviewed/validated by subject matter experts) provided in this learning package. These checklists, combined with candidate clinical trainers’ self-assessments using the clinical training skills portfolio and the training performance standards, are used to make a summative assessment of candidate clinical trainers’ competency in the desired skills and determine whether they are qualified.

### **Qualification**

A candidate clinical trainer is considered “qualified” if she/he is able to perform the core competencies required. The decision about qualification is based on achievement in three areas:

- **Knowledge**—Score on the ModCAL final knowledge assessment that equals or exceeds the recommended criterion-referenced pass score associated with competency.
- **Skills**—Demonstration of competency in facilitation, clinical demonstration and coaching skills, as assessed by the facilitator.
- **Practice**—The final decision about competency is based on a combination of factors, a determination of how the learners’ knowledge, skills, attitudes and individual experiences come together in actual practice. The facilitator considers candidate clinical trainers’ self-assessments using their clinical training skills portfolios. *Do they feel they have achieved competency in critical areas?* The facilitator will also consider how well they are doing based on the training performance standards. *Are they able to perform most of the standards in the tools related to trainer performance?*

# THE CO-TRAINING EXPERIENCE

The co-training experience provides candidate clinical trainers with structure and support as they apply their training skills. This section provides guidance on what the facilitator should do before, during and after the co-training experience to support learners throughout the process—including how to use the tools contained in this package. Remember that the purpose of co-training is to provide the candidate clinical trainers with practice, feedback and mentoring. Their level of experience in training will determine the degree of support and coaching you will provide.

## BEFORE CO-TRAINING: PREPARATION

- **Allocate a day or two to work with candidate clinical trainers to plan and prepare for the co-training experience.** During this meeting you should:
  - Using the individualized learning plan and training performance standards, work with candidate clinical trainers to identify their learning goals for the co-training experience. *What are their learning priorities?*
  - Assess their comfort level with the related clinical skills. Whether or not you are involved in the clinical skills standardization process, it is your responsibility to ensure that the candidate clinical trainers' skills have been standardized.
  - Based on their individual learning plans and comfort level with related clinical skills, you may need to have some practice sessions and provide feedback and coaching to ensure they are ready to co-train a course.
  - Identify training roles, including who will be responsible for what aspects of planning and preparation of the clinical skills course (the co-training experience). Clarify your own role in the process. Use the workshop preparation checklist if needed (see **Note** on the following page).
  - Review the course materials and model course outline and decide who will facilitate which sessions.
- **Ask the learners to review the training performance standards.** This exercise is useful for several reasons: it provides the learners with a good overview of the entire training process, works as a job aid to guide them in planning and implementation of training activities, and can help learners identify areas where they want to improve.
- **Agree on training norms and practices.** Agree on arrival times, tasks, roles and issues such as how to handle corrections, questions or concerns. Discuss the daily meetings and how they will be used as an

opportunity to share feedback from the day, identify learning progress and goals for the next day, and address any logistical issues.

- **Visit the clinical sites in collaboration with the new candidate clinical trainers.** This is essential to ensure that you have made all necessary preparations for the co-training experience and will also help the candidate clinical trainers become comfortable working with clinical sites in their new role.
- **Agree on roles specifically related to clinical practice.** What will your role be for the skills course participants during clinical practice? When should the participants seek out the candidate clinical trainer, and when should you be involved? The clinic staff also need to be clear about your role in relation to the new trainers. Discuss how you and the candidate clinical trainers will handle situations such as *their* skills course participants coming to you (rather than to them) with questions—and other such issues that may arise.
- **Provide clear guidance on the planned schedule.** Ensure the candidate clinical trainers know when you will or will not be present during the course. If you are facilitating several courses or working with several groups, everyone should know your schedule and contact information.

**Note:** Have candidate clinical trainers check out the “Resources” section of the ModCAL for Training Skills, which contains a wide range of training tools that can aid them in planning and managing a course, such as: a workshop preparation checklist to help ensure that logistics are addressed, sample warm-ups and energizers to keep participants engaged, and sample data forms to capture information related to training. It also includes the full range of handouts/tools included in the Learner’s Guide.

## DURING CO-TRAINING: MENTORING CANDIDATE TRAINERS

- **Be consistent with the candidate trainers about adhering to the schedule.** Begin and end on time regardless of who is conducting the session. If it is necessary to exceed the allotted time, discuss this with the group to develop consensus.
- **Regularly assess the candidate clinical trainers’ learning progress.** During the day, you will observe, coach and take notes. Use these notes to provide feedback during the end-of-the-day meetings and periodically during training. Use the individual learning plan they developed and the training performance standards to assess how they feel about their progress.
- **Rotate leadership for end-of-the-day meetings.** Members of the training team should rotate the leadership of the daily trainer meetings. During these meetings, each agenda item for that day is discussed and the presenting candidate clinical trainers receive feedback from the coaching trainer and the other trainers. You, or



the designated leader, facilitates the feedback process. Use this time to plan for the next day's activities.

- **Move the candidate clinical trainers to independent practice.** Provide greater supervision, coaching and support toward the beginning and less over time. Shift from providing most of the feedback yourself to facilitating the learners' self-assessment of the experience. *How do you think you did? What would you do differently? Why?* Encourage them to use the skills checklists and training performance standards to track their progress and achievements.
- **Provide adequate support during clinical practice.** Managing clinical practice is one of the more difficult aspects of training. In the clinical setting, as you coach candidate clinical trainers, be aware of how well the demand for services is being met, and be alert for new learning opportunities. In collaboration with the candidate clinical trainers, monitor the performance of the skills course participants. At the same time, you must coach and provide feedback to the candidate clinical trainers. Work with them before going into the clinical setting to ensure adequate client load, coach them during the clinical practice sessions and then provide feedback after each clinical practice session. As the clinical practice session progresses, you can let the candidate clinical trainer function more independently. Remember, during the co-training experience, your focus is on the candidate clinical trainers and **their ability to manage** clinical training, not on the skills course participants as they complete the skills course.
- **Ensure client safety during clinical practice.** Whether the competencies (in particular, the skills component) are standardized before or in combination with ModCAL for Training Skills, ensuring that new trainers are proficient and able to safely demonstrate and supervise the skills in clinical practice is essential. When working with several candidate clinical trainers, consider how you will ensure client safety during clinical practice. For example: During a voluntary counseling and testing skills practice in the clinic, you might not need to be present every minute. In a male circumcision course, on the other hand, you likely would be present every minute—to ensure both the client's safety and the candidate clinical trainer's safe practice and appreciation of the risks involved. The important factor to consider when deciding how much supervision is needed of the candidate clinical trainer is the potential risk of harm to the client.
- **Determine competency.** In order to decide whether a candidate clinical trainer is ready to become a qualified clinical trainer, use the skills checklists to determine competency. At the end of the training process, the candidate trainers should also be asked if they believe that they have mastered each of the core competencies required of a

qualified clinical trainer. In addition, you can use the training performance standards for overall guidance in deciding whether to qualify them or not. As the facilitator and training mentor, you are responsible for verifying that these competencies have been achieved, thereby confirming that the candidate trainer can be qualified as a clinical trainer.

### **AFTER CO-TRAINING: SUPPORT AND FOLLOW-UP**

By definition, the coaching experience ends when the course is completed and the new trainer has been qualified as a clinical trainer. There will be times, however, when you will be able to visit the clinical trainer to observe sessions in the classroom and clinic. These periodic visits help to reinforce the clinical trainer's skills and ensure that the trainer's approach to training is consistent with what she/he learned in the course. The visits also afford you an opportunity to collect data for trainer follow-up studies. Finally, follow-up visits will help to identify proficient clinical trainers who have the potential to become master trainers. Ultimately, however, your role after training depends on how your program is structured.

## GROUP-BASED PRACTICE—GUIDANCE AND MATERIALS

If you are conducting a group-based practice session before the co-training experience or facilitating a group-based course, this section contains guidance you will need and materials you will use. You can revise the course schedule and outline based on identified individual learning needs.

As qualifying new trainers requires a co-training experience as well, keep the following points in mind during the group-based session:

- You will use the skills checklists to assess their skills during the session, but cannot qualify them until the co-training event;
- Group-based practice will help you identify candidates who are better-suited to become clinical trainers than others (please make those recommendations to your program staff); and
- As clinical competence is required, use the group-based practice to also ensure that learners' skills are indeed adequate for managing clinical practice.

### MODEL COURSE OUTLINES

The course outlines presented here provide a model plan for group-based activities for candidate clinical trainers. There are two course outlines included:

- A three-day outline for group-based practice for learners' who have completed ModCAL for Training Skills. This focuses mostly on providing practice and feedback since most content has been provided using ModCAL.
- A five-day outline for group-based transfer of knowledge and skills and practice for learners who have not completed ModCAL. (**Note:** PowerPoint presentations that accompany the five-day, group-based practice are in the Resources folder of the ModCAL flash drive.)

Each outline presents enabling objectives needed to accomplish the learner objectives described in the course syllabus. For each objective, there are suggestions regarding appropriate learning activities and resources and materials needed. The facilitator may develop other practice activities and prepare case studies, role plays or other learning situations that are specific to the country or particular needs of a group of learners.

The course outline is divided into four columns.

- **Time.** This section of the outline indicates the approximate amount of time to be devoted to each learning activity.

- **Objectives/Activities.** This column lists the enabling objectives and learning activities. Because the objectives outline the sequence of training, they are presented here in order. The combination of the objectives and activities (introductory activities, small-group exercises, daily summaries, breaks, etc.) outlines the **flow** of training.
- **Training/Learning Methods.** This column describes the various methods, activities and strategies to be used to deliver the content and skills related to each enabling objective.
- **Resources/Materials.** The fourth column in the course outline lists the resources and materials needed to support the learning activities.

