

PN ABS-597

90252

PLANNING A CONTINUING EDUCATION POLICY WORKSHOP



Continuing Education Systems

**A Guide for
Policy Makers
and Program
Managers**



THIS WORK WAS SUPPORTED AND MADE POSSIBLE BY THE AFRICA BUREAU, OFFICE OF OPERATION AND NEW INITIATIVES (ONI) AND THE OFFICE OF ANALYSIS, RESEARCH AND TECHNICAL SUPPORT (ARTS), UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (A.I.D.), THROUGH THE AFRICA CHILD SURVIVAL INITIATIVE-COMBATTING CHILDHOOD COMMUNICABLE DISEASES (ACSI-CCCD) PROJECT, AFRICA REGIONAL PROJECT (698-0421), WASHINGTON, D.C.

THIS GUIDE COULD NOT HAVE BEEN PUBLISHED WITHOUT THE HELP AND EXPERTISE OF THE MANY PEOPLE WHO ASSISTED IN THE WRITING, REVIEWING, EDITING, AND ILLUSTRATIONS, AMONG THEM: ANN VOIGT, CDC, ATLANTA; MPOLAI MOTEETEE, LESOTHO; ANU ADEGOROYE, NIGERIA; THE INTERNATIONAL HEALTH PROGRAM OFFICE, CENTERS FOR DISEASE CONTROL AND PREVENTION STAFF WHO GAVE MUCH OF THEIR TIME AND EXPERTISE, ESPECIALLY JUDI KANNE, DAVID GITTELMAN, AND LEE OAKLEY. ADDITIONAL THANKS TO REVIEWERS KATHLEEN PARKER, JENNIFER BRYCE, ANDY VERNON, RUTH WILSON, BEATIE DIVINE, KRIS SAARLAS, AND JIM CAREY. A SPECIAL NOTE OF THANKS TO THE WORLD HEALTH ORGANIZATION FOR THEIR PERMISSION TO REPRODUCE SEVERAL ITEMS FROM *CONTINUING THE EDUCATION OF HEALTH WORKERS: A WORKSHOP MANUAL*, BY F. ABBATT AND A. MEJIA, PUBLISHED IN 1988.

THIS DOCUMENT DOES NOT NECESSARILY REPRESENT THE VIEWS OR OPINIONS OF CDC OR OF THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT.

ANY PARTS OF THESE MATERIALS MAY BE COPIED OR REPRODUCED FOR NONCOMMERCIAL PURPOSES WITHOUT PERMISSION IF CREDIT IS PROPERLY GIVEN.

ADDITIONAL COPIES ARE AVAILABLE IN ENGLISH AND FRENCH FROM:
ACSI-CCCD TECHNICAL COORDINATOR
INTERNATIONAL HEALTH PROGRAM OFFICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
ATLANTA, GEORGIA 30333

FAX: (404) 639-0277

CONTINUING EDUCATION SYSTEMS

A Guide for Policy Makers and Program Managers

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
Africa Regional Project (698-0421)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control
and Prevention (CDC)
International Health Program Office

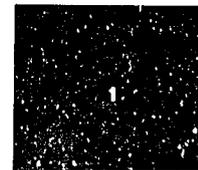
11

INTRODUCTION

Continuing education is the main way that the quality of work done by health workers is maintained or improved¹ throughout the world. Some countries provide a systematic approach² to continuing education that maximizes resources, provides valuable training, avoids duplication of services, and promotes interaction between different sectors. Other countries develop training courses as the need arises. Is one approach better than the other? Experience leads us to believe that while each country should develop a method that is right for them, a systematic approach is likely to foster effective training and sustainability³.

Whatever the choice is for your country or region, there are certain criteria that you, as policy makers or program managers, can use to review your present approach to continuing education. By reviewing the suggested steps in this guide, you may improve or strengthen your existing program, assuring health personnel and their clients that appropriate and timely training will be provided to each cadre of health workers that needs it.

This guide suggests questions that you might ask yourselves to decide if your prevailing continuing education strategy is up-to-date. It will help determine if the training needs of the health workers in your country or region are being met in a comprehensive and cost-effective manner⁴. After reading this guide, you may decide that strengthening your current continuing education system is beneficial. Therefore, additional policy statement considerations and continuing education reading suggestions are provided at the end of this guide [see appendix].



THE ROAD TO CONTINUING EDUCATION: DEVELOPING A SYSTEM

A system of continuing education for health workers operates within the larger system of health care planning, delivery, and evaluation⁵. Five steps are described in this guide for improving or developing a continuing education system that will enhance and maintain the skills of all cadres of health workers. Following these steps will help you strengthen your existing program and promote the future growth, development, and sustainability of continuing education:

STEP 1: DEVELOP OR REVISE A POLICY STATEMENT

STEP 2: CONDUCT A TRAINING NEEDS ASSESSMENT

STEP 3: DEFINE MANAGEMENT AND PLANNING ACTIVITIES

STEP 4: ORGANIZE AND IMPLEMENT SYSTEM PROGRAMS

STEP 5: MONITOR AND EVALUATE THE SYSTEM

There are many reasons for using a systematic approach to continuing education. The following provides a quick overview of some of the major reasons:

HEALTH WORKER PERFORMANCE

- Helps maintain previously learned skills
- Facilitates learning new skills
- Advocates adapting old skills and knowledge to changing community health needs
- Encourages adjustment to a different environment than that found in preservice or basic training

HEALTH WORKER LOCATION

- Helps health workers in centers or clinics where there is limited supervision
- Serves those who are isolated professionally (without access to professional journals, new technical updates, or current medical findings)
- Supports a needs assessment or systematic plan that determines who will be trained
- Promotes a planned budget for continuing education
- Brings continuing education as close to the periphery as possible, thereby helping health workers in rural areas, isolated by mileage and (possibly) inadequate transportation to the main cities

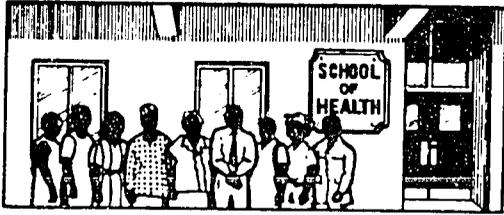
INSTRUCTOR OR FACILITATOR QUALIFICATIONS

- Promotes the use of trainers with special skills in how to train
- Supports the use of training methods that are not didactic (lectures or reading materials provided solely by the trainer)

FUNDING AND RESOURCES

- Avoids agency or donor overlapping
- Encourages sharing of equipment, facilities, and other resources when economical and practical

A systematic approach to continuing education system helps alleviate some problems encountered by ministries presently providing continuing education for their health workers. At the same time, a system encourages institutions and agencies to coordinate their activities, and improves overall health care services. For all health workers, a continuing education system supports them from the conclusion of their preservice training until retirement or completion of their career^{1,5}.



