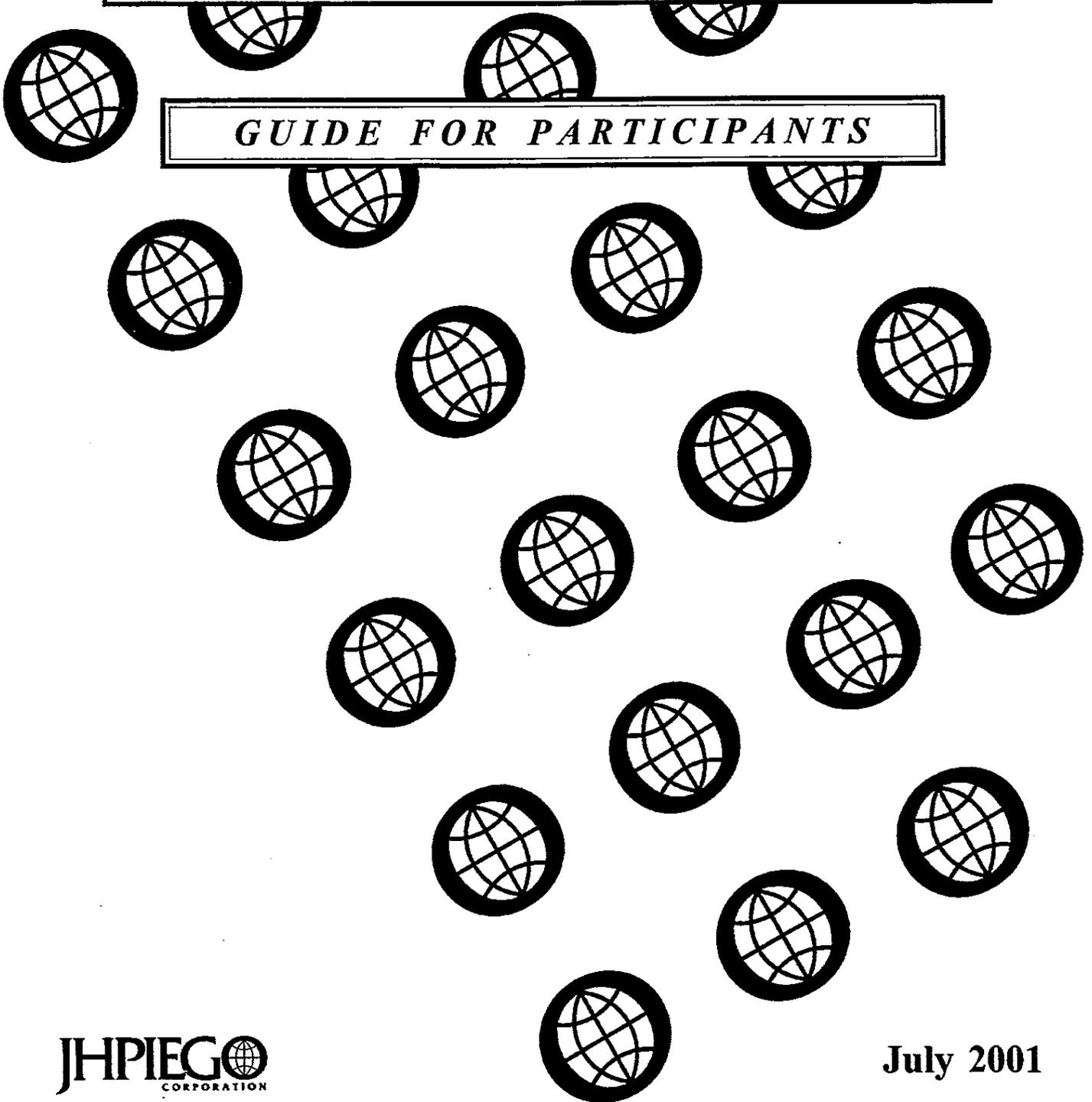


PN-ACQ-284

ADVANCED TRAINING SKILLS COURSE HANDBOOK

GUIDE FOR PARTICIPANTS



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JHPIEGO Corporation
July 2001

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ADVANCED TRAINING SKILLS COURSE HANDBOOK FOR PARTICIPANTS

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OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

This advanced training skills course will be conducted using principles of adult education which are based on the assumption that people participate in courses because they:

- Are **interested** in the topic
- Wish to **improve** their knowledge or skills, and thus their job performance
- Desire to be **actively involved** in learning new knowledge, attitudes and skills.