Note that the learners' course schedules are based on the following course outlines, so that any changes made to one should be reflected in the other. You may need to extend or reduce the time allocated to different topics or modify certain activities based on a variety of factors. *For example*, if only one facilitator is used, you might consider: (1) having the groups practice in small groups of six to eight, and selecting the best presenter to present for the group; (2) rotating among the groups, observing presentations and providing feedback; and (3) finishing by facilitating large group feedback

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
<b>Day 1, AM (INCLUDES 20 MINUTES TO ALLOW FOR A BREAK)</b>			
10 minutes	<b>Activity:</b> Welcome	Welcome by representatives of the organization(s) sponsoring the training course.	<b>Course equipment:</b> Boxlight, flip chart and markers, required learning resource packages (clinical content), other training materials
20 minutes	<b>Activity:</b> Introductions	Learners divide into pairs, interview and then introduce each other, sharing their partner's name, position and any training experience.	
10 minutes	<b>Activity:</b> Provide an overview of the course (goals, objectives and schedule)	<ul style="list-style-type: none"> <li>Distribute, review and discuss materials used in this course.</li> <li>Review the course syllabus and schedule. (Refer learners to the Training Skills Learner's Guide.)</li> </ul>	<b>Training Skills Manual/TOC</b> <b>Training Skills Learner's Guide/Syllabus</b> and Schedule
10 minutes	<b>Activity:</b> Review course materials	<ul style="list-style-type: none"> <li>Review and discuss materials used in this course.</li> <li>Briefly review the Training Skills Manual (table of contents) and instruct the learners that they can use it as a reference when needed.</li> <li>Refer the group briefly to the assessment tools—individual learning plan, training performance standards and clinical training skills portfolio—and explain that additional time will be spent on learning how to use these materials at the end of the course.</li> </ul>	<b>Training Skills Manual</b> <b>Training Skills Learner's Guide/Assessment Tools</b>
10 minutes	<b>Activity:</b> Clarify group norms	<ul style="list-style-type: none"> <li>Agree on group norms—obtain permission for feedback on practice sessions to be shared in the larger group.</li> <li>Attach the flip chart page to the wall for reference throughout the course.</li> </ul>	Group Norms flip chart

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
30 minutes	<b>Activity:</b> Identify individual learning goals	<ul style="list-style-type: none"> <li>Ask learners to fill out the individual learning plan if they have not already done so.</li> <li>Distribute post-it notes and ask learners to spend a few minutes and put a post-it with their name on it on their top three learning priorities for this course AND any mentoring experiences.</li> <li>After they do this, highlight the topics in the learning plan with the most post-its and identify how you will provide additional time to address that topic.</li> <li>Have someone document the top three topics that have the most post-its and note them on a flip chart.</li> <li>Review the individual learning plans before the next day or over lunch in order to identify where to focus practice activities.</li> </ul>	<ul style="list-style-type: none"> <li><b>Training Skills Learner’s Guide/Individualized Learning Plan</b></li> <li>Flip chart with the main components of the learning plan in a table format (prepared beforehand)</li> <li>Post-it notes</li> </ul>
30 minutes	<b>Activity:</b> Identify remaining questions or issues from ModCAL CTS	<ul style="list-style-type: none"> <li>Give the group slips of paper, ask them to review the table of contents as a refresher and identify any remaining questions or topics they found confusing from ModCAL.</li> <li>Tell them this activity is anonymous, and collect the slips of paper for review later.</li> <li>Review the questions and address common questions or issues throughout the course and use questions to ensure that learners understand the content.</li> <li>Use the “Developing Competency Discussion Guide” to ensure that key concepts are understood.</li> </ul>	<ul style="list-style-type: none"> <li>Slips of scrap paper</li> <li><b>Training Skills Facilitator’s Guide/Developing Competency Discussion Guide</b></li> </ul>
15 minutes	<b>Review of Clinical Learning Resource Package (LRP)</b>	<ul style="list-style-type: none"> <li>Draw the components of a standard training package on the flip chart.</li> <li>Review the <b>clinical LRP</b> that will be used, spending the most time on the Trainer’s Notebook/Facilitator’s Guide.</li> <li>Explain they will be using this LRP to practice effective facilitation and demonstration skills.</li> </ul>	Related clinical LRP (e.g., on providing IUD services, active management of third stage of labor)

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
40 minutes	<p><b>Effective Facilitation Skills Practice</b></p> <p><b>Objective:</b> Review key effective facilitation skills</p> <p><b>Objective:</b> Provide instructions for facilitation skills practice</p>	<ul style="list-style-type: none"> <li>Review key effective facilitation skills (in about 10–15 minutes) using the “Effective Facilitation Game” in the Facilitator’s Guide.</li> <li>Review the Facilitation Skills Practice Instructions.</li> <li>Have individual learners select a topic they will use to demonstrate their presentation skills. Each will prepare a session plan for their presentation. Review the sample session plan for their use in the Learner’s Guide.</li> <li>The presentation should include effective use of questions, or a large group activity such as discussion or brainstorming.</li> </ul>	<ul style="list-style-type: none"> <li><b>Training Skills Learner’s Guide/Instructions for Presentation and Demonstration;</b> Sample Trainer’s Notes or Session Plan Format</li> <li><b>Facilitator’s Guide/Effective Facilitation Game</b></li> </ul>
45 minutes	<p><b>Objective:</b> Prepare for effective facilitation skills practice</p>	<p>Each group should have some time to practice and prepare. The facilitator should circulate and review trainer’s notes.</p>	
<b>Day 1, PM (INCLUDES 20 MINUTES TO ALLOW FOR A BREAK)</b>			
3 hours	<p><b>Objective:</b> Demonstrate effective facilitation skills</p>	<p>Divide the group into two or three small groups, depending on the size. Each group shouldn’t be larger than around 8 individuals. Each group should have a facilitator; if this is not possible, the facilitator should rotate among the groups.</p> <ul style="list-style-type: none"> <li>Each learner will have 10 minutes to present information and include the use of questions, discussion, case study or brainstorming, as well as use audiovisual aids appropriately.</li> <li>Facilitate peer-to-peer and trainer feedback after each presentation.</li> </ul> <p>Each learner will demonstrate effective facilitation skills for his/her small group—with one facilitator assigned to each group. Use the checklists and instructions for feedback to guide feedback provision.</p>	<ul style="list-style-type: none"> <li><b>Training Skills Learner’s Guide/Instructions for Presentation and Demonstration;</b> Effective Facilitation Skills Checklist</li> <li>Slips of scrap paper</li> </ul>

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
<b>Day 2, AM</b>			
45 minutes	<b>Objective:</b> Finish effective facilitation practice sessions		
20 minutes	<b>Objective:</b> Summarize findings	Bring the large group together again. A representative from each group should spend a few minutes sharing some of the common things done well and common suggestions for improvement. Facilitate the discussion.	
30 minutes	<b>Objective:</b> Review key skills for facilitating skill development  <b>Objective:</b> Assign demonstration or coaching sessions	<ul style="list-style-type: none"> <li>• Spend about 20 minutes asking the learners questions to reinforce their understanding of the process for developing the different types of clinical skills, clinical decision-making, psychomotor or hand skills, and communication skills.</li> <li>• Assign demonstration and coaching sessions to the learners.</li> </ul>	<b>Training Skills Facilitator's Guide:</b> Instructions for Assigning Demonstration, Coaching Sessions and Presentations
60 minutes	<b>Objective:</b> Prepare for skills demonstration	Group finishes up preparation for skills demonstration.	
60 minutes	<b>Objective:</b> Demonstrate effective demonstration and coaching skills	Demonstration and Coaching Skills: <ul style="list-style-type: none"> <li>• Break into groups of five learners each.</li> <li>• Each learner will perform her/his activity within the small group.</li> <li>• The maximum time for each "performance" is 15 minutes.</li> <li>• Allow time for peer-to-peer and facilitator feedback after each performance.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Training Skills Learner's Guide:</b> Instructions for Presentation and Demonstration; Demonstration and Coaching Skills Checklists</li> <li>• Slips of scrap paper</li> </ul>
<b>Day 2, PM</b>			
90 minutes	<b>Objective: Finish demonstration and coaching skills practice</b>		
30 minutes	<b>Objective:</b> Summarize findings	Bring the large group together again. A representative from each group should spend a few minutes sharing some of the common things done well and common suggestions for improvement. Facilitate the discussion.	



MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
60 minutes	<b>Objective:</b> Demonstrate effective use of clinical simulation to help learners develop clinical decision-making skills	<ul style="list-style-type: none"> <li>Divide the group into several small groups to practice using clinical simulations. Each group should have one learner acting as a “facilitator,” another as a “provider” and another as the “patient.” Any others in the group should observe.</li> <li>The groups should spend 60 minutes practicing use of the clinical simulations, alternating roles. This should allow sufficient time for everyone to have the opportunity to act as the “facilitator.”</li> <li>Use the instructions provided in the “Conducting Clinical Simulations” section for further guidance on facilitating small group practice using clinical simulations.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical simulations from the clinical LRP, if available</li> <li><b>Training Skills Facilitator’s Guide:</b> Conducting Clinical Simulations (and sample clinical simulations)</li> <li>Related anatomic models and infection prevention equipment, if available</li> </ul>
30 minutes	<b>Objective:</b> Identify strategies for developing clinical decision-making skills in learners	In plenary, discuss the demonstrations in the previous activity and strategies for developing clinical decision-making skills. Identify things done well in transferring clinical decision-making skills to skills course participants and suggestions for improvement.	
<b>Day 3, AM</b>			
30 minutes	<b>Objective:</b> Identify strategies for developing clinical decision-making skills in learners	In plenary, discuss the demonstrations in the previous activity and strategies for developing clinical decision-making skills. Identify things done well in transferring clinical decision-making skills to course participants and suggestions for improvement.	
20 minutes	<b>Objective:</b> Review of assessment concepts	Use Assessment Principles and Small Group Facilitation review to reinforce key principles.	<b>Training Skills Facilitator’s Guide</b> Assessment Principles Review, Small Group Facilitation Review
45 minutes	<b>Objective:</b> Practice writing questions for use in formative assessment	<p><b>Group activity:</b></p> <ul style="list-style-type: none"> <li>Each learner should select one presentation or small group activity from the related clinical training activity.</li> <li>Each learner should write three to five questions to assess a skills course participant’s ability to analyze and apply information, either during or at the end of the session.</li> </ul>	

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
60 minutes	<b>Objective:</b> Review key tools to use in relation to training	<p><b>Review of key tools:</b> Assign each group a tool from the Resources section of ModCAL. Each group has 20 minutes to work and 5 minutes to report out. Each group should discuss and share practical ways they could use that planning tool when planning for conducting a skills course.</p> <p>Group 1: Workshop Preparation Checklist Group 2: Sample Clinical Feedback Forms Group 3: Sample Session Plan Forms Group 4: Training Performance Standards</p> <p>Discuss the importance of planning and preparation; highlight the information in the manual about Course and Session level planning for a skills course.</p>	<ul style="list-style-type: none"> <li>• <b>Training Skills Learner's Guide:</b> Training Performance Standards</li> <li>• Resources section of ModCAL</li> <li>• Clinical LRP; clinical performance standards, if available</li> </ul>
60 minutes	<b>Objective:</b> Review qualifying new service providers	<ul style="list-style-type: none"> <li>• Review the guidance for qualifying service providers in new skills in the syllabus for the related clinical area learning resource package.</li> <li>• Discuss how to make the decision about qualification or not, and share ideas for what to do if the participant is <b>not</b> competent at the end of training.</li> </ul>	Clinical LRP
<b>Day 3, PM</b>			
60 min	<b>Objective: Review</b> overview of a clinical skills course ( <b>manual Chapter 5</b> )	<ul style="list-style-type: none"> <li>• Discuss the purpose of learning the principles of training and facilitation skills in order to facilitate skills courses. Chapter 5 provides a “whole” overview of what occurs in a typical skills course; more detail on what to do in the course and how to plan for the course will be addressed later.</li> <li>• Refer the group to Chapter 5. Assign small groups to review and present on these topics (every time they present, it's a chance to practice and get feedback on their facilitation skills!)</li> <li>• SGA: Each group should describe 3 to 5 key trainer tasks in each area</li> </ul>	