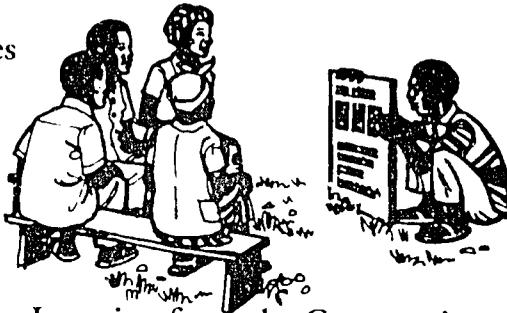
Basic or Preservice Training



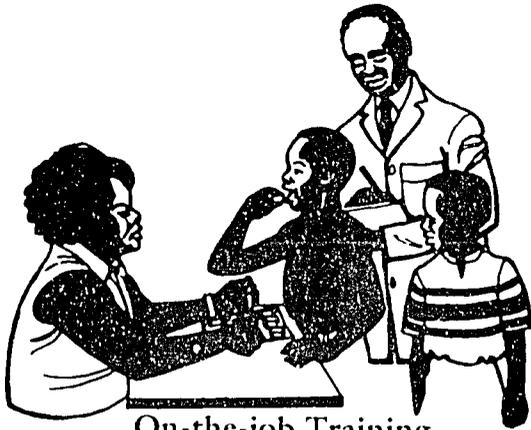
Interacting with Colleagues



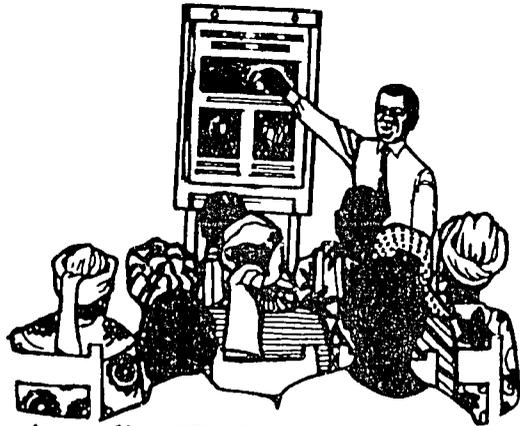
Reading Journals and Newsletters



Learning from the Community



On-the-job Training



Attending Workshops and Seminars

STEP 1: DEVELOP OR REVISE A POLICY STATEMENT

Not every region or country has a continuing education policy statement in place for health workers. However, it is a critical first step for today's policy makers and program managers to recommend the departure from ad hoc activities and periodic programs to a regional or countrywide continuing education system. When thinking about developing a new system (or improving the existing system or programs), a policy statement is a basic requirement. The policy statement helps ensure that goals and functions of a continuing education system are agreed upon by everyone involved in approving, implementing, using, financing, and sustaining the system. The statement defines how broad (or narrow) the scope of continuing education will be.

Representation from all groups associated with continuing education should be included in planning the policy statement in order to develop their ownership, support, and cooperation. The people involved in preparing the statement might include decision makers from the ministries of health and education, secondary and tertiary health training institutions, professional association or trade union representatives, and educators.

Left
←

Following basic or preservice training, a continuing education system supports every cadre of health workers throughout their career. There are many ways health workers can strengthen their skills.

STEP 2: CONDUCT A TRAINING NEEDS ASSESSMENT

In order to make continuing education relevant to health workers, training needs must be assessed before planning. A needs assessment will help decision makers determine what kind of training is necessary⁶. The assessment for continuing education activities is based on needs identified in three general areas¹:

- The problems faced by the community
- The needs of the health system in its attempt to meet the standards of care required
- The problems recognized by the health workers themselves in performing their work

There are many methods used to assess needs. One way is to look at what the major problems are, and then view problems in more detail, finding out what specific skills need to be taught. Surveys, observation studies, personal interviews, and discussions with community members, health workers, and administrators may all be used to collect information. Consider the cost, method of collecting information, the time and people available, and then decide on the most appropriate method for your program.

Some examples of useful information from the community, health care workers, and the health care system are mentioned below. You may wish to add other items to the list.

COMMUNITY

- What does the community see as its health needs?
- How do clients assess the quality of care?
- What types of community resources are available?

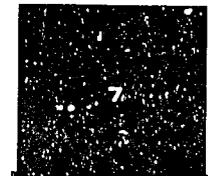
HEALTH WORKERS

- What are the services most requested by patients at the health center? Do the health workers possess the knowledge, skills, and equipment to provide them?
- What skills or information would the health workers like to have covered in a continuing education program?
- Do health workers have the most current scientific knowledge and technology available?

- If so, are they using it, or are they following outdated methods?
- Is supervision regular and supportive?

HEALTH CARE SYSTEM

- What are the leading causes of mortality and morbidity in the community, region, or country?
- What types of training were provided recently? By whom? Which health workers were trained? Was the training useful? For whom?



STEP 3: DEFINE MANAGEMENT AND PLANNING ACTIVITIES

A continuing education system is composed of a network of agencies, organizations, and institutions. System management is strengthened when each participating member of the network understands the responsibilities, programs, constraints, resources available, and the value within the system of their participation. This implies a high level of cooperation among participating members.

Responsibilities need to be defined at national, regional, district, and facility levels. Those responsible are encouraged to describe the plan's operational activities and how support and service programs will be addressed. There are many ways to assign responsibilities for system components. Some operational functions are best accomplished from more than one level. One example might be:

CONTINUING EDUCATION SYSTEM: OPERATIONAL FUNCTIONS

- | | | |
|-------------------------|--------------------------|---------------------------------------|
| ● National: | Policy statement | Financial support |
| | Standardized materials | Training manuals |
| | Needs assessment | Evaluation and research |
| | Annual review | |
| ● Regional or District: | Transportation | Evaluation and research |
| | Resource center | Staff (who will train or facilitate?) |
| | Financial support | Provisions for feedback |
| | Needs assessment | Equipment for training |
| ● Facility: | Transportation | Provisions for feedback |
| | Staff (who will attend?) | Needs assessment |
| | Equipment for training | Additional financial support |
| | Monitoring activities | |

Coordination among logistics, training, program management, and health education plays a critical role in providing continuing education for all health workers. For instance, health workers must be able to obtain the equipment and supplies needed to perform the tasks they are now trained to do. If a media campaign encouraging mothers to bring their sick children to health facilities is planned, health workers should be trained first and the plan needs to include the distribution of oral rehydration supplies. There is no point in training health workers and conducting media campaigns if the solution to a health care problem depends on access to a product that is not available.

In addition to coordination, another point to remember is that training programs are sometimes (inadvertently) planned in reverse. For example, make sure that the time and place are not fixed, or instructors chosen (with the course content decided) before planners consider the special difficulties, resources, customs, and strengths of the people involved⁷. Policy makers and program managers may also want to consider that personnel working in facilities located at a great distance from urban centers often have "few" or "inadequate" continuing education interventions. Cooperative efforts and coordination involve both mass media activities planned for the entire community and patient education efforts in health facilities. Health educators need to assure that quality educational programs are coordinated with the capabilities and resources of the facility to respond to the demand for services.

STEP 4: ORGANIZE AND IMPLEMENT SYSTEM PROGRAMS

The organization of programs (within a system) requires following your policy statement guidelines and the results of your needs assessment. The following suggestions can serve as examples of activities that might be included in an organizational plan, but other items may be added on a regional or district-to-district basis:

DESCRIBE an integrated and comprehensive continuing education program based on the continuing education needs assessment and policy statement for the system. Design the program to avoid duplication of services, overlaps, and gaps in continuing education for health workers.

COORDINATE the various educational activities of professional groups, donor agencies, institutions, program managers, and continuing education departments.

IDENTIFY financial resources available for continuing education such as line items in regional and national budgets, grant programs, potential donors, and others.

SUPPLY training equipment and facilities at the central or regional level and make them available to organizations or agencies providing continuing education.

TRAIN primary health care trainers. Trainers need both clinical experience and teaching skills^{8,9}. Trainers need to assimilate ideas from the community into their teaching methodology. A core group of multi-disciplinary trainers and supervisors can help avoid duplication of resources from various vertical programs.

DEVELOP curricula and select materials for adaptation or development.

DETERMINE the degree of decentralization¹⁰. A central level system assures that information on program policy, case management, and standing orders are disseminated to regional or district trainers. It may also provide standardized training materials and directives on federally determined priorities.

GENERATE a strong network of individuals, program managers, institutions, and associations capable of changing as the needs arise. The network will improve communication and provide a strong link with preservice institutions, the supervisory system, and other sectors in the delivery of health care services.

Each plan in the system coordinates the various organizational activities, assuring that linking occurs and support services are provided when needed.

Implementation of the educational programs will require input from many different people and institutions. Such program activities might include the how and where of:

- Teacher training
- Budget details
- Required communications
- Logistics
- Provisions for feedback
- Purchase of supplies and equipment
- Selection of learners
- Disbursement of funds
- Facility arrangements
- Equipment maintenance
- Annual reviews

One of the greatest challenges to implementing educational programs within the continuing education system is the ability to coordinate activities of various organizations to move forward in a timely manner. The aim of implementation for a continuing education system is to achieve what you have set out to do within the framework of your policy statement, using the timetable you have determined to use. There may be some adjustments along the way. Available resources, facilities, logistics, and other factors will affect how you are able to implement your overall continuing education system.

