

PDAAV-645

IAN-50222



Trip Report

#0-183

Travelers: Ms. Mary Ellen Stanton, IHP Consultant

Country Visited: KENYA

Date of Trip: March 7 - 28, 1987

Purpose: To conduct a two-week Clinical Preceptors' Workshop for 14 MCH/FP clinical instructors, March 16 - 27, 1987.

Program for International Training in Health
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Chapel Hill, North Carolina 27514 USA

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** On file with INTRAH Data Management Services

LIST OF ABBREVIATIONS USED IN THIS REPORT

AMREF	African Medical Research Foundation
CNO	Chief Nursing Officer
DAN	Diploma in Advanced Nursing
DFH	Division of Family Health
ECN	Enrolled Community Nurse
KRN	Kenya Registered Nurse
KRN/M	Kenya Registered Nurse/Midwife
MCH	Maternal and Child Health
MOH	Ministry of Health (State)
PHN	Public Health Nurse
TOT	Training of Trainers

EXECUTIVE SUMMARY

Ms. Mary Ellen Stanton, IHP Consultant, provided technical and training assistance to Division of Family Health (DFH) trainers to plan, implement and evaluate a Clinical Preceptors' workshop for 14 Maternal and Child Health (MCH)/Family Planning (FP) clinical preceptors in Kenya. The assignment was activity #6 in the workplan of the Memorandum of Agreement between INTRAH and DFH. Briefing occurred at IHP in Santa Cruz, March 2 - 4, 1987 and pre-workshop planning occurred March 9 - 13, 1987 at the INTRAH E/SA Regional Office. The workshop was conducted March 16 - 27, 1987 at the Ngong Hills Hotel, Nairobi by four full-time trainers: Mrs. Lydia Cege, DFH/Kenyan Ministry of Health (MOH) Trainer; Mrs. Charity Nkonge, DFH/MOH Trainer; Mrs. Rose Musongo, DFH/MOH Trainer; and Ms. Mary Ellen Stanton, IHP Consultant. Dr. John Kigundu, DFH Director, participated in the workshop. Ms. T. M. Oduori, Chief Nursing Officer (CNO), Kenyan MOH gave the opening address; and Dr. Youri, Director of MCH/FP and Nutrition, African Medical Research Foundation (AMREF), gave the closing address.

The participants were 14 clinical preceptors from Nairobi clinics and district health centers throughout Kenya which serve as clinical sites for practical training in the DFH in-service training program. Participants were appropriately selected and had extensive clinical experience in FP service delivery.

A new curriculum for training of preceptors in clinical teaching skills was developed. Case studies and simulations, which combined service delivery provision and instructional skills, proved successful in holding participants' interest, requiring active participation and

developing expertise in psychomotor and problem solving methods. The trainers were competent and hard working.

Weaknesses of the workshop included participant unhappiness with DFH/MOH reimbursement, late assignment of one of the trainers, inadequate needs assessment questionnaires and pre- and post-tests (which resulted in insufficient use of the clinical practicum sites and inadequate emphasis on FP service delivery provision skills), and lack of strong enthusiasm on the part of the participants.

It is recommended that for these 14 FP clinical instructors a follow-up activity be planned within the next year to strengthen their FP clinical service delivery provision skills, to reinforce training methods introduced in this workshop and to foster professional commitment through peer support and MOH recognition.

The new curriculum developed may be used as a starting point for adaptation to other settings in other countries if new needs assessment tools or strategies are devised and if the curriculum is modified to include substantial active clinical experience with emphasis upon service provision as well as clinical teaching skills. A USAID briefing and debriefing was held.

SCHEDULE DURING VISIT

February 28 Departed Lexington, Virginia 4:00 p.m.
Arrived San Francisco (via Roanoke,
Virginia and Charlotte, North Carolina)
10:00 p.m.

March 1 Departed San Francisco 8:00 p.m.
Arrived Santa Cruz 9:45 p.m.

March 2 - 4 Briefed at International Health
Programs.

March 4 Departed Santa Cruz 5:00 p.m. Arrived
San Francisco 7:00 p.m.

March 5 Departed San Francisco 3:45 p.m.

March 6 Arrived London 10:00 a.m.

March 7 Departed London 10:45 a.m. Arrived
Nairobi 9:45 p.m.

March 9 Briefed at USAID/Kenya with Mrs. Grace
Mule and Ms. Linda Lankenau.

 Briefed at INTRAH/ESA with Mrs. Grace
Mtawali, Regional Training Officer.

March 9 - 15 Prepared for workshop with Division of
Family Health trainers at INTRAH/ESA
office.

March 10 Briefed at INTRAH/ESA with Miss Pauline
Muhuhu, Director.

March 16 - 27 Conducted Clinical Preceptors' workshop
at Ngong Hills Hotel.

March 27 Debriefed at USAID/Kenya with Mrs. Mule.

 Debriefed at INTRAH/ESA with Ms. Jedida
Wachira, INTRAH Consultant.

March 28 Departed Nairobi 12:35 a.m. Arrived
Lexington, Virginia (via London,
Washington, DC and Roanoke, Virginia)
10:30 p.m.

I. PURPOSE OF TRIP

The purpose of the assignment was to plan and conduct a two-week Clinical Preceptors' workshop for the Division of Family Health (DFH).

II. ACCOMPLISHMENTS

A. A two-week workshop for 14 MCH/FP clinical instructors was successfully conducted.

B. The participants:

- developed tools designed to be useful in clinical teaching (needs assessments, task analyses which converted to checklist evaluation tools, and a lesson plan for a health talk);
- formulated and prioritized a list of problems and obstacles related to client care and student teaching and discussed these with the DFH Director;
- demonstrated increased knowledge and skill through discussions and simulated practice throughout the workshop; and
- showed a beginning ability to recognize their own professional needs.

C. The DFH trainers:

- demonstrated active involvement in planning, conducting and monitoring the workshop;
- developed a series of case studies related to FP methods and student learning problems; and
- developed a new curriculum for clinical preceptors which focused on clinical teaching skills.

III. BACKGROUND

This workshop was the fourth activity of the INTRAH-DFH/Ministry of Health (MOH) Memorandum of Agreement which has as its stated goal "to improve the family health service in Kenya through strengthening the training capabilities of the DFH." In November - December 1985, a four-week Training of Trainers (TOT) workshop was conducted for 22 trainees

(INTRAH Trip Report #0-167). In March 1986, a Refresher TOT workshop was conducted for 14 participants who had studied training methodology from 3 to 8 years prior to the activity (INTRAH Trip Report #0-169). In September 1986, a two-week Curriculum Development workshop was held (INTRAH Trip Report #0-346). The curriculum developed during that workshop, for the nine-week DFH FP in-service training activity, is in its final stages of editing.

The activity originally planned under the Memorandum of Agreement for March 1987, was a four-week Refresher TOT workshop. However, in March 1986 (INTRAH Trip Report #0-169 by Mrs. Grace Mtawali), it was recommended that preceptor training be conducted for clinical instructors. It was later determined that two weeks would be an appropriate length of time for this activity.

IV. DESCRIPTION OF ACTIVITIES

A. Activity

The principle activity of this trip was to plan and conduct a two-week workshop for clinical preceptors.

B. Venue and Dates

Planning occurred from March 9 - 13, 1987 at the INTRAH E/SA office. The Clinical Preceptors' workshop was conducted at the Ngong Hills Hotel, Nairobi, where participants were also lodged, from March 16 - 27, 1987.

C. Division of Family Health (DFH) Trainers

1. Mrs. Lydia Cege, Kenya Registered Nurse/Midwife (KRN/M), Public Health Nurse (PHN) and Diploma in Advanced Nursing (DAN), Senior Nursing officer at the DFH with extensive experience in conducting workshops was responsible for workshop logistics. All arrangements for which she had responsibility were completed smoothly. Originally, Mrs. Cege had not been assigned to serve as a trainer for this workshop. However, due to unforeseen medical problems of a colleague and, despite the fact that she had extensive responsibilities in the DFH and an out-of-town workshop to conduct immediately

following the Clinical Preceptors' workshop, she took her place as trainer in this workshop and was energetic and enthusiastic in her involvement.

