# TRAINING
# FACILITATION SKILLS
# TRAINING

## PARTICIPANTS' MANUAL

## September 2017

# Contents

## Acknowledgement

The Federal Ministry of Health (FMOH) would like to acknowledge Jhpiego Ethiopia, HRH project for its financial and technical support in the process of adapting, and institutionalizing Jhpiego's Training facilitation skills training package.

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## Abbreviations

| | |
|---|---|
| CBT | Competency Based Training |
| FST | Facilitation Skills Training |
| FG | Facilitator's Guide |
| IUCD | Intra Uterine Contraceptive Device |
| KG | Kindergarten |

## Way forward

As a ministry we consider that Facilitation of Trainer of Training is the major problem across the country, Trainer of Training is providing differently across the nation, due to unapproved national Training Facilitation skills training package

Considering this the FMoH has organized a national technical working group to adapt Jhpiego's international Clinical Training Skills training package to the national standardized Training Facilitation skills training package in which all training provider institutions are expected to use while delivering trainers of trainer trainings for all inservice training courses.

*Dr Getachew Tollera*
*Human Resource Development Directorate Director*
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## APPROVAL STATEMENT OF THE MINISTRY

The Federal Ministry of health of Ethiopia has been working towards standardization and institutionalization of In-Service Trainings (IST) at national level. As part of this initiative the ministry developed a national in-service training directive and implementation guide to implement trainings in a well standardized manner. The directive requires all in-service training materials fulfill the standards set in the implementation Guide to ensure the quality of in-service training materials. Accordingly, the ministry reviews and approves existing training materials based on the IST standardization checklist annexed on the IST implementation guide.

As per the national IST quality control process, this Training Facilitation Skills training package has been reviewed using a standard review checklist and approved by the ministry in February, 2018.

*Dr Getachew Tollera*
*Human Resource Development Directorate Director*
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# Introduction about the manual

The Federal Ministry of Health of Ethiopia has been working towards the standardization and institutionalization of in-service trainings given by the government and non-governmental institutions. This manual aims to develop standardized national training facilitation skill training package for healthcare workers that ensure the maintenance of the quality of trainings provided to the healthcare work force.

Jhpiego's Clinical Teaching skill package has been serving as a training material for training health workforce with the emphasis on clinical set up and specific to reproductive health. Although, the document was developed based on global experience, there is a need to sustain the IST program by nationalizing and standardizing the package so that it becomes a national IST guideline.

The other reason to adopt Jhpiego's training package  is the previously existing training package manual is focused on clinical facilitation and specific to reproductive health thus to provide knowledge, skill and attitude towards training facilitation skill for healthcare providers for any type of training.

**Core competency**

This training package has the following core competencies

- Apply  competency based training

- Plan and manage  training

- effective facilitation skills

- Use  competency based assessment instruments  correctly

- Monitor and revise training

This manual has five chapters

- Chapter 1: Approach to training facilitation
- Chapter 2:  Planning for a Training
- Chapter 3: Effective Facilitation Skills
- Chapter  4: Using competency based assessment instruments
- Chapter 5: Managing Training

# Ccourse Syllabus

| | |
|---|---|
| **Course Description** | This5days training is designed to equip trainees with appropriate knowledge, skill and attitude required to undertake planning, conducting, assessing students learning and monitoring and revising ng training |
| **Course Goal** | To provide the participant with knowledge, skill and attitude needed to training facilitation and to become effective training facilitator/trainer. |

**Participant learning objectives**

After completing this course participants will be able to

- Describe a mastery learning approach
- Plan for training
- Create positive learning environment
- Use audiovisual aids effectively
- Deliver effective interactive presentation
- Use competency based assessment instruments correctly
- Develop clinical facilitation skill
- Manage Training facilitation practice

**Training methods**

- Interactive PowerPoint presentation
- Group discussion and presentation
- Teach back session
- Case study

**Training Materials**

- Printed materials
    - o Participant manual
    - o Facilitator guide
- Non- projected materials
    - o Flip chart
    - o Writing board
    - o marker

- projected materials
    - LCD
    - Laptop computer
- Audiovisual materials
    - Videotapes

| | |
|---|---|
| **Participant selection criteria** | This manual is designed for<br><br>- Health care providers working in both clinical and non-clinical areas having a minimum first degree and above.<br>- Have at least one recent ( not more than three years) basic training |
| **Trainer selection criteria** | - Has training on training facilitation skill and<br>- Having a minimum of first degree and above |
| **Method of course evaluation** | **Participant**<br>- Pretest<br>- Post test<br>- Checklist guided observation for teach back sessions<br>- participant attendance<br><br>**Course**<br>- Daily evaluation<br>- End of course evaluation |
| **Certification criteria** | Participants will be certified when they score more than 75% in the summative assessment ( both posttest and teach back) |
| **Course Duration** | 5 days |
| **Suggested Class size** | 25 participants and 3 trainers |
| **Training Venue** | This training will be delivered in accredited IST centers |

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| DAY 1 | DAY 2 | DAY 3 | DAY 4 | Day 5 | Day 6 |
|---|---|---|---|---|---|
| **.**<br>8:30 am to 12:30 pm<br>Registration<br>Opening and welcome-<br>Participant introduction &<br>expectations - Group norms<br>Course, Goal, objectives &<br>schedule-<br>Training logistics-<br>Pre-course test-<br>**Chapter 1: Approaches to effective raining  - 2 hrs**<br>- Introduction<br>- Goal of training<br>- Approaches to training<br>- CBT<br>- Responsibilities of trainers and participants | 8:30 am to 12:30 pm<br><br>**Chapter three:  Effective Facilitation skills**<br>- Introduction Creating  positive learning environment<br>- Basic Effective facilitation  skills<br>- Facilitation process<br>- Facilitation of group learning activity<br>- Using  audiovisuals aids | **A.M.**<br>8:30 am to 12:30 pm<br>**Activity**<br>Teach back Presentations (20 minutes)<br>• Feedback from participants<br>• Feedback from trainers<br>**Activity**<br>Teach back Presentations (20 minutes)<br>• Feedback from participants<br>• Feedback from trainers | 8:30 am to 12:30 pm<br><br>Agenda and Recap 10 min<br><br>**Chapter 4: Using Competency-Based assessment**<br> **Session** 1: Principle of competency based assessment<br>**Session 2:** Use competency based assessment<br>**Session 3:** Administration of assessments<br>**Session 4**<br>Use assessment results to improve learning methods<br>**Chapter 5: Managing training**<br>**- 60 min** | **A.M.**<br>8:30 am to 12:30 pm<br>**Activity**<br>Teach back Presentations (20 minutes)<br>• Feedback from participants<br>• Feedback from trainers<br>**Activity**<br>Teach back Presentations (20 minutes)<br>• Feedback from participants<br>• Feedback from trainers | 8:30 am to 12:30PM<br>**Activity**<br>Teach back Presentations (20 minutes)<br>• Feedback from participants<br>• Feedback from trainers<br><br>**Activity**<br>Teach back Presentations (20 minutes)<br>• Feedback from participants<br>• Feedback from trainers |
| **LUNCH** | **LUNCH** | **LUNCH** | **LUNCH** | **LUNCH** | **LUNCH** |

| 2:00PM – 5:30 PM<br>**Chapter Two: Planning for teaching- 2 hrs and 40 min**<br><br>- Introduction<br>- Planning issues<br>- Participant and trainer selection<br>- Course materials<br>- Classroom and practical sites selection and pre[parathion<br>- Session level preparation<br>- Summary | **2 pm – 5 : 30 pm**<br>**Effective Facilitation skills Cont'd**<br>- **Using Audio visuals – 10 min**<br>- **Clinical Facilitation skills 120 min**<br><br>- **Introduction**<br>- Phases of skill development and feed back<br>- Assessing Learning during the clinical practice<br>- Designing an ideal learning clinical experience for adult learning<br>- Using anatomic models for clinical training facilitation<br>- Summary | **Teach Back session cont'd** | **2pm- 5:30 Pm**<br>**Managing training continued 2hrs from 5.2.4. - 5.2.6.**<br>**Preparation for teach back sessions** | **Teach Back session cont'd** | **Teach back session cont'd**<br>**H**<br>**Post test**<br><br><br>**Training Evaluation and close up** |
|---|---|---|---|---|---|
| Reading Assignment | Reading Assignment | Preparation for teach back | Preparation for teach back | Preparation for teach back and post course knowledge test | |

# Chapter I: Approaches of Effective Training

**Chapter description:** This chapter designed for participants to describe effective training approach that incorporates adult learning principles and its features

**Chapter objective**

**By the end of this chapter participants will be able to describe approach to effective training**

**Enabling Objective:** After completing this chapter, the participant will able to:

- Identify the goal of training

- Describe mastery learning approach
- Describe the key features of effective clinical training
- Identify the responsibilities of clinical trainers and participants

| Chapter Outline |
|---|
| 1.1. Introduction |
| 1.2. Goal of training |
| 1.3. Training approach and principles |
| 1.4. Competency based Training |
| 1.5. Responsibilities of the trainer and the participant |
| 1.6. Summary |

## 1.1. Goal of training



Activity 1.1.

What is goal of in-service training?

The goal of in-service training is to assist professionals in learning to provide safe, high quality services to clients through improved work performance. Training deals primarily with obtaining the knowledge, skills and attitudes needed to carry out a specific procedure or activity.

Competence is the ability to perform a specific task, procedure or activity safely and effectively. The term "competency" defines the level of competency and is also used to define a set of related tasks and activities required to perform a job successfully. For example: S/he is able to perform the competencies required for her/his job.

All competencies consist of blend of knowledge, skills and attitudes which are known as the three **competency domains.**

- **Knowledge**: Learners are provided information needed to analyze situations, make clinical/practical decisions and solve problems. It is the foundation of skill development.
- **Skill**: Learners are provided with certain opportunities to practice and receive feedback in psychomotor (hand), communication and decision making skills

**Attitude**: Learners have a chance to observe the trainer model desired behaviors and reflect on their own ways of interacting with clients so that they can develop the attitude and professional demeanor needed to provide high quality services.

## 1.2. Mastery Learning

The **mastery learning** approach to training assumes that all Participants can master (learn) the required knowledge, attitudes and skills provided sufficient time is allowed and appropriate training methods are used.

The goal of mastery learning is that 100 percent of those being trained will "master" the knowledge and skills on which the training is based. While some participants are able to acquire new knowledge or anew skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new

material, but individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.

The mastery learning approach also enables the participants to have a self-directed learning experience. This is achieved by having the training serve as facilitator and by changing the concept of testing and how test results are used. In courses that use traditional testing methods, the trainer administers pre- and post-tests to document an increase in the participants' knowledge, often without regard to how this change affects job performance.

By contrast, the philosophy underlying the mastery learning approach is one of continual assessment of participant learning. With this approach, it is essential that the training regularly inform participants of their progress in learning new information and skills and not allow this to remain the trainer's secret.

With the mastery learning approach, a pre-course knowledge assessment (e.g., pre-course questionnaire) is used to determine what the participants, individually and as a group, know about the course content. This allows the training to identify topics that may need additional emphasis or, in many cases, those that will require less classroom time during the course. Providing the results of the pre-course assessment to participants enables them to focus on their individual learning needs. A second knowledge assessment, the midcourse questionnaire, is used to assess the participants' progress in learning new information. Again, results of this assessment are reviewed with participants.

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to perform a job, not simply acquiring new knowledge.
- **Dynamic**, because it enables clinical trainers to provide participants with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs. (Trainers using pre- and post-tests often do **not** review the correct answers with the participants. As a consequence, participants may leave the course not knowing why some of their answers were incorrect.)

- **Less stressful**, because from the outset participants, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the clinical trainer.

## 1.3. Key features of effective training

### 1.3.1. Adult learning principles

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

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

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

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

Each of these features is described briefly in this section.

### 1.3.3. Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone else perform (model) a skill or activity. For modeling to be

successful, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

Learning to perform a skill takes place in three stages (**Figure 1-1**). In the first stage, **skill acquisition**, the participant sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the participant attempts to perform the procedure, usually with supervision. Next, the participant practices until **skill competency** is achieved and s/he feels **confident** performing the procedure. The final stage, **skill proficiency**, only occurs with repeated practice over time.

**Figure 1-1. Levels of Performance**

| | |
|---|---|
| **Skill Acquisition** | Knows the steps and their sequence (if necessary) to perform the required skill or activity but **needs assistance** |
| **Skill Competency** | Knows the steps and their sequence (if necessary) and **can perform** the required skill or activity |
| **Skill Proficiency** | Knows the steps and their sequence (if necessary) and **efficiently performs** the required skill or activity |

## 1.3.4. Humanistic Training Techniques

The use of more humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as slide sets and videotapes. The effective use of models facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, participants more easily reach the performance levels of skill competency and beginning skill proficiency before they begin working in the clinic setting with clients (see **Figure 1-1**).

Before a participant attempts a clinical procedure with a client, two learning activities should occur:
- The trainer should demonstrate the required skills and client interactions several times using anatomic model and appropriate audiovisual aids (e.g., slide sets or videotapes).

- While being supervised, the participant should practice the required skills and client interactions using the model and actual instruments in a simulated setting which is as similar as possible to the real situation.

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

## 1.3.5. Coaching

An essential component of CBT is **coaching** which uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. Unfortunately, the teaching model with which most health professionals are familiar is the classroom instructor lead lecturing to a group of students who anxiously take notes so that they can pass a written examination. This approach to teaching, used by a skilled clinical trainer, can be effective in providing basic knowledge. It is, however, a very poor way of transferring clinical skills (such as inserting an IUD), strengthening problem-solving skills or changing attitudes towards clinical practice.

What is needed is an approach to training that is different from classroom teaching. Coaching has been used successfully for technical training in industry for many years. To use coaching, the clinical trainer should first explain the skill or activity and then demonstrate it using an anatomic model or other training aid such as a slide set or videotape. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the participant to provide guidance in Learning the skill or activity, monitors progress and help the participant overcome problems. The coaching process ensures that the participant receives feedback regarding performance:

- **Before practice**—the trainer and participant should meet briefly before each practice session to review the skill/activity including the steps/tasks that will be emphasized during the session.
- **During practice**—the trainer observes, coaches and provides feedback to the participant as s/he performs the steps/tasks as outlined in the learning guide.
- **After practice**—this feedback session should take place immediately after practice

Using the learning guide, the trainer discusses the strengths of the participant's performance and also offers specific suggestions for improvement. Incorporating the use of anatomic models and

other learning aids can significantly reduce training time and the number of cases needed for skill competency. Practicing with models also helps participants' correct mistakes in technique that could hurt the client.

## 1.4. Competency-Based Training

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**Activity**

**What is competency based training**

**How is it different from other training approaches?**

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**We need to give some key responses for the first activity before the next activity here**

Activity 1.3.  Case study

Imagine that you are in counseling training for health workers with experience more than 5 years. At the first day of training you met your high school friend who is a teacher at kindergarten in the same town. Over the coffee, she asked you how your training is different from the KG schooling. What is your response to her questions? This requires key response on the FG…

Next day, you are required to facilitate clinical practice at the health center in the locality. How would you support participants?

During practice, one participant didn't wear gloves while giving injection. You opted to provide him feedback. What are the possible reason?

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by **doing**. It focuses on the specific knowledge, attitudes and skills needed to carry out a procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just what information the participant has acquired. Moreover, CBT requires that the training facilitate and encourage learning rather than serve in the more traditional role of instructor or lecturer. Competency in the new skill or activity is assessed objectively by evaluating overall performance. While CBT traditionally has been used for in-service training, elements of this approach are applicable to the pre-service setting as well. Finally, CBT has a sound scientific basis. As shown in **Table 1-1**, a person's ability to recall essential information is vastly increased when the material is learned through participatory methods, rather than through more passive methods such as listening to a lecture or obtaining new information through reading.