STEP 5: MONITOR AND EVALUATE THE SYSTEM

Managers need assurance that work plans are functioning. With careful coordination and planning, activities described in the previous step (Organize and Implement System Programs) occur without duplication of resources. In planning what to monitor, managers will want to think about indicators that show:

- Specific program targets were achieved
- Completion of activities took place within the allotted time frame
- Achievements were accomplished according to the plan
- Locally available resources and materials were used when possible
- Maximum cooperation was attained
- Feedback was received by supervisory and preservice personnel

Evaluation needs to be an integral part of the system from the point of inception. Items to consider when developing the evaluation component are varied. First, consider that the ultimate objective of the continuing education program is not merely the improvement of the health workers' skills or even the improvement of the way health care is delivered. Those are just means to an end, and the end is an "improvement in the overall health status of the community¹¹." Thus, the immediate outcome is trained health workers, while the ultimate outcome is improved health status¹²." When managers plan their evaluation, it must include an evaluation of the plan, the process used to implement the plan, and the results achieved. Three areas to include are:

1. EVALUATING THE HEALTH WORKER'S PERFORMANCE:

- How will new skills gained through training be measured?
- How will on-the-job performance be measured?

2. EVALUATING INDIVIDUAL TRAINING PROGRAMS:

- How is training relevant to the health care worker, community, or national priorities?
- Was the curriculum developed in response to the results of needs assessment activities?
- Are the skills of the trainers evaluated?
- Are available resources and budget management routinely evaluated?
- Are discrete training activities, such as learner selection, evaluated?



3. EVALUATING THE CONTINUING EDUCATION SYSTEM:

- Is the centralization or decentralization structure working?
- Are there open and functional interagency communications?
- Is there a strong, yet flexible, network of individuals, programs, institutions, and associations concerned with continuing education?
- Is there an annual system review to reinforce monitoring components?
 - ✓ Before expanding activities, have benefits and usefulness been reassessed?
 - ✓ Is there time set aside every year for policy makers and program managers to review the continuing education system?

SUMMARY

The five steps suggested in this guide will help policy makers and program managers to answer questions related to their respective countrywide continuing education plans.

DEVELOPING OR REVISING A POLICY STATEMENT will lend credibility to a continuing education program and validate the program's mandate for performing its functions. A commitment from policy makers and program managers regarding the value of an integrated continuing education system is an essential part of the statement and plan.

CONDUCTING A TRAINING NEEDS ASSESSMENT calls for two critical questions to be asked by policy makers and program managers: (1) "Where are we?" and (2) "Where are we going?" If "where you are" is NOT "where you want to be" then a change is indicated¹³. Surveys, observational studies, personal interviews, and discussions with community members, health workers, and administrators are all methods of assessing the need for continuing education in your country or region.

By clearly **DEFINING MANAGEMENT AND PLANNING ACTIVITIES** within the system, training programs can be linked with other sectors and agencies. Management of training activities in various countries differs greatly depending on resources available and a commitment of national counterparts, donor agencies, and technical advisors willing to approach training systematically. Remember that a willingness to allocate adequate resources for continuing education must come from you, as a policy maker or program manager.

ORGANIZING AND IMPLEMENTING PROGRAMS within the system means supporting a collaborative continuing education approach. "That is to say, the system should have a unified policy framework, in which relevant plans, human resources, institutions, and facilities can be coordinated or functionally integrated¹." Note that the plans for management, organization, and implementation are better served if they are included in the policy statement.

Effective **MONITORING AND EVALUATING** should provide a means of measuring program progress, initiating changes when necessary, and monitoring the overall success of the program. Evaluation needs to be part of an operative continuing education system.

The establishment of a continuing education system should not be a means to an end. It is, rather, a beginning. A well designed continuing education system for health workers should serve as one component in a comprehensive approach to achieving health for all by the year 2000. It should "introduce new developments and techniques in health care and in health services management, address gaps between performance and actual demands of a job, and impart new skills necessitated by changes in health programs or by new or different responsibilities ¹⁴." The involvement of the community, the health workers, and you, the policy maker or program manager, is crucial for the quality of health care services.

REFERENCES AND NOTES

1. Abbatt FR, Mejia A. *Continuing the education of health workers: A workshop manual*, World Health Organization, Geneva, 1988.
2. A system refers to "the sum of the educational activities, the organizational structure that supports and manages those activities, and crucially, the relationship between the educational activities, the management, and the external agencies involved in the provision of health care." Abbatt FR, Mejia A. *Continuing the education of health workers: A workshop manual*, World Health Organization, Geneva, 1988.
3. Sustainability has been defined as "the continuation of activities and benefits achieved during the life of the project, at least three years after the project funding stops." In: Bossert T. *Can they get along without us? Sustainability of donor-supported health projects in Central America and Africa*, Social Science and Medicine, 30(9):1015-23, 1990.
4. For example, a mid term program review of the Niger State Continuing Education Program suggested that "all health personnel in Niger State should be channeled through the Continuing Education Unit. [This] recommendation, if implemented, [would] increase the cost-effectiveness of training activities and strengthen the CEU." (External Evaluation Team: Imade UO, Kuteyi DY, Smith NU, Alhaji YM.) Anka, Niger State, Nigeria, Africa, July 16-20, 1990.
5. Report of a WHO expert committee, *Systems of continuing education: Priority to district health personnel*, Technical Report Series 803, World Health Organization, Geneva, 1990.
6. Bryce J, Toole M, Waldman R, Voigt A. *Assessing the quality of facility-based child survival services*, Health Policy and Planning, 7(2):155-63, 1992.
7. Werner D, Bower B. *Helping Health Workers Learn*, The Hesperian Foundation, Palo Alto, California, USA, 1982.
8. Godwin P. *Training health workers: What needs to be taught and who should teach it*, Social Science and Medicine, 17(22):1819-25, 1983.
9. *Meeting global health challenges: A position paper on health education*. Paper prepared jointly by the International Union for Health Education, World Health Organization (Division of Health Education), with support from the Centers for Disease Control and Prevention, (Research and development provided by Dr. Marshall Kreuter of Health 2000), April 1992.
10. For example, while training can be decentralized, it will still require strong central support from the central, state, or national level. Even when a continuing education system is decentralized, periodic continuing education programs at the central level for trainers enhances communication between regional and central trainers.
11. African Medical and Research Foundation Training Department (AMREF), *Continuing education for health workers: Planning district programmes*, (C. H. Wood, Head of Department), Nairobi, Kenya, 1983.

12. Personal communication, Dr. Mpolai Motectee (former Head of Family Health Division) Ministry of Health, Lesotho, Africa, 1993.
13. Dyal WW. Program management: *A guide for improving program decisions*, US Department of Health and Human Services, Centers for Disease Control, Atlanta, Georgia, USA, 1990.
14. Bazilio J. *Report on the coordination of in-service training at the Ministry of Health*, Mbabane, Swaziland, May 22-June 16, 1989.

APPENDIX

SUGGESTIONS FOR FURTHER READING

Continuing Education for Health Workers: Planning District Programmes, Training Department - African Medical and Research Foundation (AMREF), C.H. Wood, Head of Department, Nairobi, Kenya, 1983.

Write to: Health Learning Materials Unit
AMREF
P.O. Box 30125
Nairobi, Kenya

Continuing the Education for Health Workers: A Workshop Manual, World Health Organization (WHO), Geneva, Switzerland, 1988.

Write to: World Health Organization
Distribution and Sales Service
1211 Geneva 27
Switzerland

Or contact any of the WHO regional offices listed in WHO publications.

Report of a WHO Expert Committee. *Systems of Continuing Education: Priority to District Health Personnel*, Technical Report Series 803, WHO, Geneva, 1990.

Write to: World Health Organization
Distribution and Sales Service
1211 Geneva 27
Switzerland

Or contact any of the WHO regional offices listed in WHO publications.

Planning a Continuing Education Policy Workshop

Write to: Centers for Disease Control and Prevention (CDC)
International Health Program Office
Technical Support Division
1600 Clifton Road, NE
Atlanta, GA
USA 30333

The following list represents a brief overview* of items to consider when developing and writing a policy statement.