2. Mrs. Rose Musongo, KRN/M FP, DFH Trainer is a capable trainer who was involved throughout the conduct of the workshop. Unfortunately, her assignment to function as trainer in the workshop was not made until close to the end of the planning week. As a result, she was not involved in the planning which was a loss to the training group and posed a significant but not insurmountable problem in her ability to conduct sessions which had originally been planned by others. Sessions were reviewed with her by other trainers and she made changes in some lesson plans to adapt them to her own background and comfort.
3. Mrs. Charity Nkonge, KRN/M PHN/FP, DFH Trainer, like Mrs. Cege, was assigned to an out-of-town workshop immediately following the Clinical Preceptors' workshop. Nevertheless, Mrs. Nkonge was a stable presence throughout the planning and conduct of the workshop. Her dedication remained high and she proved herself extremely capable in planning, responsive to participant's training needs and competent and authoritative in her knowledge of the care of FP clients.

D. Participants

Of the 17 participants invited, 14 attended. All were qualified as KRN/Ms with FP training. Four were also trained as PHNs. Without exception, all were designated as Nursing Officer II, and were responsible for clinical instruction of FP students. Some had additional responsibilities which included clinic management, training of students in theory, provision of client services and community education and motivation. Eight of the 14 listed "Training/Teaching/Tutoring" as the one or a major job responsibility on the INTRAH biodata form. Three of the participants had participated in an INTRAH-sponsored TOT workshop. DFH trainers stated that these three participants had been invited to this workshop because they did not demonstrate sufficient skill as classroom trainers, and it

was hoped that they would find their strength in clinical instruction. The trainee group represented extensive clinical experience in direct provision of FP services which ranged for each individual from 1 to 15 years (average 5 years). Only one participant stated that the methods she provided were limited to condoms and foam. (See Appendix B for a complete list of participants.)

E. Overview

A complete copy of the workshop curriculum including goal, objectives, content, schedule and lesson plans, including teaching methods and evaluation techniques, is included in Appendix C. Discussion in this section will be limited to rationale for the development of this particular curriculum as it has been written and adaptation of the curriculum to the needs of the participants as the workshop progressed.

The DFH trainers distributed a needs assessment questionnaire to all participants which is summarized in Appendix F. Participants were told that it would be a "TOT" workshop. Almost all participants identified at least a moderate need for update in all areas mentioned in a questionnaire that was geared to generic TOT (rather than clinical TOT). Therefore, the questionnaire results did not provide any substantial guidance for the trainers in the development of the curriculum. Initially, all DFH trainers felt that only three hours would be sufficient for FP update. All agreed that the focus should be on clinical teaching. Therefore, a curriculum was developed which emphasized clinical preceptorship through simulations (demonstration, role play, mini-drama) of teaching situations which involved "students" and "instructors" with FP "clients." Teaching methods particularly emphasized and practiced were demonstration/role modeling

primarily with beginning students, guidance/direct assistance with students as they start to practice new skills, and consultation with advanced students who have gained a degree of competence but, nevertheless, require help with difficult situations and problem solving prior to being qualified as safe, competent clinicians. In addition, the use and a variety of approaches to the clinical conference were explored and simulated.

Recognizing that the needs assessment questionnaire distributed prior to training had not allowed an open-ended opportunity for participants to express their priority of skills to be learned or refreshed, the trainers developed an additional needs assessment tool which asked this question and was administered to participants on the opening day of the workshop. Participants' desire for skill development expressed on the second questionnaire was in accordance with course objectives provisionally set by the trainers and alteration of course objectives was considered unnecessary. Furthermore, the pre-test scores supported the trainers' assumption that extensive update in FP methods was unnecessary.

However, as the workshop progressed, needs emerged which had not been identified during needs assessment. The time period allocated for update on FP methods, with emphasis on implants, mini pills, triphasics, injectables, IUCDs and counselling for surgical methods of contraception, which was originally planned for three hours, needed to be substantially expanded. The case studies developed by the trainers proved extremely useful in leading participants to use their knowledge of advantages, disadvantages, indications, contraindications, complications, etc. of methods in making client management decisions. However, the clear need

for the participants to review and practice psychomotor skills emerged. Simulations which had been planned to focus on methods for teaching clinical skills were retained, but primary emphasis was placed upon the order, completeness and accuracy of performing clinical skills (bimanual exam, speculum exam, IUCD insertion), and secondary emphasis was placed upon the teaching skills involved.

A workshop for clinical preceptors logically should have included time for practice teaching at a clinical site. However, supervisors at the largest clinic site, Clinic 66, adjacent to Kenyatta National Hospital, stated that it would be impossible to accommodate a group of 14 participants in addition to their scheduled students. It was decided to split the 14 participants into 3 groups and to compromise on the type of experience provided. Instead of direct involvement in clinical teaching (because with limited time available, there would be inadequate time for orientation) the participants were asked to observe clinical teaching methods, identify their appropriateness to the skill level of the student and observe the effect of assignment by task on quality of client care and student learning experience in contrast with assignment to follow a client throughout the visit. While the short period allotted to the field trip proved extremely productive, it became apparent that the clinic should have been more fully utilized, not only for practice in clinical teaching but even more for refresher of clinical service provision skills. During the field trip, participants identified their own need to update themselves on such things as breast examination and general physical examination.

F. Problems Encountered

These are discussed in Section V.

V. FINDINGS/CONCLUSIONS AND RECOMMENDATIONS

A. LOGISTICAL/ADMINISTRATIVE ARRANGEMENTS

1. INTRAH:

Finding/Conclusion

Arrangements made by INTRAH were complete and timely.

Recommendation

Continue with similar arrangements.

2. Host-Country:

2.1 Workshop Arrangements

Finding/Conclusion

Lodging, meals and use of conference room were all well-organized. Secretarial support was good.

Recommendation

DFH should be commended for the quality of workshop arrangements.

2.2 Reimbursement Policies

Finding/Conclusion

Letters of invitation to the participants led them to believe that they would be given immediate reimbursement for travel expenses and payment for return travel prior to departure. The discrepancy between expectations and reality diverted attention from workshop objectives because participants spent time discussing and trying to resolve the problem.

Recommendation

DFH/MOH should attempt to provide for immediate reimbursement of travel expenses incurred and should ensure that letters of invitation do not contain promises which cannot be fulfilled.

B. IMPLEMENTATION OF ACTIVITIES

1. Before Activity:

1.1 Trainer Assignments

Finding/Conclusion

During the planning week, one trainer's assignment needed to be changed due to unforeseen medical problems of that trainer. The person chosen as her replacement was burdened with administrative responsibilities which took her away from the workshop. This problem was handled the best way it could have been under the circumstances.

Another trainer was assigned at the end of the planning week but did not take part in planning which compromised her effectiveness in the implementation of the workshop.

Recommendation

Trainers should always be assigned in advance and participate fully in workshop planning.

1.2 Needs Assessment

Finding/Conclusion

Despite two needs assessment questionnaires and a pre-test, trainers were provided with little guidance for the development of the workshop from these tools. Needs of the participants later emerged which had not been identified by these tools.

Recommendation

Needs assessment tools, including pre-tests, should be more carefully developed.

Consideration should be given to conducting needs assessment in the clinical area allowing trainers to observe participants performing psychomotor skills.

2. During Activity:

2.1 Family Planning Service Provision Skills

Finding/Conclusion

Despite the participants' long and active involvement in provision of FP services, the curriculum lacked sufficient emphasis on refreshing of FP clinical skills. This problem is directly attributable to the inadequacy of the needs assessment tools. It is emphasized that not only "update" but a "refresher" of FP skills is needed. Participants needed to review sterile technique, including glove technique, general examination, breast examination and IUCD insertion technique.

Recommendation

Refreshing of old skills as well as an update on new developments in FP should be included in a Clinical Preceptors' workshop.

2.2 Use of the Clinical Site

Finding/Conclusion

There was insufficient use of the clinical site. This problem is attributed to both the inadequacy of the needs assessment and the clinic staff's reluctance to accommodate such a large group.

