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NURSE-PRACTITIONER/FAMILY PLANNING TRAINING COURSE

CYCLE III (ENGLISH)

Conducted by
University of California Extension, Santa Cruz
January 13, 1975 -- March 7, 1975

Submitted by:
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International Programs
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Santa Cruz

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I. INTRODUCTION

A. Nurse-Practitioner/Family Planning Training Program, Cycle III

The Nurse-Practitioner/Family Planning Training Program was instituted in January, 1974, through a contract from the United States Agency for International Development.

The Nurse-Practitioner/Family Planning Training Program is intended to qualify nurses and nurse-midwives in the field of family planning, to enable them to become skilled practitioners capable of implementing family planning services in their own countries, and of educating others in essential family planning skills. Didactic material covered during the course includes reproductive anatomy and physiology, all contraceptive methods, including sterilization, gynecological pathology, maternal and child health supervision, nutrition, termination of pregnancy, infertility, and human sexuality. Clinical training and work in community development are heavily stressed, and form an integral part of the program.

B. Cycles I and II

The first two nurse-practitioner/family planning cycles were conducted in the French language to serve nurses and nurse-midwives from francophone Africa. Nurse-midwives from Tunisia, Togo, Burundi, Rwanda, and Madagascar attended the first cycle from January 14, 1974, to March 8, 1974. The second cycle was held from May 6, 1974, to June 29, 1974, and was attended by trainees from Dahomey, Cameroon, Senegal, Togo, Niger, and Mauritius. These training programs took place at various facilities of the University of California: the San Francisco Medical Center, Berkeley Health Clinic, and the Santa Cruz campus; as well as at Planned Parenthood clinics in the San Francisco Bay Area and at the Santa Cruz County Health Services Agency.

The third cycle, the subject of this report, took place from January 13, 1975, to March 7, 1975, and was located entirely in Santa Cruz County. The training site was the various facilities of the Santa Cruz County Health Services Agency, directed by Dr. Richard Svihus. Participants were nurse-midwives from Lesotho, The Gambia, Afghanistan, India, and Dominica.

C. Need for Training

The decision to focus on nurse-midwives in training of this design is motivated by the realization that family planning is an integral part of maternal and child health care and cannot be effectively separated from it. In the less developed countries of the world, the primary dispensers of maternal and child health care are the nurse-practitioners, nurse-midwives, and auxiliary nurse-midwives who staff the majority of the health centers and clinics, particularly in rural areas. They often must work in inadequate facilities, with limited supplies and little or no access to doctors for assistance or supervision. These are the health workers who have contact with women in need of family planning services. The extent of the success of any national preventative family health program, including the use of birth control techniques, depends very heavily on the skill, motivation, and knowledge of nurses and nurse-midwives. It is therefore imperative that the medical personnel in the position of dispensing such services, as well as those responsible for policy and planning, have a thorough knowledge of the principles and application of preventative maternal and child health care and family planning techniques. Nurse-educators in schools and colleges of nursing and auxiliary nurse-midwifery should also have the opportunity to improve their technical skills and knowledge, and to gain new techniques in training others, so as to be able to build a well-trained core of effective health personnel who can provide optimum care for the population.

D. Training Site

It is necessary to say a word here about the decision to conduct this training in the United States, where conditions differ greatly from those the trainees know in their own countries. Problems are caused by difficulties in adjusting to a strange culture, strange food, language barriers, differences in moral and social values, and even the differences in available medical instruments and supplies. However, until indigenous programs can be developed, it will be necessary to use facilities, artificial as they may be, in this country.

Santa Cruz County was chosen as the training environment because its large rural and transient population has many of the same characteristics as similar populations in less developed countries.

The Santa Cruz County Health Services Agency was contracted to provide the actual training course, including classroom space and clinical facilities, for the participants. Lecturers from universities and medical schools in the San Francisco and Berkeley areas

supplemented the staff of the Health Services Agency in order to provide a wide experience for the participants. By locating both the didactic and clinical components of the program at the same agency, it was possible to provide a more integrated and yet more flexible course of study.

E. Planning

Planning for this cycle of the Nurse-Practitioner/Family Planning Training Program began in October, 1974. The Director of Training for the program was Ms. Emily Lewis, of the Santa Cruz County Health Services Agency. She was assisted by Ms. Lesley Apt, Training Coordinator for the University of California Extension, Santa Cruz, Division of International Programs, and by various consultants. Planning culminated in a two-day session held January 2 - 3, 1975 at the Health Services Agency and attended by Richard Keyes, Training Consultant; Paul Mico, Training Consultant; Emily Lewis; Lesley Apt; Ts'idi Ntsekhe and Bertha M'Boge, two African midwives who had been receiving more extensive training in Santa Cruz. At this meeting the agenda was finalized, training techniques were discussed, and final logistical problems worked out.

The nurse-midwives arrived in Santa Cruz on January 12, 1975, after a one-week orientation in Washington, D. C. The course began on January 13, 1975, and was completed on March 7, 1975. A complete account of the program follows in Section V below.

II. OBJECTIVES AND TECHNIQUES OF TRAINING

A. Objectives: Nurse-Practitioner/Family Planning Training Course, Cycle III

The intent of this course is to prepare midwives, nurse-midwives, public health or maternity nurses for additional responsibilities in their own countries in the field of maternal and child health and family planning. The philosophy of the training program is that Family Planning is an integral part of maternal and child health care.

Objectives:

To offer the participants the opportunity to review the components of an integrated comprehensive maternal, child, and family health program.

To enable participants to recognize possible gaps in their own knowledge and to provide opportunities to acquire the means to fill these gaps.

To offer the participants an opportunity to acquire new skills in providing contraceptive care.

To offer the participants an opportunity to become familiar with some of the printed and audio-visual educational materials and resources available for themselves, for their students, and for their communities.

To offer the participants an opportunity to explore concepts and methods of group learning and teaching.

To offer the participants an opportunity to learn to utilize techniques of community organization and involvement.

To offer the participants an opportunity to become familiar with several techniques of planning and evaluation.

B. Community Development Component

Community development must be an integral part of any such training program if we expect that the participants will be in the position to implement change and make fullest use of their new skills when they return to their country. Therefore, an important aspect of the Training Cycle has been work on techniques that will aid the participants in the efficient identification and mobilization of resources,

in achieving community participation in decision making, and in formulating and carrying out effective plans to achieve desired change.

C. Needs Assessment

Each participant was sent a detailed questionnaire prior to her arrival in Santa Cruz, which she was asked to complete and return. This questionnaire formed the basis of a preliminary needs assessment in planning the curriculum of the training program. A copy of this questionnaire is attached as Appendix I.

The participants were also requested to bring examples of clinical records, teaching materials used both in maternal and child health training and health education, their job descriptions, mortality and morbidity statistics that related to maternal and child health.

D. Principles of Training Process

It was intended that the training program include not only didactic and clinical material, but also work on the process of training, the how as well as the what. The participants all return to positions of authority in their own countries, positions in which they are called upon to communicate skills and knowledge to others, either to students or to clients. People tend to teach as they themselves are taught. The faculty was, therefore, concerned that the techniques they used would be those that they wished the participants to use when they returned to train others. In other words, the training course was designed to train people how to train others as well as to teach them a particular subject.

In its extensive training programs, the University of California Extension, Santa Cruz, has developed an approach to training that we feel is highly effective in reaching the objectives outlined in paragraph A above.

This approach is based on the essential assumption that all persons have the capacity to learn and the potential power to solve their own problems. The learner is considered to be fully responsible for his own learning. He must, therefore, be involved in the process of learning and able to express his own needs as a learner. Only in this way will the learning experience be satisfying both in terms of content and of process.

The learner is shown how to assume this responsibility by using techniques which allow him easily to identify the experience, analyze the learning that has taken place, and generalize that learning to other situations. This process is given the label "EIAG." In traditional learning, only the teacher sets the goals and objectives. In this model, both trainers and trainees participate as important sources of information and expertise.

THE EIAG MODEL

E = Experience

"Doing it"

I = Identify

"What happened to me"

"What did I see and hear"

"What did I feel"

A = Analyze

"How did it happen"

"What do I know now that I didn't know before"

G = Generalize

"How can I use this"

Just as the trainee learns to determine the quality of her learning experience, she comes to view learning as an integral part of a problem-solving process that we all use daily. This concept allows trainees to deal with situations that do not have one right answer, but that present several possible alternatives. They learn to break an unwieldy problem into manageable pieces, to identify the resources available to them, to plan effective means of solving the problem.

This process also allows for a continuous process of evaluation, for in order to assess future needs and determine future behavior, past learning needs to be closely evaluated as to its usefulness.

As the trainees develop confidence in their own skills by analyzing their own learning experiences, they come to see the strengths that they have as both learners and as teachers. This confidence in their abilities is thus carried into their own work with others and is experienced as a similar confidence in the abilities of their students and/or colleagues. "If I can do it, so can she."

III. PARTICIPANTS, NURSE-PRACTITIONER/FAMILY PLANNING COURSE, CYCLE III

The participants in the Nurse-Practitioner/Family Planning Training Program, Cycle III, come from more diverse backgrounds, geographically and professionally, than the members of the two previous groups. The majority of the members of this cycle are sponsored by University of California Extension, Santa Cruz, (UCSC) and were selected for participation by the Ministries of Health in countries where UCSC is participating in Maternal and Child Health/Family Planning Projects. These countries are Lesotho (2 participants), The Gambia (2 participants), and Afghanistan (3 participants). Two group members, from India and Dominica, are sponsored by the World Health Organization.

The University of California Extension would like to express its appreciation for the enthusiastic cooperation of the Ministries of Health of the various countries involved. The participants in this training cycle are all highly skilled professional health workers who are greatly needed in their positions at home. The Ministries' willingness to release them for extended training abroad is a measure of the importance they attach to the goals and objectives of this training.

A. LESOTHO:

1. Matron 'Makalebe Claudine Maile:

Mrs. Maile is the Matron at Mafeteng District Hospital, where she is responsible for the administration and supervision of the hospital's nursing and auxiliary staffs, for staff allocation, and for supervision in general nursing, midwifery, surgery and the Maternal Child Health/Family Planning clinics. She received her nurse-midwifery certificate in the Republic of South Africa.

2. Naleli Belina Mochaoa:

Mrs. Mochaoa is a public health nurse in two districts in Lesotho, where she is responsible for the supervision of two health centers and hospital outpatient clinics, for health education in communities and schools, and for assisting in research. She received her certificate in nurse-midwifery from the Queen Elizabeth II School of Nursing-Midwifery in Lesotho, and her public health nursing certificate at the Institute of Hygiene and Public Health, Calcutta, India.