**Table 1-1. Learning Recall Related to Type of Presentation**

| TYPE OF PRESENTATION | PERCENTAGE OF MATERIAL RECALLED | |
|---|---|---|
| | **After 3 Hours** | **After 3 Days** |
| Verbal (one-way) lecture | 25% | 10–20% |
| Written (reading) | 72% | 10% |
| Visual and verbal (illustrated lecture) | 80% | 65% |
| Participatory (role plays, case studies, practice) | 90% | 70% |

For CBT to occur, the skill or activity to be taught must first be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. This process is called **standardization**. Once a procedure, such as insertion of Norplant implants, has been standardized, competency-based skill development (learning guides) and assessment (checklists) instruments can be designed. These instruments make learning the necessary steps or tasks easier and evaluating the participant's performance more objective.

When CBT is integrated with **adult learning principles** and is based on **behavior modeling** and **coaching** the result is a powerful and extremely effective method for providing technical training. And, when the use of **anatomic models and other learning aids** is incorporated, training time (and training costs) can be reduced significantly.

Roles and Responsibilities of the participant and trainer

In CBT, the responsibility for meeting learning objectives is shared by the trainer and each participant. The trainer's goal is to help each participant attain full competency in a skill or activity, not just earn a high grade on a test of knowledge. If a participant does not reach full competency, the trainer should not attribute failure simply to the participant's lack of ability, but should look for ways to improve training methods or provide additional practice for the participant.

The role of the trainer is to facilitate learning. The trainer guides participants toward the discovery of new knowledge and the acquisition of new or improved skills. The trainer also seeks to influence participant attitudes by serving as a role model. For example, the trainer always should demonstrate the skill completely and accurately—poor performance is never acceptable. Participants are actively involved in the learning process, and are encouraged to contribute what they know about the topic being discussed.

The knowledge that participants bring to the training situation is as essential to the total training process as the knowledge that the trainer offers. The success of this approach is based on the willingness of participants to take an active part in the training and to share their experiences and knowledge with other group members.

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### *SUMMARY*

- Mastery learning approach is based on adult learning principles
- When CBT is integrated with **adult learning principles** and is based on **behavior modeling**, the result is a powerful and extremely effective method for providing technical training. And, when the use of **learning aids and coaching** is incorporated, training time and training costs can be reduced significantly
- The success of this approach is based on the willingness of participants to take an active part in the training and to share their experiences and knowledge with other group members.

# Chapter 2: Plan for a Training

**Chapter description:** This chapter designed for participants to enable them for the overall preparation for the training and fulfill the required course materials and necessary arrangements.

**Chapter objective:** After completing this chapter, the participant will be able to plan a training course.

**Enabling Objective:**

To attain the chapter objective, the participant will:

| **Enabling Objective:** | - | describe general planning issues prior to training course |
|---|---|---|
| | - | select appropriate participant and trainer |
| | - | prepare the required course materials |
| | - | Arrange classroom and practical site for training course |
| | - | Conduct session level preparation for a training session |

| **Chapter Outline** |
|---|
| 2.1.Introduction |
| 2.2. General Planning |
| 2.3. Activities for the training |
| 2.4. Selecting participants and trainers |
| 2.5.Course materials preparation |
| 2.6.Class room arrangement and practical site selection |
| 2.7. Session level preparation |

## 2.1. Introduction

A successful training course does not come about by accident, but rather through careful planning. This planning takes thought, time, preparation and often some study on the part of the clinical trainer. In most cases, designing the clinical course will be the responsibility of a master trainer, while conducting the course will be the role of a clinical trainer. To design an effective course, a trainer needs special knowledge and experience in order to write primary and enabling objectives and select appropriate training methods and materials.

Each trainer may have a different level of involvement in planning and organizing a course. The level of involvement will depend on whether the trainer is a staff member of the sponsoring organization, a staff member of the institution where the training will be conducted or a national or regional consultant. In any case, the trainer needs to be thoroughly familiar with the issues surrounding course planning. In most circumstances, clinical trainers are not expected to develop the course, but are asked to adapt an existing course to the local setting and conduct it using suitable training methods.

The trainer is responsible for ensuring that the course is carried out essentially as it was designed. The trainer must make sure that the clinical practice sessions, which are an integral part of a clinical skills course as well as the classroom sessions, are conducted appropriately. In addition to taking responsibility for the organization of the course in general, the trainer must also be able to give presentations and demonstrations and lead other course activities, all of which require prior planning. Well-planned and executed classroom and clinic sessions will help to create a positive learning experience.

## 2.2. General Planning Activities

ACTIVITY 2.2. GROUP EXERCISE

Group discussion on the main activities which
has been planned for training:

Group 1: Pre training

Group 2: During training

Group 3: End of the training

Planning a training course requires a considerable amount of time and attention to detail and ideally should begin at least 6 months before the course. A typical timeline for planning activities is presented in **table 2-1**. The trainer can obtain information about the classroom and clinical requirements for the course, as well as the materials, supplies and equipment needed for each learning activity, from the course syllabus in the trainer's notebook (see section on Course Materials).

The trainer is responsible for making sure that these items are available and organized before the course begins. In order to plan effectively for classroom and clinical facilities, course materials and other requirements, the trainer must know well in advance how many participants will be attending the course.

After determining the number of participants, the trainer should check on the following course requirements:

- adequate space for classroom and clinical activities
- Learning materials, including whether they will require adaptation
- Any supplemental written materials for the learning activities (e.g., role play, case study)
- Supplies and equipment (e.g., flipcharts, paper and pencils, anatomic models, surgical instruments, bleach, buckets and other necessary supplies); **Sample 2-2** lists the items needed to conduct a 2-week IUD clinical skills training course.

## 2.3. Selecting participants and trainers

### 2.3.1. Selecting Participants

- Selection of appropriate participants is critical to the success of any course.
- The trainer may have an excellent course design, materials, clinical and classroom facilities and supporting audiovisuals, but these mean very little if the wrong participants attend the course.
- For most courses there is a **syllabus** which contains information about a course.
- A key element of the course syllabus is the **participant selection criteria**.
- Once the individuals planning the course have a clear understanding of these criteria, they can help to make certain that the types of individuals selected to attend are those for whom the event was designed.
- Participants should be selected and notified **1 month** in advance of the course, whenever possible.
- In addition to the dates, location and logistical information, participants should receive a copy of the course syllabus from the participant's handbook.
- The syllabus describes the course and its goals, learning materials, participant selection criteria and how the participants will be evaluated.

### 2.3.2. Selecting trainers

- The key to successful training is transference: assisting health professionals who are experts in their field in learning how to transfer their knowledge and skills to others.
- In international business and industry, organizations are finding that it is better to select outstanding technical (content) experts and teach them training skills, rather than to use training professionals who are not proficient in the technical skills being taught.
- Perhaps the most crucial decision in designing a training course is the selection of the trainer(s).
- It often has been assumed that anyone with strong academic credentials and good clinical skills can be a trainer, but experience in many parts of the world has shown that performing and teaching clinical skills are two very different things.

In selecting potential trainers, the following criteria should be considered:

| Time Prior To Course | Main Activities |
|---|---|
| At least 4 weeks Before | Set the training date considering participants' convenience to ensure full participation. |
| | Decide on the total number of course attendants |
| | Identify and communicate with trainers |
| | Refer to the "Checklist for Preparing a Training event" (Annex IV) |
| | Identify a suitable venue |
| | Arrange for other logistics (such as lunch and coffee/tea breaks, accommodation, transportation as needed) |
| | Send invitation letters with selection criteria, requesting submission of participant enrolment forms, and providing information about logistics after completing the above activities. |
| At least 3 weeks Before | Inform heads of facilities for the practical attachments |
| | Send invitation to the opening and closing speakers |
| At least 2 weeks Before | Prepare necessary materials or training aids and print training documents |
| | Confirm practicum sites and availability of space for practical sessions |
| | Prepare follow-up of invitation letters |
| | Tabulate returned enrollment forms of attendees and check the returned enrollment forms against database for duplication of training |
| | Follow up on facilities not responded. |
| At least 1 week before | Confirm accommodations and logistics (venue, lunch and coffee/tea, breaks, housing, transportation etc.) |
| | Prepare final list of trainees and find replacements for those who cannot participate in the training |
| | Confirm that training equipment is functional |
| | Confirm the attendance of the speaker(s) (inviting a speaker is optional). |
| A day before Training | Conduct orientation session for the trainers |
| | Brief trainers on important considerations, as needed |
| | Check that training equipment, materials, and teaching aids are ready |
| | Do final room set-up. |

**Table 2-1. Suggested Timeline for Preparing Training Course**

Activities During     **As per the Schedule  of the training**

- **Demonstrated proficiency.** The individual must first be an expert service provider in the clinical skill(s) to be taught.
- **Interest in training.** A health professional who is genuinely interested in training will be more likely to take the time necessary to learn and practice training skills.
- **Humility.** A good training is able to admit when she or he makes mistakes, and does not try to prove that participants will never attain her/his skill level.

## 2.4. Course materials

| Group Activity | What types of course materials do you know? |
|---|---|
|  | 10 min |

Use of standardized learning materials helps ensure consistency in the transfer of knowledge and skills and in objective evaluation of participant performance. Clinical trainers are therefore often provided with pretested **learning packages** which contain all the materials the trainer will need to conduct the course. A typical learning package usually consists of:

- A content-specific reference manual
- Participant and trainer manual  (e.g., a participant's handbook and trainer's notebook)
- Anatomic models and audiovisual or other learning aids

The **reference manual** provides all of the essential information needed to conduct the course in a logical manner. Because it serves as the "text" for the participants and the "reference source" for the clinical trainer, special handouts usually are not needed. Country-specific supplemental material, however, may be prepared and distributed as appropriate. Such material could include information on the country's demographic profile, medical records and reporting system, local drug lists and the like. Because the manual contains only information that is consistent with course goals and objectives, it becomes an integral part of all classroom exercises—from giving an illustrated lecture

to providing problem-solving information. Finally, it provides a readily available reference for problem solving and review of newly learned information when participants return to their home clinics or hospitals.

The **participant's course handbook** serves as the road map to guide the participant through each phase of the course. It contains a model course syllabus and schedule as well as all supplemental printed materials such as the pre-course knowledge assessment, skill development learning guides and course evaluation.

The **trainer's notebook** contains the participant's handbook materials as well as trainer-specific information such as the course outline, answer keys to the pre- and midcourse questionnaires, and competency-based knowledge and skill assessment instruments.

**Anatomic models, audiovisual and other learning aids** are used for classroom demonstrations and practice of skills and activities. Examples include a pelvic model for IUD skills training or the training arm for Norplant implants training, as well as videotapes.

## 2.5. Class room arrangement and practical site selection

### 2.5.1. Class room selection and arrangements

| **Group discussion**  | What are features and required infrastructure components of training class room? What are features and required components of practical training site? |
|---|---|

In choosing a site, the trainer should make sure that:

- This course is the only event scheduled in the room for the entire time period (e.g., 5 day course) to avoid moving equipment, packing up models and removing flipchart pages from the walls at the end of each day.
- The space is large enough for the number of participants.
- The classroom should be large enough to accommodate:
- Tables arranged in a U-shape or other formation that will allow as many of the participants as possible to see one another and the trainer (this may be difficult in a lecture hall where chairs are attached to the floor)
- A table in the front of the room where the trainers can place their course materials

- Space for audiovisual equipment (e.g., flipchart, screen, overhead projector, video player, monitor); the trainer should make sure that participants will be able to see the projection screen and other audiovisuals

- Space for participants to work in small groups (i.e., either arrange chairs in small circles or work around the tables), unless separate breakout rooms (see below) are available

- Space to set up simulated clinics (e.g., for activities with anatomic models or counseling practice)

- Breakout rooms for small group work (e.g., case studies, role plays, problem-solving activities) are available if necessary, and are set up with tables, chairs and any materials that the participants will need.

- The room is properly heated or cooled and ventilated.

- There will be adequate electric power throughout the course, and contingency plans have been made in case the power fails.

- There are toilet facilities which are adequately maintained.

- Telephones are accessible and in working order, and emergency messages can be taken.

- Furniture such as tables, chairs and desks is available.

- The chairs are comfortable and table cloths are available.

- There is a writing board with chalk or marking pens, as well as an information board available for posting notes and messages for participants.

- The lighting is adequate, and the room can be darkened enough to show audiovisuals and still permit participants to take notes or follow along in their learning materials.

- There is audiovisual equipment in working order, with spare parts such as bulbs readily available. The video monitor is large enough so that all participants can see it well. There are sufficient electrical connections, and extension cords, electrical adaptors and power strips(multi-plugs) are available, if necessary.

- video camera is available to record participant presentations during the course, if applicable (i.e., for a training skills course).

There are also other arrangements related to the training site which the trainer needs to consider:

- Refreshments for morning and afternoon breaks should be planned.

- Decide if these breaks will be set up in the classroom, outside of the classroom or in another room (e.g., cafeteria).

- The trainer may need to plan for meals.

- Decide if these meals will be set up in the classroom, outside of the classroom or in another room (e.g., cafeteria).

- The training room should be set up on the day before the course begins.

## 2.5.2. Practical site selection and arrangements

- The key to the success of the clinical practice sessions is to begin planning for them as early as possible.

- The effort expended in identifying the strengths and weaknesses of the site(s) and developing a relationship with the staff will be paid back many times over when the participants have clinical experiences that allow them to become competent, or even proficient, in the skills they need to complete the course successfully.

- The trainer may be asked to select or assist in the selection of training sites.

- The pertinent information to collect in this regard is detailed below.

- If a site has already been selected, the trainer must visit the site(s) well before the course begins and review this same information in order to determine if the facility is capable of providing the clinical practice required.

- **Adequate client caseload.** Will there be clients requesting the health service for which training is being conducted? The number of clients should be sufficient to provide all participants adequate opportunities for counseling as well as service provision. A good client mix will allow participants additional clinical and problem solving experience. If no single site has enough clients to accommodate all the participants, it may be necessary to divide them into smaller groups which go to different sites.

- **A trainer skilled in the clinical procedure being learned must be present at each clinical site for each clinic session.**

- **Adequate space.** The training site should be able to accommodate the participants and trainer(s) without sacrificing the quality of services. This includes being sure that clients, staff and participants can move through the clinic without impeding client flow and service provision. Dividing the participants into smaller groups and using a number of sites will avoid overcrowding one clinic but will, of course, require additional clinical trainers to accompany each group.

- **Adequate supplies.** Clinical facilities must have enough instruments and supplies to provide services to clients on an ongoing basis. It may be necessary to supplement the clinic's basic supplies of consumable items (e.g., chlorine bleach) or to provide additional instruments needed for the procedure. This must be planned for and supplies procured before the course begins.

- **Appropriate service provision practices.** It is critical that the site already be providing services, including counseling and recommended infection prevention practices, in a manner consistent with what will be taught and practiced. While it may not always be possible to use sites that follow these procedures exactly, it is best to use clinics with practices that are as similar to them as possible. This will make the trainer's job as coach easier because the staff can serve as role models for participants and will be able to guide them in their practice. The participants will feel more comfortable if what they are learning is supported by what they see happening around them in the clinic.

- **Sites similar to where the participants work.** Using sites similar to where the participants work makes the learning situation more real for them and demonstrates that what they are learning can actually be put into practice in their own work sites.

- **Staff who are receptive to having the participants.** Most clinic staff are open to the idea of participants coming to their work site to apply new skills—they have been in that situation themselves and may be again. If staffs are opposed to hosting participants, it is best not to use these sites because negative staff attitudes will undermine the creation of a positive learning environment.

Few clinic sites will meet all of these criteria. One of the most challenging issues will be differences in how services are routinely provided in the clinic and the standardized procedures and practices being taught in the course. The training should work with the staff, explaining how the **learning guides** and **checklists** were developed and why the steps and tasks outlined are the safest and most efficient way to provide services, for both clients and clinicians. It probably will not be possible to change service provision practices immediately, but the trainer should make sure that the staff understands that the participants will be required to follow the checklists. The trainer should reassure the staff that the **training will be there to supervise** the participants and make certain that clients are served safely and promptly.