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)		
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS
		RESOURCES/MATERIALS
		<ul style="list-style-type: none"> <li>- Facilitating in the classroom</li> <li>- Preparing for clinical practice</li> <li>- Facilitating in the clinic</li> <li>- Assessing their participants</li> <li>• Highlight and reinforce key trainer tasks during the large group discussion: <ul style="list-style-type: none"> <li>- Classroom: present, demonstrate, provide feedback, use formative assessment to help learner's progress</li> <li>- Prepare for clinic: ensure staff are ready if they supervise participants, visit the clinic, ensure adequate client volume</li> <li>- Clinic: demonstrate, provide feedback, ensure client's rights and safety, use formative assessment to help learner's progress</li> <li>- Key assessment moments: beginning, during (end of day, etc.), before clinical practice with clients.</li> </ul> </li> <li>Use both to provide feedback and help learn and also to decide when (and what) they can do independently with clients</li> <li>General tasks: Trainers... <ul style="list-style-type: none"> <li>- Never embarrass</li> <li>- Handle situations early</li> <li>- Always use tact and diplomacy</li> <li>- Manage personal feelings</li> <li>- Continually assess learners' progress and mastery of competencies</li> <li>- Plan and prepare! (more on that later)</li> </ul> </li> </ul>
30 minutes	<p><b>Objective:</b> Review plan for trainer development</p>	<p>Talk about co-training as the key component of the training skills course, required for final qualification as a Qualified Trainer (10 min)</p> <p>Review the "The Co-Training Experience" in the Training Skills Learner's Guide. Discuss the plan for co-training for the course participants. Key points to address:</p> <ul style="list-style-type: none"> <li>• Scheduling—who is scheduled for when?</li> </ul>
		<b>Training Skills Learner's Guide</b>

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 3 DAYS, 6 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		<ul style="list-style-type: none"> <li>• Main point of contact for planning</li> <li>• When will preparation time be scheduled with the master trainer who will supervise the experience?</li> <li>• Who is responsible for coordinating and arranging for clinical practice scheduling for the skills course?</li> </ul>	
15 minutes	<b>Activity:</b> Course summary	<ul style="list-style-type: none"> <li>• Review the main points.</li> <li>• Prepare list of items that require completion and assign individuals.</li> </ul>	
15 minutes	<b>Activity:</b> Course evaluation	Learners complete the course evaluation forms.	<b>Training Skills Learner's Guide:</b> Course Evaluation
30 minutes	<b>Activity:</b> Closing ceremony		

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
<b>Day 1, AM (INCLUDES 20 MINUTES TO ALLOW FOR A BREAK)</b>			
10 minutes	<b>Activity:</b> Welcome	Welcome by representatives of the organization(s) sponsoring the training course.	<b>Course equipment:</b> Boxlight, flip chart and markers, required learning resource packages (clinical content), other training materials
20 minutes	<b>Activity:</b> Introductions	Learners divide into pairs, interview and then introduce each other, sharing their partner's name, position and any training experience.	
20 minutes	<b>Activity:</b> Provide an overview of the course (goals, objectives and schedule)	<ul style="list-style-type: none"> <li>Distribute, review and discuss materials used in this course.</li> <li>Review the course syllabus and schedule. (Refer learners to the Training Skills Learner's Guide.)</li> </ul>	<b>Training Skills Manual:</b> Table of Contents <b>Training Skills Learner's Guide/</b> Syllabus and Schedule
10 minutes	<b>Activity:</b> Review course materials	<ul style="list-style-type: none"> <li>Review and discuss materials used in this course.</li> <li>Briefly review the Training Skills Manual (table of contents) and instruct the learners that they can use it as a reference when needed.</li> <li>Refer the group briefly to the assessment tools—individual learning plan, training performance standards and clinical training skills portfolio—and explain that additional time will be spent on learning how to use these materials at the end of the course.</li> </ul>	<b>Training Skills Manual</b> <b>Training Skills Learner's Guide/</b> Assessment Tools
10 minutes	<b>Activity:</b> Clarify group norms	<ul style="list-style-type: none"> <li>Agree on group norms—obtain permission for feedback on practice sessions to be shared in the larger group.</li> <li>Attach the flip chart page to the wall for reference throughout the course.</li> </ul>	Group Norms flip chart

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
45 minutes	<b>Activity:</b> Identify individual learning goals	<ul style="list-style-type: none"> <li>Ask learners to fill out the individual learning plan if they have not already done so.</li> <li>Distribute post-it notes and ask learners to spend a few minutes and put a post-it with their name on it on their top three learning priorities for this course AND any mentoring experiences.</li> <li>After they do this, highlight the topics in the learning plan with the most post-its and identify how you will provide additional time to address those topics.</li> <li>Have someone document the top three topics that have the most post-its and note them on a flip chart.</li> <li>Review the individual learning plans before the next day or over lunch in order to identify where to focus practice activities.</li> </ul>	<ul style="list-style-type: none"> <li><b>Training Skills Learner's Guide/</b> Individualized Learning Plan</li> <li>Flip chart with the main components of the learning plan in a table format (prepared beforehand)</li> <li>Post-it notes</li> </ul>
15 minutes	<b>Clinical Learning Package Review</b>	<ul style="list-style-type: none"> <li>Draw the components of a standard training package on the flip chart.</li> <li>Review the <b>clinical</b> LRP that will be used, spending the most time on the Trainer's Notebook/Facilitator's Guide.</li> <li>Explain they will be using this LRP to practice effective facilitation and demonstration skills.</li> </ul>	<b>Related clinical LRP</b> (e.g., on providing IUD services, active management of third stage of labor)
30 minutes	<b>Introduction to Training Skills Course</b>	<ul style="list-style-type: none"> <li>Review the Introduction in the manual, providing an overview of the typical process used in a training course, as described in Chapter 5.</li> </ul>	
60 minutes	<b>Chapter 1: Training Skills Foundations and Principles</b>	<ul style="list-style-type: none"> <li>Review Chapter 1 PowerPoint (15 min).</li> <li>SGA: Present summary of 3 main training principles and provide practical example of each one (30 min).</li> <li>Discussion (15 min)</li> </ul>	Principles of Training PowerPoint <b>Note: PowerPoint presentations are in the Resources folder of the ModCAL flash drive.</b>

**MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)**

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
<p><b>DAY 1, PM (INCLUDES 20 MINUTES TO ALLOW FOR A BREAK)</b></p>			
75 minutes	<p><b>Chapter 2: Facilitation of Training</b></p>	<ul style="list-style-type: none"> <li>• Create a positive learning climate discussion (15 min). Show learners where to access the warm-ups and energizers in the Resources section of ModCAL.</li> <li>• Refer group to the “Group Process” table in Chapter Two and review and discuss some of the practical tips to improve the group process (10 min).</li> <li>• Basic facilitation mini-demonstrations. Have some learners randomly select slips of paper with each basic skill written down. Learners draw one, demonstrate it and the group discusses. Reinforce the importance of planning, and transitioning between topics (demonstrate this) and timeliness (30 min).</li> <li>• Review PowerPoint presentation.</li> <li>• Review Facilitation Skills checklist, and discuss how these skills apply no matter what type of activity you are facilitating.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources section of ModCAL:</b> Warm-ups and Energizers</li> <li>• Slips of paper with the following written on each one, one on each one: <ul style="list-style-type: none"> <li>- Communicate in a way that is easy to understand</li> <li>- Project your voice</li> <li>- Display enthusiasm</li> <li>- Move around the room and maintain eye contact</li> <li>- Provide positive feedback</li> <li>- Use learners’ names</li> </ul> </li> </ul>
75 minutes	<p><b>Chapter 3: Competency Development</b></p>	<ul style="list-style-type: none"> <li>• What do they think their role is in competency development?</li> <li>• Developing competency discussion (15 min)</li> <li>• SGA: Tips for:</li> <li>• Developing knowledge</li> <li>• Developing skills (no matter what type of skill)</li> <li>• Teaching psychomotor skills</li> <li>• Teaching clinical decision-making skills</li> <li>• Teaching communication skills</li> <li>• Developing attitudes (the rest of the time)</li> <li>• Reinforce with key content from the manual, and you can also use the presentation to cover anything not yet addressed.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Training Skills Facilitator’s Guide</b></li> <li>• Developing competency discussion guide</li> <li>• Developing Competency PowerPoint file can be used to reinforce if you wish</li> </ul>

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
10 minutes	<b>Allocate facilitation assignments</b>	<ul style="list-style-type: none"> <li>Review key effective facilitation skills checklist.</li> <li>Review the Facilitation Skills Practice Instructions.</li> </ul> <p>Using the related clinical LRP, prepare slips of paper with learning objectives from the materials. Learners will select them at random, or you can let them select the content they wish to teach. Those are their assignments for the next day. Each learner should use the session plan sample to prepare a session plan for a presentation for the next day. Each session plan for their presentation should include interactive methods such as use of case study, role play, brainstorming or group discussion.</p> <p><b>They will hand the session plans in for feedback at the beginning of the next day.</b></p>	<ul style="list-style-type: none"> <li><b>Training Skills Facilitator's Guide/</b> Assigning Presentations and Demonstrations (instructions)</li> <li><b>Training Skills Learner's Guide</b></li> <li>Session Plan (sample)</li> <li>Related clinical LRP or technical supplement materials</li> </ul>
10 minutes	<b>End-of-the-day summary</b>	<p>At the end of each day, use the daily evaluation form provided or informal means to assess what concepts were well-understood or which ones need additional time. Review key points of the day. Go through the forms in the evening to identify issues or questions to address the next morning.</p>	
<b>Day 2, AM</b>			
10 minutes	<b>Review of the day and warm-up</b>	<p>Review the agenda for the day, based on previous day's evaluation results, and clarify or address any remaining issues. <b>Collect session plans and provide written feedback.</b> If you have two facilitators, one can provide feedback while the other presents. Otherwise you'll need to review them over lunch. Return them to the learners after lunch, before the practice session.</p>	Learners' lesson plans
25 minutes	<b>Review Chapters 1–3</b>	<p>Use the effective facilitation game and ask additional questions to ensure that content in Chapters 1 and 3 is understood.</p>	<ul style="list-style-type: none"> <li><b>Training Skills Facilitator's Guide</b></li> <li>Effective Facilitation Game</li> </ul>



**MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)**

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
75 minutes	<b>Chapter 4: Competency Assessment and Qualification</b>	<ul style="list-style-type: none"> <li>• Review Assessing Competency PowerPoint, allowing 30 minutes for the small group activity in the middle. After the SGA, discuss how the assessment tools they present on can be used in training.</li> <li>• Formative vs. summative assessment</li> <li>• Practical tips for using OSCE for in-service training</li> <li>• Critical moments for summative assessment in a training skills course</li> <li>• Use PowerPoints to cover anything not addressed by the groups.</li> <li>• Remind the group they'll discuss how they will assess their participants and determine qualification again later in the course.</li> </ul>	Assessing Competency PowerPoint
45 minutes	<b>Chapter 5: Conducting a Clinical Skills Course—An Overview</b>	<ul style="list-style-type: none"> <li>• Discuss the purpose of learning principles of training and facilitation skills in order to facilitate skills courses. Chapter 5 provides a “whole” view of what occurs in a typical skills course; details on what they do during the course and how to plan for the course will be addressed later.</li> <li>• Refer the group to Chapter 5. Assign small groups to review and present on these topics; every time they present, it's a chance to practice and get feedback on their facilitation skills!</li> <li>• SGA: Each group should describe 3–5 key trainer tasks in each area: <ul style="list-style-type: none"> <li>– Facilitating in the classroom</li> <li>– Preparing for clinical practice</li> <li>– Facilitating in the clinic</li> <li>– Assessing their participants</li> </ul> </li> <li>• Highlight and reinforce key trainer tasks during the large group discussion:</li> <li>• Classroom: Present, demonstrate, provide feedback, use formative assessment to help learners progress.</li> <li>• Prepare for clinic: Visit the clinic; ensure that staff are ready if they will be supervising participants; confirm adequate client volume.</li> </ul>	

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		<ul style="list-style-type: none"> <li>• Clinic: Demonstrate, provide feedback, ensure clients' rights and safety; use formative assessment to help learners progress.</li> <li>• Key assessment moments: Beginning, during (end of day, etc.), before clinical practice with clients. Use all opportunities to provide feedback and help learners learn and also help them to decide when (and what) they can do independently with clients.</li> <li>• General tasks: Trainers: <ul style="list-style-type: none"> <li>• Never embarrass</li> <li>• Handle situations early</li> <li>• Always use tact and diplomacy</li> <li>• Manage personal feelings</li> <li>• Continually assess learners' progress and mastery of competencies</li> <li>• Plan and prepare! (more on that later)</li> </ul> </li> </ul>	
30 minutes	<b>Chapter 6: Facilitating in the Classroom</b>	Review PowerPoint. For each type of activity, refer to a sample in the related clinical LRP they will be using to train. Reinforce the key facilitation skills, no matter what activity they are facilitating (can refer back to the checklist).	<ul style="list-style-type: none"> <li>• Facilitating in the Classroom</li> <li>• PowerPoint</li> <li>• Clinical LRP</li> </ul>
30 minutes	<b>Chapter 6: Facilitating in the Classroom</b>	Groups prepare for their presentations based on session plans with feedback and using existing tools from related clinical LRP.	Clinical LRP
<b>DAY 2, PM</b>			
120 minutes	<b>Chapter 6: Facilitating in the Classroom</b> <b>Objective:</b> Demonstrate effective facilitation skills	<p>Divide the group into two or three small groups, depending on the size. Each group shouldn't be larger than around 8 individuals. Each group should have a facilitator; if not, the facilitator should rotate among the groups.</p> <ul style="list-style-type: none"> <li>• Each learner will have 10 minutes to present information and include the use of questions, discussion, case study or brainstorming, as well as use audiovisual aids appropriately.</li> <li>• Facilitate peer-to-peer and trainer feedback after each presentation.</li> </ul>	<ul style="list-style-type: none"> <li>• Two training rooms, two projection units, two power supplies, etc.</li> <li>• <b>Training Skills Learner's Guide</b></li> <li>• Facilitation Skills Checklist</li> <li>• Instructions for Presentations, Demonstrations and Feedback</li> </ul>

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
		Each learner will demonstrate effective facilitation skills for their small group—with one facilitator assigned to each group. Use the checklists and instructions for feedback to guide feedback provision.	
20 minutes	<b>Objective:</b> Summarize findings	Bring the large group together again. A representative from each group should spend a few minutes sharing some of the common things done well and common suggestions for improvement. Facilitate the discussion.	
10 minutes	<b>Objective:</b> Assign demonstration or coaching sessions	Assign demonstration and coaching sessions to the learners using skills from the technical supplement or related clinical area. Refer the learners to the demonstration and coaching skills checklist for reference to use when preparing. <b>Remind learners they do not have to demonstrate the complete skill (there may not be time), but should be able to demonstrate an effective introduction, demonstration or coaching and summary—using effective facilitation skills.</b> For coaching, they should arrange with another learner to act as the “student” and have the “student” do some things well and some things incorrectly so they can demonstrate both positive feedback and suggestions for improvement.	<ul style="list-style-type: none"> <li>• <b>Training Skills Facilitator’s Guide/</b> Assigning Presentations and Demonstrations (instructions)</li> <li>• Prepared demonstration and coaching assignments, split equally between coaching and demonstration</li> <li>• Related clinical or technical supplement materials</li> </ul>
10 minutes	<b>End-of-the-day summary</b>	At the end of each day, use the daily evaluation form provided or informal means to assess what concepts were well-understood or which ones need additional time. Review key points of the day. Go through the forms in the evening to identify issues or questions to address the next morning.	
<b>DAY 3, AM</b>			
10 minutes	<b>Review of the day and warm-up</b>	Review the agenda for the day, based on previous day’s evaluation results, clarify or address any remaining issues.	
25 minutes	<b>Review Chapters 4–6</b>		<b>Training Skills Facilitator’s Guide/</b> Assessment Principles Review, Small Group Facilitation Review

**MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)**

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
60 minutes	<p><b>Chapter 6: Facilitating in the Classroom</b>/Clinical decision-making</p>	<p>Clarify role of trainer in teaching clinical decision-making. Role is not to teach the participant about the process as much as to help improve their clinical decision-making skills.</p> <p>Demonstrate ways to help improve clinical decision-making (asking probing questions, demonstrating a clinical simulation with someone “acting” as the learner) (15 min).</p> <p><b>SGA:</b>                      Four groups: Each one demonstrates a means to teach the assign step of clinical decision-making, with someone acting as the student:</p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Diagnosis</li> <li>• Intervention</li> <li>• Evaluation</li> </ul> <p>Discussion: Key points: how the same steps apply to problem solving; trainers “demonstrate” clinical decision-making skills by explaining decisions and rationale behind real or simulated interventions.</p>	<p><i>If needed, refer to Developing Competency PowerPoint again (or manual, Chapter 6)</i></p>
45 minutes	<p><b>Chapter 6: Facilitating in the Classroom</b>/Demonstration and coaching</p>	<p>Trainer demonstrates, each in under 10 minutes:</p> <ul style="list-style-type: none"> <li>• Psychomotor skill, communication or clinical decision-making skill (depending on primary focus of related skills course)</li> <li>• Coaching a “learner” as the learner completes a psychomotor or communication skill</li> <li>• Facilitating a clinical simulation</li> <li>• The feedback process after a session: How do you think you did? What would you do differently?</li> </ul>	<ul style="list-style-type: none"> <li>• Refer learners to Chapter 6, with detail on teaching each type of skill</li> <li>• <b>Training Skills Learner’s Guide</b></li> <li>• Demonstration and Coaching Skills checklists; have learner follow along with the related checklists</li> </ul>

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
45 minutes	<p><b>Objective:</b> Demonstrate effective use of clinical simulation to help learners develop clinical decision-making skills</p>	<ul style="list-style-type: none"> <li>Divide the group into several small groups to practice using clinical simulations. Each group should have one learner acting as a “facilitator,” another as a “provider” and another as the “patient.” Any others in the group should observe.</li> <li>The groups should spend 45 minutes practicing use of the clinical simulations, alternating roles. This should allow sufficient time for everyone to have the opportunity to act as the “facilitator.”</li> <li>Use the instructions provided in the “Conducting Clinical Simulations” section for further guidance on facilitating small group practice using clinical simulations.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical simulations from the clinical LRP, if available</li> <li><b>Training Skills Facilitator’s Guide/Conducting Clinical Simulations</b> (and sample clinical simulations)</li> <li>Related anatomic models and infection prevention equipment, if available</li> </ul>
30 minutes	<p><b>Objective:</b> Prepare for demonstration and coaching practice</p>	<p>Each group should have some time to practice and prepare. The facilitator should circulate and review the trainer’s notes.</p>	<p><b>Training Skills Learner’s Guide/Demonstration and Coaching Skills</b> checklists; have learner follow along with the related checklists</p>
<b>DAY 3, PM</b>			
2.5 hours	<p><b>Objective:</b> Demonstrate effective demonstration and coaching skills</p>	<p>Remind learners the purpose of this activity is to demonstrate their <b>demonstration and coaching</b> skills, not their technical skills.</p> <p>Demonstration and coaching skills:</p> <ul style="list-style-type: none"> <li>Break into groups of 5–7 participants each.</li> <li>Each participant will perform his/her activity within the small group.</li> <li>Maximum time for each performance is 10 minutes.</li> <li>Facilitate peer-to-peer and trainer feedback after each performance.</li> </ul>	<ul style="list-style-type: none"> <li><b>Training Skills Learner’s Guide/</b> Instructions for Presentation and Demonstration Handout</li> <li>Demonstration and Coaching Skills checklists</li> <li>Also: <ul style="list-style-type: none"> <li>Slips of scrap paper</li> <li>Related anatomic models and IP equipment as needed</li> <li>Related clinical skills checklists</li> </ul> </li> </ul>
20 minutes	<p><b>End-of-the-day summary</b></p>	<p>Review key points of the day. A representative from each group should spend a few minutes sharing some of the common things done well and common suggestions for improvement. Key points to reinforce include:</p> <ul style="list-style-type: none"> <li>Developing competency tips</li> <li>Using formative assessment during skill development</li> <li>Maintaining a safe clinical practice</li> </ul>	