Recommendation

Consideration should be given to utilizing several clinics in Nairobi for clinical experience which, while necessitating more trainer involvement, would increase the variety of clinical settings.

The clinical site(s) should be used primarily for participants to practice and demonstrate clinical expertise and secondarily for participants to observe and demonstrate clinical teaching skills.

2.3 Participant Morale

Finding/Conclusion

From the first day, it was apparent from informal discussion that many participants were ambivalent about their invitation to attend the workshop. The reasons stated for this were time away from their families, cost and lack of recognition (in

the form of promotion) for this continuing education. Morale sharply decreased during the workshop when concern over expense reimbursement intensified. Morale gradually improved and closure on the final afternoon was positive. The reasons for improved spirit are not clear but may be related to their realization of the sincere efforts of the DFH trainers to solve the financial problems, the realization that the concepts they had struggled with in the first week (needs assessment, task analysis, etc.) were now understood, or just the realization that the end was in sight.

Recommendation

Primary attention should be given to support and recognition of participants' efforts.

2.4 Assessment/Evaluation Responsibilities of Clinical Preceptors

Finding/Conclusion

Participants expressed reluctance to take on the responsibilities of assessment/evaluation of the abilities of clinical trainees. Continuous assessment was considered to be too much work. The expectation and preference for an external examiner to come and do the final evaluation was voiced. The reasons for this finding are not clear but may include lack of confidence in ability to make the judgments necessary as well as the additional workload.

Recommendation

Participants need continued help with their own clinical skills, in order to increase their confidence, and further work with using the DFH assessment tools.

2.5 Case Studies

Finding/Conclusion

Case studies developed by the trainers, based on a model designed by Elizabeth Edmands, proved very useful in maintaining participants' interest and focusing on problem solving in management of clients with a variety of FP methods. Case studies were also useful in discussion of student learning problems.

Recommendation

More case studies for FP clients should be developed as well as a discussion guide for each case study so that trainers can then easily use the case studies in their own teaching.

2.6 Role Plays

Finding/Conclusion

Role plays which involved "client", "student" and "instructor" proved successful for teaching with a dual focus: review of service provision skills and clinical teaching technique. Instructions for these simulations were complex but understandable to all participants.

Recommendation

More role plays which involve "client", "student" and "instructor" should be designed.

2.7 Clinical Preceptor Workshop Curriculum

Finding/Conclusion

Despite the inadequate emphasis on refresher of FP service provision skills, the curriculum developed by the trainers represents a good first effort for a workshop for clinical preceptors.

Recommendation

Revision of the curriculum based upon the preceding recommendations would strengthen it and the resultant product is one which might be used as a model to be adapted for other settings.

3. After Activity:

3.1 Post-Test

Finding/Conclusion

Analysis of the pre- and post-test scores led to the embarrassing result of a minuscule increase in post-test scores. This may have been due to the poor wording of the questions, course content which did not address the content of the test questions, participants' lack of care in taking the post-test, or failure of the teaching techniques. In fact, the pre-test was made hastily in order to get it to the typist in time for the

opening day and insufficient care was taken in its design. Furthermore, the workshop was generally but not specifically geared to the content of the test. It appeared that participants may have been careless in taking the post-test. The teaching techniques, evaluated by other but more subjective measures, were considered by participants and trainers to have been at least moderately successful in contributing to increased knowledge.

Recommendation

The pre- and post-test used for this workshop should be discarded.

C. EVALUATION/FOLLOW-UP ACTIVITIES

1. Workshop Evaluations

Finding/Conclusion

Responses to the INTRAH Participant Reaction Forms were very positive. See complete summary of responses in Appendix G.

Recommendation

None.

2. Allotment of Time for Workshop

Finding/Conclusion

While nine out of the fourteen participants said that the workshop could have been improved by the addition of more time, on another question on the INTRAH reaction form, seven participants stated that the amount of time devoted to the workshop was "somewhat too much," six "just right" and only one "somewhat too little." This apparent contradiction may be explained by the fact that participants recognized that it would take more than the two weeks allotted to cover the content completely and refresh their skills, even though they did not want to be away from home.

Recommendation

Despite obvious need to cover a large amount of material, it is preferable to plan two shorter workshops or one workshop with another follow-up activity rather than one long workshop for a group of people with uncertain motivation.

3. Profession Isolation

Finding/Conclusion

Although not directly ascertained from interviews or questionnaires, it appears that the clinical instructors are individuals who are not only geographically but, more importantly, professionally isolated. They are solely responsible for the clinical aspect of the DFH FP training at their site. They state that they want someone else to be designated as an instructor so that they can "take leave." It seems that designation of another clinical instructor at the same site would relieve the workload as well as provide a colleague who might function as a support and a challenge for clinical preceptors to implement what they have learned. The DFH Director stated that it is not the prerogative of the DFH but of the administrator of the clinical site to designate another clinical instructor.

Recommendation

The advantages of having two clinical preceptors working as a team (even if they have other duties assigned) should be explored with DFH and MOH personnel.

4. Need for Follow-Up for Participants

Finding/Conclusion

This group of 14 clinical instructors needs follow-up to strengthen clinical provision skills, to reinforce training methods that were introduced in this workshop and to foster professional commitment through support and recognition.

Recommendation

A follow-up activity should be planned for this group of clinical instructors within the next year (preferably within six months) and yearly after that. This would ideally include approximately one week in the clinical area and three to five days together in a workshop setting.

5. Need for Refreshment of Skills of Trainers

Finding/Conclusion

Trainers for the theoretical training in FP need refreshment of basic clinical skills (as well as update in the newest FP methods). The trainers involved in this workshop recognized their need for a refresher in general physical exam and breast exam. Strong trainers must be confident and competent in service provision skills.

Recommendation

Future TOT and Refresher TOT should develop a needs assessment which assesses skills in sterile technique, completed physical examination and IUD insertion.

6. Other PAC II Activities

Finding/Conclusion

INTRAH E/SA and DFH personnel state that the next training activity in joint contract should be a management workshop (for personnel other than the clinical instructors). Originally, they had planned it for two weeks in Fall 1987. By the time of debriefing, there was agreement among DFH trainers that two weeks was inadequate but that trainers did not have three weeks to devote to it until March 1988.

Recommendation

INTRAH should clarify plans for the next training activity with the INTRAH E/SA and DFH/MOH.