Developing a good relationship with the staff will allow the clinical trainer to help overcome some of the other problems that may exist (e.g., lack of supplies to accommodate the additional staff in the

clinic). The staff needs to know the objectives of the clinical experience, who the participants are and what they are capable of doing. This knowledge will help the staff to understand and carry out, as effectively as possible, its role in training and supervising the participants. Setting a good example for the staff is extremely important. It will take time and effort on the part of the clinical trainer, but every change that the staff comes to accept will improve the quality of the experience for the participants and the services for the clients. This is one of the most important reasons for beginning preparations for the clinical practice early.

Session plan is a comprehensive planning tool for any specific session which provides structure and helps to keep track of the session.

## 2.6. Session level preparation

A course is being designed around an existing textbook for use by a large number of faculties. The text contains all of the essential information the participants will need. A course outline has been developed to encourage faculty to use a variety of methods during the delivery of the course.

Considering that there is limited space in the text for adding notes, the print is too small to glance at easily and there are concerns about different faculty highlighting different points, personalizing the text will not work. Because a large number of faculty are using these materials, a decision is made to develop a set of presentation plans/session plan for faculty.

A presentation plan (also called a lesson plan) combines the content from trainer's notes and the teaching/learning methods from the course outline into a formal set of plans the trainer or faculty member will use during presentations. Presentation plans help to assure consistency in information presented when there are several faculty or trainers involved in a course. A trainer may prefer to use a presentation plan rather than preparing trainer's notes.

Plans may differ in format but should contain certain basic sections which are described below and illustrated in **Table 2.1. Generic session plan template**

**Course title.** This is the title of the training course.

**Session title.** This is the title of the specific session or topic.

**Session number.** A number is assigned to each session to assist with organizing content.

**Session objective.** This outlines the overall behavioral outcome of the session.

 The session objective indicates what participants will be able to do and how well they must do it. This is a primary objective.

**Time.** The length of time required for the session is taken from the course outline.

**Enabling objectives.** The enabling or training-related objectives outline what the participants are to do in order to reach the session (primary) objective. These objectives form the major sections of the content outline found in the body of the plan and also appear in the course outline.

**Preparation.** This section of the plan consists of references, training materials, and equipment and materials needed by the trainer.

Assignments and activities that the participants will complete also are included.

- **References.** These are the references used in developing the plan.

  The trainer using the plan may wish to refer to the references to review specific content, or participants may wish to examine a reference for additional information. These references are especially critical when the plans have been developed in advance by an instructional designer.

- **Training materials.** These are the materials to be used during the session.

- **Equipment.** Special equipment to be used, demonstrated or referred to during the session is listed. Equipment might include audiovisual equipment, anatomic models or instruments specific to the topic.

- **Materials.** This refers to the materials to be used, demonstrated or referred to during the session (e.g., instruments, gloves, models).

- **Assignments.** These are activities or exercises participants need to complete before, during or after the session.

- **Presentation.** This section of the plan consists of the introduction, body and summary of the content to be delivered.

- **Introduction.** The introduction consists of one or more suggestions for creating interest in the topic.

- **Body.** The body of the plan contains the presentation information or content in an outline format.

When the instructional designer has completed an instructional content analysis as described in **Chapter4**, an expanded content outline may be available for use in developing trainer's notes. In addition to the content outline, some plans also contain a "key points" column. These key points include questions, activity reminders, references to materials and notes to emphasize specific points in the content. Many of the items listed in the "key points" column are taken from the course outline. Typically, the body of a presentation plan consists of content from the knowledge and attitude

learning areas. Skill content is more likely to be found within a clinical learning guide but may be included in the body of the plan.

Finally, training methods to be used to deliver the content (e.g., illustrated lecture, demonstration, coaching and discussion) are noted.

Suggested training methods for each objective are found in the course outline.

**Summary.** The summary consists of one or more suggestions for providing a feeling of closure and stressing the major points of a presentation.

**Application.** This section outlines specific activities to enable participants to **apply** the information or skills presented during the session. These activities relate directly to the objectives. They are designed to provide immediate feedback and prepare the participants for the evaluation process. The application process often occurs as part of the presentation—case studies, role plays or guided practice using learning guides. This is likely to happen when the content is complex, when presentations are lengthy or when it is necessary that participants demonstrate an understanding of one concept before moving to the next.

Suggestions for application and practice activities can be found in the course outline.

**Evaluation.** The evaluation section outlines specific procedures the trainer will follow in determining whether participants have achieved the training objectives. The evaluation step is based on the primary and enabling objectives and includes knowledge- and skill-based assessments.

Before using a presentation plan developed by an instructional designer, the trainer should review the objectives and content, undertake additional study of the content if necessary and add personal notes, comments, questions and examples to the introduction, content outline, summary and other sections of the plan as appropriate.

**Table 2.1. Sample generic session plan format**

| Date: | Venue: | Duration: | Session no.: |
|---|---|---|---|
| **Topic:** | | | |
| **Session objectives: by the end of this session, trainees will be able to:** | | | |
| **Methods and Activities** | | Required resources | |
| | | | |
| • **Anything that you want to note after the session ---------------------------------------------------------** | | | |

**Table 2.2. Example for session plan**

| Date: | Venue: | Duration: 2:20 hrs. | Session no.: |
|---|---|---|---|
| **Topic: plan for a training** | | | |
| **Session objectives: by the end of this session, trainees will be able to:** <br><br> • **Describe planning issues and activities prior to a training course** <br><br> • **Select appropriate participants and trainers** <br><br> • **Prepare the required course materials** <br><br> • **Arrange classroom and practical sites for a training course** <br><br> • **Conduct session level preparation for a training course** | | | |
| **Methods and Activities** | | Required resources | |
| 1. **Discussion on the importance of planning & preparation for training (10 min)** <br><br> 2. **Group activity and interactive presentation on general planning issues (30 min)** <br><br> 3. **Interactive presentation on participant and trainer selection (20 min)** | | • Flip chart and markers <br><br> • LCD Projector and Laptop <br><br> • Participant manual <br><br> • Trainer's guide <br><br> • Sample session plan | |

| | |
|---|---|
| **4. Interactive presentation, group activity and discussion on classroom and practical sites selection and preparations (30 min)**<br><br>**5. Interactive presentation, group activity and discussion on session level preparation (40 min)**<br><br>**6. Summary (10 min)** | |
| • **Anything that you want to note after the session -------------------------------------------------------** | |

*Summary*

- *Many of the problems encountered during a clinical skills course can be avoided through careful planning.*
- *Giving thought to participant selection, and then communicating with both those attending and their supervisors, will help to ensure that the appropriate participants are present.*
- *Making arrangements concerning classroom and clinical facilities is the next critical step in planning the course.*
- *Reviewing the course materials and adapting them as necessary are also key components of the planning process.*

# Chapter Three: Effective facilitation skill

Chapter description

This chapter is designed to equip participants with knowledge, skill and the right attitude of creating positive learning environment, basic facilitation skills, appropriate use audiovisual and clinical facilitation skills.

## Objectives

**Chapter Objective:** After completing this chapter, participants will be able to facilitate training effectively.

**Enabling Objectives -**

**after completing this chapter, participants will be able to:**

- Create a positive learning environment
- Use effective facilitation skills
- Facilitate group learning activity
- Use audiovisuals effectively
- Practice clinical facilitation skill

| Chapter outline |
| --- |
| 3.1. Introduction |
| 3.2. Creating positive learning environment |
| 3.3. Facilitation process |
| 3.4. Basic effective facilitation skills |
| 3.5. Facilitation of group learning activity |
| 3.6. Audiovisuals |
| 3.7. Clinical facilitation skill |

## 3.1. Introduction

The environment within which learning occurs has a tremendous impact on the quality of the learning experience. A positive learning climate maximizes the effectiveness of various learning methods, and thereby helps participants to achieve the course objectives.

An effective presentation can be one of the most rewarding aspects of a clinical trainer's responsibilities. The clinical trainer able to maintain participant interest with an exciting, dynamic delivery using a variety of learning techniques is more likely to be successful in helping participants reach course objectives.

Using appropriate audiovisual aids is a critical step in the training process. Audiovisual materials supplement learning activities by highlighting important points or key steps or tasks. Because individuals have different styles of learning, using a variety of audiovisuals allows the participant to receive information in different ways and reinforces the learning process.

## 3.2. Creating positive learning environment
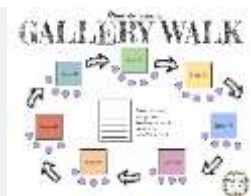


Activity 3.1 Cross over activity
What do you expect from an exemplary trainer to make a training event interesting?
20 min

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

### 3.2.1. Characteristics of positive learning environment

**Relevance**

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

**Motivation**

People bring **high levels of motivation and interest** to learning. Health care providers, for example, may wish to acquire new knowledge and skills to improve client services. Motivation can be increased and channeled by the trainer who provides clear learning goals and objectives. To make

the best use of a high level of participant interest, the trainer should explore ways to incorporate the needs of each participant into the learning sessions. This means that the trainer needs to know quite a bit about the participants, either from studying background information about them or by allowing participants to talk early in the course about their experience and learning needs.

### Involvement

Few individuals prefer just to sit back and listen. The effective trainer will design learning experiences that actively involve the participants in the training process.

**Examples of how the trainer may involve participants include:**

- Allowing participants to provide input regarding schedules, activities and other events
- Questioning and feedback
- Brainstorming and discussions
- Hands-on work
- Group and individual projects
- Classroom activities

### Variety

Participants attending courses **desire variety**. The trainer should use a variety of learning methods and audiovisual aids.

### Positive Feedback

Participants need to know **how they are doing**, particularly in light of the objectives and expectations of the course. Is their progress in learning clinical skills meeting the trainer's expectations? Is their level of clinical performance meeting the standards established for the procedure?

**Positive feedback provides this information.**

Learning experiences should be designed to move from the known to the unknown or from simple activities to more complex ones. This progression provides positive experiences and feedback for the participant.

**To maintain positive feedback, the trainer can:**

➢ Give verbal praise either in front of other participants or in private

➢ Use positive responses during questioning:

- "That's correct!"
- "That was an excellent response!"

➢ Recognize appropriate skills while coaching in a clinical setting:

> • "Very good work! Mr. T is holding the scalpel in a way that provides excellent control."

➢ Let the participants know how they are progressing toward achieving learning objectives

**Personal Concerns**

The trainer must recognize that many participants fear failure and embarrassment in front of their colleagues. Participants often have concerns about their ability to:

➢ Fit in with the other participants

➢ Get along with the trainer

➢ Understand the content of the training

➢ Perform the skills being taught

The trainer must be aware of these concerns and open the course with an introductory activity that will place participants at ease. It should communicate an **atmosphere of safety** so that participants do not judge one another or themselves. For example, a good introductory activity is one which acquaints participants with one another and helps them to associate the names of the other participants with their faces. This opening activity can be followed by learning experiences that support and encourage the participants.

**Being treated as an individual**

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

**To help ensure that participants feel like individuals, the trainer should:**

• Use participant names as often as possible

• Involve all participants as often as possible

• Treat participants with respect

• Allow participants to share information with others during classroom and clinical instruction

**Self-Esteem**

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

> • reinforce those practices and beliefs embodied in the course content;

• provide corrective feedback when needed, in a way that the participants can accept and use it with confidence and satisfaction;

• provide training that adds to, rather than subtracts from, their sense of competence and self-esteem; and

• recognize participants' own career accomplishments.

**High Expectations**

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

**Personal Needs**

All participants have **personal needs** during training. Taking timely breaks and providing the best possible ventilation, proper lighting and an environment as free from distraction as possible can help to reduce tension and contribute to a positive learning atmosphere.

The challenge for the trainer is to acknowledge all of the participants' desires, needs and concerns and at the same time help the individuals come together as a group. By sharing with the participants expectations of how they will behave during the course, and asking them to tell the group their own expectations, the trainer begins the process of establishing patterns of behavior acceptable to the group, or **group norms**. This step is critical in creating a positive learning climate.

## 3.3. Basic effective facilitation skills

| Activity 3.2 Case study (8 min) |
|---|

**Be in-group and discuss on the questions following situation below then share it to the large group**

You are attending a training course. The trainer is giving presentation on an issue. Since you are hoping to be exemplary trainer in the future, you pay close attention to how the presentation is being delivered. You see that the trainer is moving around, speaking loudly, and is asking many questions to those participants sitting on the left side of the room calling their names. Watch every one in the room, praise participant when they answer questions and reflect their concerns. Cannot summarize the session because of time constraint.

Time 8 min

Discussion Questions

- What are some of facilitation skills this trainer using?
- What suggestions for improvement due offer this trainer?

There are a number of general facilitation skills which can be used to make a training session more effective. These techniques can be used with several different types of presentation (e.g., illustrated lecture, discussion, case study, clinical demonstration). The skilled trainer uses a variety of techniques to involve participants, maintain interest and avoid a repetitive presentation style. Some common techniques are listed below.

- **Follow a plan and use trainer's notes**, which include the session objectives, introduction, body, activity, audiovisual reminders, summary and evaluation.

- **Communicate in a way that is easy to understand.** Many participants will be unfamiliar with the terms, jargon and acronyms of a new subject. The trainer should use familiar words and expressions, explain new lang0uage and attempt to relate to the participants during the presentation.

- **Maintain eye contact with participants.** Use eye contact to "read" faces. This is an excellent technique for establishing rapport and getting feedback on how well participants understand the content.

- **Project your voice** so that those in the back of the room can hear clearly. Vary volume, voice pitch, tone and inflection to maintain participants' attention. Avoid using a monotone voice, which is guaranteed to put participants to sleep!

- **Avoid the use of slang or repetitive words, phrases or gestures** that may become distracting with extended use.

  *Examples*:

  "OK, now...."

  "Is that clear?"

  "Do you see what I'm saying?" Hands in pockets, pacing or rocking on heels.

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

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

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

- Be sure to ask both **simple and more challenging questions**.

- **Provide positive feedback** to participants during the presentation.

    *Examples*:

    "Very good point, Miss T !"

    "Thanks for sharing that story."

- **Use participants' names as often as possible.**

    ➢ During questioning and when providing positive feedback

    ➢ When referring to comments previously made by participants

    ➢ This will foster a positive learning climate and help keep the participants focused on the presenter.

- Display a **positive use of humor** related to the topic.

    *Examples*:

    - Cartoons on transparency or flipchart

    - Humorous stories

    - Cartoons for which participants are asked to create captions

- **Provide smooth transitions between topics.** Within a given presentation, a number of separate yet related topics may be discussed. When shifts between topics are abrupt, participants may become confused and lose sight of how the different topics fit together into a bigger picture. The trainer must ensure that the transition from one topic to the next is smooth. This can be accomplished by:

    - A brief summary

    - A series of questions

    - Relating content to practice or using an application exercise (case study, role play, etc.) before moving on to the next topic

- **Using questioning techniques**

The primary purpose of questioning is to encourage the participants to think about the training topic. Most trainers agree that participants often say that they understand the content, but a knowledge or skills assessment may prove otherwise. Effective questioning gives participants an opportunity to think through content and gain a fuller understanding of the concepts being presented.

**Questions can be used at any time to:**

   • Introduce a topic

   • Increase the effectiveness of the training session

   • Promote brainstorming

• Supplement the discussion process

**Use the following variety of questioning techniques to keep participants interested in the session.**

➢ **Ask a question of the entire group**. The advantage of this technique is that those who wish to volunteer may do so; however, some participants may dominate while others may not participate.

*Example*: "Would someone please tell me why we...?"

➢ **Target the question to a specific participant by using that individual's name before asking the question.** The participant is aware that a question is coming, can concentrate on the question and respond accordingly. The disadvantage is that once a specific participant is targeted, other participants may not concentrate on the question.

*Example*: "Mr. Y , can you tell me what would happen if we...?"

➢ **State the question, pause and then direct the question to a specific participant.** All participants must listen to the question in the event that they are asked to respond. The primary disadvantage is that the participant receiving the question may be caught off guard and ask the trainer to repeat the question.