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
<b>DAY 4, AM</b>			
10 minutes	<b>Review of the day and warm-up</b>	Review the agenda for the day; based on previous day's evaluation results, clarify or address any remaining issues.	
30 minutes	<b>Recap/assess progress</b>	Recap activity: Common things done well and areas for improvement; revisit individualized learning plans.	
30 minutes	<b>Objective:</b> Identify strategies for developing clinical decision-making skills in learners	In plenary, discuss the demonstrations in the previous activity and strategies for developing clinical decision-making skills. Identify things done well in transferring clinical decision-making skills to skills course participants and suggestions for improvement.	
90 minutes	<b>Chapter 7: Facilitating in the Clinic</b>	Review PowerPoint and do small group activity described within it (allow an hour for the activity alone). Spend 10 minutes reviewing the available tools in the clinical skills LRP for facilitating in the clinic for the related clinical skills course.	Facilitating in the Clinic PowerPoint
60 minutes	<b>Chapter 8: Planning for a Skills Course</b> <b>Objective:</b> Review key tools to use in planning for training	Review of key tools: <ul style="list-style-type: none"> <li>Assign each group a tool from the Resources section of ModCAL. Each group has 20 minutes to work and 5 minutes to report out.</li> <li>Each group should discuss and share practical ways they could use that planning tool when planning for conducting a skills course. <ul style="list-style-type: none"> <li>Group 1: Workshop Preparation Checklist</li> <li>Group 2: Sample Clinical Feedback Forms</li> <li>Group 3: Sample Session Plan Forms</li> <li>Group 4: Training Performance Standards</li> </ul> </li> <li>Discuss the importance of planning and preparation, highlighting the information in the manual about course and session level planning for a skills course.</li> </ul>	<ul style="list-style-type: none"> <li><b>Training Skills Learner's Guide:</b> <ul style="list-style-type: none"> <li>Training Performance Standards</li> <li>From Resources on ModCAL:</li> <li>Workshop Preparation Checklist</li> <li>Sample Clinical Feedback Form</li> <li>Sample Session or Lesson Plan Form</li> <li>Training performance standards, if available</li> <li>If needed, refer to Managing Training PowerPoint again</li> </ul> </li> </ul>

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
<b>DAY 4, PM</b>			
45 minutes	<b>Chapter 9: Managing Problems That May Arise</b>	<ul style="list-style-type: none"> <li>Review key content in Chapter 9, highlighting key issues. Ask learners to do a quick and informal demonstration of how they might handle these common issues:</li> <li>Group norms not adhered to, people arrive late consistently</li> <li>A learner is consistently unprofessional toward the trainer or others</li> <li>Another co-trainer is not attentive, in and out of the training, or on his/her mobile phone or laptop during training</li> <li>Learners having a side conversation during a large group discussion</li> <li>Inadequate client flow needed to achieve competency (discuss as a group)</li> </ul>	
45 minutes	<b>Chapter 10: Post-Course Activities</b>	<ul style="list-style-type: none"> <li>Discuss the importance of follow-up and review the programmatic expectations for follow-up from trainers (15 min).</li> <li>Review the different tools to help with transfer of learning in the Resources section of ModCAL and discuss how each are used (15 min).</li> <li>Based on your training program, review how clinical standards are used in relation to training (if they are), and how to use the training standards before, during and after training to help learners achieve the standards (30 min).</li> </ul>	From Resources on ModCAL: <ul style="list-style-type: none"> <li>Country- or program-specific Training Information Management Systems forms</li> <li>Action plans</li> <li>Course certificates</li> <li>Transfer-of-learning guide</li> <li>Training Works!</li> </ul> Related clinical LRP and any existing clinical performance standards
60 minutes	<b>Training Skills Knowledge Assessment</b>	Participants take the knowledge assessment.	

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
10 minutes	<b>Objective:</b> Assign synthesis activity	Using the related clinical LRP materials, prepare slips of paper with a demonstration, presentation or activity from the LRP. Learners will select them at random. Those are their assignments for the next day. Each learner should use the session plan sample to prepare a session plan for her/his activity. Inform the learners that a total of six activities will be selected at random to perform for the large group; they should be ready, but may not be selected.	Related clinical LRP
10 minutes	<b>End-of-the-day summary</b>	Review key points of the day.	
<b>DAY 5, AM</b>			
Throughout the day	<b>Review of performance</b>	Trainers should divide up activities to allow for one trainer to meet with each participant to review their learning plans, and complete their section of the clinical training skills portfolio. They should work with each learner to complete the portfolio and determine if the learner is qualified as a candidate trainer and ready for co-training. If the learner is not yet competent, develop a plan for practice and achieving competence during the co-training experience and document it on the portfolio and qualification tracking form.	Training Skills Portfolio, Learner's Guide Training Skills Qualification Tracking Form
15 minutes	<b>Review of the day and warm-up</b>	Review the agenda for the day, based on previous day's evaluation results; clarify or address any remaining issues. Review key points from Chapters 7–9.	
30 minutes	<b>Provide Final Knowledge Assessment results</b>	Review any plans for remediation.	
120 minutes	<b>Objective:</b> Demonstrate a variety of training skills	Randomly select two each of presentations, demonstrations or activities (for a total of six) from the options given to the learners. The person who has that activity has 10 minutes to perform it (or as much as they can of it in 10 minutes) for the plenary. After each demonstration, discuss as a large group: highlight things done well; discuss ways to make it even better. Use to reinforce key facilitation skills.	Related clinical LRP



MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
45 minutes	Review of key points	Review key points from the manual. Discuss with the large group key points from each chapter. Reinforce the role of the trainer as one who facilitates learning with adults, and uses constant assessment to help learners learn and master competencies.	
<b>DAY 5, PM</b>			
40 minutes	<b>Objective:</b> Review plan for trainer development	<p>Talk about co-training as the key component of the training skills course, required for final qualification as a Qualified Trainer (10 min).</p> <p>Review the “The Co-Training Experience” in the Training Skills Learner’s Guide. Discuss the plan for co-training for the course participants. Key points to address:</p> <ul style="list-style-type: none"> <li>• Scheduling, who is scheduled for when</li> <li>• Main point of contact for planning</li> <li>• When will preparation time be scheduled with the master trainer who will supervise the experience</li> <li>• Who is responsible for coordinating and arranging for scheduling of clinical practice for the skills course</li> </ul>	
45 minutes	<b>Planning for your first course— Review of Chapter 5</b>	<ul style="list-style-type: none"> <li>• Review the key components of a typical course outlined in Chapter 5.</li> <li>• Divide the group into small groups. Each group has 20 minutes to outline the process for the topic they were assigned. Each group should prepare a flip chart, demonstration or presentation to identify key tasks required for each training activity: <ul style="list-style-type: none"> <li>- Course overview</li> <li>- Typical day</li> <li>- Pre- and post-clinical meetings</li> <li>- Evaluating a course</li> <li>- Critical assessment points</li> <li>- Determining if competency has been achieved</li> </ul> </li> </ul>	Clinical LRP

MODEL OUTLINE FOR TRAINING SKILLS GROUP-BASED PRACTICE: 5 DAYS, 10 SESSIONS (CONT.)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCES/MATERIALS
45 minutes	<b>Objective:</b> Review qualification of participants in clinical skills courses	<ul style="list-style-type: none"> <li>Review the guidance for qualifying service providers in new skills in the syllabus for the related clinical area learning resource package.</li> <li>Discuss how to make the decision about qualification or not, and share ideas for what to do if the participant is <b>not</b> competent at the end of training.</li> </ul>	Clinical LRP
15 minutes	<b>Activity:</b> Course evaluation	Learners complete the course evaluation forms.	<b>Training Skills Learner's Guide:</b> Course Evaluation
15 minutes	<b>Activity:</b> Course summary	<ul style="list-style-type: none"> <li>Review the main points.</li> <li>Prepare list of items that require completion and assign individuals.</li> </ul>	
15 minutes	<b>Activity:</b> Closing ceremony		

## DISCUSSION GUIDES AND GAMES

These tools will help reinforce key points in the materials, and ensure that learners have understood them. When and how to use these tools are indicated in the model course outlines.

### Effective Facilitation Skills Review

Use the game described below or pose these questions to the large group. Reinforce key information after each question, as a review of manual Chapter 2: Facilitation of Training. Limit the activity to about 15–30 minutes.

**Game:** Divide participants into three teams. Ask each team to decide on a team name. Give them 10 minutes to review the chapter to prepare for the exercise. Explain the rules for the exercise.

- You will ask 10 questions. Whoever thinks they can answer the question claps their hands (alternatively, they can line up and “grab” a marker or object).
- The team of the first person to clap (or grab the marker or object) gets the first chance to answer the question. Five points are awarded to this team if the answer is correct.
- If the team is not able to answer or if their answer is wrong, the question will be passed to the next team. If this team answers correctly, they receive 3 points. If this team is not able to answer correctly, the question will be passed to the third team. If this team answers correctly, they receive 1 point.

1. Describe the **basic facilitation process** used conducting any activity.

**Answer (should be similar to these steps): Introduce the activity; facilitate training using questions, feedback and audiovisual aids; and summarize. All steps in this process are based on a foundation of planning and organization.**

2. What do you think is the most important part of INTRODUCING an activity?

**Answer:**

- **Review the learning objective(s) with which the activity corresponds and make sure that the learners know its expected outcome.**

3. There are basic tips for using audiovisual aids; what are three of these tips?

**Answers can include any of these:**

- **Make sure aids are visible.**

- **Make sure aids are easy to read and not too crowded with information.**
  - **Underline or emphasize important information.**
  - **Prepare complicated materials beforehand.**
  - **Always check equipment ahead of time.**
  - **Always face the learners.**
4. There are many effective facilitation skills you can use when lecturing students or facilitating small group practice. List five of these skills.

**Answers can include any of these:**

- **Project your voice.**
- **Maintain energy and enthusiasm.**
- **Communicate effectively.**
- **Use learners' names.**
- **Provide feedback.**
- **Model behavior.**
- **Respect time limits.**
- **Ensure clear transitions.**

5. What is the most important thing to remember when providing feedback during learning?

**The answer should include something about feedback being specific. Whether it's positive feedback or suggestions for improvement, feedback is only as useful as it is specific.**

6. There are many uses of questions or questioning during learning activities. As a teacher, what do you think are three important uses of questions when you are facilitating learning activities?

**The answers can include any of the points below, although the first three are the more critical.**

- **Assess learners' understanding.**
  - **Help learners analyze information or apply it to situations.**
  - **Evaluate the effectiveness of the learning activity.**
  - **Engage your learners.**
  - **Increase learner participation.**
  - **Respond to learners' needs at a variety of stages (help master basic knowledge, then move to more complex understanding and comprehension).**
7. Here are two examples of presentations. Which of them do you think would be more effective, and why?

Teacher A is presenting on anatomy and physiology. She uses diagrams in a text book as audiovisual aids. She doesn't use

transparencies or make a “formal” presentation. She asks checking questions to help learners apply the information during a discussion of voluntary surgical contraception.