B. THE GAMBIA:

1. Bertha M'Boge:

Mrs. M'Boge is currently acting in a counterpart role to Miss Anne Richter, University of California Maternal and Child Health Project nurse-midwife in The Gambia. She is responsible for the development and supervision of the cooperative Maternal and Child Health Project of the government of The Gambia and the University of California. Her responsibilities include the development of training programs for health workers, and the integration of family planning services into the government's health care system. She received her S.R.N. from Grunby General Hospital, Lincolnshire, England, and her certificate of Midwifery from the Luton and Dunstable Hospital in Bedfordshire, England.

Marie Veronic N'Dow:

Mrs. N'Dow is a Nursing Sister assigned to the Mansa Konko Health Center, where she works as the Gambian counterpart to a University of California Maternal and Child Health Project public health nurse. She received both her certificates as State Registered Nurse and Certified Midwife in England at the Ruddersfield Royal Infirmary in Yorkshire and the Boston General Hospital in Lincolnshire.

C. AFGHANISTAN:

1. Hafiza Riaz:

Miss Hafiza is currently a teacher at the Auxiliary Nurse-Midwifery School in Kabul, where she is a counterpart to the U. S. Project Technicians. She received her certificate in Nurse-Midwifery at the Zaishga Maternity Hospital and has extensive experience working both in an MCH clinic and as a teacher at the ANM School. Her specific area of interest is public health nursing.

2. Fowzia Jame:

Mrs. Fowzia is employed as a teacher at the ANM School in Kabul, where she is a counterpart to the U. S. Project Technicians assigned there. She, too, received her certificate in Nurse-Midwifery at the Zaishga Maternity Hospital, and has had many

years of practical experience and teaching. She is concentrating specifically in the area of maternal and child health and family planning.

3. Asefa Aminzada:

Miss Asefa, like her two colleagues, is working as a tutor at the ANM School as project counterpart. Her special field of concentration is pediatric nursing and nutrition. She has also had practical experience, working as staff nurse at the Wazira Akbar Khan Hospital.

D. W.H.O.-SPONSORED PARTICIPANTS

1. Kalyani Biswas, India:

Miss Biswas is a tutor at the Medical College Hospital in Calcutta. Her duties there include planning, organization and implementation of the teaching program, both classroom and clinical, with special emphasis on the field training programs of nurse-midwifery students. She is also concerned with in-service education for ward nurses and aides in administration of the Nursing Service. She received her certificates in Nursing and Nurse-Midwifery, her B.S. in Nursing Education, and her M.S. in Nursing Administration from the College of Nursing, New Delhi.

2. Shirley James, Dominica:

Miss James is a Health Visitor with responsibility in Community Service, health education, and maternal and child health and family planning programs. She is responsible for continued organization and development of post-natal and family planning services in an urban health center. She received her General Nursing and Midwifery certificates from the Princess Margaret Hospital School of Nursing, Dominica. In addition, she has a certificate in Pediatrics from the University College Hospital, Kingston, Jamaica, and a Public Health Certificate from the West Indies School of Public Health in Kingston, Jamaica.

IV. FACULTY, NURSE-PRACTITIONER/FAMILY PLANNING COURSE, CYCLE III

Ms. Emily Lewis has had primary responsibility for the organization and implementation of the training program. Ms. Lewis received her B.S. in Public Health Nursing, her M.P.H. in Maternal and Child Health and Family Planning from the University of California at Berkeley, and her Nurse-Practitioner/Family Planning Certificate from the University of California at San Francisco. She has served as clinic director and supervisor for Planned Parenthood, as a Public Health Nurse Consultant for W.H.O., African region, and as Family Health Nurse Consultant for W.H.C in Geneva, Switzerland.

She has been assisted by Dr. George Walter, Field Coordinator, Africa Project, UCSC, and Ms. Lesley Apt, Training Coordinator, International Programs, UCSC.

Dr. Walter received his M.D. from the University of Colorado School of Medicine and his M.P.H. in Maternal and Child Health from the University of California at Berkeley. He has spent the last three years on field assignment in Lesotho, The Gambia, and Dahomey.

Ms. Apt holds an A.B. from Cornell University and a M.A.T. from Harvard University. She has worked extensively in teacher training and in curriculum development.

The faculty has also included:

Paul Mico, M.A., M.P.H., President, Third Party Associates, Inc.

Dale Flowers, M.A., Director, Division of Community Programs, University of California Extension, Santa Cruz.

Isabel Bartfield, R.N., M.P.H., F.P.N.P., Santa Cruz County Health Services Agency.

Jeanne Kohn, M.D., University of California School of Public Health Berkeley, California.

Alfred Dickerson, M.D., Ob/Gyn., Santa Cruz County Health Services Agency.

Wiktoria Winnicka, M.D., Professor, University of California School of Public Health, Berkeley, California.

Jackie McVay, R.N., M.S., Instructor, West Valley Community College, Saratoga, California.

Peter Nash, M.D., Clinician in Santa Cruz County Health Services Agency.

Joseph Anzalone, M.D., Ob/Gyn., Private Practitioner.

Ralph Kemp, M.D., Ob/Gyn., Clinician, Santa Cruz County Health Services Agency.

Bruce Dunn, M.D., Urologist, Private Practitioner.

Joanne Martin, P.N.P., Santa Cruz Health Services Agency.

Hugh Croley, PhD., M.P.H.

Ben Major, M.D., Ob/Gyn., M.P.H., Medical Director, Maternal and Infant Care Project, Berkeley, California.

Edwin Gold, M.D., Ob/Gyn., Professor, University of California School of Public Health, Berkeley, California.

Betsy Siep, R.N., M.S., Maternal Child Health Coordinator, Santa Cruz County Health Services Agency.

Lucy Stone, M.A., Lecturer, San Jose State University, San Jose, California.

Laura Keranen, M.A., Lecturer, University of California School of Public Health, Berkeley, California.

Anne Burroughs, PhD., Nutritionist, Del Monte Corporation.

Donald Minkler, M.D., Ob/Gyn., M.P.H., Professor, University of California School of Public Health, Berkeley, California.

V. THE TRAINING CYCLE:

A. ORIENTATION:

The UCSC-sponsored participants arrived in Washington, D. C., on January 3 and 4, 1975, where they took part in a USAID-sponsored week-long orientation program. This program was designed to help the participants adjust to living in this country during their training. They attended seminars conducted by business, professional, and academic people, and participated in several tours to places of interest in the Washington, D. C., area, including the Congress and Supreme Court, the national monuments, and Mount Vernon. They also received administrative orientation to USAID regulations and procedures, including medical insurance, at this time.

B. THE NURSE-PRACTITIONER/FAMILY PLANNING TRAINING COURSE:

1. During the eight weeks of training, didactic, clinical, and community development aspects of the course took place concurrently. Group community development work was emphasized more at the

beginning and end of the course, while didactic and clinical work took up the majority of time during the second through sixth weeks. The training was conducted at the Santa Cruz County Health Services Agency and its Family Planning Clinics in Santa Cruz and Watsonville. The trainees accompanied public health nurses on field visits and observed child health (well-baby) conferences. Participants spent a day with a local obstetrician/gynecologist working in private practice. They also visited the offices of Planned Parenthood in San Francisco and two of its Family Planning Clinics in Oakland.

2. Didactic Component:

The participants attended lectures given by faculty members of the University of California and other medical and training institutions. Topics covered included: anatomy and physiology of reproduction, pelvic and vaginal pathology, all aspects of maternal and child health supervision, pre- and post-natal care, labor and delivery, inter-conceptional care, pregnancy spacing, nutrition, health education, assessment and special needs of high-risk mothers, infants, and families, and the integration of all maternal and child health services, techniques of permanent contraception and pregnancy termination.

3. Clinical experience:

During the time each participant has spent in the clinic she has:

- 1) observed the family planning class
- 2) observed patient interviews
- 3) observed patient counseling
- 4) observed family planning clinic
- 5) participated in family planning clinic

Each participant has performed approximately the following:

- 35 breast examinations
- 35 speculum examinations, including pap tests and smears
- 35 bimanual examinations
- 5 diaphragm fittings
- 4 IUD insertions

Participants accompanied public health nurses on follow-up visits to contraceptive accentors. They observed several techniques used for effective follow-through management, including interviewing clients who return for resupply of hormonal contraceptives. They saw the routine followed for all return patients, and became aware of the importance of regular check-ups in maintaining a healthy family unit.

4. Community Development component:

The following areas were covered in this module: needs assessment, problem-solving, use of feedback, setting objectives, basic principles of behavioral science and group dynamics, values clarification, communication skills, organization of groups, curriculum development, planning and implementation, evaluations, how to make quick decisions in a group, and the process of change in individuals and groups. In addition, the group developed a guide for assessing needs of a community and worked extensively on the integration of maternal and child health/family planning into health services and health education institutions. Among the techniques used were: brainstorming, setting priorities, resource identification, EIAG, and case studies.

5. Films:

Films were shown on the following topics: anatomy and physiology of reproduction, breast exams, venereal disease, insertion and removal of intra-uterine devices, vaginitis, cervicitis, culdoscopy, tubal sterilization, endometriosis, the role of the endometrium in conception and menstruation, and uterine cancer.

6. Sightseeing:

The participants were able to spend some of their free time visiting points of interest in the area, including visits to San Francisco, Berkeley, San Jose, Monterey, and Carmel.