CONSIDERATIONS BEFORE WRITING A POLICY STATEMENT

- Identify the agency or organization that will be responsible for managing the day-to-day implementation of the policy statement strategies
- Decide who will write the policy statement (include representation from all areas of health care)
- Specify the goals for a continuing education system
- Review who is doing continuing education and how, where, and for whom is it being done and ask some important questions (a few sample questions are listed):
 - ✓ What are the existing continuing education activities and programs that need to be reviewed?
 - ✓ Where were the training sessions conducted? Was the quality of training adequate?
 - ✓ Are multi-disciplinary trainers available? If yes, how many and are they being used?
 - ✓ Was there adequate time for training to take place?
 - ✓ What training materials are currently available?
 - ✓ How far can training be decentralized (planning, training and budgeting being proposed in order to meet regional or local needs)?
- Review resources and constraints associated with the policy statement activities
- Identify strategies to achieve the goals using available resources
- Generate support for the policy by including representatives who will be affected by the policy
- Prepare, submit, and request implementation of the policy statement

*For an in depth explanation, please refer to Annex 6 "A Check-list For Preparing A Policy Statement," page 113, Abbatt FR and Mejia A, *Continuing Education of Health Workers: A Workshop Manual*, World Health Organization, Geneva, 1988.



U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

July 1994

Dear Colleague:

The United States Agency for International Development (A.I.D.) has supported the Africa Child Survival Initiative-Combating Childhood Communicable Diseases (ACSI-CCCD) Project for more than a decade. The aim of this project was to strengthen the capacity of African Ministries of Health when implementing child survival programs and improving the health of children in 13 countries in Africa. A series of ACSI-CCCD project publications on lessons learned during the project's implementation is being prepared for dissemination to African colleagues and partners in international child survival.

Continuing education is one of the main ways to assure that the quality work done by health workers is maintained and improved. We are enclosing two related continuing education reading selections for you. The first, *Continuing Education Systems: A Guide for Policy Makers and Program Managers*, describes five essential steps to develop or strengthen a continuing education system. When these steps are implemented, the development, growth, and sustainability of continuing education programs can be enhanced. The second, *Planning A Continuing Education Policy Workshop* is a set of workshop materials designed to assist program managers and policy makers when developing a draft for a continuing education policy statement to meet their specific needs. These materials should be useful to those responsible for developing or strengthening a continuing education system for their country, region, facility, or community.

The information for these two selections is drawn from our experiences in several ACSI-CCCD countries, especially Lesotho, Nigeria, Central African Republic (C.A.R.), Swaziland, and Burundi. We thank the World Health Organization (WHO) for many of the suggestions and ideas, mentioned in *Continuing the Education of Health Workers: A Workshop Manual*, by F.R. Abbatt and A. Mejía, published in 1988, and reprinted by permission. We also thank the health leaders in Lesotho for sharing their continuing education policy model with us. We invite readers to comment on the enclosed materials and to consider this information as an essential component of a comprehensive approach to achieving *health for all by the year 2000*.

Sincerely yours,

A handwritten signature in cursive script that reads "Hope Sukin".

Hope Sukin
ACSI-CCCD Child Survival Advisor

25



INTRODUCTION

Planning A Continuing Education Policy Workshop was developed* to assist program managers and policy makers when drafting a continuing education policy to meet their specific country, regional, or district health workers' needs. This 3 day workshop will help policy makers and program managers address questions and reflect on issues that directly affect the quality and further development of continuing education activities for their health workers.

This workshop guide is for the person who will facilitate the continuing education policy workshop. The draft policy statement developed by the end of the workshop should reflect the type of continuing education system the workshop participants feel is appropriate for their needs. This draft policy statement can then be developed into a continuing education policy. Such a policy will meet the unique demands of the various areas represented by the workshop participants.

Support for this work was made possible by the Africa Bureau, Office of Operation and New Initiatives (ONI) and the Office of Analysis, Research and Technical Support (ARTS), United States Agency for International Development (A.I.D.), through the Africa Child Survival Initiative-Combating Childhood Communicable Diseases (ACSI-CCCD) Project, Africa Regional Project (698-0421), Washington, D.C.

This workshop guide was developed with the help and expertise of many people, among them: Ann Voigt, David Gittelman, Judi Kanne, and Peggy Smith, International Health Program Office (IHPO), Centers for Disease Control and Prevention (CDC), Atlanta; and Karen Tompkins Berney, Community Health Consultant. A special note of thanks to the World Health Organization (WHO) for their permission to reprint and adapt information from *Continuing The Education Of Health Workers: A Workshop Manual*, by F. Abbatt and A. Mejia, published by WHO, 1988, with particular attention to "The Workshop Leaders' Guide."

This document does not necessarily represent the views or opinions of CDC or A.I.D. Any parts of these materials may be copied or reproduced for noncommercial purposes without permission if credit is properly given.

Additional copies are available in English and French from:
ACSI-CCCD Technical Coordinator
International Health Program Office
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333
FAX: (404) 639-0277

*Although varying in length and design, this workshop is based on the workshop described in *Continuing the education of health workers: A workshop manual*, by F. Abbatt and A. Mejia, published by World Health Organization (WHO), 1988, pages 153-185.

26

PLANNING THE WORKSHOP

WHO SHOULD FACILITATE?

The facilitator should be someone who is familiar with ministry of health procedures, has worked with educational programs, and exhibits excellent communication and facilitation skills.

WHO SHOULD ATTEND?

The participants should be decision makers representing primary health care programs, health and education sectors, medical and paramedical training institutions, and professional organizations.

The size of the group should be limited to 20-25 people to stimulate discussions and reach a consensus.

PLANNING AHEAD - One month before the workshop

- ▶ Arrange for space to hold the workshop.
- ▶ Identify participants and explain the purpose of the upcoming workshop.
- ▶ Ask four of the participants to prepare a 20-minute summary (based on current health sector information) about one of the topics listed below. These summaries will be presented during *Exercise 5*.

Topic #1: Information on the leading causes of child morbidity and mortality. Use the best available data from the health information system (HIS).

Topic #2: Policy changes such as recent (from the last 5 years) changes in policy and technical strategies from EPI, CDD, ARI, and other primary health care related priorities.

Topic #3: Field observations about health worker's performance from supervisory reports or personal observations on the effectiveness of health workers at the facility. This would include case management, adequacy of drug supplies, acceptance by the community, and facility needs assessments (if available).

Topic #4: Reviews of preservice training outcomes. Some questions to consider when preparing for his topic are listed below:

- Can graduates of preservice training perform basic skills needed for primary health care?
- What percentage of the graduates pass their qualifying exams?
- Are exams relevant to the duties of the primary health care worker?
- Are job descriptions written for the health workers routinely reviewed?
- Are job descriptions relevant to the tasks the health worker is now performing? (In other words, do the descriptions reflect the health worker's current responsibilities?)