APPENDIX A

Persons Contacted/Met

APPENDIX A

PERSONS CONTACTED/MET

INTRAH E/SA Office, Nairobi

Miss Pauline W. MUKUHU, Director,

Mrs. Grace MTAWALI, Regional Training Officer

Ms. Jedida WACHIRA, INTRAH Consultant

USAID/Kenya

Mrs. Linda LANKENAU, Population Advisor

Mrs. Grace MULE, Population Assistant

African Medical Research Foundation, Nairobi

Dr. Youri, Director Maternal and Child Health/Family
Planning and Nutrition

Division of Family Health/Ministry of Health, Nairobi

Dr. John G. KIGONDU, Director

Mrs. Lydia W. CEGE, Senior Nursing Officer/Trainer

Mrs. Charity Tirindi NKONGE, Trainer

Mrs. Rose M. MOSONGO, Trainer

Ministry of Health, Nairobi

Mrs. T. M. ODUORI, Chief Nursing Office

APPENDIX B

List of Participants

APPENDIX B

PARTICIPANTS

<u>Names of Participants</u>	<u>Qualification</u>	<u>Responsibility</u>	<u>Station Address</u>
Mrs. Margaret Achiba	KRN/M/PHN/FP	MCH/FP Clinical Instructor	Mombasa P.G.Hospital Box 90231, MOMBASA
Mrs. Monica W. Gitiba	KRN/M/FP	MCH/FP Clinical Instructor	BOX 39, KIAMBU Kiambu Hospital
Mrs. Magdalene Wambui Kabogo	KRN/M/FP	MCH/FP Clinical Instructor	Kenyatta N. Hospital BOX 20723, NAIROBI
Mrs. Grace N. Kinyua	KRN/M/FP	MCH/FP Clinical Instructor	Kirinyaga D. Hospital BOX 20732, NAIROBI
Mrs. Rose Kithinji	KRN/M/PHN/FP	MCH/FP Clinical Instructor	Kenyatta N. Hospital BOX 20732, NAIROBI
Mrs. Esther Morangi Mongeri	KRN/M/FP	MCH/FP Clinical Instructor	Kisii D. Hospital BOX 69, MURANGA
Mrs. Consolata Mugo	KRN/M/FP	MCH/FP Clinical Instructor	Muranga D. Hospital BOX 69, MURANGA
Mrs. Jennifer Mwathi	KRN/M/FP	MCH/FP Clinical Instructor	Bungoma D. Hospital P.O. Box 14, BUNGOMA
Mrs. Ann N. Nkaabu	KRN/M/PHN/FP	MCH/FP Clinical Instructor	Meru D. Hospital P.O. Box 8, MERU
Mrs. Lydia N. Nyaga	KRN/M/FP	MCH/FP Clinical Instructor	Embu P.G. Hospital BOX 33, EMBU
Mrs. Elizabeth C. Rotich	KRN/M/FP	MCH/FP Clinical Instructor	Kericho D. Hospital P.O. BOX 11, KERICHO
Mrs. Freda K. Shibonje	KRN/M/FP	MCH/FP Clinical Instructor	Kakamega P.G. Hospital BOX 15, KAKAMEGA
Mrs. Elizabeth Thuku	KRN/M/FP	MCH/FP Clinical Instructor	Thika D. Hospital BOX 227, THIKA
Mrs. Peninah Wanjala	KRN/M/PHN/FP	MCH/FP Clinical Instructor	P.O. Box 3, ELDORET

APPENDIX F

Summary Data From Needs Assessment

APPENDIX F

SUMMARY DATA FROM NEEDS ASSESSMENT

Needs Assessment Questionnaire (returned prior to workshop preparation)

Needs Evaluation Questionnaire (completed on the first workshop day)

TRAINING OF TRAINERS WORKSHOP

DEH/INTRAH

16TH MARCH TO 27TH MARCH 1987.

(sent in prior to workshop planning)

NEEDS ASSESSMENT QUESTIONNAIRE

QUESTIONS TO HELP ASSESS THE PARTICIPANTS NEEDS

Information.

- The Division of Family Health and INTRAH plan to conduct a 2 weeks Training of Trainers workshop for you.
- In order to plan an appropriate TOT workshop for you, you are asked to answer all the following questions.
- This is not an examination nor is it a way of judging your efficiency as a trainer.

Please circle the number which denotes your strength or weakness.

<u>Area of Need</u>	<u>Need update</u>	<u>Moderate Need for update.</u>	<u>No need for update</u>
Knowledge of:-			
a) Current demographic data in Kenya.	1 (6)	2 (4)	3
b) The effects of a high population growth rate on the family and the community.	1 (1)	2 (5)	3 (4)
c) The strategies for reducing growth rate in Kenya.	1 (4)	2 (6)	3
2. Current contraceptive methods used in Kenya.	1 (3)	2 (6)	3 (1)

Area of NeedNeed updateModerate
Need for
update.No need
for
update.

3. Present ^{circulares} circulars related to family planning practice. 1 (5) 2 (4) 3

4. Communication skills.

a) Basic skills in inter-personal communication. 1 (3) 2 (6) 3

b) Group Dynamics 1 (4) 2 (5) 3

c) Problem solving process 1 (3) 2 (6) 3

d) Values clarification process. 1 (6) 2 (3) 3

5. Training Needs Assessment 1 (6) 2 (3) 3

6. Training methods

a) Lecture/discussion 1 2 (9) 3

b) Demonstration 1 2 (7) 3 (2)

c) Group discussion 1 (1) 2 (7) 3 (2)

d) Role play 1 (1) 2 (6) 3 (2)

e) Role model 1 (3) 2 (6) 3

f) Case study 1 (1) 2 (5) 3 (3)

g) Brain storming 1 (1) 2 (5) 3 (3)

h) Field trips 1 (3) 2 (6) 3

7. Teaching others how to develop, conduct and evaluate Health Education talks. 1 (3) 2 (5) 3

8. Evaluation of trainee performance in clinical work. 1 (2) 2 (7) 3

9. Specify other areas of need which are related to MCH/FP and Clinical Instruction.

Kempe EPI Contraceptive packaging

CBO CBHC communicating c frameworks of DFH

assessment of participants

How to case couple c marital probs

" " " school girls wanting contraceptives

Personal Particulars.

Full Name: _____

Designation: _____

Station: _____

Address: _____

Please return the questionnaire to Mrs. L. W. Cega,
P.O. Box 43319, NAIROBI by 27th February 1987.

MARCH 16 - 27, 1987:

NEEDS EVALUATION QUESTIONNAIRE

(completed on first day of workshop)

1. What do you do during a normal day's work?

- | | |
|---|--|
| I Plan day's work | I Prenatal care |
| III TTT Supervise work of staff | I Report on Duty |
| II TTT Clinical supervision of students | II Tidy Place, Prepare area |
| II Problem solving | I Give Health Education Talks |
| TTT Provide FP services | II Teaching |
| II Provide Under Five Services | I Follow up on Students After they Complete the Course |
| II Clinic management | |
| III Client (FP) Counselling | |

2. What are the most important problems that you have encountered in your work.

- | | |
|---|---|
| I Too many students at a time | I Too little communication with MCH (calculators) |
| II TTT Shortage of supplies (cotton, pregnancy test kits, gloves) | III TTT Too few staff (shortage of manpower) |
| II Shortage of equipment (sterilized) | I "Party and JUCD administration" |
| III Shortage of medication (Noristerat, Microlut) | I Few integration of MCH/FP services |
| II Shortage of Transport | I Finance (has strained out reach motivation) |
| TTT Inadequate Space for Instruction, Client care | I Difficulty in getting external examiners for assessment |
| I "Make my line of work clear to other colleagues" | I Too little time |
| I Spouse may not agree to method | I Client cases method which is impossible |

3. List, in order of importance the skills you would like to develop during the course:

- | | | |
|------------------------------|---|---|
| II Lesson plan | I CBD services | I update in JUCD insertions |
| I Programme evaluation | II Counselling | I Interpersonal relationships (staff/pat) |
| II Communication skills | II Motivation | I Managing clients with marital problems |
| III Teaching skills | II Management | I Report writing |
| I Making objectives | II Evaluation | I Adult learning |
| TTT Problem solving skills | I Supervising skills | II Task analysis |
| I TTT Update in FP knowledge | I Training skills | I Leadership |
| | I Evaluation of students in the clinic area | I More knowledge |
| | | II New techniques |

4. Do you believe that contraceptives should be given to teenagers?

7 No 3 Yes 4 Depends

Give reasons for your answer

- | | |
|---|---|
| <p>Yes</p> <p>I Contraceptives cause complications</p> <p>TTT Contraceptives could harm fertility</p> <p>II Will be exposed to sexual acts freely</p> <p>II May contract VD</p> <p>I ↓ moral behavior</p> <p>I Needs will be diverted from school</p> <p>I Infertility bad behavior → broken homes</p> <p>I pregnancy</p> <p>II prostitution</p> <p>I Can't follow instructions</p> <p>I will misuse themselves</p> | <p>Yes</p> <p>I ↓ school dropout</p> <p>I ↓ mearasmus + kwashiorkor</p> <p>I pregnant teens a burden to parents + class</p> <p>I probably already sexually active</p> <p>I Criminal abortion → sterility</p> <p>I protection vs pregnancy</p> <p>Depends</p> <p>II Need to determine whether teen needs contraceptives or support + counselling</p> <p>I If exposed → criminal abortion</p> <p>I Unwanted children may be abandoned or killed</p> |
|---|---|

APPENDIX G

Summary Data From Evaluation

APPENDIX G

SUMMARY DATA FROM EVALUATION

Pre-Post Test

Pre and Post Test Scores

Summary from INTRAH Participant Reaction Forms

Clinical Preceptors Workshop Daily Feedback Form

Daily Reports Day 1-8 (including summary of responses to Daily Feedback Form Day 4,7)

Summary from INTRAH Participant Bio-Data Forms

CLINICAL PRECEPTORS WORKSHOP

MARCH 16 - 27, 1987:

1. List three characteristics of an adult learner.

- a) _____
- b) _____
- c) _____

2. List three barriers to effective communication.

- a) _____
- b) _____
- c) _____

3. What factors do you consider when evaluating a health talk?

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

4. What FP methods are contradicted for the following conditions?

- a) BP consistency greater than 140/90 _____
- b) active or current P.I.D. _____
- c) pregnancy _____
- d) severe hepatic disease _____
- e) history of ectopic pregnancy _____
- f) diabetes _____
- g) varicose veins _____
- h) sickle - cell anemia _____
- i) nullip _____

5. Circle the letter T if the sentence is true and the letter F if the sentence is false.
- a) The client on mini pills requires a back-up method during the first 14 days of pill taking and that is not so for DMPA/NET T/F
 - b) Mini pills cause substantially less amenorrhoeas than DMPA/NET T/F
 - c) Side effects of norplant are different from DMPA or NET T/F
 - d) Trinodiol hormonal components initiate harmoness of a normal menstrual cycle. T/F
 - e) Bothersome side effects of the mini pill include irregular periods and amenorrhoea. T/F
6. For the following questions circle the best answer:
- a) Margaret, a family planning student, comes to the clinic late and in a hostile mood. The clinical instructor should;
 - a) conduct a needs assessment
 - b) apply problem solving technique
 - c) do a task analysis
 - d) tell the student to leave
 - b) Mary, an ECN from DFH reports to you for FP practical learning experience. Which of the following procedures will you use first before working with her?
 - a) orientation
 - b) needs assessment
 - c) problem solving
 - d) task analysis
 - c) Wambui, in her third week of FP clinical training has inserted 2 IUCDs. What is the most appropriate action of the clinical instructor regarding Wambui's progress in IUCD insertion?
 - a) role modelling
 - b) guidance/direct assistance
 - c) counselling
 - d) all of the above.

- d) Anne, an FP student, always makes mistakes while performing clinical procedures when you are with her. The first approach to solve the problem is:-
- a) further theoretical training
 - b) extra clinical experience
 - c) counselling
 - d) assignment to another instructor.
- e) Clinical performance records are useful because
- a) they reflect student initiative
 - b) they serve as a qualitative measure of student performance.
 - c) they serve as a qualitative measure of student performance.
 - d) all of the above.

CLINICAL PRECEPTORS' WORKSHOP

MARCH 16-27, 1987

KENYA

PRE-TEST & POST-TEST RESULTS

Margaret Achiba	19.5	27.0	+8.5
Monica Githia	29.5	26.5	-3.0
Wambui Kabogo	28.5	25.5	-3.0
Grace Kinyua	30.0	27.5	-2.5
Rose Kithinji	29.5	30.0	+ .5
Esther Mongeri	29.5	28.0	-1.5
Consolata Mugo	22.0	29.5	+7.5
Jennifer Mwathi	29.0	30.0	+1.0
Anna Nkaabu	31.0	31.5	-2.5
Lydia Nyaga	31.0	31.5	+ .5
Elizabeth Rotich	31.0	30.0	-1.0
Freda Shibonjie	27.5	30.5	+3.0
Elizabeth Thuku	29.5	28.5	-1.0
Peninah Wanjala	30.0	27.5	-2.5
Average Pre-test Score:	28.39		
Average Post-Test Score:	28.68		
Average Change In Post-Test:	+ .29		

CLINICAL PRECEPTORS' WORKSHOP
MARCH 16-27, 1987
NAIROBI, KENYA

Course ID# _____

INTRAH PARTICIPANT REACTION FORM
SUMMARY - 14 PARTICIPANTS

For each set of statements below, please check the one that best describes your feelings about this training.

1. Workshop objectives were:

a. Very clear	b. Mostly clear	c. Somewhat clear	d. Not very clear	e. Not clear at all
6	8			

2. Workshop objectives seemed to be achieved:

a. Entirely	b. Mostly	c. Somewhat	d. Hardly at all	e. Not at all
5	9			

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

9 a. All material was useful
5 b. Most materials were useful
_____ c. Some material was useful
_____ d. Little material was useful
_____ e. No material was useful

4. Workshop material presented was clear and easy to follow:

a. All the time	b. More than half the time	c. About half the time	d. Less than half the time	e. None of the time
3	7	2		

5. The amount of material covered during the workshop was:

- a. Too much b. Somewhat too much c. Just about right d. Somewhat too little e. Too little

 5 9

6. The amount of time devoted to the workshop was:

- a. Too much b. Somewhat too much c. Just about right d. Somewhat too little e. Too little

 7 6 7

7. For the work I do or am going to do, this workshop was:

- a. Very useful b. Mostly useful c. Somewhat useful d. Not very useful e. Not useful at all

13 1

8. Possible solutions to real work problems were dealt with:

- a. All the time b. More than half the time c. About half the time d. Less than half the time e. None of the time

5 9

9. In this workshop I learned:

- 9 a. many important and useful concepts,
5 b. several important and useful concepts,
___ c. some important and useful concepts,
___ d. a few important and useful concepts,
___ e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

- 8 a. many important and useful skills,
4 b. several important and useful skills,
2 c. some important and useful skills,
___ d. a few important and useful skills,
___ e. almost no important or useful skills.

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11. Workshop facilities and arrangements were:

a. Very good	b. Good	c. Acceptable	d. Barely acceptable	e. Poor
4	8	2		

12. The trainer/trainers for this workshop was/were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very Effective	e. Not effective at all
9	5			

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always	b. Often	c. Sometimes	d. Rarely	e. Never
9	3	2		

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective	b. Effective	c. Somewhat effective	d. Not very effective	e. Not effective at all
7	6	1		

15. 14 a. I would recommend this workshop without hesitation,

_____ b. I would probably recommend this workshop

_____ c. I might recommend this workshop to some people

_____ d. I might not recommend this workshop

_____ e. I would not recommend this workshop.

16. Please check any of the following that you feel could have improved the workshop.

- 9 a. Additional time for the workshop
- b. More limited time for the workshop
- 2 c. Use of more realistic examples and applications
- 5 d. More time to practice skills and techniques
- 1 e. More time to become familiar with theory and concepts
- f. More effective trainers
- g. More effective group interaction
- 4 h. Different training site or location
- i. More preparation time outside the training session
- 1 j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- 1 l. Consideration of a broader and more comprehensive topic
- m. Other (specify) FAMILY LIFE EDUCATION /
HOW TO SOLVE SOCIAL PROBLEMS /

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful			hardly useful	
	1	2	3	4	5
709 a. <u>Adult Learning Principles</u>	12	1	1		
609 b. <u>Training (Readiness) Styles</u>	14				
610 c. <u>Feedback</u>	12	1	1		
707 d. <u>Assessment of Training Needs</u>	13	1			
102 e. <u>Contraceptive Methods</u>	12	2			
115 i. <u>JACO Function</u>	12	2			
116 g. <u>Initial Prescription of F.P. Methods</u>	11	3			
710 n. <u>Teaching/Training Methods</u>	13	1			
614 i. <u>Practicum Experience (Field Trip)</u>	7	5	2		
502 j. <u>Monitoring and Evaluation</u>	13	1			

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful		hardly useful			does not apply 6
	1	2	3	4	5	
a. lectures	7	4	3			
b. group discussions	13		1			
c. individual exercises	6	4	1			
d. group exercises	11	3				
e. clinical sessions	11	2	1			
f. field trips	6	6	2			
g. handouts/readings	13		1			
h. books	11	2	1			
i. audio-visuals	7	5	2			

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

- 4 a. Counselling and/or client education
- b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- 3 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- e. Supervision of Family Planning Services
- 3 f. Management of Family Planning Service System
- 3 g. Planning/Evaluation of Family Planning Services
- 3 h. Policy Making/Direction of Family Planning Services
- i. Community Based Distribution of Contraceptives
- j. Community Based Outreach, Education or Information
- k. In-Service Training in Family Planning
- l. Pre-Service Teaching/Tutoring in Family Planning
- 1 m. Other (specify) UPDATE ON DEMOGRAPHY, INFORMATION ON RECENT RESEARCH