7. The actual day-by-day schedule of the Nurse-Practitioner/Family Planning course was as follows:

- 14 -

WEEK I

Jan. 13
MONDAY

Jan. 14
TUESDAY

Jan. 15
WEDNESDAY

Jan. 16
THURSDAY

Jan. 17
FRIDAY

8:15 - 9:00
Opening

8:15 - 9:00
Caucus

8:15 - 9:00
Caucus

8:15 - 9:00
Caucus

8:15 - 9:00
Caucus

9 - 12
Orientation

9 - 12
Team Building
- Paul Mico

9 - 12
Team Building
- Paul Mico

9 - 12
Review of anatomy
and physiology
Male & female
reproductive
systems
- E. Lewis

9 - 12
Orientation to
laboratory
Santa Cruz HSA

1 - 5
Examina
curri

1 - 5
Team Building
- Paul Mico

1 - 5
Team Building
- Paul Mico

1 - 2
Family Planning
Class, Santa
Cruz Clinic

1 - 5
Planning Methodology
- Dale Flowers

2 - 5
Overview of
Contraceptive
Methods

WEEK II

Jan. 20
MONDAY

3:15 - 9
Caucus

9 - 12:30
Preparation for
clinic partici-
pation
Visit to Women's
Health Clinic

3 - 5
Observation of
clinic
organization (3)
Group or individua
projects (3)

3 - 7
Participation in
FP clinic SC
Belina, Makalebe
laboratory, Mari

Jan. 21
TUESDAY

8:15 - 9
Caucus

9 - 12
South County
orientation

1 - 5
Group or individual
projects
Participation in
FP clinic - MV
Asefa

5 - 9
Participation in
FP clinic MV
Fowzia

Jan. 22
WEDNESDAY

8:15 - 9
Caucus

9 - 12
Group or individual
projects (7)

1 - 5
Infant Health
supervision
- Dr. Kohn

5 - 7
Participation in
FP clinic SC
Shirley, Kalyani
laboratory (1)

Jan. 23
THURSDAY

8:15 - 9
Caucus

9 - 12
Essentials of
gynecological exam
- Dr. Dickerson,
b/Gyn

1 - 4
Practice with
pelvic and breast
models (6)
Participation in
FP clinic SC
Hafiza, Marie
laboratory, Belina

Jan. 24
FRIDAY

8:15 - 9
Caucus

10 - 1
Health problems of
the child ages 1 - 4
- Dr. Winnicka
(with slides)

1:30 - 4
Curriculum
development
- Jackie McVay

* Numbers in parentheses indicate number
of participants in the activity.

WEEK III

Jan. 27
MONDAY

8:15 - 9
Caucus

9 - 3
Infant Health
Supervision
- P. Nash

3 - 5
Observation of
clinic organization
(3)
Group or individual
projects (3)

3 - 7
Participation in
FP clinic SC
Asefa, Makalebe
Laboratory, Fowzia

Jan. 28
TUESDAY

8:15 - 9
Caucus

9 - 12
Infant Health
Assessment
- J. Martin, PN

1 - 5
*CHC's (3)
Group or individual
projects (3)

Participation in
FP clinic MV
Hafiza

5 - 9
Participation in
FP clinic MV
Belina

Jan. 29
WEDNESDAY

8:15 - 9
Caucus

9 - 12
Evaluation Techniques
- T. Croley

1 - 3
Adult Health
Assessment (6)
- P. Nash

3 - 7
Participation in
FP clinic SC
Fowzia, Marie
Laboratory, Asefa

Jan. 30
THURSDAY

8:15 - 9
Caucus

9 - 12
Infertility
- B. Major, MD

1 - 4
Pelvic and vaginal
pathology (6)
- B. Major

Participation in
FP clinic SC
Shirley, Kalyani
Laboratory, Makalebe

Jan. 31
FRIDAY

8:15 - 9
Caucus

9 - 1
Hormonal
Contraception
- F. Gold, MD

2 - 3
Cervicitis film
3:30

Film on Natural
Childbirth
- Dr. Anzalone

*CHC - Child Health Conference

Numbers in parentheses indicate number
of participants in the activity.

WEEK IV

Feb. 3
MONDAY

Feb. 4
TUESDAY

Feb. 5
WEDNESDAY

Feb. 6
THURSDAY

Feb. 7
FRIDAY

8:15 - 9

Caucus

9 - 5

Group
-- Paul Mico

8:15 - 9

Caucus

9 - 12

Veneral disease
Pelvic and vaginal
pathology
Films

8:15 - 9

Caucus

9 - 12

Evaluation Techniques
- T. Croley

8:15 - 9

Caucus

9 - 12

Vacuum aspiration
procedure
Or film
(Elective)

8:15 - 9

Caucus

9 - 5

Visit to Planned
Parenthood Offices
and clinics
San Francisco and
Oakland

1 - 5

Participation in
FP clinic MV
Makalebe

4 - 5

Clinic, Dr. Anzalone
Belina

1 - 3

STOP Program
- B. Siep
(Selective Termination
of Pregnancy)

3 - 7

Participation in
FP clinic SC
Asefa, Belina
Laboratory, Kalyani

1 - 4

Pelvic and vaginal
pathology (6)
- Dr. Kemp

Participation in
FP clinic SC
Makalebe, Marie

Laboratory, Hafiza

4 - 5

Vasectomy
- Dr. Dunn

5 - 9

Participation in
FP clinic MV
Marie

Numbers in parentheses indicate number
of participants in the activity.

Feb. 10 MONDAY	Feb. 11 TUESDAY	Feb. 12 WEDNESDAY	Feb. 13 THURSDAY	Feb. 14 FRIDAY
8:15 - 9:00 Caucus	8:15 - 9:00 Caucus	8:15 - 9:00 Caucus	8:15 - 9:00 Caucus	8:15 - 9:00 Caucus
9:00 - 4:00 Hormonal contraception - B. Major, Ob/Gyn	9:00 - 12:00 PHN visits - prenatal care 9:00 - 5:00 Clinic, Dr. Anzalone Makalebe	9:00 - 4:00 Review of contraceptives - E. Lewis	8:15 - 12:00 Abortion Clinic Fowzia, Asefa, Hafiza 9:30 - 11:00 Counselling Kalyani, Belina, Shirley	9:00 - 3:00 IUD problems - D. Minkle, Ob/Gyn
	1:00 - 5:00 Participation in FP clinic MV Kalyani		1:00 - 4:00 Participating in FP clinic Fowzia, Makalebe	
	1:00 - 5:00 PHN visits - Belina, Marie			
5:00 - 7:00 Participation in FP clinic SC Shirley, Kalyani Laboratory Hafiza	5:00 - 9:00 MV Shirley			

WEEK VI

Feb. 17 MONDAY	Feb. 18 TUESDAY	Feb. 19 WEDNESDAY	Feb. 20 THURSDAY	Feb. 21 FRIDAY
8:15 - 9:00 Caucus	8:15 - 9:00 Caucus	8:15 - 9:00 Caucus	8:15 - 9:00 Caucus	8:15 - 9:00 Caucus
9 - 4 Hormonal Contraception Infertility - B. Major, MD, Ob/Gyn	9 - 12 Integration c MCH/FP - Dr. Walter	9 - 12 Participation in FP clinic MV (2)	9 - 12 PHN follow-up	9 - 3 Human Sexuality - L. Keranen - L. Stone
	1 - 5 Community Develop- ment Group or individual projects (7) - Dr. Walter	3 - 7 Nutritional Needs of Mothers and Infants - Dr. Burroughs	1 - 4 Community Development (7) - Dr. Walter	
	1 - 9 Participation in FP clinic MV Bertha, Shirley	Participation in FP clinic SC Belina, Makalebe	Participation in FP clinic SC Asefa, Fowzia	
	FP clinic, Dr. Anzalone Hafiza	Laboratory, Kalyani	9 - 5 Laboratory, Belina Dr. Anzalone, Mari	

Numbers in parentheses indicate number of participants in the activity.

WEEK VII

Feb. 24
MONDAY

Feb. 25
TUESDAY

Feb. 26
WEDNESDAY

Feb. 27
THURSDAY

Feb. 28
FRIDAY

8:15 - 9
Caucus

9 - 4
Team building
- P. Mico

9 - 12
Review of
integrated
maternal-child
health

9 - 3
Integration of MCH/FP
- Dr. Walter
CHC, Shirley

9 - 12
Group or individual
projects
CHC, Makalebe

8:30 - 10:30
Birth Center, films

11:30
Photograph session
FP clinic

PHN visit, Kalyani

10:30 - 4
Visit to Syntex,
Palo Alto

3 - 7
Participation in
FP clinic SC
Shirley, Kalynai
Laboratory, Marie

1 - 5
Participation in
FP clinic MV
Hafiza

3 - 7
Participation in
FP clinic SC
Makalebe, Belina

1 - 4
Participation in
FP clinic
Fowzia, Hafiza

1 - 9
Participation in
FP clinic MV
Bertha

Laboratory, Fowzia

Laboratory, Asefa
PHN visit, Shirley

9 - 12
PHN visit, Makalebe

9 - 5
Dr. Anzalone, Asefa

1 - 5
CHC, Kalyani

WEEK VIII

Mar. 3
MONDAY

8:15 - 9

Caucus

9 - 4

Integration of
Maternal Child
Health and
Family Planning
- G. Walter
- E. Lewis

Mar. 4
TUESDAY

8:15 - 9

Caucus

9 - 4

Integration of
Maternal Child
Health and
Family Planning
- G. Walter
- E. Lewis

Mar. 5
WEDNESDAY

8:15 - 9

Caucus

9 - 4

Integration of
Maternal Child
Health and
Family Planning
- G. Walter
- E. Lewis

Mar. 6
THURSDAY

8:15 - 9

Caucus

9 - 4

Integration of
Maternal Child
Health and
Family Planning
- G. Walter
- E. Lewis

Mar. 7
FRIDAY

8:15 - 9

Caucus

9 - 4

Integration of
Maternal Child
Health and
Family Planning
- G. Walter
- E. Lewis

7:00

Closing exercise

VI. CONTENT OF NURSE-PRACTITIONER/FAMILY PLANNING TRAINING COURSE, CYCLE 111

In the following sections, a cross section of the actual course content will be presented. This information was gathered during EIAG-ing (see page 6) sessions held after each lecture, presentation, clinical or laboratory experience. For each subject that was covered, the objectives, methodology used, content, group response and conclusion will be discussed.

A. ANATOMY AND PHYSIOLOGY OF THE MALE AND FEMALE REPRODUCTIVE SYSTEMS

Objectives: The participants will have reviewed in detail the anatomy and physiology of the reproductive systems of the male and the female. They will have recognized the extent of their own knowledge of this subject and filled any gaps in their knowledge.

Methodology: Lecture; discussions; films; slides; textbooks; models.

Resources: E. Lewis, A. Dickerson, L. Stone, L. Keranen.

Content: The anatomy and physiology of the male and female reproductive systems was discussed in depth, including identification of the various organs and tissues and their functions in reproduction. The influence of the pituitary gland, of hormones FSH and LH on the menstrual cycle was discussed. A film on surgical anatomy of the female pelvis was shown. The CIBA collection, both in slide and book form, was among the visual aids used during the discussions.

Group response and conclusion: It was felt that such a review is important at the beginning of a course in family planning so that participants can have readily available information that they may have originally studied many years before. Evaluation ranged from a majority who felt the presentation was excellent to those who rated it good. Most of the participants felt that enough time was spent on this subject, although two members would have preferred to have more time with it.