*Example*: "What type of instrument are we using today? Mr. X , can you tell us?"

➢ **Use participants' names** during questioning. This is a powerful motivator and also helps to keep all participants involved.

➢ **Repeat a participant's correct response.** This provides positive reinforcement to the participant and allows the rest of the group to hear the response.

*Example*: "Mrs. X is correct. If the child has edema and MUAC is less than 11cm, the classification will be complicated sever acute malnutrition''

➢ **Provide positive reinforcement for responses** to keep the participants interested in the presentation. Positive reinforcement may take the form of praise, displaying a participant's work, using a participant as an assistant or using positive facial expressions, nods or other nonverbal actions.

*Examples*:

"Very good answer, Miss X!"

"I like the way you stated that, Dr.Y ."

➢ **When a participant's response is partially correct**, the trainer should reward the correct portion and then improve the incorrect portion or redirect a related question to that participant or to another participant.

*Examples*:

"I agree with the first part of your answer; however, can you explain...?"

"You almost have it! Mr Z, can you give Miss M some help?"

➢ **When a participant's response is incorrect**, the trainer should make a noncritical response and restate the question to lead the participant to the correct response.

*Examples*:

" Mrs G ,. Let's look at the situation in a different way. Suppose we...."

"Mrs G, let me rephrase the question. What would happen if we were to adjust the...?"

➢ When **participants ask questions**, the trainer has two options:

▪ Redirect for the response by other students

▪ answer the question

▪ Refer to a later section of the course if question is not answered

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

## 3.4 Facilitation process

Facilitation process involves introducing, conducting and summarizing sessions / activities in a way that engage and enable participants to get the most out of each.

### 3.4.1. Introducing a presentation



**Activity 3.3 Think pair share  (5 min)**

Take a minute and think about ways to introducing engaging session, discuss with your nearby colleague, and share to the large group**.**

The first few minutes of any presentation are critical. Participants may have their minds on other matters, be unclear what the session is about or have little interest in the topic.

*The introduction should:*

- Capture the interest of the entire group and prepare participants for the information to follow
- Make participants aware of the trainer's expectations
- Help foster a positive training climate

- **Using a Variety of Introductory Techniques**

The following introductory techniques can be used by a trainer to provide variety and ensure that participants do not become bored.

- **Reviewing the objectives.** Introducing the topic by a simple restatement of the objectives keeps the participants aware of what is expected of them.

  > *Example*: "This afternoon we will practice abdominal examination on interactive model. Our objective is to conduct abdominal examination using the standard procedure.
  >
  > Any questions before we begin?"

- **Asking a series of questions about the topic.** The effective trainer will recognize when participants have prior knowledge concerning the course content and encourage their contributions. The trainer can ask a few key questions, allow participants to respond, discuss answers and comments, and then move into the body of the presentation.

  > *Examples*: "Can someone give us an example of an important infection prevention practice?"

- **Relating the topic to previously covered content.** When a number of presentations are required to cover one subject, relate each presentation to previously covered content. This helps the participants understand the continuity of the presentations and how each relates to the overall topic. Where possible, link topics so that the concluding review or summary of one presentation can introduce the next topic.

  > *Example*: When we finished yesterday we were discussing history taking. Today, we will discuss physical examination.

- **Sharing a personal experience.** There are times when the trainer can share a personal experience in order to create interest, emphasize a point or make the topic more job-related. Participants enjoy hearing these stories so long as they relate to the topic and are used only when appropriate.

  > *Example*: "Today we will practice the use of therapeutic communication with client. Before we begin, I would like to share with you my first experience non therapeutic communication with my client. The client was...."

- **Relating the topic to real-life experiences.** Many training topics can be related to situations most participants have experienced. This technique not only catches the participant's attention but also facilitates learning because people learn best by anchoring new information to known material. The experience may be from the everyday world or relate to a specific process or piece of equipment.

- **Using a case study or problem-solving activity.** Case studies or problem-solving activities focus attention on a specific situation related to the training topic. Working in small groups generally increases interest in the topic.

  > *Example*: "Our next topic is the side effects associated with anti TB drugs. Please read the case study on page three of your course handbook and answer the questions on page four. We will discuss your responses when everyone has finished."

- **Using a videotape or other audiovisual aid.** Use of appropriate audiovisuals can be stimulating and generate interest in a topic.

  > *Example*: "Now we will see cardiovascular examination in video. Afterwards, we'll summarize it."

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

- **Making a provocative statement.** This technique should be used sparingly and with great care. The idea is to make a controversial statement designed to create a reaction. The ensuing discussion will increase interest in the topic to be presented. Be careful, however, not to make a statement that will upset or alienate participants or with which they may agree, because it may have a negative impact on the learning climate.

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

- **Using a content expert.** Speakers with a specific area of expertise often add credibility to a presentation. The trainer must be sure that the speaker is capable of making an effective presentation. When this is the case, the content expert can motivate the participants' interest in the topic.

  > *Example*: "This session will review infection prevention practices. To begin our discussion I would like to introduce Ibrahim, Infection Prevention Specialist for the

hospital. He will share with us the hospital's recommended infection prevention practices for surgical contraceptive methods. Please join me in welcoming...."

- **Using a game, role play or simulation.** Games, role plays and simulations generate tremendous interest through direct participant involvement, and therefore are useful for introducing topics.

    *Example*: "Today we will discuss staff motivation. What is it? How do we maintain it? To introduce this topic we are going to take a few minutes to play a game called 'I Am a Winner.' Our first step is to divide into four groups...."

- **Relating the topic to future work experiences.** Participants' interest in a topic will increase when they see a relationship between training and their work. The trainer can capitalize on this by relating objectives, content and activities of the course to real work situations.

    *Example*: "This afternoon I will demonstrate an infection prevention practice that you use every day in your work. In fact, it is one of the most important things you do...

### 3.4.2. Conducting the session

Once the trainers have provided an effective introduction, and the participants are interested and know what to expect or do, they can begin conducting the session or learning activity. This includes the **key activities** planned to be transferred to the learner. It is consistent with the introduction and best delivered through using the **basic facilitation techniques/skills.**

### 3.4.3. Summarizing a presentation

A summary is used to reinforce the content of a presentation and provide a review of its main points. Generally, a summary is used at the end of a presentation. When course topics are complex, however, periodic summaries may be used to ensure that participants understand the material as it is being presented. In addition, summaries can be used effectively before demonstrations or breaks that interrupt the presentation.

*The summary should:*

- Be **brief**
- Draw together the **main points**
- **Involve** the participants

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

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

• **Asking the participants questions** that focus on major points of the presentation.

• **Administering a practice exercise or test** which gives participants an opportunity to demonstrate their understanding of the material.

After the exercise or test, use the questions as the basis for discussion by asking for correct answers and explaining why each answer is correct.

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

## 3.5. Using audiovisual aids

**Activity 3.6- Group work (30 minutes)**

- Take one of the following audiovisuals aids listed below
    1. Power point
    2. Flip chart
    3. Whiteboard
    4. Video

- Discuss in group on how to facilitate audiovisual you are assigned for and

- Share it to the large group using the type of audiovisual aid you selected

**Group Activity 3.7:** Be in a group of four and explain the advantage, disadvantage of using PowerPoint presentation, flipchart, writing board and video on your group and reflect to the larger group using your own practical examples.

20 min

Visual aids supplement learning activities by highlighting important points or key steps or tasks. Because visual aids help to communicate information clearly and maintain students' interest, they are among your most useful teaching tools.

Visuals are useful not only for presentations, but also for demonstrations and introductions or summaries of clinical practice sessions.

**Examples of audiovisual aids:**

- Power point presentation

- Flip charts

- Videos,

- Writing boards

**PowerPoint presentation**

- Ensure technical assistance in case the computer is down+ save

- Avoid busy slides and confusing backgrounds

- Choose color combination pleasing to the eye and legible

- Use contrasting, bright colors to delineate between categories.

- Use consistent backgrounds for each slide.

- Use bullets when listing items.

- Write only key words, phrases, and/or concepts; no sentences and paragraphs.

- Use only one concept/point/idea per slide

- Capture the major point of the presentation on the title of the slide.

- Follow the 6 by 6 rule: Use no more that 6 words/line, and no more than 6 lines/slide.

- Use clear and large fonts; up to 40 size fonts for titles/main headings & 24-36  for sub-topics

**FLIPCHART**



- A flipchart is a large tablet or pad of paper, usually on a tripod or stand.

- It can be used for displaying previously prepared notes or drawings as well as for brainstorming and impromptu discussions.

**Where to Use Flip Chart:**

- During seminars, tutorials, workshops, making lists and brainstorming sessions etc

**Tips for Using Flipchart**

- Use wide-tipped pens or markers; markers with narrow tips produce printing that is difficult to read.

- Print in block letters that are large enough to be read easily in the back of the room.

- Use different colored pens to provide contrast; this makes the pages visually attractive and easier to read.

- Use headings, boxes, cartoons and borders to improve the appearance of the page.

- Use bullets (•) to delineate items on the page.

- Leave plenty of white space and avoid putting too much information on one page (crowded and poorly arranged information is distracting and difficult to read).

- When pages are prepared in advance, use every other page (if every page is used, colors may show through and make text difficult to read).

- Have masking tape available to hang flipchart pages on the walls during brainstorming and problem-solving sessions.

- To hide a portion of the page, fold up the lower portion of the page and tape it (when ready to reveal the information, remove the tape and let the page drop).

- Face the participants, not the flipchart, while talking.

**Tips for using videos:**

- In the classroom, use several short video segments with pauses in between for explanation or discussion, rather than one long video.

- Preview the videotape to ensure that it is appropriate for the students and consistent with the course objectives.

- Make sure that the information presented in the video is up-to-date with current practices and standards. If there are some differences, be sure to tell the students about them before showing the video. If there are considerable differences, do not show the video.

- Before the classroom session, check to be sure that the video is compatible with the video player. Run a few seconds of the tape to ensure that everything is functioning properly. Cue the video to the beginning of the program, or to the section of the video that you will show.

- Arrange the room so that all students can see the video monitor or screen and hear the audio.

- Prepare the students to view the video:

- State the objective.

- Give the students an overview of the content they will see on the video.

- Focus students' attention by asking that they look for a number of specific points as they watch the video.

**Tips for Using a Writing Board**

• Keep the board clean.

• Use chalk or pens that contrast with the background of the board so that participants can see the information clearly.

• Make text and drawings large enough to be seen in the back of the room.

• Prepare complex drawings in advance (if very complex, an overhead transparency or 35 mm slide may be preferable).

• Underline headings and important or unfamiliar words for emphasis.

• Do not talk while facing the board.

• Do not block the participants' view of the board; stand aside when writing or drawing is completed.

• Allow sufficient time for participants to copy the information from the board.

## 3.6. Facilitation of group learning activity

| **Activity 3.5 - Group work (40 minutes)** | • Take one of the following group learning activities listed below |
|---|---|
| | • Discuss in group on how to facilitate using your group learning activity and share it to the large group on flip chart. |
| | • Facilitate using your group learning activity by using a topic suitable for it |

The trainer can maintain participant interest with an exciting, dynamic delivery using a variety of learning techniques is more likely to be successful in helping participants reach course objectives. The trainer will find that the time and effort invested in pre course planning were well spent as the trainer and participants interact, discuss, question and work together. This section focuses on delivering interactive presentations—lectures, case studies, role plays, brainstorming and discussions—using a variety of approaches.

3.6.1. Planning and presenting an illustrated lecture

The most common type of traditional classroom presentation is the illustrated lecture, in which the content is derived largely from the knowledge area and presented orally by the trainer. Its effectiveness as a training method is markedly enhanced through the use of questioning techniques and well-designed audiovisuals such as transparencies, flipcharts and videotapes.

The **first step** in planning an illustrated lecture is to review the lecture objectives. Will the illustrated lecture be the most appropriate strategy to meet the objectives? The trainer's plan for giving an illustrated lecture should contain:

> • The lecture objective(s)
>
> • An outline of key points highlighted in the reference manual, written on paper or put on transparencies or flipchart pages
>
> • Questions to involve the participants
>
> • Reminders of participant activities, use of audiovisual aids, etc.

The purpose of the **outline** is to allow the trainer to glance at the key points without reading the content to the participants. Questions to be asked should be noted at appropriate places in the outline.

Notes regarding the use of audiovisuals or class activities also should be made at those points in the presentation where they are to be used.

**An effective illustrated lecture:**

> • Begins with a **strong introduction**
>
> • Is followed by a **smooth transition** into the body of the lecture
>
> • Follows the **planned outline**
>
> • Uses a variety of **audiovisual aids**
>
> • Includes activities that **involve the participants**
>
> • Concludes with an **effective summary**

### 3.6.2. Delivering an Illustrated Lecture

When information is presented using an illustrated lecture, how the content is delivered is as important as what is being said. The presentation may include very important information, but if the trainer speaks in a monotone, lacks excitement, fails to maintain eye contact and stands behind a table, the participants will lose interest and fall asleep. By contrast, the trainer using an energetic delivery style is more likely to maintain interest.

Using the presentation skills described in **the previous section will** distinguish the effective trainer from the traditional lecturer. This interactive approach will keep adult learners interested and involved in learning.

3.6.3. Facilitating small group activities

There are many times during training when the participants will be divided into several small groups, usually consisting of four to six participants.

**Examples of small group activities are:**

> • **Solving a problem** that has been presented by the trainer or another participant
>
> • **Reacting to a case study** that can be presented in writing, orally by the trainer or through videotape or slides
>
> • **Preparing a role play** within the small group and presenting it to the group as a whole

The trainer can create small groups by:

- **Assigning** participants to groups
- Asking participants to **count off** "1, 2, 3," etc. and having all the "1s" meet together, all the "2s" meet together, etc.
- Asking participants to **form their own groups**
- Asking participants to **draw a group number** (or group name) from a basket

The class room(s) used for small group activities should be large enough to allow several arrangements of tables and chairs so that individual groups can work without disturbing one another. The trainer should be able to move easily about the room to visit each group. If available, consider using smaller rooms (known as breakout rooms) near the primary classroom where small groups can go to work on their problem-solving activities, case studies or role plays.

Activities assigned to small groups should be **challenging, interesting and relevant; should require only a short time to complete; and should be appropriate for the background of the participants**. Each small group may be working on the same activity or each group may be taking on a different problem, case study or role play. Regardless of the type of activity, there is usually a time limit. When that is the case, inform groups when there are 5 minutes left and again when their time is up.

**Instructions to the groups may be presented:**
- In a **handout**
- On a **flipchart**
- On a **transparency**
- **Orally** by the trainer

**Instructions for small group activities typically include:**
- **Directions**
- **Time** limit
- A **situation or problem** to discuss, resolve or role play
- Participant **roles** (if a role play)
- **Questions** for a group discussion

After the groups have completed their activity, the trainer will bring them together as a large group for a discussion of the activity. This discussion may involve:
- **Reports** from each group
- **Responses** to activity questions
- **Role plays** developed and presented by participants in the small groups

• **Recommendations** from each group

It is important that the trainer provide an effective summary discussion following small group activities. This provides closure and ensures that participants understand the point of the activity.

## 3.6.4. Facilitating case studies

A case study is a training method using realistic scenarios that focus on a specific issue, topic or problem. It is used principally to reinforce or expand the participants' **knowledge**. Participants typically read, study and react to the case study orally during a group discussion or in writing.

A case studies session consists of several detailed description of events that are used for discussion and learning. The events can be taken from a real life situation or can be completely fictional.

The purpose of a case study is to take the group closer to the real context of a situation or problem and identify its cause and solution.

A case study can be used as part of a training workshop to facilitate a learning point or as part of an assessment programme to gauge candidate's response and analysis of situations. Case studies can be great for sharing experiences and reaffirming knowledge and understanding.

• **Analysis of the problem.** The participants are asked to analyze the situation presented in the case study and determine the source of the problem.

• **Focused questions.** These inquiries ask participants to respond to specific questions.

>  *Example*: "What are three observations suggesting that the client was not counseled properly?"