Teacher B is presenting on family planning counseling. She uses well-created transparencies to outline the key steps involved in counseling. She involves students by asking them to read different parts of the presentation.

**Answers:**

**Teacher A’s presentation is more effective. While she doesn’t use transparencies, she uses a more appropriate visual aid for detailed diagrams—a textbook. She also uses questions effectively to help students learn.**

**Teacher B is using a presentation to teach about a skill. Doing a demonstration would be a more effective learning activity for this objective. Also, asking students to read transparencies is not an effective way to transfer information or check understanding.**

8. What is one way a discussion is different from a brainstorming session?

**Answer:**

**Discussion is an opportunity for a group to discuss an issue, whereas brainstorming focuses on generating ideas but not discussing them at that time.**

9. You have just done a demonstration of a psychomotor skill. List two important points about effective summaries to remember when summarizing this learning activity.

**The answers can include the following points: Effective summaries should: reinforce understanding and review main points. The summary should also relate the content to other activities or topics and provide a clear transition.**

### **Developing Competency Discussion Guide**

Below are key points that the facilitator should reinforce, by questioning learners about them or presenting them during discussions, to ensure that learners understand. These key points reinforce information provided in manual Chapter 3: Competency Development.

- In the process of developing competency:
  - Knowledge is presented and opportunities to apply knowledge are provided in simulation and during clinical practice.
  - Skills, including psychomotor skills, clinical decision-making skills and communication skills, are described, demonstrated, practiced and assessed, first in simulation and later with clients.
  - Attitudes are modeled, explored, clarified and revised—both through a formal review of professional ethics and through informal behavior modeling and self-assessment, first in the classroom, then in the clinic.

- No matter what type of skill is being taught, practice and feedback are needed to develop competency in that skill.
- *Competency* is the desired phase of skill development to reach in pre-service education, before services are provided to actual clients.
- The facilitator should use questions and feedback to help learners analyze or apply, not just recall, information.
- Feedback should be timely, *specific* and constructive.
- The facilitator should use an assessment tool to outline steps, highlight the most critical steps and bring objectivity to the assessment process. (The tool can be a checklist, protocol, counseling guide, etc.)
- Learners should master skills (communication, psychomotor, clinical decision-making) in simulation before working with clients.
- Simulated practice with feedback is essential, but often neglected.
- Attitudes can be revealed through assessing learners' knowledge related to professional ethics and through observing them during their clinical practice.
- **Trainers not only focus on psychomotor skills development, but also help learners apply and analyze new information, make appropriate clinical decisions and communicate professionally and effectively. Behavior modeling is essential!**

### Principles of Assessment Review

Use this review to reinforce key content from manual Chapter 4: Competency Assessment and Qualification.

- What is the primary difference between formative and summative assessment?

Formative assessment is used to help learners develop competency. It is used to **provide feedback, assess learners' progress and help them develop knowledge, skills and attitudes**. Formative assessment has been described as "assessment FOR learning." For example, a quiz may be a formative assessment when it is used to identify weak areas in learners' understanding of new information and provide feedback. Based on the assessment, the facilitator may adjust future sessions to focus more on the weak areas identified.

**Summative assessment** has been described as "assessment OF learning" and is **used to formally assess and document learners' progress at specific times**. For example, the same quiz described above may be a summative assessment when it is used to document whether the learners have mastered the content and are ready to progress to new topics.

- List two key principles of effective assessment. The answer should include:
  - **Assessment methods must match the learning objective.**
  - **Formal assessment should be structured and objective.**

**Here's an explanation:**

- *Assessment methods must match the learning objective.* For example, to help ensure that a pilot can safely fly a plane (learning objective) and lives will not be lost as a result of his/her lack of skill, you would observe the pilot's skills both in simulation and in reality and assess his/her ability using a standardized checklist. For certain clinical skills, lives are also at stake, and similarly strict criteria should be used in assessment.
  - *Formal assessment should be structured and objective.* For example, an oral exam between the tutor and student will be more effective if it has structured questions and objective scoring criteria identified. If not, it is a subjective assessment, lacks validity and is harder to "score."
- Most assessment of **skills** requires what?  
**Direct observation using a structured assessment tool or other means to objectively assess performance**
    - What are three ways you can assess attitudes?
      - Written assessment of knowledge of professional ethics
      - Structured observation of attitudes or behaviors during service delivery
      - Structured feedback forms

### **Role Plays, Case Studies and Clinical Simulations**

Use questions or discussion to review key points about each of these learning activities, as covered in manual Chapter 6: Facilitating in the Classroom.

#### **Case Study**

- A case could be read (in written form) or narrated as a story; it could be based on a real or simulated client. (If real, the client's anonymity should be maintained.)
- Students should be provided with time to think critically about the information provided and analyze the situation *before* they are asked to respond to questions about it.
- The case description and the questions asked about it should be clear.

#### **Role Play**

- It should be systematically approached, well-structured and limited to 15 minutes.

- It must support an objective and remain focused on it, or it can easily turn into entertainment.
- It is often used in the demonstration and practice of counseling (and even communication and clinical decision-making skills).

### **Clinical Simulation**

- Clinical simulation assists the learner in critical thinking and clinical decision-making.
- It should be used in combination with a structured assessment tool (e.g., checklist or other protocol).
- It should include structured questions and answers to guide the facilitator.

## **ASSIGNING DEMONSTRATIONS, COACHING SESSIONS AND PRESENTATIONS**

- From the related clinical LRP, select at least three different skills to use for demonstration or coaching practice sessions. These can be psychomotor, clinical decision-making or communication skills. For each, the skill can be used for demonstration as well as coaching practice. (**Exhibit F-1** shows an example from a Voluntary Counseling and Testing [VCT] Course.)
- From the related clinical LRP, select at least three different skills to use for presentation practice sessions. Here, the focus is on facilitation skills. (**Exhibit F-2** shows an example of presentation pre-assignments from a VCT for HIV Clinical Skills Course.)
- Write each assignment on a slip of paper and allow learners to select one.

**Exhibit F-1. Sample Demonstration and Coaching Assignments**

NUMBER	ASSIGNMENTS
1	Demonstrate DEMONSTRATION skills for putting on the male condom.
2	Demonstrate COACHING skills for putting on the male condom.
3	Demonstrate DEMONSTRATION skills for key VCT skills in the Introduction and Orientation Session using role play.
4	Demonstrate COACHING skills for key VCT skills in the Introduction and Orientation Session with two learners doing a role play practice session.



**Exhibit F-2. Sample Presentation Assignments**

NUMBER	TOPIC	NEEDED SUPPLIES
1	How group education supports counselling	<ul style="list-style-type: none"> <li>• Chapter 2</li> <li>• Chapter 2, Slides 1–4</li> <li>• Flip chart for brainstorming</li> </ul>
2	Basic counseling skills and confidentiality	<ul style="list-style-type: none"> <li>• Chapter 2</li> <li>• Chapter 2, Slides 7–8 (or the same information on a flip chart)</li> </ul>
3	Special situations and counseling adolescents and special clients	<ul style="list-style-type: none"> <li>• Chapter 2</li> <li>• Chapter 2, Slides 9–10 (or the same information on a flip chart)</li> </ul>

**CONDUCTING CLINICAL SIMULATIONS**

Using clinical simulations from the related clinical learning resource package (if available), have candidate clinical trainers practice and demonstrate transfer of clinical decision-making skills. (Alternately, they may use the following sample simulations, which emphasize thinking quickly and reacting/intervening rapidly in the management of certain maternal and newborn complications.)

- Divide the group into several small groups to practice using the clinical simulations. Each group should have one learner acting as a “facilitator,” another as a “provider” and another as the “patient.” Any others in the group should observe.
  - Instruct the learner acting as the **facilitator** to give the learner–provider information about the patient’s condition and ask pertinent questions, as indicated in the **left-hand column** of the simulation chart. *This individual should demonstrate effective use of questioning skills, feedback and coaching during the practice session.*
  - Instruct the learner playing the **provider** to do some things wrong and some things right, so that the learner–facilitator can practice providing feedback and using questions to develop clinical decision-making skills. (Key *correct* reactions/responses expected from the learner are provided in the **right-hand column** of the simulation chart.)
- Advise the groups to spend about 10 minutes on simulations (for a total of 60 minutes), alternating roles so that each person has a chance to act as “facilitator” if possible. They do not need to complete any one simulation, only demonstrate enough to generate discussion. Remind them that they should focus on **the use of the clinical simulation**, not the clinical skills involved.
- Clinical procedures—such as starting an IV and bimanual examination—should be role-played, using the appropriate equipment if available.
- After 60 minutes of small group work, have the learners return to plenary for discussion (another 30 minutes), identifying things done

well in transferring clinical decision-making skills and suggestions for improvement.

### Clinical Simulation One: Management of Vaginal Bleeding in Early Pregnancy

SCENARIO (Information provided and questions asked by the learner acting as facilitator)	KEY REACTIONS/RESPONSES (Expected from the learner acting as provider)
<p>1. 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. She has had heavy bleeding and cramping, however, for the past 6–8 hours. She has not attended an antenatal clinic nor is she being treated for any illnesses.</p> <ul style="list-style-type: none"> <li>– <i>What is your first concern?</i></li> <li>– <i>What will you do first?</i></li> </ul>	<ul style="list-style-type: none"> <li>• States that first concern is to determine whether or not Mrs. A is in shock</li> <li>• Makes a rapid evaluation of Mrs. A's general condition, including vital signs (temperature, pulse, blood pressure and respiration rate), level of consciousness, color and skin temperature</li> <li>• Explains to Mrs. A (and her family) what is going to be done, listens to her and responds attentively to her questions and concerns</li> </ul>
<p>2. On examination, you find that Mrs. A's pulse is 100 beats/minute, blood pressure 100/60 mm Hg and respiration rate 24 breaths/minute. She is conscious. Her skin is not cold or clammy. You notice bright red blood soaking through her dress.</p> <ul style="list-style-type: none"> <li>– <i>Is Mrs. A in shock?</i></li> <li>– <i>What will you do next?</i></li> <li>– <i>What questions will you ask?</i></li> </ul>	<ul style="list-style-type: none"> <li>• States that Mrs. A is not in shock</li> <li>• Starts an IV infusion of normal saline or Ringer's lactate</li> <li>• Asks Mrs. A if anything happened to her or if anyone did anything to her which may have caused the bleeding</li> <li>• Asks how long it takes to soak a pad</li> <li>• Asks if Mrs. A has passed any tissue</li> <li>• Asks if she has fainted</li> </ul>
<p>3. 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.</p> <ul style="list-style-type: none"> <li>– <i>What will you do next, and why?</i></li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Does a bimanual examination to rule out inevitable or incomplete abortion</li> <li>• Takes Mrs. A's temperature to rule out sepsis</li> </ul>
<p>4. 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.</p> <ul style="list-style-type: none"> <li>– <i>What is your working diagnosis?</i></li> <li>– <i>What will you do now?</i></li> </ul>	<ul style="list-style-type: none"> <li>• States that Mrs. A has an incomplete abortion</li> <li>• Explains findings to Mrs. A (and her family)</li> <li>• Prepares Mrs. A for manual vacuum aspiration (MVA)</li> </ul>