B. ESSENTIALS OF THE GYNECOLOGICAL EXAM

Objectives: The participants will be able to describe the procedure for doing a thorough breast and pelvic examination. They will know how to identify signs of abnormality. They will be able to state how and why various parts of the exam are done. They will know what equipment is used. They will be familiar with teaching models commonly used.

Methodology: Lecture; discussion; clinical models; procedure manual; outlines.

Resources: A. Dickerson, E. Lewis, I. Bartfield.

Content: The content of a complete gyn exam was described as: The Nurse-Practitioner should first examine the patient's record carefully and note any irregularities that may be present. She should then proceed with the exam, explaining to the patient what she is doing at every step. She should examine the breasts, nipples, lymph nodes, and teach the patient to do a self exam. She should then examine the thyroid and abdomen, and check limbs for varicosities. After inserting the speculum, using proper technique, she should do a pap smear and gonococcus culture, as well as any other culture that may be indicated. She should check the tone, color, and appearance of abnormalities of the vulva, perineum, vagina, and cervix. The shape, position, mobility, and consistency of the uterus, locating different positions of the uterus, the ovaries and the fallopian tubes are checked by a bimanual and/or recto-vaginal exam.

Also included was discussion of: signs of cervical carcinoma, cervicitis, and vaginitis; vaginal diagnosis of pelvic abnormalities, treatment and follow-up; identification of cysts in the breasts; identification of ovarian cysts.

Group response and conclusion: This was a very important introduction to actual clinical work. As all the participants were midwives, they had much experience examining pregnant women, but almost none with non-pregnant women. The manual and outlines used were considered to be very valuable. The participants found this aspect of the course to be good. The majority of them felt that they would have benefitted from more clinic time.

C. ORIENTATION TO LABORATORY; LABORATORY PRACTICE

Objectives: Participants will have been introduced to laboratory personnel and will have seen various laboratory techniques used in family planning demonstrated. They will be able to use the microscope and other equipment to diagnose monilia and trichinosis on wet mounts during lab practice. They will be able to read hemoglobin and albumen levels in urine. They will be able to perform gravindex test and other pregnancy tests.

Methodology: Tour of facilities; lecture-demonstrations; group participation.

Resource: D. White.

Content:

- 1) Orientation: The participants were shown how to prepare slides to carry out a gravindex pregnancy test and urinalysis; what is done with gonococcus culture and pap smear; how cultures are oxidized; how to do hematocrit tests; and how water, milk and other foods are tested for pollution.
- 2) Lab Practice: Each participant later spent from four to ten hours working alongside of the lab technician and learning how to carry out and to read the results of the procedures described above.

Group response: The group rated the introduction to the laboratory as good, and their experience working in the lab as excellent-to-good. Most felt that they had sufficient time to learn the skills they needed. The participants were very impressed with the facilities available at the lab and with the rapidity with which pregnancy tests are done. They found value in some of the simplified tests used and learned some techniques not known in their home countries. They were also pleased with the openness of the personnel and their willingness to answer questions.

Conclusion: The participants found that they have gained new laboratory skills that will be very helpful to them when they return to their own countries.

D. HEALTH SUPERVISION OF CHILDREN UNDER 5

Objectives: The participants will be able to identify high-risk children. They will know how to supervise the well-baby, including the administration of immunizations. They will have discussed a model of a well-baby clinic, including the use of record keeping. They will have discussed the identification, stages, and prevention of malnutrition. They will be able to use several techniques to teach mothers ways of preventing development of serious illnesses in their children. They will have discussed common diseases of the child under 5, and the management, treatment, and follow-up of these diseases.

Methodology: Lecture, discussion, observation at Child Health Conferences, Public Health Nursing visits, charts

Resources: J. Kohn, W. Winnicka, P. Nash, B. Major, J. Martin.

Content: Careful charting of every infant's height and weight was seen to be of prime importance in infant health supervision, especially for the early identification and treatment of high-risk children and of incipient malnutrition. Other factors of importance are excessively low maternal weight, more than four sibling deaths, low monthly increments in body weight or size, the failure of breast feeding, and illness in the first year. A model of well and sick baby clinic was presented, using the principle of "triage" (sorting) to utilize clinic personnel and space most efficiently. In this model the admissions clerk is responsible for making sure that the health workers see the mildly ill and well babies, the assistant supervisor the moderately ill, and the supervisor the very ill. Personnel with varying levels of skill can thus be most effectively used. The health worker would be responsible for immunization and health education; the assistant for mild medication, diet and care advice; while the supervisor is left free to provide care for the seriously ill child. An immunization timetable was presented and discussed. The symptoms, identification, and treatment of marasmus and kwashiorkor at all stages, and dietary supplements that can help prevent them, were discussed.

A Pediatric Nurse-Practitioner explained her role in medical screening and physical assessment of the well child. She explained how to examine the eyes, heart, throat, teeth, feet, legs, and lungs of a child without instruments. She demonstrated how to obtain and assess urine of infants, and discussed common diseases and their treatment.

The use of the stethoscope, B/P cuff, oto-ophthalmoscope were demonstrated and their use in diagnosis of hypertension, perforations of ear drum, otitis media, pneumonia, bronchitis, and gastroenteritis were discussed.

Maternal and child health in less developed countries was discussed by a professor who had spent a great deal of time in many parts of the world. She compared the mortality rates of developed and less developed countries and compared the causes of death. In developed countries the chief cause of death in the child under 5 is accidents and/or birth injuries, while in less developed countries it is communicable disease and malnutrition.

Group response and conclusion: The participants found the technique of physical assessment, the clinic model, and discussion of the management of malnutrition and other diseases to be useful. They were each presented with a set of instruments. They were less comfortable with the discussion of morbidity in their countries, but agreed that some useful information had been presented. Reaction to these presentations varied from finding them excellent to finding them fair or poor, although most felt that more time could have been spent in this general area.

E. HORMONAL CONTRACEPTION

Objectives: The participants will be able to explain hormonal control of the menstrual cycle. They will be able to explain how and why chemical hormonal contraception (H.C.) works. They will know the contraindications, the possible complications, precautions, and secondary side effects caused by the hormonal contraceptives. They will be familiar with the different hormonal contraceptives available and be able to choose that best suited for each patient.

Methodology: Lecture; discussion; slides; films; clinic participation; charts; textbooks; site visit to Syntex.

Resources: E. Gold, B. Major, E. Lewis.

Content: The present state of understanding of hormonal control of the menstrual-ovulatory cycle was presented as follows:

Hypophysiotropic hormones are elaborated in the hypothalamus.

Hypothalamic hormones are also called inhibiting or releasing factors.

FSH Releasing Factor (FSHRF) stimulates anterior pituitary to release Follicle Stimulating Hormone.

Luteinizing Releasing Factor (LRF) releases luteinizing hormone, etc.

Hormones from anterior pituitary gland stimulate ovarian activity -- FSH stimulates growth of follicles. One follicle (Graafian) matures to ovum, ruptures, LH stimulates growth of corpus luteum.

Follicle produces estrogen, which promotes growth of endometrial lining, proliferative phase.

Corpus luteum produces estrogen and progesterone, producing secretory phase.

The effects of the different hormones on the cervix, uterus, breasts, and ovaries were discussed, as well as the effect that H.C. produces on the entire body system. Using complete charts of the hormonal content of the various products currently available, the four classes of H.C. (grouped according to their progesterone and estrogen content) and the factors involved in prescribing a particular product for a particular patient were discussed. It was emphasized that one must weigh the risk versus the benefit of H.C. for each patient. A careful medical history and physical assessment will aid in this. Films on the effects of the pituitary glands in the menstrual cycle were shown.

Group response and conclusion: This was seen as one of the most important areas covered in the course. The participants felt that they learned a great deal of new information that would serve them well upon their return. The lecture-presentations were rated as good-to-excellent, with the group evenly divided as to the need to spend more time on the subject. The visit to Syntex was rated as good.

F. MECHANICAL METHODS OF CONTRACEPTION

Objectives: The participants will be familiar with the intra-uterine contraceptive device (IUD), the diaphragm, and how they work. They will be able to fit the devices, and know the contraindications and possible complications of these devices. They will understand the concepts of use effectiveness and field effectiveness. They will be familiar with other less effective models.

Methodology: Lecture; discussion; demonstration; film; slides; charts; models.

Resources: D. Minkler, E. Lewis, B. Major, I. Bartfield, J. Anzalone, A. Dickerson.

Content: During a lecture - presentation the criteria for selection of patients for IUD insertion were discussed, including contraindications such as a pelvic inflammatory disease. The evaluation, history taking and physical exam, decision process, including counselling with the patient, technique for insertion, and follow up and management were included. The distinction between use effectiveness (theoretical effectiveness) and field effectiveness (actual effectiveness) including margin of human error, like forgetting to take the pill for H.C., or removals for pain or bleeding for IUDs was clarified. Figures for both kinds of effectiveness were presented and compared with those for other forms of contraception. Reasons for failure in IUD used, including dangers of perforation, were discussed. Perforation occurs primarily at the time of insertion. Slides and a film were used to demonstrate technique of inserting a Lippes loop and the equipment needed was demonstrated. The management of tubal pregnancy with IUD intact was mentioned. Other methods of mechanical and natural contraception were briefly discussed, including diaphragm, foam, condom, withdrawal and rhythm methods. Advantages, disadvantages and failure rates of each were talked about, especially the need for each patient to choose a contraceptive that she will be comfortable using and that will fit her life style. First using models and then in the clinic under doctor's supervision, participants learned to fit diaphragms and insert IUDs.

Group response and conclusion: Although most participants would have preferred more time to participate in the clinics, they felt that they have received good basic training in the theoretical and practical use of the IUD and other contraceptive methods. They found the formal discussion of the IUD to be excellent, although they would have preferred to spend more time on the subject. The film was rated as good to excellent.

G. PERMANENT METHODS OF CONTRACEPTION

Objectives: The participants will have reviewed tubal ligation procedures: abdominal, vaginal, laparoscopy. They will be able to describe the surgical procedure of vasectomy, follow up, and possible complications. They will be able to identify the important points in counselling men and women on adopting a permanent contraceptive method and the criteria for doing these procedures in various countries.

Methodology: Lecture; demonstration; films; slides

Resource: B. Dunn, B. Major, E. Lewis

Content: The procedures for performing both vasectomy (doctor's office) and tubal ligation (hospital) were presented, with the aid of slides and a film. A discussion was held on the possible psychological effects of these procedures. It was made clear that vasectomy in no way affects the sexual potency of a male, nor does tubal ligation affect sexual capacity of a female. The group discussed the different levels of acceptability of the two procedures in their own countries.