For these reasons, all of the course materials focus on the **participant**. For example, the course content and activities are intended to promote **learning**, and the participant is expected to be actively involved in **all** aspects of that learning. The **trainer** will create a comfortable environment and promote those activities which assist the participant in acquiring new knowledge, attitudes and skills.

In this type of learning program, the **trainer** and the **participant** are provided with a similar set of educational materials. The trainer by virtue of her/his previous training and experiences works with the participants as an expert on the topic and guides the learning activities.

The competency-based training approach used in this course stresses the importance of cost-effective use of resources and application of relevant educational technologies and use of a variety of training techniques. Competency-based knowledge questionnaires are provided to assist the trainer in evaluating objectively each participant's performance.

MASTERY LEARNING

The **mastery learning** approach to clinical training assumes that all participants can master (learn) the required knowledge, attitudes or skills provided sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will "master" the knowledge and skills on which the training is based.

While some participants are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people

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

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

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

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to perform a job, not simply acquiring new knowledge.
- **Dynamic**, because it enables trainers to provide participants with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs.
- **Less stressful**, because from the outset participants, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the trainer.

KEY FEATURES OF EFFECTIVE CLINICAL TRAINING

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

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

Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

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

<i>Skill Acquisition</i>	Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance
<i>Skill Competency</i>	Knows the steps and their sequence (if necessary) and can perform the required skill or activity
<i>Skill Proficiency</i>	Knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity

Competency-Based Training

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by **doing**. It focuses on the specific knowledge, attitudes and skills needed to carry out a procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just what information the participant has acquired. Moreover, CBT requires that the trainer facilitate and encourage learning rather than serve in the more traditional role of instructor or lecturer. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

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

An essential component of CBT is **coaching**, which uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the trainer should first explain the skill or activity and then demonstrate it using an anatomic model or other training aid such as a videotape. Once the skill has been demonstrated and discussed, the trainer/coach then observes and interacts with the participant to provide guidance in learning the skill or activity, monitors progress and helps the participant overcome problems.

The coaching process ensures that the participant receives **feedback** regarding performance:

- **Before practice**—The trainer and participant should meet briefly before each practice session to review the skill/activity, including the steps/tasks which will be emphasized during the session.
- **During practice**—The trainer observes, coaches and provides feedback as the participant performs the steps/tasks outlined in the learning guide.
- **After practice**—This feedback session should take place immediately after practice. Using the learning guide, the trainer discusses the strengths of the participant's performance and also offers specific suggestions for improvement.

Humanistic Training Techniques

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

Before a participant attempts a clinical procedure with a client, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions several times using an anatomic model and appropriate audiovisual aids (e.g., video).
- While being supervised, the participant should practice the required skills and client interactions using the model and actual instruments in a simulated setting which is as similar as possible to the real situation.

Only when **skill competency** and some degree of **skill proficiency** have been demonstrated with models, however, should participants have their first contacts with clients.

When mastery learning, which is based on adult learning principles and behavior modeling, is integrated with CBT, the result is a powerful and extremely effective method for providing training. And when humanistic training techniques, such as using anatomic models and other learning aids, are incorporated, training time and costs can be reduced significantly.