20. Additional Comments:

- | | | |
|--|---|---|
| <p><u>DESIRES:</u></p> <p>/// <u>STUDY TRIPS TO OTHER COUNTRIES</u></p> <p>1 <u>REGULAR INSERVICE TRAINING</u></p> <p>/// <u>ALLOWANCE FOR EXPENSES, POCKET MONEY DURING WORKSHOPS</u></p> <p>1 <u>FOLLOWUP WORKSHOP</u></p> <p>1 <u>OTHER STAFF DEALING WITH FP SHOULD GET INSERVICE TRAINING</u></p> <p>/// <u>YEARLY UPDATE</u></p> | <p>1 <u>TECHNIQUES OF COUNSELLING FOR VOLUNTARY SURVIVAL SERVICES</u></p> | <p>1 <u>VERY USEFUL - IMPROVED SKILL</u></p> <p>1 <u>PROVIDED UPDATE</u></p> <p>1 <u>WORKSHOP WAS TIMELY, INFORMATION USEFUL HAS GIVEN ME CONFIDENCE - GOOD OPPORTUNITY TO EXCHANGE IDEAS</u></p> |
|--|---|---|
- Feel free to sign your name. (Optional) /// NONE

ADDITIONAL COMMENTS

1. Study trips and in-service training for the trainer regularly. Some allowance should be given for daily expenditure, transport and night out allowance.
2. The workshop has updated my knowledge attitude and skills very much. I hope another one will be organized again in the near future.
3. This workshop is very useful to me, it has improved my training skills.
4. The update workshop was timely just the things (I needed) all the information is useful in updating my knowledge on FP - has given additional confidence - thanks keep it up. I look forward for another invitation to similar seminars/ workshops you also meet other friends and exchange ideas and healthy talks.
5. Need for the trainers to have additional courses and trips to other countries (in-service should be provided for trainers every year locally) same allowance should be given to trainers during workshops.
6. Welfare of the trainers should be catered for in time eg. travelling - night-outs allowances and out of Pocket allowance.
7. The trainers would be encouraged if pocket money, travelling expenses and night outs can be arranged.
8. In future course I feel that voluntary surgical contraceptive should be included especially on techniques of counselling.
9. Tours to countries which teach how to examine the clients of FP and prescribe treatment.

TRAINING OF TRAINERS WORKSHOP 16TH - 27TH MARCH, 1987

VENUE: NGONG HILLS HOTEL, NAIROBI

DAY 1: REPORT - 16/3/87

We started morning session abit late.

The participants were warmly welcomed by Mrs. R. Mosongo who informed them about registration and introduction. Mrs. Cege expressed her happiness of seeing that most participants had turned up the first day. After introduction and registration we had tea break for 15 minutes, which was a bit prolonged to 30 minutes.

After the tea break Mrs. Stanton informed the participants of the day's expectation programme, there was a moment of silence for a while because she wanted to know whether participants will have a different need so that alteration can be made. One of the participants suggested the programme to remain as schedule for now and change can be made later. It was agreed by all.

Mrs. Stanton handed over to Mrs. Cege, who informed the participants about the refund of the travelling expenses and nightouts and directed thos who had receipts and invitation letter to take to room 103 for immediate action. She also informed the participants how we are goin to order their meals.

Mrs. Nkonge gave the participants the pre-test to do and questions which was completed and returned to her.

After lunch Mrs. Cege asked the participants to define adult, and adult learning. Mrs. Cege was forced to leave unexpectedly and then Mrs. Stanton took over. She analysed what an adult was and what learning was. After the participants were put in a group of 4 to discuss the characteristics of adult learner 15 minutes was allowed for the activity. After each group presented its finding and come out with a list of 19 ways how an adult can learn. Then from there she mentioned how we can implement on a few of them.

Mrs. Stanton had newsprint which had learning theory.

1. Empty vessel
2. Sharing of all participants experiences examples of relevant theories. She taught the participants three types of leadership/Teachers style and gave examples of each of them. After which the participants and Trainers shared the reflection of the day's activities. One of the participants suggested being adult learners should be responsible to keep time and was agreed by all. The participants were given homework on AFRICA BOOK to read the following chapter, 11,12,13,21.

That ended the days activity.

Reported by: Mrs. Achiba
and
Mrs. Shibonje.

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TRAINING OF TRAINERS WORKSHOP 16TH - 27TH MARCH, 1987

VENUE: NGONG HILLS HOTEL, NAIROBI

DAY 2 REPORT - 17/3/87

The session started at 8.30am by receiving report of the previous day which was presented by Mrs. Shibonje.

Values clarification was discussed by Mrs. Stanton who grouped the participants into 4 groups and were given assignment to demonstrate examples of forced value of what they value most. This was a difficult and challenging task.

Values clarification on sexual behaviour and family planning following and a heated debate on giving teenagers contraceptive before marriage was discussed in length but conclusion was not reached - to be persuaded later.

Tea Break - 10.30am - 11.00am.

Communication process was presented by Mrs. Mosongo who demonstrated how message become distorted by passing the message from one participants to another and at end of the exercise the original message had lost the meaning qualities of a good listener were discussed by 4 groups.

Lunch break - 1.00-2.00pm

2.15pm, official opening of the- workshop. Mrs. Cege introduced the Chief Nursing Officer, Mrs. Oduori, the Director of INTRAH, Miss Muhoho and Miss Asila the incharge of MCH/FP services. She went ahead to introduce the trainers to the CNO Mrs. Oduori. Mrs. Cege asked the participants to do self introduction to Mrs. Oduori which they did. Then she invited Miss Muhoho to explain INTRAH which she did very briefly. Mrs. Cege then invited the Guest Speaker Mrs. Oduor to give a speech to the participants. Her speech was very educative and very relevant to the workshop. She emphasised on the need for health worker to assist and give guidance to the Community Basic Health Worker who are assisting the ordinary man to care for his health. She also thanked INTRAH on behalf of Government of Kenya and Ministry of Health for Technical and finance assistance.

3.30pm. The workshop was officially opened. Mrs. Cege closed with a vote of thanks.

3.45-4.00pm - Tea break.

4.00pm: Discussed days' activities - Mrs. Nkonge. Several participants presented problems from their stations and Mrs. Cege promised to look into them. The days objectives were met and at 4.45pm Mrs. Nkonge closed the events for that day.

Reported by:

Mrs. Jenifer Mwathi
and
Mrs. Wambui Kabogo.

TRAINING OF TRAINERS WORKSHOP 16TH - 27TH MARCH, 1987

VENUE: NGONG HILLS HOTEL, NAIROBI

DAY 3: REPORT = 18/3/87

By 8,30am all the participants were ready for another days session. Mrs. Mosongo greeted the participants after which was followed by the previous days' report given by Mrs. Mwanthi.

After the previous days' proceedings, Mrs. Mosongo continued with communication where we dealt on feedback.

The group felt that there was need to improve interpersonal relationship between client and the counsellor so as to allow effective communication. This was illustrated by a drama. Feedback was discussed as a factor in communication which helps to overcome barriers in interpersonal relationships.

After a cup of tea Mrs. Nkonge directed the participants of preparation of a health talk. Through group discussions the participants came up with various characteristics of a good learning objective which were listed down. More assignments were given to the participants on the preparation of a healthy talk.

After lunch Mrs. Nkonge continued on the topic of Voluntary Surgical Sterilization. A film was shown on female surgical sterilisation. Through role play by the participants various techniques in counselling were displayed.

After tea break we had reflection of days work which was met with satisfaction.

Reported by:

Esther Mongeri
and

Rose Kithinji

VENUE: NGONG HILLS HOTEL, NAIROBI

DAY 4: REPORT - 19/3/87

8.30am All participants were seated in class.

The previous days' report was read to the class.

8.40am: The session started by discussion on UPDATE FP -
Hormonal contraceptives and IUCD led by Mrs. Nkonge.

All problems faced in the above methods were discussed and
possible solutions were given.

10.30am - Case studeis were given to us in divided groups of
three.

10.45am - Tea break.

11.00am: Case studeis were reported by various groups.

1.05pm Lunch break.