→

67

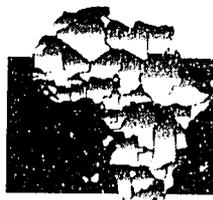
PLANNING AHEAD - Two weeks before the workshop

- ▶ Confirm the location, needed space, chairs, and so forth.
- ▶ Check that financial arrangements are in order.
- ▶ Recheck the availability of the facilitator.
- ▶ Verify that the needed materials are available.
- ▶ Remind the selected participants to prepare for their summary presentations needed for *Exercise 5*.
- ▶ Review the activities for each day and prepare materials for the workshop:
 - **HANDOUT A** - *Exercises 1 and 2* - Types of Continuing Education
 - **HANDOUT B** - *Exercise 1* - Questions
 - **HANDOUT C** - *Exercise 6* - Initial or Ongoing Management Activities
 - **HANDOUT D** - *Exercise 7* - More Questions for Discussion
 - **HANDOUT E** - *Exercise 8* - Sample Draft - A Continuing Education Policy Statement
 - Pen, pencil, and notebook for each participant
 - Flip chart and markers (or chalkboard, chalk, and eraser)

GENERAL NOTES TO THE FACILITATOR ON CONDUCTING THE WORKSHOP

- ▶ At the beginning of the workshop, give an overview of the entire workshop and explain the *purpose* for each day.
- ▶ During the workshop, explain the *purpose* for each exercise.
- ▶ When conducting each exercise, the following approach may be useful (remember to advise each chairperson to do the same for small group work).
 1. State the question,
 2. Provide clarification of the problem,
 3. Brainstorm for solutions,
 4. Review all suggestions from brainstorming
 5. Discuss (clarify if necessary)
 6. Draw conclusions from the group,
- ▶ Facilitate small groups to report back to the large group and build consensus or share information.
- ▶ If available, additional background information for facilitators can be found in:
 - Abbatt F and Mejia A. *Continuing the education of health workers: A workshop manual*, World Health Organization (WHO), Geneva, 1988.
 - African Medical and Research Foundation Training Department (AMREF), *Continuing education for health workers: Planning district programmes*, (Wood C.H., Head of Department), Nairobi, Kenya, 1983.
 - *Continuing education systems: A guide for policy makers and program managers*, Centers for Disease Control and Prevention (CDC), International Health Program Office, Atlanta, Georgia, 1993.
 - Report of a WHO Expert Committee. *Systems of continuing education: Priority to district health personnel*, Technical Report Series 803, Geneva, 1990.

28



PLANNING A CONTINUING EDUCATION POLICY WORKSHOP

HANDOUT A

EXERCISES 1 & 2 - TYPES OF CONTINUING EDUCATION

These various methods of learning were listed by a consultative meeting on continuing education (arranged by the World Health Organization at Srinagar, India, from 29 June to 4 July 1983) and are reproduced here for convenience.*

On-the-job methods

- Health care audits
- Job rotations
- Inservice training
- On-site supervision and guidance
- Journal article review club
- Team assignments and projects
- Review of patient records monthly reports
- Telephone conferences
- Meetings of scientific societies
- Newsletters

Off-the-job methods

- Distance learning
- Academic studies
- Training courses
- Self-study
- Guided studies
- Seminars and workshops
- Conferences
- Meetings of professional organizations
- Staff meetings and conferences
- Meetings with colleagues

*Continuing the education of health workers: A workshop manual, by F. Abbatt and A. Mejía, published by World Health Organization (WHO), 1988.

HANDOUT B

QUESTIONS FOR EXERCISE 1

1. Does the basic, or preservice training adequately prepare health workers for the job the MOH expects them to do:

For the chairperson:

- Is the training curriculum up-to-date with current primary health care policies?
- Do new graduates have all the necessary skills for the jobs they will be performing?
- Are students able to practice their newly learned skills during training?

2. Have significant health policy changes taken place in the last few years?

For the chairperson:

- Are there changes in policies regarding EPI, CDD, ARI, or malaria?
- Are there other policy changes that directly affect primary health care services?
- Are preservice training institutions notified when there are such policy changes?

3. Are health care workers making the best use of available resources?

For the chairperson:

- Is there a rational use of drugs or medications by health workers?
- Are vaccines, drugs, and supplies reordered and stocked in a timely fashion?

4. Have health workers maintained a high standard of care over the years? (Review results from the available evaluations and reports.

For the chairperson:

- Is there planned inservice if health workers are transferred or when policies change?
- Do health workers use correct case management, maintain adequate drug supplies, and record IIS information accurately?
- Have all cadres of health workers received access to periodic continuing education during their careers?
- Are the health workers collaborating with community members to achieve mutually decided on goals?

5. How is continuing education funded?

For the chairperson:

- Is there a line item in the budget for continuing education at the national, state, and district levels?
- Do donors provide funding?
- Do professional organizations provide funding?
- Do health workers sponsor their own CE programs?

6. How do health workers view continuing education?

For the chairperson:

- Do they want to learn more?
- Do they perceive it is a "perk" or benefit?
- Do they believe it will help with career advancement?
- Do they have little interest in the value of continuing education?

HANDOUT C

EXERCISE 6 - INITIAL OR ONGOING MANAGEMENT ACTIVITIES

<i>Management should:</i>	<i>Whether activity is initial or ongoing</i>	<i>Resources needed (Person-years)</i>	<i>Example</i>
1. Identify current activities			
2. Identify needs			
3. Create awareness			
4. Coordinate activities			
5. Finance activities			
6. Provide central facilities			
7. Train teachers or trainers			
8. Develop materials			
9. Produce materials			
10. Coordinate reassessment			
11. Liaise with supervisors			
12. Define curricula			
13. Provide continuing education			
14. Select learners			
15. Provide feedback			
16. Carry out evaluation and research			

HANDOUT D

EXERCISE 7 - MORE QUESTIONS FOR DISCUSSION

*Questions for discussion:**

1. What agencies, organizations, and institutions will initially be part of a continuing education system?
2. Where will the money and resources come from? Now the ideas of the operating expenses for staff, equipment, and so forth should be discussed by the participants.
3. What will the ministry of health be asked to provide toward continuing education funds? Will the health workers themselves be expected to pay anything? Will other agencies make any contribution?
4. To whom will the system of continuing education be accountable?
5. Presumably all the agencies that make a contribution to the system will wish to have some say in the way these resources are used. Will this be done through an overall management committee?
6. Will the people working in continuing education be employed by a separate continuing education unit or will they be employed by a range of other institutions?
7. If a continuing education unit is planned, will it be part of the ministry of health, some other agency (such as a medical school or college of health sciences), or will it be independent? If it already exists, can it be improved?
8. How will a liaison be maintained among the various agencies involved (such as the ministries of health and education, training institutions, professional associations, and other organizations providing health care)?
9. Will the system of continuing education be centralized in one location or will it be distributed widely across the country or area as a whole?
10. Which individual or group will be responsible for planning and coordinating the day-to-day activities of the system?

These questions are intended to provide a framework for the discussion. Participants should be encouraged to debate additional issues as they arise. It should not be assumed that all the questions are necessarily relevant to every situation or that they can be completely answered at this stage.

*Continuing the education of health workers: A workshop manual, by F. Abbatt and A. Mejía, published by World Health Organization (WHO), 1988.

HANDOUT E
EXERCISE 8
SAMPLE OF
A CONTINUING EDUCATION POLICY STATEMENT

The following is a sample of what a policy statement might include. As experience, support, and financial resources become available, the policy should be reviewed and revised every 3-5 years. When using this sample with Exercise 7, note that the components for the introduction (Part I) and the body (Part II) are found in parentheses below.

State who will be managing and implementing the policy.

A system for continuing education will be established under the Department of Training and Manpower Development, at the national level, and under the Director of Public Health Service at the state level. These agencies will be responsible for the promotion, planning, organization, direction, and implementation of all continuing education activities at the primary and secondary health care levels.

State the problem and the current status in an objective manner.

Following the recent implementation of a primary health care policy, the ministry of health (MOH) recognized the need for rapid dissemination and application of new MOH policies and programs. Also identified was the need for maintaining and improving the skills and knowledge of health workers in health facilities. In order to meet the proposed objectives of the national health system, the continuing education system is designed and based on identified needs and available resources.

Specify the projected goals of the continuing education system.

- ▶ To maintain and improve the skills of primary health care workers serving in primary health care facilities.
- ▶ To provide primary health care workers with new information and skills as policies change or develop.
- ▶ To base training on national, state, district, community, and health worker needs. To coordinate all primary health care training activities. To provide a mechanism for intersectoral and interagency linkage, thereby sharing resources and knowledge, and enabling primary health care workers to improve the quality of health care services.

Identify the strategies to achieve the projected goals.

A continuing education unit (CEU) will be established in each state. This unit is to be responsible for planning, implementing, and managing the activities in the state at the district levels for all cadres of health workers. In addition, primary and secondary training institutions, professional organizations, and donor agencies throughout the state will have designated continuing education liaison persons to contribute to the coordination and implementation of continuing education activities.