COMPONENTS OF THE ADVANCED TRAINING SKILLS LEARNING PACKAGE

This advanced training skills course is built around use of the following components:

- Need-to-know information contained in a **reference manual**
- A **course handbook** containing validated questionnaires, case studies, role plays and exercises
- A **trainer's notebook**, which includes questionnaire, case study and exercise answer keys and detailed information for conducting the course
- **Well-designed teaching aids and audiovisual materials**, such as diagrams, charts and other training aids
- **Competency-based performance evaluation**

The reference manual recommended for use in this course is *Advanced Training Skills for Reproductive Health Professionals*, which contains practical "how to" information and techniques to help the advanced trainer conduct participatory, humanistic clinical skill and clinical training skills courses.

USING THE ADVANCED TRAINING SKILLS LEARNING PACKAGE

In designing the learning materials for this course, particular attention has been paid to making them "user friendly" and to permit the course participants and trainer the widest possible latitude in adapting the training to the participants' (group and individual) learning needs. For example, at the beginning of each course an assessment is made of each participant's knowledge. The results of this precourse assessment are then used jointly by the participants and the master trainer to adapt the course

content as needed so that the training focuses on acquisition of **new** information and skills.

A second feature relates to the use of the reference manual and course handbook. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the “text” for the participants and the “reference source” for the trainer, special handouts or supplemental materials are not needed. In addition, because the manual **only** contains information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **course handbook**, on the other hand, serves a dual function. First, and foremost, it is the road map that guides the participant through each phase of the course. It contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, individual and group assessment matrix, case studies, role plays, exercises and course evaluation) needed during the course.

The **trainer’s notebook** contains the same material as the course handbook for participants as well as material for the trainer. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire and answer key, and answer keys for the case studies and exercises.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the trainer continually change throughout the course. For example, the trainer is an **instructor** when presenting a classroom demonstration; is a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice their role as a trainer of new trainers. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

Summary

The CBT approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. **Second**, it involves use of behavior modeling to facilitate learning a standardized way of performing a skill or activity. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** has been learned. **Fourth**, where possible, it relies heavily on the use of anatomic models and other

training aids (i.e., it is humanistic) to enable participants to practice repeatedly the standardized way of performing the skill or activity **before** working with clients or new trainers. Thus by the time the trainer evaluates each participant's performance, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**

INTRODUCTION

COURSE DESIGN

The advanced training skills course is designed to help clinical trainers and preservice personnel become more effective trainers as well as to prepare advanced trainers to conduct clinical training skills courses. The course builds on each participant's past knowledge and takes advantage of the individual's high motivation to accomplish the learning tasks in the minimum time. Training emphasizes **doing**, not just knowing, and uses **competency-based evaluation** of performance.

An advanced training skills course consists of three components:

- Transfer of the knowledge and skills required for facilitating the growth and management of groups, improved problem-solving and clinical decision-making skills and teaching these skills to others, and effectively training new clinical trainers.
- Development of advanced coaching and supervision skills. An advanced training skills course includes opportunities to practice coaching and supervision of new clinical trainers in simulated and clinical situations.
- Practice in conducting clinical training skills courses. Soon after completing the course, the participant will train one or more clinical training skills courses with an advanced or master trainer, preferably the trainer who taught the advanced training skills course.

There is a **model course schedule** provided in this handbook. The design of the model course schedule is based on the assumption that those attending the course are proficient clinical trainers and healthcare providers. The model **course outline** in the trainer's notebook describes how to conduct each session appearing in the course schedule.

This training course differs from traditional courses in several ways, as described below.

- During the first day of the course, participants demonstrate their knowledge of advanced training skills by completing a written assessment (**Precourse Questionnaire**).
- Classroom sessions focus on key aspects of advanced training skills.

- Progress in knowledge-based learning is measured during the course using a standardized written assessment (**Midcourse Questionnaire**).
- Participant skills in group facilitation, problem solving, clinical decision-making and use of coaching are observed and evaluated throughout the course.

Successful completion of the course is based on mastery of both the content and skills components.