• **Open-ended questions.** These questions provide participants more flexibility in responding.

>  *Example*: "What are some of the consequences of failing to counsel a client properly prior to performing a Minilaparotomy?"

• **Problem solutions.** The participants are asked to offer suggestions regarding the situation being presented.

>  *Example*: "How could this problem have been avoided?"

Once participants have reacted to the case study they should be given the opportunity to share their reactions. This sharing might take the form of one or more of the following:

>  • **Reports** from individuals or small groups

>  • **Responses** to case study questions

>  • **Role plays** presented by individuals or small groups

>  • **Recommendations** from individuals or small groups

The trainer should summarize the results of the case study activity before moving on to the next topic.

### 3.6.5. Facilitating role plays

A role play is a learning method in which participants act out roles in a situation related to the learning objectives. Although knowledge is usually required to conduct an effective role play, its purpose is to influence the **behavior** of participants.

**To conduct the role play, the trainer should:**

> • Decide what the participants should learn from the role play (then objectives)
>
> • Devise a simple situation
>
> • Explain what the participants should do and what the audience should observe
>
> • Discuss important features of the role play by asking questions of both the players and observers
>
> • Summarize what happened in the session, what was learned and how it applies to the clinical skill or activity being learned

### 3.6.6. Facilitating brainstorming session

- Brainstorming is "a conference technique by which a group attempts to find a solution for a specific problem by amassing all the ideas spontaneously by its members"

- To brainstorm is to use a set of specific rules and techniques which encourage and spark off new ideas which would never have happened under normal circumstances

Brainstorming is the name given to a situation when a group of people meet to generate new ideas around a specific area of interest. Using rules which remove inhibitions, people are able to think more freely and move into new areas of thought and so create numerous new ideas and solutions. The participants shout out ideas as they occur to them and then build on the ideas raised by others. All the ideas are noted down and are not criticized. Only when the brainstorming session is over are the ideas evaluated.

Brainstorming is a training strategy that **stimulates thought and creativity** and is often used in conjunction with group discussions. The primary purpose of brainstorming is to generate a list of ideas, thoughts or alternative solutions that focus on a specific topic or problem. This list may be used as the introduction to a topic or form the basis of a group discussion. Brainstorming requires that participants have some background information related to the topic.

**The following guidelines will facilitate the use of brainstorming:**

• **Establish ground rules.**

*Example*: "During this brainstorming session, we will be following two basic rules. All ideas will be accepted; Mr. X will write them on the flipchart. At no time will we discuss or criticize any idea. Later, after we have our list of suggestions, we will go back and discuss each one. Are there any questions? If not,...."

• **Announce the topic or problem.**

*Example*:

"During the next few minutes we will be brainstorming and will follow our usual rules. Our topic today is 'Indications for Use of Norplant Implants.' I would like each of you to think of at least one indication. Mrs. M will write these on the board so that we can discuss them later. Who would like to be first? Yes, Mrs. M ...."

• **Maintain a written record** on a flipchart or writing board of the ideas and suggestions. This will prevent repetition and keep participants focused on the topic, and will be useful when it is time to discuss each item.

• Involve the participants and provide positive feedback in order to encourage more input.

• Review written ideas and suggestions periodically to stimulate additional ideas.

• Conclude brainstorming by reviewing all the suggestions.

### 3.6.7. Facilitating group discussions

The group discussion is a training technique in which most of the ideas, thoughts, questions and answers are developed by the participants. The trainer typically serves as the **facilitator** and guides participants as the discussion develops.

**Group discussion is useful:**

      • At the conclusion of a training session

      • After viewing a videotape

      • Following a clinical demonstration

      • After reviewing a case study

      • After a role play

      • Following a brainstorming session

      • At any other time when participants have prior knowledge or experience related to the topic

Attempting to conduct a group discussion when participants have limited knowledge of or experience with the topic often will result in little or no interaction and thus an ineffective discussion. When participants are familiar with the topic, the ensuing discussion is likely to **arouse participant**

**interest**, **stimulate thinking** and **encourage active participation**. This interaction affords the facilitator an opportunity to:

> • Provide positive feedback
>
> • Emphasize key points
>
> • Create a positive learning climate

The facilitator must consider a number of factors when selecting group discussion as the training strategy:

• Discussions involving **more than 15 to 20 participants** may be difficult to lead and may not give all participants an opportunity to participate.

• Discussion requires **more time** than an illustrated lecture because of extensive interaction among the participants.

• **A poorly directed discussion may move away from the subject** and never reach the objectives established by the facilitator.

• **If control is not maintained**, a few participants may dominate the discussion while others lose interest.

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

• **General discussion** that addresses participant questions about a training topic (e.g., why one technique of tubal occlusion is preferred over another in Minilaparotomy)

• **Panel discussion** in which a moderator conducts a question and answer session among panel members and participants

**Follow these key points to ensure successful group discussions:**

• **Arrange seating to encourage participant interaction** (e.g., tables and chairs set up in a "U" shape, square or circle so that participants face one another).

• **State the topic** as part of the introduction.

*Example*: "To conclude this presentation on management styles, let's take a few minutes to discuss the importance of human relations and the supervision of nursing staff. Mr Y, what do you think about the role of human relations and supervision?"


• **Shift the conversation** from the facilitator to the participants.
> *Examples*:
> " Mr. A , would you share your thoughts on...?"
> "Miss B , do you agree with my statement that...?"

• **Act as a referee** and intercede only when necessary.
> *Example*:
> "It is obvious that Mr.A and Miss B are taking opposite sides in this discussion. Mr A , let me see if I can clarify your position. You seem to feel that...."

• **Summarize the key points** of the discussion periodically.
> *Example*:
> "Let's stop here for a minute and summarize the main points of our discussion."
> • **Ensure that the discussion stays on the topic.**
> *Examples*: "Miss S , can you explain a little more clearly how that situation relates to our topic?"
> "Mr. M , would you clarify for us how your point relates to the topic?"
> "Let's stop for a moment and review the purpose of our discussion."

• **Use the contributions of each participant** and provide positive reinforcement.
> *Examples*:
> "That is an excellent point, Miss R. Thank you for sharing that with the group."

• **Minimize arguments** among participants.

• **Encourage all participants to get involved.**
> *Example*:
> "Mr.D. I can see that you have been thinking about these comments.
> Can you give us your thoughts?"

• **Ensure that no one participant dominates the discussion.**
> *Example*:
> "Mr.K, you have contributed a great deal to our discussion. Let's see if someone else would like to offer...."

• **Conclude the discussion with a summary** of the main ideas. The facilitator must relate the summary to the objective presented during the introduction.

## 3.7. Developing Clinical facilitation skill
### 3.7.1. Phases of skill development

| Activity 3.8 Group work | Discuss the phases of clinical skill development |
|---|---|
|  | Time: 15 min |

**Clinical skill**: The clinical trainer must accurately demonstrate using the standard checklist to carrying out the clinical skill or procedure so that the participant has a clear picture of the expected performance and re-demonstrate the procedure with the assistance of the clinical trainer (coach).

**Coaching is appropriate when**

- The training needs assessment reveals that service providers lack specific skills needed to carry out their jobs competently.
- Specific performance standards have been established for the skills or procedures
- Experienced clinical trainers are available to demonstrate and teach the skills needed to reach the established performance standards.
- Facilities, instruments and anatomic models are available for practicing the skills.
- Participants will have the resources and opportunities to apply newly acquired skills in their work situation **soon** after being trained.

The process of learning a clinical skill within the coaching process has three basic phases

- demonstration of the clinical skill by the trainer;
- practice of the skill by the participant under the supervision of the trainer, first on models and then with clients;
- Evaluation of the participant's skill competency by the trainer.

These three phases can be broken down further into the following steps:

- First, during interactive classroom presentations, explaining the skill or activity to be learned
- Next, using a video or slide set, showing the skill or activity to be learned
- Following this, demonstrating the skill or activity using an anatomic model and using the standard checklist (if appropriate) or role play (e.g., counseling demonstration)

- Then, allowing the participants to practice the demonstrated skill or activity with an anatomic model or in a simulated environment with the standard checklist (role play) as the trainer functions as a coach

The clinical trainer shall provide an immediate feedback to the trainees while they are demonstrating.

- After this, reviewing the practice session and giving constructive feedback
- After adequate practice, assessing each participant's performance of the skill or activity on models or in a simulated situation, using the competency-based checklist
- After competence is gained with models or practice in a simulated situation, having participants begin to practice the skill or activity with clients under a clinical trainer's guidance
- Finally, evaluating the participant's ability to perform the skill according to the standardized procedure as outlined in the competency-based checklist

*Table 3 -1 show the three phases of the coaching process used to help participants develop clinical skills successfully.*

| Roles | Skill acquisition | Level of performance | |
|---|---|---|---|
| | | Skill competency with model | Skill competency with client |
| Clinical Trainer | Demonstrates skill/activity | Coaches the participant and assesses participant performance | Evaluates participant Performance |
| Participant | Observes the Demonstration | Practices and performs the skill/activity | Performs the skill/ Activity |

### 3.7.2. Feedback

| Activity 3.8. Think - pair-share | A. What is important of Feedback during coaching? B. What are the guidelines to follow in giving feedback? |
|---|---|
|  | Time. 8 minutes |

Feedback is essential throughout the coaching process, including before, during and after demonstrations, practice sessions and skill evaluations. Many clinical trainers find it difficult to

acquire the skill of giving performance-enhancing feedback. Although the following guidelines for giving and receiving feedback may be helpful, trainers usually need practice to become more confident with this essential skill.

### 3.7.3. Assessing Learning during the clinical practice

**Cross over activity 3.9**

A. **How to assess Learning activity?**
B. **When to assess** Learning **activity?**

Time :20 minutes

Assessment is required to provide positive feedback and offer suggestions for improvement. It is through this assessment and feedback process that the participant begins to become competent at performing the skill. For clinical skills training to be effective, participants must have a way to continually **assess** their progress in learning new skills. Using a **competency-based checklist** during training enables participants to:

- ✓ Assess their skill level and learning needs when entering training
- ✓  Set realistic learning goals
- ✓ Assess their learning progress during training
- ✓ Receive useful, objective feedback from the clinical trainer and other participants
- ✓ Determine when they have mastered the skill or activity

The clinical trainer also enhances participant learning by providing detailed and specific verbal **feedback** about individual performance. Each time the participant performs the procedure using an anatomic model or with a client, the trainer has **three** separate opportunities to provide feedback:

- **Before Practice.** The clinical trainer and participant meet briefly before each practice session to review participant performance (by checking the learning guide) in previous practice sessions. This pinpoints areas of strength and weakness. Before each practice session, the trainer and participant also set learning goals specifying the skills that will receive special attention during the session.

- **During Practice.** The clinical trainer completes the learning guide during the practice session while observing the participant's performance. This step enables the trainer to give the participant feedback **after** the practice session. In addition, the clinical trainer may provide immediate specific verbal feedback to the participant on skills performed

correctly. Corrective feedback during procedures with clients who are awake or only slightly sedated should be limited to errors that could harm or cause discomfort to the client. Excessive feedback in the procedure room, especially negative comments, can create anxiety for both the participant and the client.

- **After Practice.** It is essential that the post practice feedback session take place as soon as possible after the practice session. In this feedback session, the clinical trainer first asks the participant to share observations about the procedure in order to encourage self assessment and good problem-solving behavior. Following the participant's self-assessment, the clinical trainer provides feedback based on what was observed and recorded in the learning guide. Again, it is important initially to concentrate on positive feedback before pointing out ways in which performance could be improved.

**Table 3-1** the coaching process before, during and after a demonstration or practice session as the clinical trainer coaches the participant from beginning skill acquisition to skill competency

| DEMONSTRATION OR PRACTICE SESSION | Level of performance | | |
|---|---|---|---|
| | Skill acquisition | Skill acquisition /competency | Skill competency |
| Before | Clinical trainer (CT) • Provides an overview of the skill/activity • Uses audiovisual and other training aids • Reviews the learning guide • Asks for questions | Clinical trainer • Reviews steps/tasks in the learning guide • Answers questions about the skill/activity CT and participant discuss the role of the clinical trainer as coach and evaluator | Clinical trainer • Discusses previous practice sessions with participant • Reviews the checklist Both discuss the role of the clinical trainer as evaluator |
| During | Clinical trainer • Demonstrates each step of the skill/activity • Uses audiovisual and other training aids Participant • Observes using the | Both • Participant performs the procedure while coach observes using the learning guide • Participant asks questions as needed | Participant performs the procedure CT observes and evaluates participant performance using the checklist |

| | | | |
|---|---|---|---|
| | learning guide<br>Both<br>• Two-way interaction takes place | while coach provides positive feedback and offers suggestions<br>• CT observes and evaluates participant performance on models using the checklist | |
| After | Both<br>• Discuss the skill/activity<br>• Review the learning Guide CT answers any questions<br>Participant is ready to Practice | Participant<br>• Shares feelings about positive aspects of the practice session<br>• Offers suggestions for self-improvement<br>Both review the steps in the learning guide<br>Clinical trainer provides positive feedback and offers suggestions for improvement<br>Both set goals for additional<br>practice if needed<br>CT determines if participant<br>is competent to move from<br>models to clients | Participant<br>• Shares feelings about positive aspects of the clinical session<br>• Offers suggestions for self-improvement<br>Both<br>• Review the steps in the checklist<br>Clinical trainer<br>• Provides positive feedback and offers suggestions for Improvement<br>• Determines if participant<br>is qualified or if additional<br>practice is needed |

### 3.7.4. Designing an ideal learning clinical experience for adult learning

| | |
|---|---|
| **Activity 3.10: group activity**<br> | A. How to Design adult learning clinical training? |

Stage 1: Prior briefing;   clinical supervisor assesses what the beginner knows about the particular clinical practice

Stage 2: Concrete clinical experience in which:

    a) the supervisor/expert practitioner will model the appropriate activity; and

    b) the supervisor/expert allows the beginner to emulate the approach

Stage 3: Application phase:   provided with a similar activity and the opportunity to apply the skills developed in the first case

Stage 4: Debriefing phase: explore with the supervisor their strengths and weaknesses.

### 3.6.5. Using anatomic models for clinical training facilitation



| Activity 3.11: group activity | A. Why using anatomic model. What is your response?<br><br>Time :10 minutes |
|---|---|
|  | |

Training clinicians in complex skills requires that participants carefully observe skilled clinical trainers and practice the skills repeatedly. Skills acquisition with clients, however, exposes the clients to a potentially increased risk of complications and discomfort during the procedure. To overcome this problem, **anatomic models** often are used to **demonstrate** clinical procedures and to allow participants to **learn** and **practice** these skills without harming clients (**humanistic approach**).

The use of anatomic models enhances skill development by providing participants with the opportunity to practice a skill or specific portion of a procedure repeatedly until they are comfortable with it and have achieved some degree of proficiency (i.e., can perform the skill efficiently).

The **advantages** of using anatomic models include:

- Clients are not harmed or inconvenienced if a mistake is made.
- The demonstration or practice can be stopped at any time for further explanation or correction by the clinical trainer.

- Several participants can practice simultaneously, reducing training time.

- Difficult tasks (e.g., using the tubal hook to identify and bring the fallopian tubes out of the pelvic cavity for a Minilaparotomy) can be practiced repeatedly on a pelvic model without actually performing surgery on a client.
- Practice is not limited to the clinic or operating room, or to the time when clients are scheduled.
- Practice of a sequence of steps or skill can be repeated at any time and as often as needed.
- Clinical training is possible even when client caseload is low, because fewer cases are needed for participants to attain skill competency.
- Training time is reduced.

Any simulation, however, is only an approximation of the real situation. To enhance learning, it is important that the **anatomic models and the simulated setting be as close to the real experience as possible**. Where significant differences exist between working with a model and a real client, these differences should be pointed out to the participant. For example, the "subcutaneous tissue" on the training arm model used for Norplant implants training is less pliable than that of a human arm. Participants need to know that it is easier to insert the trocar too deep in a client's arm than on the model.