Group response and conclusion: The participants felt that this subject was an important one that must be covered in such a course, although the acceptability of these techniques in their countries varies widely. Most rated the presentation as excellent and the time spent as adequate.

H. SELECTIVE TERMINATION OF PREGNANCY

Objectives: The participants will know what the techniques used in Santa Cruz County are, and, if they wished to, will have observed the abortion procedure. They will have examined their own attitudes, as well as the ethical and moral consequences of different community attitudes and sanctions concerning abortion. They will know the history of abortion in the United States. They will be able to identify essential components of a program to counsel patients as to the alternatives available to them in the case of unwanted pregnancy.

Methodology: Lecture; discussion; observation in clinics.

Resources: B. Siep, E. Lewis.

Content: The history of abortion in this country was presented, including its legalization in New York in 1969 and in California in 1969, up to the Supreme Court decision of 1973 that forbade

states to regulate abortion in the first trimester. The Selective Termination of Pregnancy Program (STOP) of the Santa Cruz County Health Services Agency was explained in detail, from its inception, the need to which it responded, and the actual procedures followed. Patients have a physical exam both before and after the procedure. Counseling by volunteers and public health nurses is a vital part of the program, which attempts to be as positive an experience as possible for those who need to use it. The average age of the client in Santa Cruz is 20 - 24, although women are seen ranging in age from 14 to 40. The procedure used in Santa Cruz County is vacuum aspiration. There is almost no incidence of complication when the procedure is performed under proper conditions. Those participants who wished to go attended the STOP clinic.

The participants took part in several long discussions about their personal attitudes toward abortion; the reasons why it should or should not be legalized; the conditions in their own countries; and sanctions for unwanted pregnancy.

Group response and conclusion: This subject is one that is highly emotional for most people. The participants welcomed the opportunity to clarify their own points of view and to exchange information with their colleagues. Those who wished to observe at the STOP clinic found it a valuable learning experience. They rated the presentation as good-to-fair, and felt that adequate time was spent on this program.

I. PELVIC AND VAGINAL PATHOLOGY

Objectives: The participants will be able to recognize possible pathology and to make appropriate referrals. They will know the incidence, prevalence and treatment of the most common pelvic and vaginal pathological conditions in their home countries, including endometriosis, vaginitis, cervicitis, venereal disease, and cervical cancer.

Methodology: Lecture; discussion; films; slides.

Resources: B. Major, R. Kemp, E. Lewis, G. Walter.

Content: The symptoms and treatment of various stages and kinds of vaginal and pelvic disease were discussed.

Cervicitis:

early signs and symptoms, as well as techniques for identification of the extent of cervical erosion, including biopsy and iodine stain, were presented. Four types of treatment were discussed: cauterization, diathermy, silver protein, and surgery. Discussion of glandular involvement and cyst formation was included.

Endometriosis: the incidence, signs and symptoms, such as spotting and bleeding, and the advanced involvement of organs adjacent to the uterus, such as the sigmoid colon, fallopian tubes and ovaries and the peritoneum, were discussed. Different types of surgical treatment were shown in a film presentation.

Vaginitis: The laboratory identification of different types of vaginitis, including monilia and trichomonas, were reviewed. Treatment and follow-up were discussed. The higher incidence of vaginitis in women using H.C. was mentioned, and reasons for this were discussed.

Venereal disease: Information on the history, spread, and characteristics of gonorrhoea and syphilis was given via film and lecture presentation. Easy treatment of early stages of venereal disease with penicillin, and appropriate counselling techniques were discussed. The importance of early discovery cannot be overemphasized, as complications can include sterility, blindness in the newborn, intrauterine death of the fetus, and congenital syphilis. Routine testing for GC culture during annual gyn exam was stressed.

Cervical cancer: factors predisposing to cervical cancer are age (over 35), chronic cervicitis, grand multiparity, early childbearing, and multiple sexual partners. Cancer of the cervix should be a curable disease if early diagnosis is made. Regular pap smear screening (yearly until age 35, then every 6 months) is at present the most widely available early diagnostic tool. A pap smear class 0, 1, or 2 does not usually indicate cancer, although a pap class 3 is suspicious. A class 4 or 5 indicates probable cancer. Punch or cone biopsy is used for diagnosis. Hysterectomy and/or radiation are indicated for treatment.

Group response and conclusion: The participants rated the various presentations as good-to-excellent, and were divided as to whether more time had been needed on this subject. The films were also rated as good-to-excellent, and were seen to cover their subjects quite adequately. The group felt that they would be better able to deal with the anxiety caused by limited or faulty knowledge about these diseases and their treatment.

J. NUTRITION

Objectives: The participants will be able to identify protein-calorie requirements for pre- and post-partum mothers and for infants. They will be able to identify the protein-calorie components of usual diet. They will know how to increase and/or change the protein-calorie components of diet. They will be able to list several teaching methods for accomplishing the above.

Methodology: Lecture; discussion; demonstration; hand-outs.

Resource: A. Burroughs.

Content: The nutritional needs of pregnant and lactating women and of infants were reviewed in depth, including a discussion of food values, calories, and protein-calories. Biostatistics, as related to nutrition, was discussed. The following data was noted as being pertinent: number of people; age and sex distribution; crude death rate; life expectancy; causes of death; and total child death. Hand-outs were distributed comparing weight and height of children in Mauritius, Kenya, France, England, and the U.S.A. Techniques of specific nutritional diagnosis were discussed, including clinical, biochemical, anthropometric, and dietary methods. In addition, the participants were given a wide range of actual foods, from sweet potatoes and rice to milk, margarine, butter, and sunflower seeds, and asked to construct a day's menu for a two-year old child.

Group response and conclusion: The participants found that all the information presented and the hand-outs were very useful. They especially liked the teaching technique of having the group participate in the diagnostic demonstration, and felt that the technique greatly added to their learning. The group was evenly divided on the value of this presentation, rating it from excellent-to-poor. Almost all felt sufficient time had been devoted to the subject.

K. INFERTILITY

Objectives: The participants will be able to identify the social and medical dimensions and causes of the problem of infertility in their home country. They will be able to identify several possible causes to be investigated in the diagnosis and treatment of infertility.

Methodology: Lecture; discussion.

Resource: B. Major.

Content: The three types of infertility, including primary, secondary, and absolute, were identified and discussed, as was the percentage of incidence in both males and females. The steps in the diagnosis and analysis of possible infertility are as follows: complete medical history and physical exam; demonstration of ovulation; semen analysis; tubal patency and function; check of cervical structure.

Group response and conclusion: Infertility is a serious problem in many of the participants' home countries. The information and techniques for dealing with this problem were found to be very useful, and the presentation was rated as both excellent and adequate.

L. PRENATAL AND POST-PARTUM SUPERVISION; ASSESSMENT OF HIGH-RISK MOTHERS

Objectives: The participants will be able to identify high-risk mothers according to several criteria. The participants will be able to identify ways in which the reproduction/infection/reproduction cycle can be interrupted in order to reduce perinatal mortality. They will be able to list several techniques of providing anticipatory guidance throughout the maternity cycle. They will have discussed the role of the midwife, of auxiliaries, and of traditional birth attendants, both actual and potential, in their various countries. They will have discussed various techniques for management of prenatal and post-partum clinics.

Methodology: Lecture; discussion; texts.

Resources: B. Major; E. Lewis; P. Nash; G. Walter.

Content: Criteria for identification of high-risk mothers and families was presented in depth and discussed, as were questions of treatment, referral, and follow-up. Post-partum care, including lying-in, and post-partum exercises, and breast-feeding as practiced in this and other countries was discussed. There was a great deal of discussion on the actual and potential role, and possible techniques of training, for auxiliary nurse-midwives and traditional birth attendants. The components of a complete maternal and child health clinic were identified.

Group response and conclusion: The participants were unanimously of the opinion that perinatal care is crucial to health in their countries, and that the information presented here, especially on the identification of high-risk mothers, was of primary importance to them. They rated the presentation as excellent, and most found it to be adequate for their needs.

M. NEEDS ASSESSMENT OF A COMMUNITY

Objectives: The participants will have developed a guide for assessing the health needs of a community.

Methodology: Discussion.

Resource: G. Walter.

Content: The participants developed a guide for assessing the needs of a community. Two techniques for this assessment were identified as direct questioning and site visits. Who should be questioned, what information their responses should give, and what sites should be visited were discussed. There was extensive discussion on precisely what kinds of things need to be identified on a site visit. Each of the sites that was mentioned was gone over in detail. These were the health institution(s); traditional healer; the home; school; voluntary groups; training centers; and child care centers and kindergartens. In addition, the important points to look for on a general inspection of a community and for visits to industry, markets, eating places, and food processing and preservation sites were discussed.

Group response and conclusion: The participants felt that this activity will be of tremendous help when they return to their countries, as many of them will be involved in the establishment of MCH services. They felt that this activity was an excellent one, but would have liked to spend still more time on discussing it.

0. INTEGRATION OF MATERNAL AND CHILD HEALTH AND FAMILY PLANNING

Objectives: The participants will be able to state the service components of an integrated MCH and FP service. They will be able to rank the services, as well as the steps necessary to provide them, in order of priority.

Methodology: Discussion.

Resources: G. Walter, E. Lewis

Content: The participants developed a list of the ten most important components of a Maternal and Child Health Service. They found that the top priority must be for general perinatal care of mothers and of children up to 5, including assistance in child spacing and child rearing. Second on their list was adequate, available, accessible, and acceptable emergency curative service. Health education, record keeping, sanitation, and immunization programs were also seen as very important.

P. GROUP DYNAMICS

Objectives: Participants will be aware of the science of group dynamics. They will be able to identify several properties of groups. They will know the characteristics of a participative group, and how to develop one. They will be able to identify various roles played by group members. They will know how to help a group make quick decisions. They will have negotiated a learning contract between themselves and the course faculty.

Methodology: Discussion; lecture; role playing.

Resources: P. Mico, E. Lewis, L. Apt.

Content: Group dynamics was described as a western science that evolved from the study of many disciplines, from psychology to economics. It is concerned primarily with change, that of individuals, organizations, and societies. Basic characteristics of groups are that they have a leadership structure, ground-rules for how the group functions, a system for communication and decision making, the ability to solve problems,, and that its members have a common set of goals or purposes. These characteristics may be explicitly stated or merely understood by the members. Groups vary in size from that of a family or friendship circle to a religious or economic community.