SCENARIO (CONT.) (Information provided and questions asked by the learner acting as facilitator)	KEY REACTIONS/RESPONSES (CONT.) (Expected from the learner acting as provider)
<b>Discussion Question:</b> Why did you rule out ectopic pregnancy?	<b>Expected Responses:</b> 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
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. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Explains the situation to Mrs. A (and her family) and provides reassurance</li> <li>• Keeps the IV running</li> <li>• Gives ergometrine 0.2 mg IM OR misoprostol 400 µg orally</li> <li>• Continues to monitor blood loss, pulse and blood pressure</li> </ul>
6. Fifteen minutes have passed since ergometrine was given, but Mrs. A is still soaking one pad every 5 minutes. Her pulse is 104 beats/minute and her blood pressure is 98/60 mm Hg. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Repeats the ergometrine 0.2 mg IM</li> <li>• Continues IV infusion</li> <li>• Continues to monitor blood loss, pulse and blood pressure</li> <li>• Takes blood for typing and cross-matching so that it is available if needed</li> </ul>
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. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Monitors Mrs. A's vital signs and blood loss</li> <li>• Ensures that Mrs. A is clean, warm and comfortable</li> <li>• Encourages her to eat and drink as she wishes</li> </ul>
8. After 6 hours, Mrs. A's vital signs are stable and there is almost no blood loss. She insists on going home. – <i>What will you do before she goes home?</i>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Provides reassurance about the chances for a subsequent successful pregnancy</li> <li>• 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</li> <li>• Talks to her and her husband about safe sex</li> <li>• Asks about her tetanus immunization status and provides immunization if needed</li> </ul>

## Clinical Simulation Two: Management of Vaginal Bleeding after Childbirth

SCENARIO (Information provided and questions asked by the learner acting as facilitator)	KEY REACTIONS/RESPONSES (Expected from the learner acting as provider)
<p>1. Mrs. B is 24 years old and has just given birth to a healthy baby girl after 7 hours of labor. Active management of the third stage was performed, and the placenta and membranes were complete. The midwife who attended the birth left the hospital at the end of her shift. Approximately 30 minutes later, a nurse rushes to tell you that Mrs. B is bleeding profusely.</p> <p>– <i>What will you do?</i></p>	<ul style="list-style-type: none"> <li>• <b>Shouts</b> for help to urgently mobilize all available personnel</li> <li>• Makes a rapid evaluation of Mrs. B's general condition, including vital signs (temperature, pulse, blood pressure and respiration rate), level of consciousness, color and temperature of skin</li> <li>• Explains to Mrs. B what is going to be done, listens to her and responds attentively to her questions and concerns</li> </ul>
<p>2. On examination, you find that Mrs. B's pulse is 120 beats/minute and weak and her blood pressure is 86/60 mm Hg. Her skin is not cold and clammy.</p> <p>– <i>What is Mrs. B's problem?</i></p> <p>– <i>What will you do now?</i></p>	<ul style="list-style-type: none"> <li>• States that Mrs. B is in shock from postpartum bleeding</li> <li>• Palpates the uterus for firmness</li> <li>• Asks one of the staff that responded to her/his shout for help to start an IV infusion, using a large-bore cannula and normal saline or Ringer's lactate at a rate of 1 L in 15–20 minutes with 10 units oxytocin</li> <li>• While starting the IV, collects blood for appropriate tests (hemoglobin, blood typing and cross matching, and bedside clotting test for coagulopathy)</li> </ul>
<p><b>Discussion Question 1:</b> How do you know when a woman is in shock?</p>	<p><b>Expected Responses:</b> Pulse greater than 110 beats/minute; systolic blood pressure less than 90 mm Hg; cold, clammy skin; pallor; respiration rate greater than 30 breaths/minute; anxious and confused or unconscious</p>
<p>3. You find that Mrs. B's uterus is soft and not contracted.</p> <p>– <i>What will you do now?</i></p>	<ul style="list-style-type: none"> <li>• Massages the uterus to expel blood and blood clots and stimulate a contraction</li> <li>• Starts oxygen at 6–8 L/minute</li> <li>• Catheterizes bladder</li> <li>• Covers Mrs. B to keep her warm</li> <li>• Elevates legs</li> <li>• Continues to monitor (or has assistant monitor) blood loss, pulse and blood pressure</li> </ul>
<p>4. After 5 minutes, Mrs. B's uterus is well contracted, but she continues to bleed heavily.</p> <p>– <i>What will you do now?</i></p>	<ul style="list-style-type: none"> <li>• Examines the cervix, vagina and perineum for tears</li> <li>• Asks one of the staff members assisting to locate placenta and examines for missing pieces</li> </ul>

<b>SCENARIO (CONT.)</b> <b>(Information provided and questions asked by the learner acting as facilitator)</b>	<b>KEY REACTIONS/RESPONSES (CONT.)</b> <b>(Expected from the learner acting as provider)</b>
<p>5. On further examination of the placenta, you find that it is complete. On examination of Mrs. B's cervix, vagina and perineum, you find a cervical tear. She continues to bleed heavily.</p> <p>– <i>What will you do now?</i></p>	<ul style="list-style-type: none"> <li>• Prepares to repair the cervical tear</li> <li>• Tells Mrs. B what is happening, listens to her concerns and provides reassurance</li> <li>• Has a staff member assisting check Mrs. B's vital signs</li> </ul>
<p><b>Discussion Question 2:</b> What would you have done if examination of the placenta had shown a missing piece (placenta incomplete)?</p>	<p><b>Expected Responses:</b></p> <ul style="list-style-type: none"> <li>• Explain the problem to Mrs. B and provide reassurance.</li> <li>• Give pethidine and diazepam IV slowly or use ketamine.</li> <li>• Give a single dose of prophylactic antibiotics (ampicillin 2 g IV plus metronidazole 500 mg IV OR cefazolin 1 g IV plus metronidazole 500 mg IV).</li> <li>• Use sterile or high-level disinfected gloves to feel inside the uterus for placental fragments and remove with hand, ovum forceps or large curette.</li> </ul>
<p>6. Forty-five minutes have passed since treatment for Mrs. B was started. You have just finished repairing Mrs. B's cervical tear. Her pulse is now 100 beats/minute, blood pressure 96/60 mm Hg and respiration rate 24 breaths/minute. She is resting quietly.</p> <p>– <i>What will you do now?</i></p>	<ul style="list-style-type: none"> <li>• Adjusts rate of IV infusion to 1 L in 6 hours</li> <li>• Continues to check for vaginal blood loss</li> <li>• Continues to monitor pulse and blood pressure</li> <li>• Checks that urine output is 30 mL/hour or more</li> <li>• Continues with routine postpartum care, including breastfeeding of newborn</li> </ul>

### Clinical Simulation Three: Management of the Asphyxiated Newborn

<b>SCENARIO</b> (Information provided and questions asked by the learner acting as facilitator)	<b>KEY REACTIONS/RESPONSES</b> (Expected from the learner acting as provider)
1. Mrs. C has given birth to a 2,800 g baby boy after a prolonged second stage of labor. This was her second pregnancy. Her first baby is alive. At birth, the newborn is blue and limp and does not breathe. – <i>What do you do?</i>	<ul style="list-style-type: none"> <li>• Dries the newborn rapidly, wraps it in a dry cloth/towel and moves it to a warm, flat surface</li> <li>• Places the newborn on its back with its head slightly extended to open the airway</li> <li>• Keeps the newborn wrapped or covered, except for the face and upper chest</li> <li>• Suctions the mouth and then the nose</li> <li>• Reassesses the newborn and if still not breathing starts ventilating</li> <li>• Places the mask on the newborn's face, covering the chin, mouth and nose</li> <li>• Forms a seal between the mask and the face</li> <li>• Squeezes the bag and checks seal by ventilating twice and observing if the chest rises</li> <li>• Simultaneously tells the mother what is happening and provides reassurance</li> <li>• If the newborn's chest is rising, ventilates at 40 breaths/minute for 20 minutes or until the newborn starts to breathe</li> </ul>
– <i>What precautions about suctioning do you observe, and why?</i>	<ul style="list-style-type: none"> <li>• Does not suction deeply, because this may cause the newborn to stop breathing or may cause its heart to stop</li> </ul>
2. You have started ventilating, but the newborn's chest does not rise. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Rechecks and corrects, if necessary, the position of the newborn</li> <li>• Repositions the mask on the newborn's face to improve the seal between mask and face</li> <li>• Squeezes the bag harder to increase ventilation pressure</li> </ul>
3. After you reposition the mask, the newborn's chest rises when ventilated. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Ventilates for 1 minute and then stops to quickly assess if the newborn is breathing</li> </ul>
4. After 1 minute of ventilating, the newborn is still not breathing. You remember that Mrs. C received 100 mg pethidine 40 minutes prior to the birth. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Continues ventilating until spontaneous breathing begins</li> <li>• States that after vital signs have been established, will give naloxone 0.1 mg/kg body weight IV to the newborn</li> </ul>
<b>Discussion Question 1:</b> From which newborns would you withhold naloxone?	<b>Expected Response:</b> Newborns whose mother is suspected of having recently abused narcotic drugs
5. After 2 more minutes of ventilating, the newborn starts to cry. – <i>What will you do now?</i>	<ul style="list-style-type: none"> <li>• Stops ventilating and observes for 5 minutes after crying stops</li> <li>• Determines that breathing is normal (30–60 breaths/minute) and that there is no indrawing of the chest and no grunting for 1 minute</li> </ul>

SCENARIO (CONT.) (Information provided and questions asked by the learner acting as facilitator)	KEY REACTIONS/RESPONSES (CONT.) (Expected from the learner acting as provider)
<b>Discussion Question 2:</b> What would you do if the newborn is breathing but has severe indrawing of the chest?	<b>Expected Response:</b> Give oxygen by nasal catheter or prongs, if possible, and arrange transfer to a facility with special care for sick newborns.
6. The newborn is now breathing normally. – <i>What ongoing care does the newborn need?</i>	<ul style="list-style-type: none"> <li>• Prevents heat loss by placing in skin-to-skin contact with mother or putting under radiant heater</li> <li>• Examines the newborn and counts the number of breaths/minute</li> <li>• Measures the newborn's axillary temperature</li> <li>• Encourages the mother to breastfeed and provides reassurance (a newborn that requires resuscitation is at higher risk of developing hypoglycemia)</li> <li>• Monitors closely for 24 hours</li> </ul>