To be effective, participants should have frequent opportunities to work with the models using the actual instruments in a realistic setting. Furthermore, the procedure should be performed numerous times using the relevant sections of the clinical skills learning guide to assure that the standard approach is being followed. Finally, practice with the model should continue until **skill competency** and some degree of **skill proficiency** have been demonstrated by the participant. Then, **and only then**, should the participant be permitted to perform the procedure with a client. When using models in clinical training, it is important that:

- Sufficient models are available (usually one model for two or, at most, three participants).

- The model is positioned as if it were a client. This enables the participant to perform the skill/activity as it will be performed with clients.

- Conditions, such as instruments used to perform the procedure and recommended infection prevention practices, duplicate the real situation as much as possible.

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

| Activity 3.12 : Individual excercise (60min) | **Select one topic of your interest and prepares a 10 minutes presentation and share to other participants using basic facilitation skills applied in all phases of facilitation process** |
|---|---|

**SUMMARY**

➢ The clinical facilitation skill development process presented in this session is based on a three-part coaching process:

  o Demonstration of the skill by a proficient trainer

  o Skill practice under the supervision of a coach

  o Evaluation of the participant's skill competency according to the standards presented in the performance checklist.

➢ Many of the characteristics of an effective coach are the same as those of an effective clinical trainer.

➢ The effective trainer/coach must have good communication skills, including the use of active listening, questioning techniques and feedback, in order to develop participants' clinical skills fully

➢ The clinical trainer also must be able to teach problem-solving skills, assess learning during the coaching process and conduct an effective clinical demonstration, often using anatomic models. Through intensive, one-on-one interaction, the clinical trainer guides the participant in acquiring and applying new knowledge and attitudes and in developing new clinical and problem-solving skills

## Chapter four: Using competency Based Assessment Instruments

**Chapter description**

This chapter describes how to use competency based assessment instruments that incorporates knowledge, skill and attitude.

**Chapter Objective**

After completing this chapter, the participant will be able to use competency-based assessment tools.

**Enabling Objectives -** By the end of this chapter the participant will able to:

- Discuss the principle of competency based assessment
- Use competency based assessment tools
- Administer competency-based assessments
- Use assessment results to improve learning

| Chapter Outline |
| --- |
| 4.1.    Principle of competency based assessment |
| 4.2.    Use competency based assessment methods |
| 4.3.    Administration of  assessments |
| 4.4.    Use assessment results to improve learning |

**Introduction**

As most training courses focuses on the development of trainee's competency, the unfortunate truth "Assessment drives learning" plays a vital role in helping trainees develop competency. Learner competency assessment is an essential component of any training course. Assessment must be meaningful—linked to the competencies being taught and the related learning objectives—and constructive, used for building as well as evaluating competency. And it must provide an accurate, reliable measure of learner progress.

Like every aspect of effective training, assessment is a shared responsibility among trainees and trainers; to determine whether each learner has acquired the knowledge, skills and attitude defined in the training course objectives.

This chapter introduces and explains the basics of assessment. It also discusses how to use assessment tools and the results of assessment to meet learners' needs.

## 4.1. Principles of Competency Based Assessment

Assessment seems an easy task but when assessing learners' progress and determining whether a learner has mastered the content and can perform the desired competencies, trainers and the assessment methods they use should adhere to few key principles, as described below;

- **Validity:**

    It refers to the response "Does the test measure what it is supposed to measure?"

    A valid assessment or test is competency-based—that is, directly related to the

competencies intended to measure and ensures that whether the learning objectives set in the
they are course have been meet.

- **Reliability:** Does the test produce consistent results? An assessment is reliable when it consistently measures what it is designed to measure. A reliable assessment should obtain similar results if the same trainees take the exam more than once. In addition, a reliable assessment should obtain similar results when different observers or examiners assess the same trainee.

- **Objectivity:** An objective assessment is one that is free of trainer bias. An assessment method is considered objective if the trainer's judgment or personal opinion cannot affect the score.

- **Feasibility:** Is the test practical in terms of the time and resources needed? In addition to being valid and reliable, assessments should be relatively easy to administer.

- **Continuous:** In order to provide a constructive feedback for leaners to develop competency both the formative and summative assessment need to administer in a continuous fashion.

- **Formative assessment:** Formative assessment is described as "assessment **for** learning." In formative assessment the focus is on evaluating the learners' progress and development and providing targeted feedback and suggestions for improvement. It can also reveal important information to the trainer about the effectiveness of training.

- **Summative assessment:** Summative assessment is described as "assessment **of** learning," and is conducted

- Periodically during the course to assess and make decisions about learners' readiness to progress. It assigns a grade or mark to the trainee's level of competence in key learning objectives.

| | |
|---|---|
|  | **Individual Activity 4-1: Case study**<br><br>Mr. X scored 85% in his final post – test exam and got competent on a certain IST course which comprises knowledge, skills and attitude competencies. The exam administered was only written type.<br>• Do you think Mr. X is competent in the competencies taught in the course?<br>• If your answer is 'no', what was the problem with the assessment?<br>• What do you suggest to improve the assessment?<br>• 10 min |

**As a general guide, effective assessment requires:**

- Clear definition of learning objectives

- Use of a variety of appropriate assessment procedures or methods to meet those objectives

- Consistency among the learning objectives, assessment tasks and assessment methods

- An adequate sample of trainees' performance

- Procedures that are fair to everyone

- Clear criteria for judging successful performance

- Feedback to trainees that emphasizes strengths of performance and areas to be improved

- Support of a comprehensive grading and reporting system

## 4.2. Use Competency Based Assessment Methods

A variety of assessment tools should be used. Certain assessment tools are better suited than others for assessing each of the three "competency domains"— knowledge, skills and attitudes. For example:

A typical learning resource package includes the tools needed for assessment in each of the competency domains. As **table 4-1** shows, a wide range of methods/tools can be used for the formative assessment of knowledge, skills and attitudes, whereas only validated tools should be used for summative assessment.

Tools designed specifically for formative assessment can be used effectively in a variety of ways, especially as trainers become more experienced. These tools are often be modified, in fact, to better meet program needs. Summative assessment tools should not be modified, however, even when they are used formatively. This is because these tools have been created and validated by a panel of subject matter experts to ensure that they accurately measure the knowledge, skills and attitudes related to the desired training competency.

This group of experts works together—through the development and review process—to:

- Link the tools directly to the learning objectives. This helps to ensure the validity of your assessments.

- Eliminate nonessential steps/tasks from the checklists, add anything that is missing and ensure that all tools are clearly worded and easy to use. This helps to ensure the effectiveness and efficiency of your assessments.

- Ensure the accuracy of the assessments, that the information presented reflects the most up-to-date, evidence-based practices and national standards of care.

- Develop recommended procedures for administering and scoring the assessments so that they produce consistent results (i.e., the same learner should receive the same score on the same test, even if administered or graded by different trainers). This helps to ensure the reliability of your assessments.

- Determine an appropriate "pass score" for the final knowledge assessment, helping—along with all of the above—to standardize criteria for qualification.

- Make assessments objective by ensuring that the personal opinion of the trainer administering and scoring the assessment does not affect the results.

- Ensure that methods are feasible—that is, that you and other trainers can implement them

given the time and resources available.

Activity 4.2: Paper slip game

Review the assessment methods and their use from table 4.1
**Time 10 min**
**Table 4-1 Formative and Summative Assessment Tools and Their Use**

| ASSESSMENT METHODS/TOOLS[a] | USE[b] | DEFINITION |
|---|---|---|
| **Validated objective written examinations (e.g., Final Knowledge Assessment)** | **Summative assessment[c] of knowledge** | **These are formal assessments using multiple-choice, true-false or matching questions** |
| Case studies | Formative assessment of knowledge | These involve real-life clinical scenarios and patient management problems: Information about the case is provided and several objective questions (e.g., multiple- choice, short-answer) are asked; learners work independently or in groups on the series of questions and often share their answers orally. |
| Drills, quizzes and practice tests | Formative assessment of knowledge | Drills are verbal question-and-answer periods during a classroom or practical session. Quizzes and practice tests are short versions of written examinations that are designed to help prepare learners for a summative assessment. |
| Written exercises | Formative assessment of knowledge | Written exercises involve asking learners to read and then answer questions to check their understanding of the reading. They can also involve asking learners to read a case study, or view a video, slides or photographs and then respond to related questions in writing rather than orally. Written exercises can be a great way to assess the development of clinical decision-making skills. |
| Project reports | Formative assessment of knowledge | The learner completes a project (e.g., reads a chapter or article, interviews a patient) and then writes a report about it. |
| Essay examinations | Formative assessment of knowledge | An essay question can be written on any subject and is a common type of written examination. Essay questions are easy to write and can test the learners' ability to organize and express ideas. |

| Oral examination | Formative assessment of knowledge | Examiners interview one or more learners about what they know about specific topics or what they would do in specific situations. This may take place in a classroom setting or when working with patients. Oral exams have poor reliability unless well-structured with standardized questions and case studies. Trainers tend to consider these examinations valid, but learners often do not. |
|---|---|---|
| Games | Formative assessment of knowledge | Although these activities include an element of fun, they are often designed to provide or reinforce key information. |
| **Validated skills Checklists** | **Summative assessment[c] of skills and Attitudes** | Focusing only on the essential steps or tasks involved in a specific competency, checklists contain sufficient detail to permit: (1) the learner to understand exactly what is involved in a specific skill or activity; and (2) The clinical trainer to effectively and *objectively* evaluate and record the Learner's overall performance of the skill. |
| Role plays | Formative assessment of skills and Attitudes | These are simulations of activities that involve clinical decision-making and communication skills, in which learners often take turns playing the roles of provider and client. |
| Portfolio | Formative assessment of skills and Attitudes | This is a collection of "work products" assembled by the learner. Elements usually included are a brief description of the problem encountered, care or management of the problem and lessons learned; it may also contain personal reflection, accounts of challenging experiences and other items deemed significant by the learner. |
| Case logs | Formative assessment of skills and Attitudes | This document, maintained by the learner, contains a list of skills that she/he should be able to complete by the end of the course, as well as a running record of which have been directly observed and Judged successfully completed. |
| Medical record review | Formative assessment of skills and Attitudes | Drawing from a sampling of the medical records completed by the learner in the clinical setting, the trainer is able to evaluate decisions made, care provided, etc. |
| Clinical rounds | Formative assessment of skills and Attitudes | While making rounds in the patient ward, the trainer asks the learners questions. |

[a] This is not intended to be an exhaustive list of the assessment methods/tools that a training course may incorporate, nor are the designations universal (i.e., terminology tends to vary among different courses, programs and organizations).

[b] Although the tools are divided up according to the competency domain(s) to which they are best suited, there is a lot of overlap; for example, review of a learner's portfolio will reveal information about what he/she knows (knowledge), what he/she can do (skills) and he/she feels (attitudes).

[c] Summative assessment tools can and are used formatively. For example, the checklist is used summative to determine whether learners are ready to practice their skills with actual clients and, later, to decide whether they can be qualified, but checklists are used formatively throughout training, as learners practice their skills on anatomic models in the classroom as well as in the clinical setting.

## 4.3. Administer Assessments
### 4.3.1. Administer a Knowledge Assessment

In giving directions before the examination, focus on how the trainee should complete the test rather than on the purpose of the test. The trainees need a complete understanding of the ground rules under which they will take the test. This means that they must be aware of the time allowed, the manner in which they are to select and record answers, and the scoring system to be used. Try to create a relaxed atmosphere from the beginning.

The room should have adequate lighting and ventilation and comfortable temperature. These factors often affect trainees' motivation, and can be distracting if not maintained. Trainees should be seated at desks or tables that provide adequate space for completing the assessment. Be sure that you remain in the room during the examination and move around the room as needed to monitor the trainees and respond to questions.

When to administer Asses: knowledge assessment must be administered before, during and after the training program.

- Before actual start of the training (pre-course assessment), the facilitator must administer the structured written assessment to assess what the trainees, individually and as a group, know about the training course content. It allows the trainer to identify topics that may need additional emphasis or, in some cases, require less time during the course. Providing the results of the pre-course assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

- During the training, the facilitator must contentiously assess the progress of trainee using the formative assessment tools included the training package. Please refer table 4.1 to see which assessment tools can be used to assess progress of trainees. The most important aspect this assessment is to provide constructive feedback. Trainees need to know their strength and areas that they to improve.

- After the training, the facilitator must use a structured assessment to ensure trainees have acquire the level of competency expected from them. Please refer table 4.1

**Note:** The trainer must use or develop an assessment matrix for

> **Activity 4.3**
>
> Analyze and interpret performance of trainee using the assessment matrix's template and trainee performance data provided in the annex
>
> 3 page 102
>
> Time

4.3.2.

## Administer a skill Assessment

Ideally the examination should structure a clinical encounter that mimics a realistic situation as much as possible. The examination should be administered in an area comfortable for patients, examinees, and supervisors. When planning an OSCE, the testing area should be diagrammed, stations noted and flow patterns shown. The layout should be clear that the bell or buzzer used to indicate the time to switch stations can be heard throughout the examination area. Personnel In addition to the faculty and staff required to develop the OSCE, other supplementary personnel are required to administer the examination.

Assistance is necessary for setting up the examination (distributing materials, setting up individual stations), during the examination (collecting answer sheets, attending to needs of standardized patients, examiners, and examinees), and following the examination (cleanup, collating checklists and answer sheets). In many cases, these tasks can be consolidated. The patient coordinator should be available to deal with any patient problems. Depending on the duration of the examination, more than one patient may be required for each station.

**Setting up the OSCE**

The week prior to the examination, detailed instructions should be sent to all examiners, examinees, and patients. The appropriate number of copies of all examination materials including checklists, examinee response sheets and instruction sheets must be made. All the required resources for the examination must be obtained at this time. All personnel participating in the examination should be sent reminders and equipment items, as well as examination materials, must be rechecked.

About 1 hour prior to commencement of the examination, each station should be set up with the appropriate equipment and examination materials. As a facilitator make sure that:

- Instructions defining the student task at each station are left outside the room or at an appropriate place inside.

- Each station is numbered and the buzzer or bell checked.

- The movement from station to station should be clearly marked for the examinees.

- Examiners, examinees and patients are asked to arrive at the examination site at least 30 minutes prior to the examination.

- Orientation sessions are given to all groups separately.

**Note:** Prior dissemination of detailed information relating to this examination greatly facilitates this process.

When all examination materials are in place and patients as well as examiners ready, ask examinees to go to their pre-assigned stations wait for the sound of the buzzer or bell indicating they can begin the station. At each subsequent sound of the buzzer or bell, examinees move to the next station. The process stops only when students have rotated through all stations. If the first station assigned to an examinee is based on information that the examinee should have obtained at the previous station, the examinee does not start the examination until the next rotation of stations. This person will finish the examination at the first assigned station, a little later than the other examinees. To avoid cueing the examinees, questions or response sheets for any post encounter testing should be provided at a separate station following the station where the specified task has been carried out. If a test station is followed by a feedback station the examiner moves with the examinee to the feedback station and another examiner takes his/her place in the test station. When this latter examiner moves, in turn, to the feedback station, the former goes back to the test station and the cycle continues.

Patients, whether real or simulated, may be able to tolerate only a certain number of physical examinations. Hence, at appropriate intervals, the assistants may be required to relieve them by bringing in other patients with similar findings. This change can be accomplished smoothly during the time examinees are moving from one station to the next. It is also the responsibility of these assistants to attend to other needs of patients while the examination is in process. At the completion of the examination, checklists and answer sheets to post encounter-testing stations are collected and collated. Grades are determined based on a predetermined scoring method.

### 4.4. Use Assessment Results to Improve Performance
Knowledge is assessed to determine whether trainees are meeting the learning objectives and have

acquired the required information base to become competent healthcare providers. These assessments are also used to improve their performance. Formative knowledge assessments such as written exercises, case studies, and quizzes help trainees decide what content areas they need to spend more time studying to prepare for summative assessments. The results of summative assessments determine if trainees are meeting the learning objectives.