The members of a group tend to perform certain functions, which may remain the same or may change constantly. These roles are the positive ones of the leader, initiator, supporter, explainer, responder, tester, summarizer, observer, and facilitator, as well as the more negative ones of the dominator, blocker, avoider, imposer, silent member, or resister. The characteristics of each of these positions were discussed. Anyone who wishes to develop an effective group must be aware of these various roles. In order to develop a truly participatory group, the following principles should be adhered to:

- 1) responsibility for the group should be shared by all group members
- 2) decisions should be made by the group
- 3) atmosphere should be informal
- 4) techniques to allow full participation (such as sub-groups) should be used
- 5) the agenda and rules should be flexible
- 6) the group should minimize threat to individual members
- 7) the group should continually evaluate its progress, by EIAG or other techniques.

Some of the conditions that facilitate effective functioning of a group are that membership in the group is voluntary and not compulsory, all are on a first-name basis with each other, leadership is decided by the group, the mission of the group is understood and accepted, the constraints are equally understood, the group has resources with which to accomplish its task, and that it feels satisfaction with its experience.

If you are the leader of a group, there are techniques to help a group make a quick decision on an issue. All issues surrounding the decision must be clarified in advance, alternative choices must be presented, preferably in writing. That decision should be the only agenda item for the meeting, so as to allow time for discussion, but not for getting sidetracked. In addition, the meeting should be kept short, as groups tend to reach a decision just before the end of the allowed time, no matter how long it has been.

Some of these issues were presented in lecture form, but the majority were developed by the participants, using the processes of group dynamics and examining their own interactions. They ended by selecting a leader and reviewing the proposed course agenda in detail, asking for clarification on some points that were not clear. They negotiated a learning contract and the course agenda with the faculty. In taking part in this process and actively accepting the agenda for the training program, they took the responsibility upon themselves for achieving their own objectives during the course. It was emphasized that the contract remained open for negotiation at any time, and that it was their responsibility to have their needs fulfilled.

Group response and conclusion: The science of group dynamics as practiced in the United States was new to the majority of the participants. However, they quickly moved to form a well-functioning group that remained cohesive during the entire training session. They very much appreciated being able to negotiate for fulfillment of their own needs, and found the concept that a group must take responsibility for its own learning to be highly significant and effective. These activities were rated as good-to-excellent, and it was found the sufficient time was devoted to them.

Q. USE OF MEDIA TO PROMOTE CHANGE (HEALTH EDUCATION)

Objectives: The participants will be able to list several methods by which media can be used in health education to promote change in a population.

Methodology: Lecture, discussion, charts.

Resource: P. Mico

Content: Two of the vehicles for education were discussed, that of the spoken word and that using various types of media. The spoken word is the most effective, with participatory discussion groups being far more effective than lectures or panel discussions, where studies have shown that little hard information is retained.

Media aids to the spoken word can be demonstrations and models; still pictures, such as from magazines; film strips, and mobile pictures, such as a flannelboard. The effectiveness of these techniques depends to a large degree on the skill of the teacher. Films, television, and live drama can be highly effective, especially when they are adapted to the local culture.

The written word can be useful if the population is highly literate. This can be in the form of newspaper announcements and articles, leaflets and pamphlets, posters, especially effective for a single word or idea, and booklets, where this is a high degree of interest in a topic.

Health exhibitions can also be a very effective way of reaching large numbers of people, and can be used to involve key personnel.

Group response and conclusion: The participants found this discussion to be interesting. They said that it gave them many new ideas for presenting health education in varied ways in their own countries. The presentation was rated as good, time spent on it was seen to be adequate.

R. TEACHING/LEARNING APPROACHES

Objectives: The participants will be able to write clear, concise behavioral objectives. They will be able to state how the use of objectives aids in development of a curriculum, in supervision and in evaluation. They will be able to list several techniques of teaching and know the best uses of each one.

Methodology: Lecture; discussion; role-playing; group participation

Resources: L. Apt, J. McVey, E. Lewis, P. Mico, G. Walter

Content: From the very beginning of the course, the participants were asked to formulate their learning objectives for each presentation that was to be made. These objectives were given to the lecturer as far in advance as possible. During the EIAGING that followed each session, the objectives were re-examined, and the group discussed if and how well each had been fulfilled. There was discussion as to how writing their learning objectives allowed a presentation to be tailored to their specific needs. It was agreed that this process is also an effective tool for evaluation of a learning experience, either by the learner or the teacher, and for the in-process supervision of a project. If the objectives are clearly stated at the outset, it is far easier to identify precisely what activities are proper and which are not in carrying out a project. Similarly, it is possible to see immediately if a project has been successful in that way that it was intended to be.

Various techniques of teaching that were modeled for the participants and used by them were:

- 1) Lecture, for presenting large quantities of new facts or information.
- 2) Discussion, to allow group members to interact with the lecturer and ask questions, permit a full sharing of information and points of view among the participants.
- 3) Experiential learning, where participants are asked to experience something first hand and then analyze that experience.
- 4) Brainstorming, where participants already possess knowledge and work with each other to express and tabulate that knowledge.
- 5) Role playing, to help participants understand problems that may be faced by others in a particular situation, such as a family planning clinic.
- 6) Observation, useful to demonstrate clinical techniques and to learn how an activity is carried out in settings other than their own.
- 7) Clinical participation, to allow group members to practice new skills.

- 8) Feedback, a process by which participants can become aware of the effect of their actions on others, and have a tool to express their own feelings in a non-threatening and constructive manner.

Group Response and Conclusion: The participants rated these discussions and activities as good to excellent. They felt that they could have benefited from more time spent on the topic. (This subject was included later during the TOT.) They became relatively comfortable with most of the teaching techniques used and understood the appropriate uses of each one. They appreciated the importance of clarifying objectives and plan to use this technique on their return.

S. PROBLEM SOLVING

Objective: The participants would be able to use at least one technique to aid in planning and problem solving.

Methodology: Lecture; discussion; group participation

Resource: L. Apt

Content: A problem that was currently an issue was selected by the group. The problem was then divided into its components by stating what the ideal situation would be in relation to the issue at hand (objectives). Then all the possible obstacles to achieving these objectives were listed by the group, who used the technique of brainstorming. The next step was to brainstorm every conceivable resource available to them to help overcome these obstacles. At this point, it became easy to use the list of resources to develop a specific plan of action and to designate certain critical tasks that would be accomplished within a given time. In this manner a seemingly overwhelming problem can be broken down into manageable units and dealt with effectively.

Group Response: The group found this technique to be useful and rated it as good. More time was devoted to it during the TOT. In this example of experiential learning they saw the value of approaching planning and problem solving with a rational method, and understood how they could apply what they learned to when they returned home.

T. EVALUATION

Objective: The participants will be able to describe and use several techniques for evaluating programs.

Methodology: Lecture; discussion; group participation.

Resource: P. Mico, L. Apt, T. Croley, D. Flowers

Content: Evaluation was discussed and practiced continually during the course. The EIAG technique (see Section I, D) was used daily, incorporating within it an analysis of the objectives that had been set for each session. A more theoretical discussion of evaluation was also included in the course. In this presentation, an evaluation framework was identified as including the selection of activities and content, the identification of program objectives, and the selection of an evaluative methodology. The effectiveness of an MCH clinic staff was chosen as a demonstration topic. The scope and content of the subject were described, and the input into the clinic listed, including staff, financial resources, supplies and equipment, educational preparation, training methods, supervision methods, record keeping, salaries paid, and community attitudes.

Group Response and Conclusion: The group rated these activities as primarily good to fair, and were divided as to the amount of time spent on them, ranking it variously adequate, too little and too much.

VII. ADDITIONAL TRAINING EXPERIENCES FOR PARTICIPANTS OF THE NURSE-PRACTITIONER/
FAMILY PLANNING PROGRAM:

TRAINING OF TRAINERS (TOT):

Part of the additional training experience for each of the following participants included an intensive ten-day session on the Training of Trainers (TOT), held at Pajaro Dunes near Santa Cruz. The purpose of this session was to provide an opportunity to consolidate and integrate skills that had been developed during the Nurse-Practitioner/Family Planning course, especially in planning, problem-solving, resource identification, organizational development, and delivery of a training event. Participants who had particular responsibility in these areas or had not previously participated in a similar session were invited to attend. An outline of this course is included as Appendix 3.

A. TS'EDI NTSEKHE, LESOTHO:

Mrs. Ntsekhe attended a Nurse-Practitioner/Family Planning course held from September 30, 1974, to December 10, 1974, at the Downstate Medical Center, State University of New York, Brooklyn, New York. She then came to Santa Cruz, where she assisted in the planning of Cycle III, and attended the beginning part of the course. From January 18 to February 18 Mrs. Ntsekhe visited the University of Utah's Maternal and Child Health Project on the Navajo Indian Reservation at Shiprock, New Mexico. She was assigned to the Chief Administrators of the project and worked closely with them. On her return she spent several weeks with a Pediatric Nurse-Practitioner at the Santa Cruz County Health Services Agency in clinics and health visits. She attended the Training of Trainers session with other members of the present group of trainees from March 16 - 26, 1975. (See Appendix 3 for an outline of this course). She then spent two weeks at the Napa County Health Services Agency working directly with the Nursing Administrator there, Ms. Carlee Leftwich. Mrs. Ntsekhe returns to Lesotho on approximately April 15, 1975, where she will resume her position as Nurse-Midwife in charge of the Maternal and Child Health Section and staff development in that section.

B. FOUZIA JAME, HAFIZA RIAZ, ASEFA AMINZADA, AFGHANISTAN:

After completion of the Nurse-Practitioner/Family Planning Training Cycle, the three nurse-midwives from Afghanistan attended the Training of Trainers session. This course intended to aid them to develop the skills they will need to train their teaching staffs when they return to Afghanistan. They then went to the University of California Medical Center at San Francisco, where a special course of study had been prepared for them in Community Nursing and Family Health, nutrition, supervision, curriculum development integration, and epidemiology as it relates to maternal and child health.

C. KALYANI BISWAS, INDIA; SHIRLEY JAMES, DOMINICA:

Miss Biswas and Miss James spent some time observing and working at the Cathedral Hill Family Planning Clinic in San Francisco from March 10 - March 15, 1975, where they received further intensive clinical training and had the opportunity to observe the administration and functioning of an urban clinic, where some of the problems encountered are similar to those in their home environments. As both Miss James and Miss Biswas have heavy training and education responsibilities, they then returned to Santa Cruz to participate in the Training of Trainers session March 16 - March 26, 1975.