## FINAL KNOWLEDGE ASSESSMENT

### ANSWER KEY

1. In training midwives to provide high-quality, culturally sensitive care during labor, an emphasis on which of the following factors would be MOST important?
  - A. **Knowledge, skills and attitudes**
  - B. Culture, advocacy and policy
  - C. Behavior change, role play and self-reflection
  
2. A training needs assessment identifies a great demand for counselors. Training of counselors MUST emphasize:
  - A. Clinical decision-making skills
  - B. Analytical skills
  - C. **Communication skills**
  
3. Which of the following antiretroviral (ARV) management topics is MAINLY knowledge-based?
  - A. Identify patients appropriate for ARV therapy initiation
  - B. **List common side effects of ARV drugs**
  - C. Conduct a targeted physical examination
  
4. Which of the following learning activities is MOST effective for knowledge transfer?
  - A. Simulated practice
  - B. Role play
  - C. **Group games**
  
5. At the end of the training, a trainer decides to carry out an assessment of the participant's knowledge. Which of the following tools is MOST appropriate?
  - A. **Case study**
  - B. Role play
  - C. Record review



6. Which of the following activities BEST illustrates “apprenticeship theory”?
  - A. The master explains the skills to the apprentice by phone
  - B. The master lives in a different city from the apprentice
  - C. The master gives positive feedback to the apprentice**
  
7. Cognitive apprenticeship aims to make complex skills easy to master. Which of the following BEST illustrates this aspect of cognitive apprenticeship?
  - A. Modeling behavior**
  - B. Qualifying learners
  - C. Lecturing learners
  
8. You are planning to conduct training in the provision of contraceptive implants in a rural health center. Which of the strategies would be MOST appropriate?
  - A. Bring participants to the capital for training
  - B. Send participants to a neighboring country for training
  - C. Train the providers in their locality**
  
9. Which of the following training strategies is MOST consistent with humanistic learning?
  - A. Allow learners with HIGH knowledge scores to practice immediately on clients
  - B. Provide learners with LOW scores access to anatomic models FIRST for practice
  - C. Ensure that ALL learners FIRST practice on anatomic models**
  
10. In humanistic theory, the use of anatomic models will produce an INCREASE in:
  - A. Learner training time
  - B. Client adverse effects
  - C. Quality of services**

11. You are planning to train providers to perform tubal ligation services. The Minister of Health is very concerned regarding adverse effects to clients during clinical training. Which of the following statements will contribute MOST in reducing the Minister's concerns for client safety?
- A. **Working with clients will occur only after the learners have demonstrated competency in simulation**
  - B. Learners MUST pass the test before being allowed to perform tubal ligation on clients
  - C. Working with clients will occur only when the learners have attended classes
12. You conducted one of your best clinical skills training sessions ever. All of the providers did very well. During your supportive supervision visit three months later, you noticed that most of the providers are not performing well due to various reasons. Which of the following actions would be BEST?
- A. Immediately arrange a site-based remedial training session
  - B. **Check that necessary supplies are available**
  - C. Select new motivated training participants
13. A trainer conducted a training needs assessment in a district hospital where immunization coverage has significantly dropped and infant death has increased. After the assessment, the trainer trained only the personnel of the pharmacy units. Which training approach did s/he apply?
- A. Group-based learning
  - B. **Structured on-the-job training**
  - C. Whole-site training
14. Which of the following is most appropriate for structured on-the-job training?
- A. Bring the providers in a group and go through the same exact training
  - B. Bring providers from other facilities to focus on specific skills
  - C. **Tailor training to the learning needs for the different job positions or units**

15. Which of the following statements about the goal of a presentation is FALSE?
- A. Engage the learners
  - B. Present a one-way flow of information**
  - C. Promote transfer of important knowledge
16. In order to maintain learner energy, presentations MUST be kept under:
- A. 30 minutes
  - B. 45 minutes**
  - C. 60 minutes
17. Brainstorming is BEST used to:
- A. Generate ideas on a specific topic**
  - B. Debate controversial ideas
  - C. Discuss issues that are new to learners
18. Before deciding whether to use group discussion, a trainer MUST consider each of the following factors EXCEPT:
- A. Size of the group
  - B. Available time limits
  - C. Learner competency**
19. A trainer conducting a clinical skills course is interested in promoting problem-solving skills using a case study. Which of the following learning activities would be MOST appropriate in meeting this training goal?
- A. Classroom presentation
  - B. Large group activity
  - C. Small group activity**
20. A learner is experiencing difficulty mastering psychomotor skills during a simulated practice session. Which of the following actions by the trainer is MOST appropriate given this learner's problem?
- A. Pair the learner with another, more skilled partner**
  - B. Send the learner to the health facility for more realistic practice
  - C. Use a more detailed clinical skills checklist

21. Which of the following statements about structured observation in the clinical setting is TRUE?
- A. **Maintains client confidentiality by NOT discussing what has been observed after training is over**
  - B. Is ONLY appropriate after learners have had an opportunity to practice
  - C. Is MOST effective when the clinical site is ready for the learners to observe
22. A nurse trained in provider-initiated counseling and testing is able to provide this service accurately and with some confidence. Which of the following terms BEST describes this nurse?
- A. Expert
  - B. **Competent**
  - C. Proficient
23. The goal of training is:
- A. Skill acquisition
  - B. **Competency**
  - C. Proficiency
24. Which of the following types of skills require repetition, specific step-by-step instructions and anatomic models?
- A. Clinical decision-making skills
  - B. Communication skills
  - C. **Psychomotor skills**
25. Which of the following is NOT an advantage of using anatomic models?
- A. Reduces training time required for skill acquisition
  - B. **Eliminates need for attention to communication or privacy**
  - C. Allows for demonstrations to be stopped for discussion

26. Which of the following statements is MOST TRUE regarding skills development?
- A. Psychomotor skills are more important than clinical decision-making skills
  - B. Clinical decision-making skills are only required for proficiency
  - C. Competency requires the ability to make appropriate clinical decisions**
27. Which of the following training strategies is MOST associated with promoting positive attitudes?
- A. Behavior modeling by the trainer**
  - B. Punishment of bad learner attitudes
  - C. Working with the biases held by learners
28. Which of the following statements about competency development is TRUE?
- A. Can be developed entirely using anatomic models
  - B. Sometimes should be developed only using anatomic models
  - C. Requires practice with human clients**
29. A trainer is preparing for the clinical component of a male circumcision (MC) skills course. Which of the following decisions would be MOST appropriate?
- A. Establish a number of surgical procedures required for competence
  - B. Assign one facilitator to every learner when practicing MC surgery**
  - C. Allow learners to practice client assessment without facilitators
30. Which of the following statements about facilitating in the clinic is TRUE?
- A. Requires consideration of space, equipment and supplies**
  - B. Responsibility may NOT be shared by clinical service providers
  - C. ALL clinical service delivery sites are appropriate for training

31. While coaching a learner in direct client care in the clinical setting, the trainer notes an error being made. Which of the following actions by the trainer is MOST appropriate?
- A. Offer the learner a simple suggestion in a calm, straightforward manner**
  - B. Correct the learner while immediately taking over care of the client
  - C. Ask the client to provide feedback to the learner regarding the error
32. Which of the following statements about assessment is FALSE?
- A. Assessment must follow delivery of all training objectives**
  - B. Assessment must be logically related to target competency
  - C. Assessments must be presented at an appropriate level of difficulty
33. Which of the following is an example of a COMMON formative assessment tool?
- A. Graded examination
  - B. Objective structured clinical examination
  - C. Homework assignment**
34. Multiple choice questions are able to measure:
- A. Knowledge**
  - B. Psychomotor skills
  - C. Attitudes
35. Which of the following statements regarding skills assessment is TRUE?
- A. Can be accomplished without equipment and supplies
  - B. Checklists MUST be standardized**
  - C. Must include anatomic models

# FINAL KNOWLEDGE ASSESSMENT

## ANSWER SHEET

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- A. Skill acquisition
  - B. Competency
  - C. Proficiency
24. Which of the following types of skills require repetition, specific step-by-step instructions and anatomic models?
- A. Clinical decision-making skills
  - B. Communication skills
  - C. Psychomotor skills
25. Which of the following is NOT an advantage of using anatomic models?
- A. Reduces training time required for skill acquisition
  - B. Eliminates need for attention to communication or privacy
  - C. Allows for demonstrations to be stopped for discussion

26. Which of the following statements is MOST TRUE regarding skills development?
- A. Psychomotor skills are more important than clinical decision-making skills
  - B. Clinical decision-making skills are only required for proficiency
  - C. Competency requires the ability to make appropriate clinical decisions
27. Which of the following training strategies is MOST associated with promoting positive attitudes?
- A. Behavior modeling by the trainer
  - B. Punishment of bad learner attitudes
  - C. Working with the biases held by learners
28. Which of the following statements about competency development is TRUE?
- A. Can be developed entirely using anatomic models
  - B. Sometimes should be developed only using anatomic models
  - C. Requires practice with human clients
29. A trainer is preparing for the clinical component of a male circumcision (MC) skills course. Which of the following decisions would be MOST appropriate?
- A. Establish a number of surgical procedures required for competence
  - B. Assign one facilitator to every learner when practicing MC surgery
  - C. Allow learners to practice client assessment without facilitators
30. Which of the following statements about facilitating in the clinic is TRUE?
- A. Requires consideration of space, equipment and supplies
  - B. Responsibility may NOT be shared by clinical service providers
  - C. ALL clinical service delivery sites are appropriate for training

31. While coaching a learner in direct client care in the clinical setting, the trainer notes an error being made. Which of the following actions by the trainer is MOST appropriate?
- A. Offer the learner a simple suggestion in a calm, straightforward manner
  - B. Correct the learner while immediately taking over care of the client
  - C. Ask the client to provide feedback to the learner regarding the error
32. Which of the following statements about assessment is FALSE?
- A. Assessment must follow delivery of all training objectives
  - B. Assessment must be logically related to target competency
  - C. Assessments must be presented at an appropriate level of difficulty
33. Which of the following is an example of a COMMON formative assessment tool?
- A. Graded examination
  - B. Objective structured clinical examination
  - C. Homework assignment
34. Multiple choice questions are able to measure:
- A. Knowledge
  - B. Psychomotor skills
  - C. Attitudes
35. Which of the following statements regarding skills assessment is TRUE?
- A. Can be accomplished without equipment and supplies
  - B. Checklists MUST be standardized
  - C. Must include anatomic models