Following are some ways to help trainees learn from their knowledge assessments:

- Instruct trainees to review the material related to the questions they missed.

- Give trainees an opportunity to ask you questions about any test items on which they scored poorly or that they did not understand.

- If many trainees had trouble with the same questions, either the teaching methods or materials did not adequately address that learning objective, or the question needs to be rewritten. Do not be afraid to revise problematic test questions or adapt the teaching methods used to better address the content.

In both knowledge and skills, make every effort to help your trainees achieve competency in every area. If you determine that each trainee must achieve at least a certain percentage in order to pass, consider ways you can help trainees achieve this goal. Consider allowing trainees to retake examinations or providing them with additional exercises or test questions in order to meet this goal.

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SUMMARY

- In summary, when trainers think about how to assess learners, they should keep in mind the importance of ongoing formative assessment in helping learners build competency in new knowledge, skills and attitudes, followed by periodic formal, summative assessment to evaluate progress towards competency.
- Assessment tools and methods used must be linked to desired competencies—use of observation for assessing skills and attitudes, use of questionnaires or other appropriate means for assessing knowledge.
- Formative assessment may be less structured, more informal than summative assessment—trainers can be more creative in their approach to this ongoing effort.
- Summative assessment may be used at specific times during the course as a meaningful measure of learners' level of competency. Based on the results of these assessments, the trainer can determine learners' readiness for the next phase of training (e.g., practicing skills in a clinical setting under supervision) and, finally, whether the learner is qualified to provide beginning-level services independently in the workplace

# Chapter 5: Managing learning environment

**Chapter Description:** This chapter will enable participants to manage the day- to day activities of trainings an in-service training event.

**Chapter Objective**

By the end of this chapter the participants will be able to:

o    Describe management of  learning environment

**Enabling Objectives -**   **The participant will be able to:**

- Describe the positive learning environment
- Explain management of conflicts in training
- Analyze management of problem learners

**Session Outline**

5.1. Introduction

5.2 How to improve learning environment

5.2.1. Strengthening group process

5.2.2. Manage learner and trainer stress

5.2.3 Manage time during training session

5.2.4. Building and maintaining learner energy/Enthusiasm

5.2.5. Manage conflicts and dealing with problem learners

5.2.6 Manage work based/ practical site problems

Activity 5.1:  Think  pair  and share

What  are  the  major  issues  we  need  to  handle  during  a training?

## 5.1 How to Improve the Learning Environment

Activity 5.1: Group Activity    Take a moment to think the key issues we need to address to improve  learning  environment  and  write  them  down  on  a

piece of paper. Then compare your response with the points below as you go down

### 5.1.1. Strengthening Group Process

With practice, the effective clinical trainer becomes confident-about the content being presented and the status of the group interaction. Knowing when to intervene in the "group life" and when to stand back is a skill that is developed over time. Trainers should seek feedback from co-trainers, or if training alone, arrange to have another trainer come to observe them. Such input can be very helpful, especially regarding more subjective training skills such as maintaining healthy group dynamics. Here are some other practical strategies for gauging the energy of the group and keeping them moving forward:

- **Maintain/ reinforce group norms**: Behavior -modeling and calm and professional demeanor is an excellent way to create a calm and professional atmosphere, but it is not always enough. Use the group norms flip charts when need to remind the group of norms that are not being honored. You can ask the group if they are committed to the norms or if they want to change them. But remember; you are dealing with adult learners; if the group fells that the norms need to be changed, change them. And remain calm, professional and flexible

- **Mange communication**: To keep group communication on track, survey the learners every now and them, asking questions such as "do you see any patterns or trends in the way people are communicating?" "Which seems helpful?" "Which do not?" when there are side conversations, move close to the individual involved- they will usually stop. Actively involve quitter learners to ensure that other learners do not dominate discussion.

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

    *Cooling Down with Warm-Ups*

    *"Getting-to-know-you" warm-ups are good ways to ease tension. They can be played any time throughout the day to lighten the mood and improve cohesion—or just for fun, to keep energy levels high. See **the Annex 5-1** for sample Warms-Ups, as well as sample Icebreakers and Introductions.*

As a result of the interactive methods used and the trainer's management of the group process, a group identity gradually emerges. As they get to know one another in the interactive sessions, learners begin to view the others with respect and value their contributions and questions.

### 5.1.2. Manage Learner and Trainer Stress

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

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

- Remember that learners may be anxious, so **be aware of and sensitive to anxiety**. Observe learners' behavior and level of participation. If you identify a potential problem, ask individual learners or the group open-ended questions, such as, "How do you feel about how the training is going?" "What would make the training better?"

- If learner anxiety or stress is identified, try to understand the cause. Is it related to their performance? The group dynamics? The pace of the course? Again, this may be achieved through talking to individual learners or the group.

- When the cause of learner anxiety or stress has been determined, **respond appropriately**. (Obviously, the response should be based on the cause.) Does the pace of the course need to slow down? Do certain learners need different topics or timelines to master the materials? Is translation help needed? Are there things that can be changed in the environment to reduce stress?

- Once action has been taken to address the cause of learner anxiety or stress, **ensure that these actions have indeed addressed the problem**. Assess learners' response through observation, questions or anonymous input. It is important to make sure learners feel capable, not overwhelmed and that their opinions count

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

- **Be aware that this happens and pay attention to their own stress level**, taking steps if necessary to ensure that it does not affect learners.

- **Keep their concerns about the course private.** Share them with a co-trainer or friend, but do not burden the learners with these issues.

- **Manage and reduce their stress.** One practical way to do this is to be prepared: review trainer's notes and any activities they have planned for the next day, practice on their own if needed, arrive early and be sure they have everything ready.

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

#### *Make Room for Fun!*

*Another great way to keep the stress/anxiety level low is by keeping training fun. For example: Use ice- breakers that you and learners participate in together, as a way to get to know one another and feel more comfortable as a group. Warm-up activities and silly energizers also reduce stress by adding levity to the session and stimulate readiness to*

*learn by keeping everyone engaged. You can even organize "outside" events between sessions, such as a Karaoke or Dance Night—inviting learners to enjoy one another's company during their "down time." Specific warm-ups and energizers are described in further detail below.*

### 5.1.3. Managing Time during Training

**Activity 5.3: Reflective Activity**

What is time management?

Time management is the coordination of tasks and activities to maximize the effectiveness of an individual's efforts. Essentially, the purpose of time management is enabling people to get more and better work done in less time.

Managing your time is often a challenge for facilitators. Being able to balance between allowing enough time and space for participants to engage in the learning process and getting through all your material is an art. With practice, and the use of different tools, this is a skill that can be learned and developed. Effective use of time is especially important to adult learners, if they feel their time is being wasted or that the facilitator is not keeping the group on track they will get frustrated and start to disengage from the group.

**Suggestions on Time Management:**

- **Make sure you have a watch (**or there is a clock on the wall that you can easily see) - Avoid using the clock on your cell phone. Looking at your cell phone can be easily misconstrued as you checking messages.

- **Follow your plan–** your plans are a great tool to help keep you on track. Have a copy close by and refer to it often. There will be times where you decide to veer away from your plans which is fine, as long as it is a conscious choice, not a result of poor time management.

- **Put a time limit on discussions–** tell the participants that you will have (i.e 3, 5, 10,etc minutes) to discuss a particular topic and at the end of this minutes(i.e 3,5, 10,etc minutes) you have to move on. This works especially well for hot topics. The use of a timer with an alarm is a great tool so that you don't lose track of the time.

- **Parking lot–** during the very first session put a piece of flip chart paper on the wall with the heading "Parking Lot". Let your participants know that if topics come up that are not directly related to what is being discussed that it will be put in the parking lot. If there is time later in

the course those topics can be discussed. If there isn't time then you, as the facilitator, may be able to suggest resources where the participant can get more information on their own. The parking lot is a great way to acknowledge questions and comments without allowing them to derail the class.

### 5.1.5. Building and Maintaining Learner Energy/Enthusiasm

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

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

- Can take many forms. They may be games, physical activities or exercises (which are great for after lunch or in the afternoon!). They may be jokes, songs or even friendly competitions.

- Are appropriate for any time of day. They are often used in the morning, as people are settling in, or after a break, as people return to the classroom. They are also effective as "transitions" between activities or any time learners seem tired and to be losing attention— such as around 2 pm, after a big lunch! (Annex5-1 : Sample Warmups, games and exercises )

## 5.2. Managing Conflicts



| Activity 5.4 Group activity | |
| --- | --- |
|  | ➢ What is conflict?<br><br>➢ Have you experienced conflict at your in service training center? Organization or work area?<br><br>➢ How was it managed? |

### 5.2.1 Managing Conflicts

***Preparation—the Best Assurance of Success and of Handling Possible Problems***

The best way to avoid potential problems in conducting a clinical skills course is to be well-prepared, but there is no way to ensure that nothing will go wrong. The trainer should, therefore, be able to anticipate and recognize the kinds of problems that may occur and have strategies to cope with them if they do. Problems do not mean that the trainer or learners are incompetent, nor do they indicate that the course is doomed to fail. They only mean that adjustments need to be made—to some aspect of the course—in order to get things back on track. In this too, the trainer has a great opportunity to model problem-solving skills for learners, as well as demonstrates his/her commitment to ensuring a positive learning experience for them. In the end, working through problems may be as valuable as any other experience in the clinical skills course

Conflict arises from differences. It occurs whenever people disagree over their values, motivations, perceptions, ideas, or desires. Conflict is a normal, and even healthy, part of relationships. After all, two people can't be expected to agree on everything at all times. Since relationship conflicts are inevitable, learning to deal with them in a healthy way   is crucial. When conflict is mismanaged, it can harm the relationship. But when handled in a respectful and positive way, conflict provides an opportunity for growth, ultimately   strengthening the bond between people, organization, etc.  By learning the skills you need for successful conflict resolution, you can keep your personal and professional relationships strong and growing.

**Approaches of conflict managements**

There are two approaches of conflict management
1. Preventing  conflict (Before the occurrence of conflict)
2. Conflict Resolutions (After the occurrence of conflict

**1.  Preventing conflict(Before the occurrence of conflict)**

    **a.  Goal structure:** Goal of the training should be clearly defined and the role and contribution of each individual during the training should be towards achieving the overall training goal.

    **b.  Reward System:** It does not create individual competition or conflict within the training. It should be appropriate and proportionate to the group effort and reflect the degree of interdependence.

    **c.  Establish trust and communication:** The greater the trust among participants and trainers during the training, the more honest and open the communication among them would be. Individuals and units should be encouraged to communicate openly understand help each other.

    **d.  Effective co-ordination:**  Co-ordination is the next step to communication. Properly co - ordinated activity reduce conflict.

**2.  Conflict Resolutions (After the occurrence of conflict)**

If you conflicts happened during conduct of training you are able to apply one of five strategies listed below to solve conflicts.

    a.  **Smoothing:** If participants happen to have conflict during the training, the trainers may try to calm things down by being understanding and supportive to both individuals and appealing them for co-operation.

    b.  **Compromising:** A compromise in the conflict is reached by balancing the demands of the conflicting individuals and negotiating in a give and take position to reach a solution. Compromising is sometimes a useful technique. Thus no individual can force its viewpoints on the other and the only solution is to compromise. It is also useful when there are time constraints.

    c.  **Forcing:** Sometimes when conflict arise, you might need to force individuals to abide to group norms and respect the goal of the training. Hence, the trainers should ensure individual conflicts should not disturb the training progressing and the overall learning environment.

    d.  **Problem solving:** This approach objectively assumes that in any situation, no matter how well they are managed, there will be differences of opinions which must be resolved through discussions and respect for differing viewpoints.

e. **Ignoring the conflict.** In certain situations, it may be advisable to take a passive role and avoid it all together. The individuals involved in the conflict may themselves prefer to avoid conflict, especially if they are emotionally upset by the tension and frustration created by it.

, There are times when it is absolutely necessary to cancel a course due to illness, low registration numbers, unexpected cancellation of the venue etc.

## 5.3. Dealing with Problem Learners



Activity 5.5:

Think pair and share

What are some of the basic strategies to handle with problem learners?

As discussed in planning session, anticipating and managing logistical problems (in the classroom or practical site) through organization and preparation are a major responsibility of the trainer. Problems with individual learners are more difficult to foresee, but they can pose just as much of a threat to the learning environment and overall success of the course. Experienced l trainers can share many stories about difficult moments with individual learners or training groups. A necessary training skill for every trainer to learn is how to handle problem learners without decreasing the motivation and rate of learning of all of the other learners. The majority of learners in any training skills course who cause interruptions do so unintentionally, without realizing the effect they are having on others. To further complicate matters, the disruptive behaviors of one or more learners can quickly spread to the others in the group.

**Few Basic Strategies**
- Although there is on one way to handle a problem learner, there are a few basic strategies that can be helpful:
  - Never embarrass or " put down" the problem learner in front of the others
  - Handle the situation early, before it becomes a serious matter
  - Always use tack and diplomacy
  - Manage personal feeling and remain in control: never show annoyance or lose your temper

**Activity 5.6: Group activity**

Take a moment to read on the following question and problem situations and write down the possible solutions for each on a piece of paper and compare your response with **Annex 5-2.**

- Problem1: If a learner wants to talk all of the time, what would you do as a trainer?

- Problem2: If a learner wants to talk about a topic unrelated to the current discussion, what would you do as a trainer?

- Problem3: If a learner continually talks with another learner, what would you as a trainer?

- Problem4: If a learner strongly expresses disagreement with what the trainer says, what would you do as a trainer?

- Problem5: If a learner has a distracting habit (e.g., pencil tapping, pen clicking, paper shuffling, etc.), what would you do as a trainer?

- Problem6:     If a learner is working on something else during the training session, what would you do as a trainer?

- Problem7: By arriving late or coming and going at will during the course, a learner does not respect the training schedule, what would you do as a trainer?

- Problem8: A learner does not participate at all during the discussion, what would you do as a trainer?

- Problem 10: A learner does not complete assignments, what would you do as a trainer?

The ways in which problem situations are handled will give further credibility to the clinical trainer's leadership. Dealing with problems promptly and effectively will allow more time to concentrate on giving presentations and leading discussions.

Whether presenting or conducting group learning activities, as presented in the next section, keep in mind the principles of group process (fully discussed in Chapter 2) to keep learners focused and on track.

With careful planning, ensuring that every learner gets adequate time with practical opportunity requires flexibility, creativity and cooperation among trainers, learners and clinic staff. Several

strategies for increasing learners' exposure to clients have been discussed, many of which are most successfully undertaken in the planning period.

During the course, the trainer should work closely with practical site coordinators/ staff to modify the schedule to increase exposure. In addition, the schedule should be flexible enough so that if there are unforeseen, potentially beneficial occurrences at the facility (e.g., a condition that is especially relevant to the course, the facility becomes unexpectedly busy at a time when learners are engaged in other activities), the trainer and learners can take advantage of these situations.