Before returning to her country, Miss James also observed at the Berkeley Comprehensive Family Planning Clinic, where she concentrated particularly on their health education techniques.

Miss Biswas spent several days at the University of California Medical Center, San Francisco, where her activities included a visit to San Francisco General Hospital, discussions with administrators, and extensive observations. She also spent time at the Loma Linda University, observing the course in nurse-midwifery in progress there; in Denver attending a conference on "Solutions to the Population Problem;" and in New York, where she visited Planned Parenthood/World Population and observed portions of the Downstate Medical Center Nurse-Practitioner/Family Planning course.

D. BERTHA M'BOGE, THE GAMBIA:

Mrs. M'Boge arrived in Santa Cruz for extended training on September 24, 1974. She was assigned to work directly with the then Director of Nursing Administration of the Santa Cruz Health Services Agency, Ms. Carlee Leftwich. She had the opportunity to utilize the full resources of the Health Services Agency to meet her specific needs. Her training included work on administrative theory and practice, curriculum development, direct care. She attended a series of lectures with the public health nurses, and made many field visits with them. After the close of the present Nurse-Practitioner/Family Planning course, Mrs. M'Boge is scheduled to attend the School of Public Health at the University of California, Berkeley, for the spring quarter. She will take graduate level courses in Family Planning, Evaluation of Health Care for Mothers and Children, International Maternal and Child Health, Principles of Maternal and Child Health, Statistics and Epidemiology. She will return to The Gambia at the end of the academic term, in mid-June, 1975.

VIII. STATEMENTS BY PARTICIPANTS

A. In evaluating the Nurse Practitioner/Family Planning course, the participants ranked the original objectives for the course in the following descending order of importance:

1. To offer the participants the opportunity to review the components of an integrated comprehensive maternal, child, family health program.
2. To enable participants to recognize possible gaps in their own knowledge and to provide opportunities to acquire the means to fill these gaps.
3. To offer the participants an opportunity to become familiar with some of the printed and audio-visual educational materials and resources available for themselves, for their students, and for their communities.
4. To offer the participants an opportunity to explore concepts and methods of group learning and teaching.
5. To offer the participants an opportunity to acquire new skills in providing contraceptive care.
6. To offer the participants an opportunity to learn to utilize techniques of community organization and involvement.
7. To offer the participants an opportunity to become familiar with several techniques of planning and evaluation.

B. The following statements were written by the participants in answer to the question: How do you hope to utilize the new knowledge and skills gained during this course when you return to your country?

1. I will work as a teacher and use these skills --
 - a. In classroom setting and demonstration in the clinic.
 - b. At times in giving service in family planning clinics.
 - c. In planning programme for in-service education for trained staff.
 - d. In supervising the students during their practice and also to the staff when they are in work in family planning and maternal and child health unit.
2. The experience which I got here will help me a lot in my routine weekly conferences where I have a regular staff meeting with the trained nurse/midwife where there is usually a topic selected for the day either a procedure followed by discussion, or a lecture followed by discussion.

-In most cases due to shortage of staff though I have a lot of commitments on administration and supervision I often find myself compelled to actually work in the overloaded MCH Clinic, and since there is only one NP/FP trained nurse in the hospital I will be compelled to work and apply the skills which I have gained working with the doctor to start with until I feel confident enough to work on my own and of course when need arises.

-In most cases where there is a problem I find every other nurse turns to me with the hope to get a solution when a client has a questions, etc.

Plan and organise in-service trainings for nurses and health aids and Mafeteng area staff. Participate in the Higher officials' planning meetings.

3. When I go home there are two possibilities of working in a new established ANM school in the rural or province or I may teach in the ANM school which is already running in Kabul now. Myself I will be teaching public health in this particular school. The family planning is taught by another teacher. As I think, I will teach usefulness and relevance of public health to family planning. How the public health and family planning staffs meet the needs and problems of each group.
4. The implementation of knowledge acquired back home:
 - a. Steps to integrate total family planning into maternal and child health services.
 - b. Integrate family planning program into school of public health and nursing and actually teach methods and skills.
 - c. Make policies with others on family planning programs.
 - d. Insert IUDs, etc. in clinic initially and do on-the-job teaching to staff.
 - e. Write to international organizations for aid in setting up clinic.
 - f. Write recommendations for all aspects of family planning.
 - g. Make suggestions and recommendations for out of country training in family planning.
 - h. Help others set up family planning clinic services
5. I work in the public health nursing field, responsible for two districts whose population density is $65,000 + 57,000 = 122,000$. There are two medical officers, two family planning nurse mid-wives and two family planning field workers (family planning is under the FP Association) in each district.
 - a. I am going to improve the family planning services already in operation with the existing staff.
 - b. Extend the family planning services into one of the hospitals where there are no family planning services yet in coordination with the present staff such as the Hospital Sister, medical officers and the staff.

- c. Plan and carry out health education services on MCH/FP along with the existing community health team to the rural communities this year.
 - d. Plan once monthly meetings with other nurse midwives to review anatomy and physiology, menstrual cycle, contraception methods and contraindications, etc., within the course of next year.
 - e. Work with the UCSC Project in my country.
6. If all goes well at home I will be doing it myself, supervision and teaching the rest of the staff how to counsel the clients and to do the work when postnatal clinics will progress
- I hope to set up a family planning clinic for high risk mothers babies and fathers at MMH Centre by the end of 1975.
7. I will teach family planning and midwifery in an ANM school
8. The things that I learned here I will discuss with US technician.
- I will prepare the equipment to train the students about family planning and maternal and child health.
 - I will demonstrate on a model with students.
 - I try to teach the students these skills.
 - I will work with them in the clinic.
 - I will work as a nurse in the family planning and the maternal and child health.
 - Evaluation.
9. Most of the information received here in this course I will use for organizing maternal and child health clinics in my country. Coordinating the fragmented services into more comprehensive programs. I shall be involved giving patient care and carrying out clinical teaching or instructions to nurses, health assistants, health aides or any other groups who need information on good family living. I will also be involved in helping and getting assistance from other professional persons in developing policies and standards of care in maternal and child health work. It will also help in team building with my colleagues and planning together with them for the good of the community.
10. As far as lies with me, I shall return to my immediate setting, i.e., health centre, where I'll be responsible to:
- a. Put into practice the clinical skills I've learned.
 - b. Teach the other members of staff both in the areas I supervise, and with whom I work, how to effectively and possibly efficiently fulfill the needs of the community.
 - c. Actual demonstration.
 - d. Get together with other members of the Health Service in integrating other topics of concern.

- e. To help with on going work in the family planning programme. On the whole, I think I will be in the position as before I left for training. The only difference being that I have acquired new knowledge and skills which as you can picture will be put to practice on a comprehensive basis.

IX. APPENDICES

NURSE PRACTITIONER/FAMILY PLANNING TRAINING PROGRAM

NEEDS EVALUATION QUESTIONNAIRE

1. In a few sentences explain your previous work experiences.
2. List your studies accomplished prior to your specialization. Where? When?
3. Where did you complete your training as a nurse?
4. Where did you train as a midwife, if applicable?
5. What do you do during a normal day's work?
6. What are the most important problems that you have encountered in your work?
7. What are the most important activities in your work?
8. List in order of importance, the skills you would like to develop during the course.
9. Indicate by a check the things to which you have easy access:
 - Stethoscopes
 - Microscopes
 - Sphygmomanometers (apparatus to measure blood pressure)
 - Thermometers
 - Otoscopes
 - Syringes
 - Speculums
 - Cervical cytology materials (sticks, plates, etc.)
 - Materials to diagnose venereal disease
 - Pregnancy test materials
 - Sterilized materials to insert I.U.D.'s
 - Instrument sterilizers
10. Among the following methods, which ones are used by the population you serve?
 - Oral contraceptives (combined)
 - Oral contraceptives (sequential)
 - I.U.D.
 - Diaphragms and gels

- Spermicide foam
- Condoms
- Rhythm (calendar)
- Rhythm (basal body temperature)
- Withdrawal
- Feminine sterilization - tubal ligation, laparoscopy, culdoscopy
- Masculine sterilization - vasectomy
- Injectables (hormonal contraceptives)
 - Depo-provera
 - Other

11. Which of the above is used most frequently?

12. Which is the I.U.D. Used in your region?

- Dalkon shield
- Safety coil
- Lippe's loop
- Cu-T
- Other (which one?) _____
- None

13. Here is a list of subjects which can be discussed during the course. Would you list your needs using the following scale:

- 4 Much
- 3 Occasionally
- 2 A little
- 1 Not at all

Circle the number which best identifies your needs:

- 4 3 2 1 Anatomy and physiology of reproduction
- 4 3 2 1 History of family planning
- 4 3 2 1 Anatomy of mammary gland
- 4 3 2 1 Menstrual cycle
- 4 3 2 1 Functional pathology
- 4 3 2 1 Vaginal infections
- 4 3 2 1 Research in contraception
- 4 3 2 1 Hormonal contraception
- 4 3 2 1 Chemical contraception (foam, gel, etc.)
- 4 3 2 1 Mechanical contraception (I.U.D., condom, etc.)
- 4 3 2 1 Feminine sterilization
- 4 3 2 1 Masculine sterilization
- 4 3 2 1 Abortion
- 4 3 2 1 Venereal disease
- 4 3 2 1 Infertility
- 4 3 2 1 Genetics
- 4 3 2 1 Human sexual response
- 4 3 2 1 Sexual dysfunction
- 4 3 2 1 Child development

- 4 3 2 1 Child diseases
- 4 3 2 1 Nutrition
- 4 3 2 1 Socio-cultural attitudes influencing family planning
- 4 3 2 1 Psychology of contraceptive failure
- 4 3 2 1 Specific aspects of sexuality of contraception and of abortion with the young
- 4 3 2 1 Legal aspects (sterilization, abortion, contraception)
- Laboratory and clinical procedures:
- 4 3 2 1 Pelvic exams (bimanual, recto-vaginal, with speculum)
- 4 3 2 1 Breast exams
- 4 3 2 1 Mechanical contraceptives - I.U.D. insertion
- 4 3 2 1 Mechanical contraceptives - measure for diaphragm
- 4 3 2 1 Laboratory analysis - cytology
- 4 3 2 1 Laboratory analysis - pregnancy test
- 4 3 2 1 Laboratory analysis - cultures
- 4 3 2 1 Teaching methods - individual counselling
- 4 3 2 1 Teaching methods - small group counselling
- 4 3 2 1 Teaching methods - large group
- 4 3 2 1 Needs evaluation in education
- 4 3 2 1 Establishment of educational programs
- 4 3 2 1 Evaluation of educational programs
- 4 3 2 1 Internal evaluation of needs and resources (inventory)
- 4 3 2 1 Consultation (meeting techniques)
- 4 3 2 1 Administration research and development)
- 4 3 2 1 Financing
- 4 3 2 1 Planning health programs
- 4 3 2 1 Identifying priorities
- 4 3 2 1 Establishing statistical systems

14. Is there any other subject not mentioned that you would like to discuss during the course? If yes, which ones?

15. Have you traveled outside of your country? Yes No
Where?

16. What is your knowledge of English?

	Good	Average	Weak	None
Written	___	___	___	___
Spoken	___	___	___	___
Read	___	___	___	___

17. Do you have any other comments or suggestions?

Thank you for your cooperation.