2.15pm: There was the presentation of a health talk on 3 classes
of food.

2.30pm: Evaluation of the health talk was done.

3.05pm: NEEDS ASSESSMENT topic was introduced to the
participants by Mrs. Stanton. Examples were given on how to
find out the needs assessment eg. of students.

- use of pre-test

- use of questionnaire

we also learnt the methods of solving a problem.

3.45pm: Tea Break

4.30pm: We were issued i/c feedback forms, which were filled
by all the participants.

The report of the feedback for the day was as follows:

- Question one we had "4" people saying very much
"9" people saying much
"3" people saying adequate

- Question two we had "8" people saying very much
"6" " " " much.

- Question three we had "3" very much.
"9" much
"2" adequate

- Question four all people appreciated the knowledge gained
on the sessions.

4.2 (a) Most participants "12" felt that they needed more
explanation on Needs Assessment.

(b) One person needed Lesson Plan, Implementation &
evaluation of a Health talk repeated,

(c) Update FP - hormonal composition repeated.

Reported by: Mrs. C:N:Mugo and Mrs. P. Wanjala

CLINICAL PRECEPTORS WORKSHOP
DAILY FEEDBACK

- | | Very much | | Adequate | | Nothing |
|---|-----------|---|----------|---|---------|
| | 5 | 4 | 3 | 2 | 1 |
| 1. How much did you learn from the session? | | | | | |
| 2. How useful was/were sessions(s) to your usual work? | 5 | 4 | 3 | 2 | 1 |
| 3. How useful was/were sessions(s) to other members of the group? | 5 | 4 | 3 | 2 | 1 |

4. Complete the following sentences to demonstrate your feelings about the sessions.

4.1. My feelings about the sessions are:

4.2. The topic which need(s) further exploration is/are:-

4.3. The topics from which I learned most is/are:-

TRAINING OF TRAINERS WORKSHOP 16TH - 27TH MARCH 1987

VENUE: NGONG HILLS HOTEL - NAIROBI

DAY 5: REPORT-20/3/87

At 8.30am, the previous day's report was presented by Mrs. Kazira.

Afterwards Mrs. Cege started the session with unscheduled discussion on the questions to be put to the director on Monday.

By 9.45am the participants had listed top priorities as below.

1. Inadequate supply of contraceptives
2. Transport
3. Trainers lunch allowance
4. Additional trainers
5. Prompt circulars on expiry dates for contraceptives etc.

10.30am - Tea break.

At 11.00am, Mrs. Nkonge presented a discussion on students' learning problem. The participants after brainstorming, brought about the problems which they had encountered during their training.

After the discussion on decision making and problem solving the participants were given a case study, which was well solved. It was concluded that when solving the student learning problems we as trainers should :

1. Teview ourselves
2. Do the Needs Assessment of the students
3. Encourage the students and work hand in hand with them.
4. Students should show interest before they are taken for MCH/ FP training.

12.45pm: Lunch was served more promptly than other days.

2.00pm: Mrs. Mosongo took the session. She introduced the session on problems solving/decision making. She defined the subject and broke it down into 3 parts

1. Emergency
2. Routine
3. Debateable.

Afterwards the class was given a task on "nine spots" which took time for the class to fully understand. Later Mrs. Mosongo explained the meaning of the 5 parts of the lines. She listed down 8 steps used in decision making and problem solving.

4.00pm: Mrs. Starton gave out the results for the pretest. she then introduced a brief talk about the field trip to KNH which will commence on Monday.

Objectives for the day were mate.eg.

1. Student learning problem

- (a) The participants described individual problems which affect the learning process.
- (b) The use of identification of students learning problems in decision making.

2. Problem solving

- (a) Eight steps were listed in problem solving method
- (b) Problem solving method was utilized to resolve clinical training problem.

TRAINING OF TRAINERS WORKSHOP 16TH - 27TH MARCH 1987

VENUE - NGONG HILLS HOTEL, NAIROBI

DAY 6: REPORT, 23/3/87

8.30am, the participants and the trainers were seated in the hall and the sessions started by having the previous days report read to us by Lydia Nyaga.

At 8.40am, Mrs. Stanton gave out a test review which was done in four groups. Each reported on their task which was analysed by the whole class to an agreement.

9.am Mrs. Cege started the session on task analysis. The participants were asked to identify a task. Different examples were mentioned. More elaboration was done on task analysis and the task of IUCD insertion was analysed by the participants by following the three areas of learning ie. Knowledge, skill, attitude.

The class was split into five groups and each group chose their own sub-task and they analysed and reported on it. Additions and recommendation was done by all participants.

10.30am Tea break till 11.am.

After 11.am Group "A" comprising of five participants left for field trip at KNH clinic No.66 - led by Mrs. Nkonge. GROUP "B" and "C" remained in class. Group "B" tackled sub task on speculum examination. Then group "C" did "needs assessment" led by Mrs. Stanton. The group work continued until 1pm when we left for lunch.

Between 1pm-2pm we had lunch with the Director DFH Dr. Kigundu.

2pm the afternoon session started with self introduction by the participants to the Director. A test on demography was given to the participants by the Director which as he said was poorly done. This was followed by film slides which were quite informative.

The problems which had been presented by the participants to the Director were explained. He left at 4pm and he apologised that he won't be available on closing day Friday because of his tight schedule.

4pm - 4.15pm tea break.

4.15pm - Group "B" presented their assignment of speculum examination whereby they had named or listed the sub tasks in order.

The daily feedback report forms were distributed to the participants and the days objectives were met with satisfaction.

Reported by Elizabeth Rotich
and
Grace Kinyua.

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VENUE: NGONG HILLS HOTEL

DAY 7: 25/3/87 REPORT

At 8.30am, all the participants were seated in class. Mrs. Mosongo greeted the participants and asked them if any had problem. No major problem identified. Previous days' test had demotivated the participants. Mrs. Mosongo reassured the participant and created room for that day's sessions.

8.40am - previous days' report was given by Elizabeth.
9.05am - Mrs. Nkonge introduced the topic of the role of the Clinical Preceptor/Instructor. The participants were asked to define who was an instructor various answers were presented which were relevant. The participants were divided into 3 groups to do an exercise on the duties of the clinical instructor. The three groups presented their work and at the end of the session Mrs. Nkonge did a summary of the groups work.

10.00am - Mrs. Nkonge called upon Mrs. Stanton to continue session of clinical instructor. She introduced three aspects of trainers method of teaching which were:-

1. Role modelling
2. Guidance/direct assistance
3. Consultation.

She gave the participants an exercise on how to show/instruct student on IUCD insertion. The group work was to be presented the following day.

10.30am: Tea break.

11.00am: Group B went on field trip to clinic No. 66 and group C & A were left behind doing Task analysis and Needs assessment.

1pm:

1pm: Lunch break.

2pm: Session started - participants put in three groups discussed how they would present their exercise work.

- Group 1 - role modelling
" 2 - role of guidance & direct assistance
" 3 - role of consultant

Mrs. Stanton instructed each group and most participants knew the part they would play in the play role.

2.35pm: Mrs. Shibonje presented group work. Some points were clarified and others changed.

3.15pm: Mrs. Mozongo introduced the topic Clinical teaching methods - participants participated in analysing the method - Later she thanked everyone of being active in the session especially in trying to analyse the problem of inserting Copper T.

4pm: Tea break.

4.50pm: We were given Feedback form which were as follows.

REPORTED BY:

MRS: GITIHA
and
MRS: THUKU

CLINICAL PRECEPTORS WORKSHOP DAILY FEEDBACK

25/3/87

1. How much did you learn from the session
Very much - 7 Much - 6
2. How useful was/were sessions to your usual works?
Very much - 12 Much - 1
3. How useful was/were sessions to other members of the group?
Very much - 14 Much - 9
- 4.1 My feelings about the sessions are
Useful - 9 Educative - 2
Helpful - 2
- 4.2 The topic which need further exploration is/are clinical
conference - 1
General examination of the client - 1
Post conference - 2
Pre- conference - 1
- 4.3 The topics from which I learned most is/are
Needs assessment - 2
Task analysis - 2
Clinical teaching - 9

40

TRAINING OF TRAINERS WORKSHOP 16/3/87

VENUE: NGONG HILLS HOTEL, NAIROBI

DAY 8: REPORT 25/3/87

8.30am participants were seated and three trainers. Mrs. Nkonge greeted the participants and found out how the previous day was, their response was busy.