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

Inevitably there will also be times when there are **few or no practical opportunity in the practical facility**. The  trainer should have ready activities for the learners to do during these "down times." During pre-practice meetings:

- Identify learning activities that learners can practice independently without your supervision, such as reviewing checklists, job aids etc

- Ask learners what they will do in between practical  opportunities. For example, have them consider  any gaps in their experiences with actual practical opportunity and ask them:

  *"What simulations can you practice and assess (either  through self- or peer-assessment)?"*

  *"What role plays, case studies and other activities might be most helpful to you  now?"*

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

**Manage Work Based/Practice Site Problems**

1. Learners Are Not Getting Enough Exposure to practice

| **Case Scenario 5-1.:** | *You are the trainer for a training. Having completed the classroom portion, you are now in the practical area supervising six learners. In the first two practical days, there was an adequate number of opportunity to enable all learners to demonstrate competency in performing the skill part of the training. This is the third day, when according to your plan, the learners will further practice the skill component* |
|---|---|
| | *Today, however, the weather has suddenly become very cold and rainy. Even though you have managed to take the participants to the practical site, enough workers has entered, and for the participants could not engaged in the practice as planned. What do you do with the learners during this down time?* |
| | Write your response on a piece of paper and then compare your response with the one found in Appendix 5-3 |

| **Case Scenario 5.2.:** | It is the second day of the training. The four learners whom you are supervising have many questions about some practical issues, but no practical opportunity to teach them on in the practical site. So, you and the learners are about to have an extended post-clinical practice meeting to discuss on their question At this time, the practical site worker called on the participants to practice on a skill. Surprisingly, the practical opportunity they are about to practice on is the area on which they have already been asking you to explain. You had planned on discussing this and other related issues at tomorrow's post-clinical meeting. What do you, as the trainer, do in this situation? |
|---|---|

*2.* **Training Is Interfering with Normal Facility Activity (or Vice Versa!)**

As has been previously discussed, **there should not be more learners than can be accommodated comfortably in one area of the clinic at the same time, as this can interfere with normal facility activity**. Generally, three or four learners are the most that a specific area of a practical site can absorb without affecting service delivery. If there a r e more, and the trainer has not already done so, she/he should plan a "rotation system" that allows each learner to have equal time and opportunity in each clinic area.

For example for a family planning training , two learners can be assigned to the counseling area, two to the screening area and two to the procedure rooms, with others completing special assignments. They can change work areas every few hours, every day or every few days—whichever seems most appropriate.

Alternately, there are times **when the practical environment is so busy or chaotic it may interfere with learning and, worse, compromise safety measures**. Heavy work load or an emergency situation may require the trainer to balance maximizing learner exposure with minimizing stress and reducing risk. The trainer should discuss the situation with learners and the practical site staff and then develop an appropriate p l a n . For example, the trainer may decide to approach only those clients requiring services that are most related to the needs of the learners. Alternately, the trainer may negotiate to have a qualified staff person assigned to a designated examination room, where reasonable numbers of clients are being seen.

**Chapter Summary**

- The trainer may need to intervene if the group's dynamic seems to be interfering with a positive learning environment. This may involve reviewing/reinforcing group norms, managing communication and addressing any obvious tension. As a facilitator to maintain positive learning environment that interfere learning activity he/she needs to emphasis on;
    - Strengthening group process
    - Manage Learner and Trainer Stress
    - Managing time during training
    - Building and Maintaining Learner Energy/Enthusiasm
    - Managing Conflicts
    - Deal with Problem Learners using different strategies
    - Manage Work Based/Practice Site Problems

## Annex 5-1: Warm ups and Other Exercise

### I.    Horse and Rider
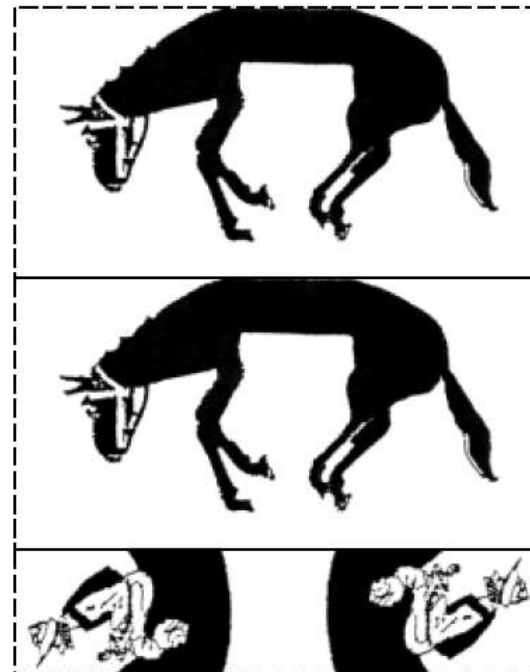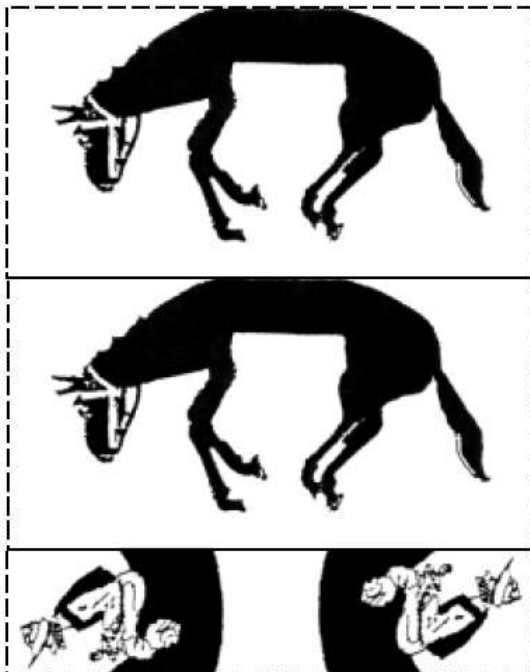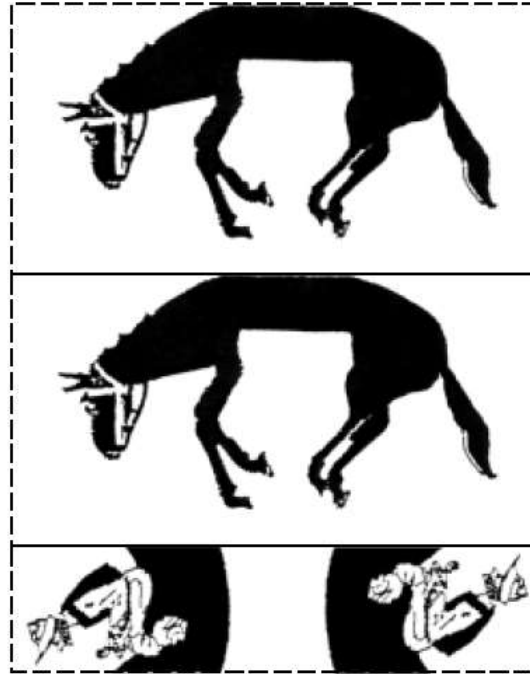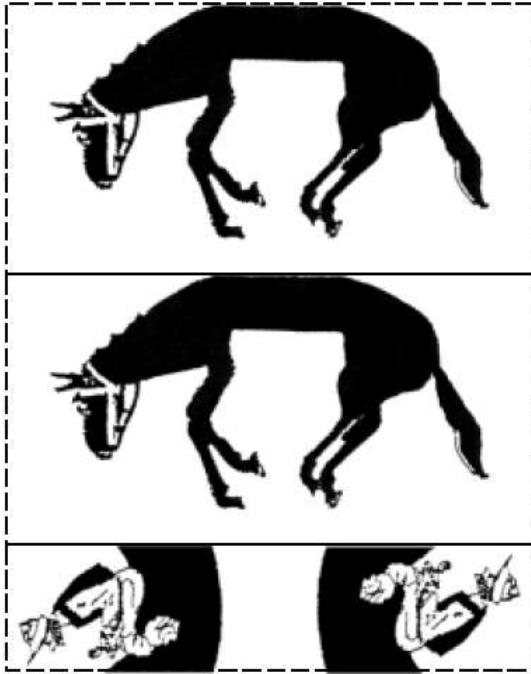
II.      **Number Game**
         **Procedure**
- Have the participants turn over the top sheet, mark it with a #1 at the top, and with pen or pencil draw a line from #1 to #2 to #3, etc. until they connect all the numbers or are told to stop, whichever comes first.
- Allow 60 seconds for the exercise. Then ask the participants to stop, circle the highest number reached, and set this page aside.

① 1

16      54

53

39  15      28      40      6

27

51   5    2    26    52

13
     17

     41  14   50  30

29      3
              38
                      18   4
37   49    25              42

                      36
     23  31   55  46      12  34

              22  44

35   43                  24
         19  57   8         58
47   11              32
         45      20      56
     33
21      9   59  48   60   10
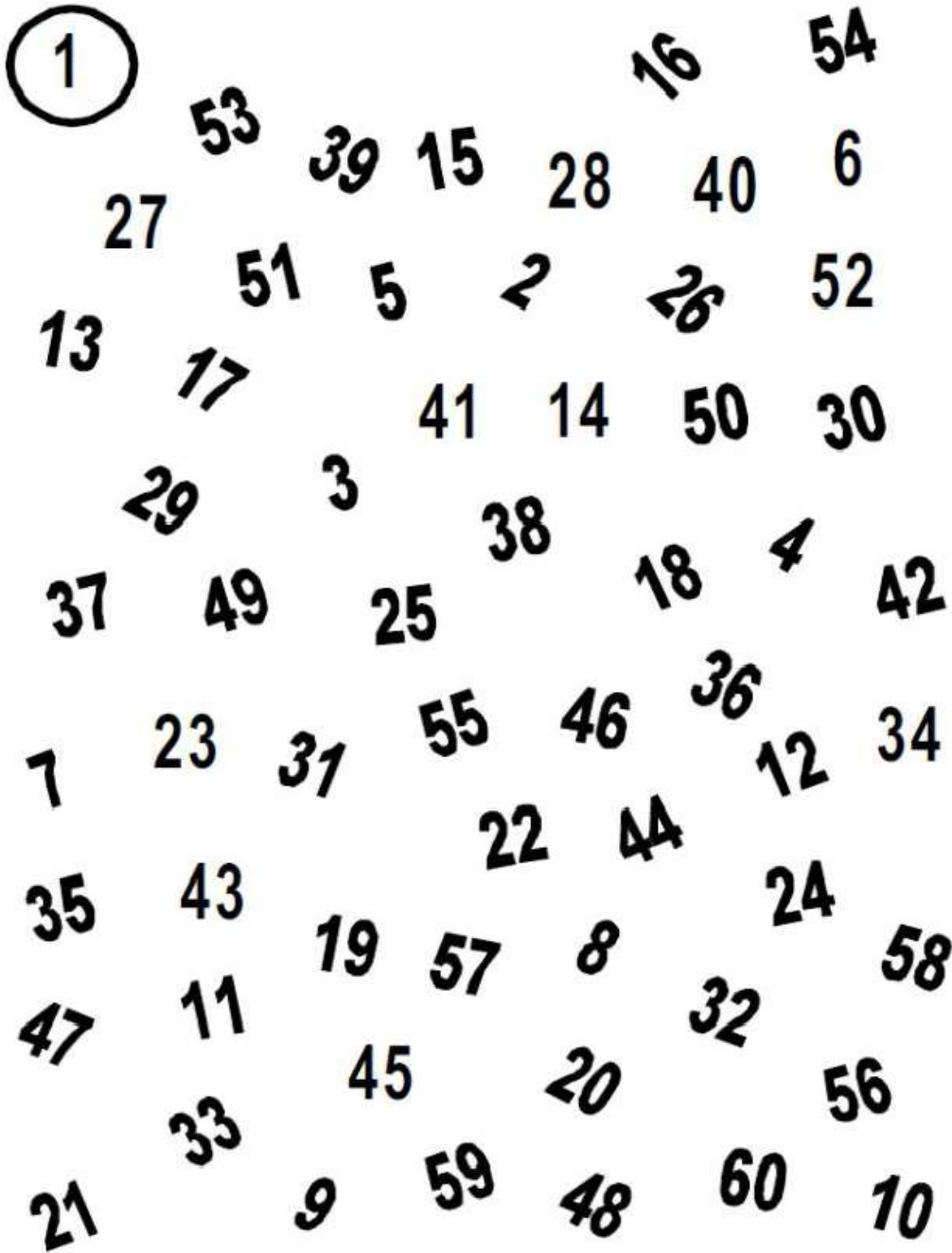
### III.    The Nine Dots Puzzle
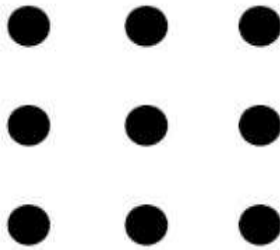


**Procedure**

- "Without taking pen or pencil off your paper, connect all nine dots with four (4) straight lines."

## Reference

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- Luthans F,:OrganisationalBehaviour, IRWIN/McGRAW-HILL 1998.
- Training Skills for Health Care Providers: Reference Manual 3rd Edition, Copyright© 2010 by Jhpiego Corporation. All rights reserved.
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- Luthans F,: Organisational Behaviour, IRWIN/McGRAW-HILL 1998.

## Annexes

Annex 1
 Training facilitation skill. Check list for facilitation skills

**Name of participant** _____

**Key: Tick yes if participant performed the task completely throughout the session, sometimes if partially and no if did not accomplish at all.**

| S.N | Did he/she | Yes | Sometimes | No |
|---|---|---|---|---|
| 1. | State objectives as part of introduction | | | |
| 2. | Follow a plan and use trainer's notes. | | | |
| 3. | Communicate on a personal level. | | | |
| 4. | Maintain eye contact with participants. | | | |
| 5. | Project your voice. | | | |
| 6. | Avoid the use of slang or repetitive words, phrases or gestures. | | | |
| 7. | Display enthusiasm about the topic and its importance. | | | |
| 8. | Move about the room. | | | |
| 9. | Use appropriate audiovisual aids. | | | |
| 10. | Ask both easy and more challenging questions. | | | |
| 11. | Provide positive feedback. | | | |
| 12. | Use participants' names. | | | |
| 13. | Display a positive use of humor. | | | |
| 14. | Provide smooth transitions between topics. | | | |
| 15. | Be an effective role model. | | | |
| 16. | Summarize the session | | | |

Annex 2: CLINICAL DEMONSTRATION SKILLS: SELF-ASSESSMENT GUIDE

Key[1]

| No | Skill Activities | 2 | 1 | 0 |
|----|------------------|---|---|---|
| 1 | Use trainer's notes, a personalized manual or learning guide. | | | |
| 2 | state the objective(s) as part of the introduction | | | |
| 3 | Present an effective introduction. | | | |
| 4 | Arrange the demonstration area so that participants are able to see each step in the procedure clearly. | | | |
| 5 | Never demonstrate an incorrect procedure or short cuts. | | | |
| 6 | Communicate with the model or client during the demonstration of the activity/skill. | | | |
| 7 | ask questions and encourage participants to ask questions | | | |
| 8 | Demonstrate or simulate appropriate infection prevention practices. | | | |
| 9 | When using a model, I position the model as if it were an actual client. | | | |
| 10 | Maintain eye contact with participants as much as possible. | | | |
| 11 | Project my voice so that all participants can hear. | | | |
| 12 | Provide opportunities for the participants to practice the activity/skill under direct supervision. | | | |

## Annex 3. Assessment Matrix

| STUDENTS | | | | | | | | | | | Trainees performance on each questions (Difficulty index) | Area covered | Average performance of Trainee in each area |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ST-1 | ST-2 | ST-3 | ST-4 | ST-5 | ST-6 | ST-7 | ST-8 | ST-9 | ST-10 | | | |
| Q1 | x | | x | | | | | | | | 80% | | |
| Q2 | | | x | | | | | x | | | 80% | | |
| Q3 | x | x | x | | | | x | | | x | 50% | Area 1 | 68% |
| Q4 | | x | | X | | | | | | | 80% | | |
| Q5 | x | | | X | | | x | x | | x | 50% | | |
| Q6 | | | x | | x | | | | | | 80% | Area 2 | 78% |
| Q7 | | | | | | | | | x | | 90% | | |

(QUESTIONS)

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[1] Fully addressed = 2, Partially addressed = 1 , Not addressed = 0

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q8 | x | | | | | | | x | | | 80% | | |
| Q9 | | | | | | | | | | | 100% | | |
| Q10 | | | | X | | | | | x | | 80% | | |
| Q11 | x | x | x | | | X | x | | x | | 40% | | |
| Q12 | | | | X | | | | | | x | 80% | Area 3 | 80% |
| Q13 | | | x | | | X | | | | | 80% | | |
| Q14 | | | | | | | | | | | 100% | | |
| Q15 | | x | x | | | | x | | | x | 60% | | |
| Score | 67% | 73% | 53% | 73% | 93% | 87% | 73% | 80% | 80% | 73% | **70.63%** | | |