The CEU will be the resource center for scientific and technical information for health personnel. They will develop a library of resource materials including journals, pamphlets, and papers from national and international organizations. They will acquire appropriate audio-visual materials and equipment to facilitate training. They will oversee the following activities:

- Develop a central unit for training policy and materials development.
- Decentralize training to the district level.
- Conduct a training needs assessment of health workers, the health system, and the community they serve every 5 years.
- Develop a 5-year training plan.
- Monitor training needs of all categories of health care workers.
- Provide training to all categories of health care workers in a timely manner.
- Establish a committee representing health centers, schools of medicine and nursing, hospitals, program managers, and professional organizations to plan continuing education programs
- Establish continuing education units to serve as a resource center
- Assure the best use of donor funding and eliminate duplication of services:
- Institute a coordinating office from each region or district
- Identify liaisons from all health institutions, organizations, and agencies to cooperate with the representative from the continuing education coordinating office
- Conduct interagency and cross institutional training
- Plan annual meetings to coordinate training

Describe the administrative arrangements and how they interrelate to the continuing education organization.

The head of the unit will report directly to the Director of Public Health services. The head of CEU will supervise all CEU staff and will be the liaison to the State Continuing Education Committee.

The State Continuing Education Committee will meet annually to advise the CEU staff regarding training priorities. The committee should include the Director of Public Health Services, primary health care program managers, the head of CEU, and representatives from the nongovernmental agencies and members as determined on an annual basis.

Identify the aspects of financial management.

There will be a line item budget for the following activities:

- ▶ **Federal level**
 - The development of standardized training materials based on national policy
 - A provision for annual continuing education workshops to state level CEU personnel
 - Support state level CEU personnel when requested
 - Notification of changes in policy from the highest level to the state and district personnel responsible for policy implementation

- ▶ **State level**
 - The reproduction of training materials as needed
 - Training courses for district trainers
 - Supervisory visits to district trainers
- ▶ **District level**
 - On the-job training courses
 - Supervisory visits

Identify evaluation plans for the continuing education system.

The Department of Training and Manpower Development, with State and Facility level representatives will conduct a continuing education review of the system, management, and activities every 3-5 years, consisting of:

Continuing Education System

- Interagency, organizational, and institutional cooperation
- Information flow to program managers and preservice trainers
- Public and private sector cooperation

Continuing Education Management

- Materials development
- Use of resources
- Supervisory visits

Continuing Education Activities

- Skills for trainers
- Training curricula
- Training schedules
- Health worker performance

The responsibility for the continuing education evaluation will include representatives from those who plan, implement, and participate in continuing education. Government policy makers (ministry of health and education representatives) and primary health care program managers are to be part of the evaluation. Monitoring of the continuing education system will be ongoing.

DAY ONE



PURPOSE

- ▶ To define continuing education and explain the need for it
- ▶ To review existing continuing education activities
- ▶ To identify available resources for continuing education
- ▶ To identify continuing education needs for primary health care workers
- ▶ To identify management activities of a continuing education system

Materials Needed:

- HANDOUT A - Types of Continuing Education - *Exercises 1 and 2* (one copy per participant)
- HANDOUT B - Questions for *Exercise 1* (one per participant)
- HANDOUT C - Initial or Ongoing Management Activities - *Exercise 6* (one copy per participant)
- Facility needs assessment (FNA) results
- Pen, pencil, and notebook for each participant
- Flip chart stand, paper, and markers (or chalkboard, chalk, and eraser)

Time: Activities:

- 8:30**
1. Welcome and introduction to the workshop
 2. Introduce the participants
 3. Give an overview of the entire workshop:
 - Review or assess the status of continuing education for health workers (in general)
 - Review the components of a continuing education system
 - Draft a continuing education policy statement
 - Identify what elements should be evaluated, who should do the evaluation, and how often the evaluation should be done
 - Design and draft a *plan of action*
 4. Give an overview of the Day One exercises:
 - Exercises 1 and 2* are designed to be an introduction to (or a review of) continuing education activities. The need for the continuing education activities of health workers has been well documented during the last two decades. Participants will identify types of continuing education in their geographic areas and review the continuing education activities that are currently available and those needing improvement.
 - Exercises 3 and 4* are designed to identify unsatisfactory aspects of available continuing education in the areas represented by the participants. Existing resources are identified and the role of the federal, state, and local levels are defined.
 - Exercise 5* is designed to identify how to determine what technical content should be included in continuing education and who should participate in the continuing education programs.
 - Exercise 6* addresses management activities (such as the coordination of participating agencies, organizations, or institutions) and resources (such as operating expenses and equipment for training). These are the essential to the support and sustainability of a continuing education system.
 5. Tell the participants that by the end of the day they should have a list on the flip chart or chalkboard of *continuing education needs* and *available resources* for planning their continuing education programs.

- 9:00** 6. Conduct Part I of *Exercise 1: Is continuing education important?*
 Explain that the purpose of this exercise is to develop a *definition* of continuing education and to review the reasons and rationale for ongoing continuing education.
 Read the following statement: **In 1974, the Twenty-seventh World Health Assembly called on Member States to consider the following statements on continuing education as a matter of urgency:**
*The development of national systems of continuing education for the health professions, based on national and local health needs and demands, integrated with health care and educational systems, with full utilization of the resources of universities and schools of health personnel. The promotion of the systems approach in educational planning for continuing education and the periodic assessment of the quality of performance of health personnel in delivering preventive and curative health care. **
 Describe components of a continuing education system network:
*One of the most important features of a system is that activities should function as an integrated whole — that is to say, the system should have a unified policy framework, in which relevant plans, human resources, institutions, and facilities can be coordinated or functionally integrated. For example, a continuing education system includes the people, policies, plans, functions, and facilities of several institutions and programs that have agreed to work together rather than in isolation. **
 Begin a group discussion by asking how to define the term continuing education and what it includes. You might ask:
- When does continuing education start for the health worker?
 - How long should continuing education continue?
 - Brainstorm and list examples of continuing education activities. The facilitator may suggest different types of continuing education activities listed in HANDOUT A that participants did not mention. Save this list for *Exercise 2*.
- 9:30** Explain that Part II of this exercise documents the need for continuing education for health workers.
- 9:35** Divide the participants into three groups to prepare for Part II of *Exercise 1*. Explain that each group should select a chairperson to help focus on the relevant topic and stimulate participation from all members. Be sure to encourage ARI, CDD, EPI and other program managers to participate in different groups. (Give each chairperson HANDOUT B and explain that they should use the handout questions to stimulate discussion for their group topics.) Assign an individual group reporter to give a 10-minute summary to the large group.
- Group I:** Report and discuss questions 1 and 2 (HANDOUT B)
 - Group II:** Report and discuss questions 3 and 4 (HANDOUT B)
 - Group III:** Report and discuss questions 5 and 6 (HANDOUT B)
- 10:30** Break
- 10:45** Reconvene and ask each group to present their findings. Others can be invited to make additional comments after each presentation.
- 11:30** 7. Conduct *Exercise 2: What type of continuing education is currently available and for whom?*
 Explain that in *Exercise 1* the group listed a variety of possible continuing education activities and the need for them. The purpose of *Exercise 2* is to review what is actually happening in the existing continuing education activities at their national, state, or local level.

*Continuing the education of health workers: A workshop manual, by F. Abbatt and A. Mejia, published by World Health Organization (WHO), 1988.

Put up a piece of newsprint (or write on the chalkboard) the following headings:

	Which Cadre	Topic or Skill	When	Quality
<i>FOR EXAMPLE:</i>				
	1. Vaccinators	EPI cold chain	1992 (2 days)	<i>(To be completed in Exercise 3)</i>
		Sterilization technique	1993 (1 day)	
	2. Nurses	ORT training	1992 (3 days)	
	3. Program Managers	Newsletter	1992 (Jan/June)	

Fill in the first three columns (save the "quality" column for later). Participants should list all types of continuing education that they know were completed during the last 3 years. Some general types of continuing education were suggested in HANDOUT A. Refer participants to the list generated during Exercise 1.

Include types of continuing education available or accessible to participants from their ministries of health, professional organizations, donor agencies, nongovernmental organizations, journals, newsletters, and so forth. For whom is continuing education available (such as rural health workers, government and nongovernmental health workers, clinic workers, technicians, nurses, and physicians)? Are all cadres of health workers represented on the list?