The previous days report was read by Mrs. Thuku. Mrs. Nkonge thanked the reporter.

At 8.35am Mrs. Stanton asked group one to present their work on IUCD insertion which was well demonstrated, by instructor to a new student nurse.

At 9.20 group 2 presented insertion of Copper T by a student who had inserted three coils under instruction of an instructor.

9.55am group three presented Copper T insertion which was done by senior students who needed consultation and guidance in her procedure.

10.08am - tea break.

After tea break group A did Task analysis by Bimanual and group B did need assessment on tools for learning Group C went for a field trip at KNH clinic 66.

1-2pm Lunch break.

2.15pm, Mrs. Kinyua presented task analysis on Bimanual pelvic examination which was discussed by all participants and corrections done where applicable. Mrs. Stanton praised all the groups for their goodwork.

3.15pm, Mrs. Mosongo continued with appropriateness of clinical teaching methods.

3.45pm. Mrs. Stanton taught on pre-conference and post conference. The participants were given homework group to present

Group one speculum examination

Group two IUCD insertion

Group three Bimanual examination

After the assignment the daily feedback forms were given to the participants which were completed and returned. At 5.15pm the participants were freed but continued to work on their group assignments.

Reported by:

FREDA SHIBONJE
and
MARGARET ACHIBA.

Date Completed _____
Completed by Respondent? (Y/N) _____
Course ID # _____

Summary
CLINICAL PRECEPTORS WORKSHOP
INTRAH BIODATA FORM
MARCH 16-27, 1987
NAIROBI, KENYA

1. Surname _____
2. Maiden Name (if married) _____
3. Other names _____
4. Sex (Circle One) Male ⁰ Female ¹⁴ 5. Age in Years range: 34-41
6. Address (Home) 2 from Nairobi
12 from other parts of the country
7. Address (Business) _____
8. Country of Residence 14 - Kenya
- 9.1 Number of years of formal education:
 - _____ a. None
 - _____ b. Fewer than 8
 - 13 c. 9 to 12
 - 1 d. More than 12
- 9.2 Job Title ~~17~~ Nursing officer (6)
 - 1 Nurse/Trainer Supervisor (1)
 - 1 Nurse/Trainer (1)
 - 11 Nursing Officer II (2)
 - 1 Nurse (1)
 - 1 KRN/M/FP - NO II (1)
 - 11 Nursing (2)

10. If you have received a professional diploma, certificate, or university level degree, please indicate your degree area and duration of your professional training in months:

a. For Medical and Health Personnel

Length of Training (months)	Field of Accreditation
range 36-44 (<u>13 respondents</u>)	a. Nursing
range 9-24 (<u>14 respondents</u>)	b. Midwifery
range 9-12 (<u>4 respondents</u>)	c. Public Health Nursing
_____	d. Medicine
range 2-3 (<u>10 respondents</u>)	e. Other Medical or Health, (Please specify)

b. For Non-Medical and Non-Health Personnel

Length of Training (months)	Degree Area
_____	g. Education
_____	h. Social Work/Social Sciences
_____	i. Physical and Biological Sciences
_____	j. Administration (Business)
_____	k. Other Non-Health (Please specify)

N/A

11. For persons WITHOUT a professional diploma, certificate, or university level degree, indicate any area in which you have had formal training and duration of that training in months. (Check all that apply.)

Length of Training
(months)

Training Area

N/A

a. Patient Attendance

b. Traditional Birth Attendant

c. Information/Education/Communication

d. Motivation

e. Community Work

f. Other (Please Specify)

12. If you completed in-service or refresher training in any of the following areas, please check any that apply and indicate on the right the length and approximate completion of training in each area.

		Length of Training (months)	Date of completion (year)
<u> </u>	a. Management/ Supervision of Family Planning Programs		
<u> </u>	b. Evaluation of Family Planning		
<u> 2 </u>	c. { Non-clinical Family Planning Service Delivery Skills	1 week 2 weeks	1985 -
<u> 3 </u>	d. { Clinical Family Planning Service Delivery Skills	2 weeks 9 weeks	1984 1983
<u> 1 </u>	e. Natural Family Methods	1 day	
<u> 2 </u>	f. Information/Education/Communication for Family Planning	2 wks 4 weeks	1986
<u> 6 </u>	g. { Other (specify) ^{MCH/FP} General Breast Feeding _{TOT}	2 months 1 day 4 weeks	1979 1983 1972 1986

13. What is the area of your major job responsibility? (Check one only)

- 2 a. Provision of clinical medical or nursing services of Public Health Services //
- 2 b. Communication/Information/Motivation //
- 1 c. Planning/Administration/Management/Supervision/Evaluation
- 8 d. Training/Teaching/Tutoring ~~///~~ ///
- 4 e. Other (please specify) Supervision of F.P. activities in the area MCH/FP Services I MCH/FP supervisor and trainer //

14. Which of the following describe tasks you perform in Family Planning and how long have you performed these tasks? (Check all that apply)

Tasks

How long have you done this task? (years) (months)

13 a. Counselling and/or client education a. | _____ | _____

13 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections) b. | _____ | _____

15 c. Provision of Non-clinical Methods (condoms, foaming tablets, foam) c. | _____ | _____

1 d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous) d. | _____ | _____

13 e. Supervision of Family Planning Services e. | _____ | _____

5 f. Management of Family Planning Service System f. | _____ | _____

3 g. Planning/Evaluation of Family Planning Services g. | _____ | _____

1 h. Policy Making/Direction of Family Planning Services h. | _____ | _____

1 i. Community Based Distribution of Contraceptives i. | _____ | _____

1 j. Community Based Outreach, Education or Information j. | _____ | _____

9 k. In-Service Training in Family Planning k. | _____ | _____

3 l. Pre-Service Teaching/Tutoring in Family Planning l. | _____ | _____

___ m. Other (Please specify) m. | _____ | _____

Inservice Training of ECN's

1 Antenatal Care

1 Curative

range 8 months - 15 years for various tasks

15. Where is your primary work site? (Check one)

a. National Administrative/Planning/Evaluation Unit or Center

b. Regional, Provincial, District or Local Administrative/Planning/Evaluation Unit or Center

2 c. Clinic/Dispensary/Hospital, not specifically or primarily Family Planning

7 d. Clinic/Dispensary/Unit in Hospital, specifically Family Planning

5 e. Teaching or Training Institution

1 f. Teaching or Training Unit

g. Community

h. Other (please specify)

16. Is the setting in which you work: (check one)

14 a. A public governmental organization

b. A public non-governmental or voluntary organization

c. A private sector organization?

17. Is the setting in which you work:

4 Urban 4 Rural 6 Both?

18. To the best of your knowledge have you attended any other INTRAH sponsored course or courses?

6 Yes --> Date of Most Recent (mo) _____ (yr) _____

Topic(s) 1 TOT Nov 1985

8 No

2 TOT March 1986

1 Teaching Methodology 1982

2 Curriculum Revision Nov, Dec, 1986

55

19. Have you participated as a trainer or co-trainer during the last year? 7 Yes 5 No 2 Seemed Uncertain

If you have participated as a trainer/co-trainer, please check any that apply and indicate on the right the length, approximate completion of training, number of trainees and if the training was funded by INTRAH.

(many participants did not understand this question)

		Length of Training (months)	Date of completion (year)	Number of trainees	Did INTRAH Fund it
<u>4</u>	a. Management/ Supervision of Family Planning Programs	a.			
—	b. Evaluation of Family Planning	b.			
—	c. Non-clinical Family Planning Service Delivery Skills	c.			
<u>7</u>	d. Clinical Family Planning Service Delivery Skills	d.			
—	e. Natural Family Methods	e.			
<u>2</u>	f. Information/ Education/ Communication for Family Planning	f.			
<u>2</u>	g. Other (specify below)	g.			
	<u>TOT</u>				

4 No response