Lesley Apt
Training Coordinator

Emily Lewis
Program Development Coordinator

HOME ADDRESSES -- PARTICIPANTS IN NP/FP TRAINING
January - March, 1975

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TRAINING OF TRAINERS

March, 1975

GOALS:

1. Management of the learning environment, and training roles will be modeled, and participants helped to select those elements they wish to use for themselves.
2. Participants will practice techniques of teaching in a setting where each is evaluated, and shares in the evaluation of all.
3. Participants will increase their own awareness of themselves and their relationships in a group, thus permitting them to analyze their own behavior and to reinforce positive leadership qualities.
4. Participants will practice participating in, and managing groups in order to reach a specific goal.
5. Participants will use a problem-solving approach during all aspects of the training so that they will be able to use it more effectively upon returning to their places of employment.
6. Participants will use planning and evaluation as basic tools in approaching their work.
7. Participants will learn basic concepts and skills in administration, and be helped to apply these concepts to their working situation at home.

METHODS FOR ACCOMPLISHING GOALS:

1. Use experiences structured by the trainer or developed out of group relationships to help participants see and feel what they are learning.
2. Combine lectures, group sharing and experiences, so that participants have several opportunities to process new information.
3. Recognize that learning takes place in an environment where a variety of factors effect the learning of the group, for example, (1) person's openness to giving and receiving information, (2) the dynamics of the relationships inside the group, (3) the method of delivering the content.
4. Use real problems as the basis for learning.
5. Model openness and honesty and other behaviors related to being a good trainer.
6. Organize exercises around solving problems: at the participants' program or within the group in which he is now operating.
7. Plan and deliver training events, being evaluated as each is done.
8. Use a planning process, write a plan for some part of their own program.
9. Identify individual skills needed to be developed to become a trainer.
10. Develop methods to implement a training program.
11. Identify training resources in own countries and develop a strategy for using those resources.
12. Continuous self-assessment in terms of how needs are or are not being met

Short-Term Training Program at Maternal and Child Health Project - Shiprock
(University of Utah College of Nursing)

SUMMARY OF EXPERIENCES DURING THE FIRST TWO WEEKS AND HOW THEY MET SOME
OF MY NEEDS:

The primary objective of my visit to this program is to observe and learn as much as possible of the administrative and co-ordinative skills of a good maternity and child health program which is in operation and being incorporated in an existing health system within a traditional society.

A short briefing about the Navaho Indian Reservation was given to me by the University of California (Santa Cruz) prior to departure to Shiprock, New Mexico. This information included the geography, people and their culture, and I also read a booklet titled "Orientation to Health on the Navajo Indian Reservation," a guide for Hospital and Public Health Workers prepared by Staff of the Navajo Health Education Project, University of California School of Public Health for the USPHS of Indian Health, June, 1959.

1. On the first day of my arrival in Shiprock I had a very good learning experience of missing a contact person at the airport because during the process of arrangement of my trip, the name of the contact was not given to me. This sounds small, but it landed me in an incorrect -- but incidentally relevant -- department, and a good host and hostess. I call this a good learning experience because when I go back home I will use this experience to avoid this type of inconvenience to anyone or even to myself by always asking for the name of a contact person. I am also blaming myself.
2. The first office day, Monday, January 20, 1975, Ms. Isabel Rilley, who was my first hostess, introduced me to the Director of the Community Health Services, and they arranged for a visit with the Public Health Nurse to give me an orientation to the community while investigations were made about the correct host. This orientation gave me an insight into some of the functions of the nurse in the community and the efforts and functions of Community Health Services to meet the Community needs. In the afternoon I met the Director of the Maternal and Child Health Project, Miss Sevcovic (the right hostess) who welcomed me to the Administrative - Maternal and Child Health Project Trailer. This gave me great relief and assurance. We had a conference to identify my learning needs in administration.
3. During the course of the first week I was exposed to the following experiences:

Planning of Experience: I gave a brief idea of the administrative set-up of the Ministry of Health in Lesotho and my role in the Maternal and Child Health Services. A brief outline of what is involved in Maternal and Child Health Program and what is needed to develop such

a program was given. I received orientation on Maternal and Child Health Project purpose and objectives, orientation to living quarters and community, administrative responsibilities of nurse midwifery staff, orientation to the Obstetric Ward, attended professional staff meetings where they were reviewing standards of care for the patient, and meetings of the administrative committee to observe functions. I observed interviewing techniques for employing professional personnel. I was introduced to formal and informal lines of administration and authority of the project in relation to the University, Indian Health Service and the Tribe. I received orientation on how the nurse midwives share the administrative responsibilities and also how the Maternal and Child Health Project coordinates with the University for orientation of graduate students for their field experience. I also received orientation to coordination of health education services for women and children. I was also involved in and observed a coordination meeting with nutritionist, community health -- integrating a new project within an existing health service. The new project is called a W.I.C. Program -- Nutritional program to meet the needs of high-risk mothers and children. I was also oriented to job description of Nurse Midwives, Pediatric Nurse Specialist, LPN's and Nurse Aids, to some of the policies and procedures and standing orders guiding the nurse midwifery practice. Copies of some were issued.

NEEDS MET AT THE END OF THE FIRST WEEK:

- A. Awareness created of what is involved in coordinating a maternal and child health service.
- B. Awareness of how to use other members of health team in administration and their skills in setting up good standards of care.
- C. Awareness of what is involved in developing a program. Awareness of incorporating a new program in existing health system.
- D. Awareness of how to organize professional, non-professional and administration meetings.
- E. Leadership role in administration.
- F. Awareness of importance of policies, procedures orders, and job description in improving the health care.

4. EXPERIENCE DURING THE SECOND WEEK:

This week was focused on providing of health care to patients. I received orientation to concepts of Maternal and Child Health Satellite Clinics by observing the activities in a satellite clinic. I spent most of the week in the clinic observing the systems of providing care to patients by observing one patient through registration, screening, laboratory and primary care provider. I attended the following clinics: postpartum, family planning, prenatal, well baby and pediatric care.

These Experiences helped me to realize -

- A. How to set up a system of care.
- B. How to use the different levels of health manpower to deliver quality care to patients.
- C. Good use of medical records and follow-up system.
- D. Gave me ideas to determine priorities in the delivery and requirements for delivery of the maternity and child health services.
- E. Realize the training needs for my country in order to improve on the existing system of care. Given copies of inservice training curriculum for health aides.

I shall be continuing to participate in coordination meetings of the W.I.C. Program of which one is this week.

Submitted by:

Ts'edi Nt'sekhe, Certified Nurse Midwife

SUMMARY OF EXPERIENCES CONTINUED -- WEEK THREE THROUGH WEEK FOUR:

Sunday, February 2, I had a very pleasant trip to Salt Lake City with Miss Lorraine Sevcovic and Patricia Brandt, who are both on the faculty of the University of Utah and nurse/midwives of the project. It was fascinating flying over white covered mountains of Colorado and Utah. Arriving in Salt Lake at 1:30 p.m., I was delighted to join a guided tour on site seeing the Mormon Temple, one of the wonders of Utah.

On the second day in Salt Lake I attended the following meetings at the College of Nursing, University of Utah:

1. Integration of Educational Program Meeting -- College of Nursing
2. Shiprock Advisory Committee Meeting in Dean's Conference room.

In the first meeting I learned how the committee worked in selecting the criteria for admitting candidates into the graduate program. I was really impressed by the system which was used in reviewing the curriculum vitae and other requirements of the applicant following the criteria list.

The second meeting was not as good as the first because there ought to have been some decisions reached by certain committees and the decisions were not reached. By the end of the meeting the members had decided on the solution to the problem. The solution being a coordination committee was formed to coordinate the committees and compile a final report to be presented to the members in their next meetings.

I also met the Dean of the College of Nursing, who is a very nice lady, and who made me feel relaxed.

On Tuesday the 4th I went back to Shiprock, to the Maternal and Child Health Project. During the rest of the two weeks I was exposed to the following experiences: Orientation to evaluation process of health care services. Mr. Freeland, who is involved in evaluation procedure for the Maternal and Child Health Project objectives, gave me a brief explanation of how he has planned to carry out the evaluation. I had a meeting on integration of hospital services and special health projects. The meeting was attended by the Hospital Director of Nursing and the Director of Community Health Services. I was also introduced by Mr. Freeland to guidelines of writing up grants and proposals.

I had an exercise of writing a proposal on requirements for training nurses from Lesotho at the Maternal and Child Health Project to fit in their role in Lesotho. The proposal covered the curriculum development and also budget development for a program. We went over the evaluation of cost for

Maternal and Child Health Project and developing budget for programs with Miss Sevcovic. By the end of our conferences with both Mr. Freeland and Miss Sevcovic, I felt my eyes were opened to program planning and developing a budget.

Conclusion:

I feel that the stated objectives in the short program were met. I would only comment that it could have been more beneficial to me if I had spent about three months with the University of Utah Maternal and Child Health Project for a more structured program and being involved more in the daily activities with the midwives. I have a feeling that Shiprock Project would be an ideal place for training in additional Maternal and Child Health skills for nurses from Lesotho because it has a comprehensive Maternal and Child Health Program. It also extends services to some satellite clinics.

The Indian Reservation resembles Lesotho in the sense that the people are cultural and traditional and the homes are scattered all over. The people have to travel long distances to come for health services.

The Satellite Clinics help to meet the people halfway. I really feel I have benefited a lot from the program and wish to thank the staff of the Maternal and Child Health Project, Shiprock Hospital and Community Health Services for contributing to my experiences.

Submitted by:

Ts'edi Nt'sekhe

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