If all the suggestions from Exercise 1 have not been included here, ask about them now.

11:45 8. Conduct Exercise 3: *Is the current provision of continuing education satisfactory?*

The purpose of this exercise is for each group to review the continuing education activities relevant to the topic given to them earlier.

Have the participants return to their three groups. They should review the list of continuing education activities generated in Exercise 2 and note the quality of each activity listed.

Ask each group to discuss the following questions and report their conclusions to the large group.

1. How often is continuing education available? Whose priorities are considered (national, state, regional health center, those of the community, or possibly all)?
2. Do the current continuing education activities emphasize the skills, knowledge, and attitudes needed by health workers in their daily work?
3. Do the present continuing education programs lead to improvements in the way health workers perform their health care tasks? (Is this determined by facility needs assessment results?)

On the basis of these questions, each group should now evaluate the "quality" of the continuing education provided. Write a "rating" (and a reason, if applicable) under "quality." The following example may be helpful:

	Which Cadre	Topic or Skill	When	Quality
<i>FOR EXAMPLE:</i>				
	1. Vaccinators	EPI cold chain	1992 (2 days)	average
		Sterilization technique	1993 (1 day)	good (practiced skills)
	2. Nurses	ORT training	1992 (3 days)	poor (no practice, only lecture and reading)

Ask the participants to discuss the following questions:

1. How are topics for continuing education selected? How do they relate to identified needs or problems in the health system (as in the federal, state, community, or health worker needs)?
2. Are continuing education activities provided to health workers throughout their careers? Is there a system to monitor activities and participants?

3. How are continuing education activities linked with supervision? Do supervisors provide follow up to recently trained personnel? How are they linked with preservice training? How are they linked with logistics?
4. Who is responsible for assuring that continuing education activities interact with other organizations and institutions? How does linking occur? Some areas where linkage may be essential are listed below:

Preservice training	Supervisory system
Drugs and supply system	Logistics system
Policy formulation	Primary health care programs
Health manpower planning section	Health service managers

Summarize the discussion by listing strengths and weaknesses of existing continuing education activities. Emphasize that continuing education by itself cannot change health worker performance at the facility. Continuing education will only be effective when linked with other systems such as logistics, health education, and transportation.

12:30 Lunch

1:30 9. Conduct *Exercise 4: Are there continuing education resources that are presently under used?*

- Explain that in *Exercise 4* participants should identify what continuing education resources exist and describe the current roles of the federal, state, and local health facilities in continuing education.
- Explain to participants that in most situations there are facilities and resources that are under used. For example, trainers are available to teach who are not presently teaching. Space is available within institutions for training when regular classes are not in session. Teaching materials and equipment are not always in use. Perhaps a continuing education unit (CEU) is located in a teaching hospital or school for paramedics? The library and audio-visual equipment (and other resources) can be shared (rather than duplicated) with other members of a planned continuing education system.
- Participants should remain in their same three groups. Assign the following topics to each group for discussion:

- Group I:** What type of continuing education is provided at the federal, state, community, and facility level? Who receives it? Are continuing education activities or programs routine or ad hoc?
- Group II:** Where does funding for continuing education come from (federal, state, local, donor, personal, or other funds)?
- Group III:** What is the past and current role of teaching institutions in providing continuing education? What resources do the health facility staff members have access to?

2:00 Summarize key findings and list them on the chalk board or flip chart paper:

	What <i>(such as programs, journals)</i>	Funding	Facilities	Equipment	Personnel
Federal:					
State:					
Community:					
Facility:					

2:15 Explain to participants that the morning sessions emphasized identifying problems and barriers. Now the emphasis of the workshop should change from identification of the

problems to exploration of answers. By the end of the afternoon, the group should have adequate background information to start thinking about a policy to define the type of continuing education system most appropriate for their particular situation.

10. Conduct *Exercise 5: What type of continuing education is needed for primary health care workers?* Explain to participants that *Exercise 5* is concerned with the learning needs of health workers. As an example, it is easy to say continuing education is “very important” or “we should organize an inservice training.” However, it is *not easy* to be precise about what should be learned and who should be learning it. The participants who were selected 1 month before the workshop to prepare a 20-minute summary on one of four topics will now give their presentations. After the summaries, divide the participants into four groups, with one topic assignment to each group. Those who prepared the summaries should be included in the appropriate groups. The other participants should know before the presentations which group they will be assigned to.

- **Group #1 and presenter #1:** Information on the leading causes of child morbidity and mortality. Use the best available data from the HIS.
- **Group #2 and presenter #2:** Policy changes such as recent (from the last 5 years) changes in policy and technical strategies from EPI, CDD, ARI, and other primary health care related priorities.
- **Group #3 and presenter #3:** Field observations about health worker’s performance from supervisory reports or personal observations on the effectiveness of health workers at the facility. This would include case management, adequacy of drug supplies, acceptance by the community, and facility needs assessments (if available).
- **Group #4 and presenter #4:** Reviews of preservice training outcomes, such as training curricula and job descriptions. Ask questions such as:
 1. Can graduates of preservice training perform basic skills needed for primary health care?
 2. What percent of the graduates pass their qualifying exams?
 3. Are exams relevant to the duties of the primary health care worker?
 4. Are job descriptions written for the health workers routinely reviewed?
 5. Are job descriptions relevant to the tasks the health worker is now performing?
(In other words, do the descriptions reflect the health worker’s current responsibilities?)

3:30 Break

- 3:45 Reconvene as one large group. Ask each smaller group to report back to the large group with a short summary from their discussions.

Summarize today’s sessions and results thus far (try to be brief):

- What continuing education exists?
- Who receives continuing education?
- What components are in place for a continuing education system?
- What resources are currently available?
- What resources are being used?

- 4:30 11. Conduct *Exercise 6* as a large group activity.

What management activities will the system of continuing education be involved in?

Explain to participants that this exercise will help them understand what is involved in continuing education systems. Briefly describe two distinct types of activities.

- The first is “management activities,” such as the coordination of participating agencies, mobilization of resources, budgeting, and provision of educational equipment. These are essential support operations.
- The second is purely “educational.” For example, the acute respiratory program may have a new policy or perhaps antibiotics are not being properly prescribed. Therefore, an educational program is designed to try to improve case management or the managerial skills of the health workers. Note that these two types of activities cannot be

completely separated, since in practice there is overlap and interaction. However, the workshop time available is insufficient to treat the level of detail required for activity and program implementation. Decisions about activities and programs are not decisions to be included in a policy statement. They are included here only to provide needed background information.

- *Exercise 6* addresses only management activities. The goal of this exercise is to increase awareness of the range of activities that must be considered in designing, operating, and evaluating a continuing education system.

4:45 12. Write the management activity information from HANDOUT C on the flip chart or chalkboard. Give the following explanation to the participants. The column headed "Whether activity is initial or ongoing" should be completed with either letter "I" or "O" to indicate whether the activity is:

- One that needs to be done only when the system of continuing education is being established, therefore an initial activity (I)
- Whether it is something that is ongoing and continues at more or less the same level on intensity for a number of years, thus an ongoing activity (O)

Before deciding whether an activity is worth doing, it is important to consider the resources required for it. This should be summarized in the table by the number of person-years needed every year, or for an initial activity, the total number of person-years. If participants think an activity would take two people about three months of full time work, they should record:

"2 people x 3 months (6 months)" under the *Resources Needed* column;

If they think it would take seven people about half their time throughout the year, they should record:

"7 people x 6 months (42 months)" under *Resources Needed* column;

If they think the activity should not be done at all, they should record:

"0" in the *Resources Needed* column.

Although personnel are not the only important resource, for the purpose of this exercise, participants should ignore all other resources—they will need to think about them more in another exercise. If participants have time, they should record an example of what would be done. For example, if they think materials should be written, they should write down who should write the manuals and where and when the manuals should be developed.

5:30 Summarize *Exercise 6*. Explain that although this exercise did not relate specifically to policy development, the exercise helped them to see the management activities involved in developing a continuing education system. Ask for questions and clarify any misunderstandings or remaining questions. Post the completed list so it can be seen for the next exercise.

Close Day One of the workshop.

DAY THREE



PURPOSE

- ▶ To review evaluation plans for the continuing education system
- ▶ To decide what types of questions should be considered when planning an evaluation
- ▶ To develop a plan of action to implement the planned draft policy statement

Materials needed:

- Draft policy statements from Day Two
- Pen, pencil, and notebook for each participant
- Flip chart stand, paper, and markers (or chalkboard, chalk, and eraser)

Time: Activities:

- 9:00 1. Give an overview of Day Three.

Exercise 9 suggests questions to be considered when developing an evaluation

Exercise 10 shows participants how to design a *plan of action*

An important function on the final day is to link the workshop with future plans. The direct link between the workshop and the future is the *plan of action*, which will be prepared during the day.

Explain that evaluation activities should include looking at the system, management, and educational activities. Decide what questions to ask that will suggest that the continuing education system is helping to strengthen and maintain the skills of health workers.

- 9:10 2. Conduct *Exercise 9: What questions should be included when evaluating a continuing education system?*

Divide the participants into three groups with the following topics:

Group I: Continuing Education System

- A. Interagency, organizational, and institutional cooperation
- B. Information flow to program managers and preservice trainers
- C. Public and private sector cooperation

Group II: Continuing Education Management

- A. Materials development
- B. Use of resources
- C. Supervisory visits

Group III: Continuing Education Activities

- A. Skills for trainers
- B. Training curricula
- C. Training schedules
- D. Health worker performance

Each group should answer the following questions:

- What needs to be evaluated?
- How often should an evaluation take place? (For example, every 2 years, every 5 years? Or perhaps in 6 months and then yearly?)
- Should the evaluation be part of an ongoing monitoring system?
- Who should be responsible for the evaluation? For example, should it be the trainers, supervisors, or perhaps the program managers?

The participants should keep in mind that the evaluations must be as simple as possible, yet provide useful information. They must also be completed within the ministry of health (MOH) budget. As much as possible, the evaluations should be structured to be part of an ongoing activity.

10:30 Break

11:00 3. Each group should prepare a 10-minute presentation. Other groups should comment on the feasibility (cost and time), usefulness, and relevance of the proposal.

14

Note to the facilitator

The *plan of action* is the next statement prepared by the workshop participants. The statement should include (for each activity) the agency or person responsible and the time frame for completion. These activities should lead to an effective continuing education system. This plan, and the way it is implemented, will transform the *Planning A Continuing Education Policy Workshop* from a "talking shop" into a place where significant action was generated.

- 12:00 4. Conduct *Exercise 10: Preparing a plan of action to implement the policy.*

Explain to the participants:

The plan of action should be a statement developed by the workshop participants. The plan should be a simple statement of the events that should take place and clearly indicate who will be responsible for making it happen. The immediate result of this workshop is that participants will have a plan of action to implement over the next few months. The long term result is that a system of continuing education will be established or strengthened.

Put the following headings on flip chart paper or chalkboard:

ACTION EVENT	STARTING DATE	COMPLETION DATE	PERSON RESPONSIBLE
-----------------	------------------	--------------------	-----------------------

Ask participants to list the activities that must take place. They will also need to identify who is responsible for the activity or task and the time frame for completion. Start with major tasks. If time permits, smaller tasks may be included under the major activities. After listing the different actions or events, fill in the other columns with the types of activities. Some examples of major tasks might include:

- Reporting results of workshop to the ministries of health and education
- Establishing a working group to finalize continuing education policy

- 1:30 5. Thank everyone for participating and close the last day of the workshop.

1/5



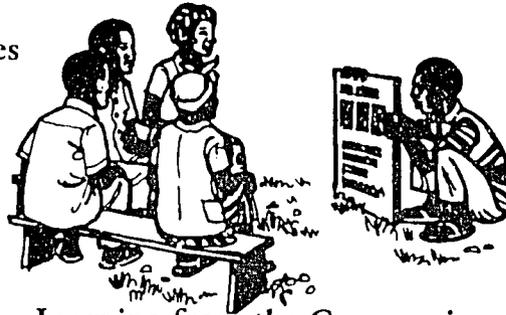
Basic or Preservice Training



Interacting with Colleagues



Reading Journals and Newsletters



Learning from the Community



On-the-job Training



Attending Workshops and Seminars

46

DAY TWO



PURPOSE

- ▶ To review the organization of a continuing education system
- ▶ To determine the components included in a continuing education system
- ▶ To draft a policy statement

Materials Needed:

- **HANDOUT D** - More Questions for Discussion - *Exercise 7* (one copy per participant)
- **HANDOUT E** - Sample Policy Statement - *Exercise 8* (one copy per participant)
- Pen, pencil, and notebook for each participant
- Flip chart stand, paper, and markers (or chalkboard, chalk, and eraser)

Time: Activities:

- 9:00** 1. Give an overview of Day Two:
Exercise 7 helps participants reflect on how to organize a continuing education system. Exercise 8 will help participants identify components when writing their draft policy statements.
- 9:05** 2. Review the managerial components of a continuing education system suggested in *Exercise 6*.
Assist the participants in reaching a consensus if areas of strong disagreement remain.
- 9:10** 3. Begin *Exercise 7: Organizing the system of continuing education*.
Distribute **HANDOUT D** and review the questions with the participants.
Explain that this session will give the participants an overview of what is included in a continuing education system. They will then decide what is appropriate for their situation. The plan they develop for organizing their own continuing education systems should be created to best meet the long term needs of their country, region, or community. By the end of the morning, participants should try to reach consensus on the questions in **HANDOUT D**.
Explain to the participants that their model draft policy will have two parts:
- Part I: The introduction**
- Who is to write or revise the policy statement?
 - The problem (this should be an objective statement)
 - A summary of the current status of continuing education
- Part II: The body**
- Goals of the proposed system
 - General strategies to achieve the goals
 - The organizational and administrative arrangements and how they will be interrelated
 - The responsibility for financial arrangements

- The terms of reference for the agency responsible for implementing and periodically evaluating the policy
- How often the evaluation of the continuing education system should occur and what should be included

Provide a description (brief) of what should not be included in a continuing education policy statement. For example, individual educational activities (such as developing objectives for a training session, educational activities, number of hours for each session, type of follow-up support, and so forth). These activities should be determined on an annual (or routine) basis by those who implement the system.

- 9:45** 4. Conduct *Exercise 8: Preparing a draft continuing education policy*. Participants will work in small groups for this exercise, but first discuss the following with all groups:
 Define what is meant by a policy statement. For example:
 A policy can be a clear statement of intent for adoption by a government, health authority, institution, or group of individuals who wish to work together to further an agreed set of objectives. Once there is agreement, the statement should be clear describing how the process of implementation will take place.
 Explain to participants that a policy statement is not developed in one day. The purpose of this exercise is to help participants identify elements of a continuing education policy statement that is right for them. Later, a subcommittee may use this draft to develop a final policy statement. (HANDOUT E provides a sample of what might be included in a continuing education policy statement.)
5. Divide participants into small groups. You may choose the same groups from the first day or choose new groups.
 Give the following general instructions to the participants before they break into groups:
 Each small group should draft a continuing education policy for (*country or regional level*). The proposed draft statement should be realistic. For example, it should not imply that 20 percent of the health budget be spent on continuing education. The policy should, however, provide draft guidelines for finalizing a policy statement. Give HANDOUT E to use as a reference.
- 10:45** Break
- 11:15** Continue to work on the draft policy statements
- 12:30** Lunch
- 1:30** 6. Continue to work on the draft policy. Try to bring each group to a consensus on a draft policy that could be recommended to the ministry of health or education to represent the group's best thinking on what the policy statement should include.
- 3:00** Summarize the progress of the policy drafts. Have each group present their draft policy statement.
- 3:30** Break
- 4:00** 7. Reconvene. Try to reach a consensus on a final draft policy statement.
- 5:30** *Close Day Two of the workshop.*

48