EVALUATION

This advanced training skills course is designed to produce competent advanced trainers. Qualification as an advanced trainer usually is attained through training one or more clinical training skills courses while being assisted by an advanced or master trainer. This training event is also known as a practicum.

Qualification is a statement by the training organization that the participant has met the requirements of the course in knowledge, skills and practice. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification is based on the participant's achievement in three areas:

- **Knowledge**—A score of at least 85% on the **Midcourse Questionnaire**
- **Skills**—Satisfactory performance of advanced training skills
- **Practice**—Demonstrated ability to conduct clinical training skills courses for new trainers

Responsibility for the participant becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

- **Midcourse Questionnaire.** This knowledge assessment will be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information. Participants scoring less than 85% can take the

Midcourse Questionnaire again at any time during the remainder of the course.

- **Skills.** Satisfactory performance of advanced training skills (e.g., group process, problem solving and clinical decision-making) assessed during the course.
- **Practice.** Demonstrated ability to conduct clinical training skills courses for new trainers. Following the advanced training skills course, each participant will be provided the opportunity to conduct clinical training skills courses while being assisted (and evaluated) by an advanced trainer or master until the individual becomes **competent** and thus qualified as an advanced trainer.

COURSE SYLLABUS

Course Description. This 1-week (5-day) training course is designed to prepare the participant to conduct clinical training skills courses based on a participatory and humanistic approach to training.

Course Goal

To prepare competent advanced trainers to conduct competency-based clinical training skills courses.

Participant Learning Objectives

By the end of the training course, the participant will be able to:

- Describe a mastery learning approach that incorporates adult learning principles and features competency-based training, coaching and humanistic training techniques.
- Use group process skills effectively.
- Apply the six-step approach to problem solving.
- Apply a systematic approach to learning and teaching clinical decision-making.
- Describe the process for becoming an advanced trainer and identify his/her own level of development as a trainer.
- Be an effective coaching trainer for new clinical trainers.

Training/Learning Methods

- Illustrated lectures and group discussions
- Individual and group exercises

- Role plays
- Case studies
- Guided practice activities in training skills, with feedback from participants and trainers

Learning Materials. This course handbook is designed to be used with the following materials:

- Reference manual: *Advanced Training Skills for Reproductive Health Professionals* (JHPIEGO)
- Clinical skills learning packages (reference manual, course handbook for participants and course notebook for trainers)
- Anatomic models (e.g., pelvic and handheld uterine, Norplant[®] implants training arm, childbirth simulator)

Participant Selection Criteria

Participants for this course should be clinical trainers who are **proficient** in conducting clinical skills courses and providing family planning or maternal and neonatal health services.

Methods of Evaluation

Participant

- Pre- and Midcourse Questionnaires
- Evaluation of performance of advanced training skills throughout the course

Course

- Course Evaluation (to be completed by each participant)

Course Duration

- 10 sessions in a 1-week (5-day) sequence

Suggested Course Composition

- Up to 16 clinical trainers
- 2 or 3 master trainers

COURSE SCHEDULE: ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)¹

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
A.M. (4 HOURS)	A.M. (4 HOURS)	A.M. (4 HOURS)	A.M. (4 HOURS)	A.M. (4 HOURS)
<p>Opening: Welcome and introductions Overview of the course (Goals, Objectives, Schedule) Review course materials Identify participant expectations Peer feedback guidelines Precourse questionnaire Identify group and individual learning needs</p> <p>Chapter 1: An Approach to Clinical Training</p> <ul style="list-style-type: none"> • Goal of clinical training • Mastery learning • Features of clinical training 	<p>Agenda and opening activity</p> <p>Chapter 3: Problem-Solving Skills</p> <ul style="list-style-type: none"> • The Six Steps in Creative Problem Solving • Step 1: Recognize the Problem • Step 2: Identify the Problem • Step 3: Generate Alternative Solutions • Step 4: Choose Among the Alternative Solutions • Step 5: Implement the Chosen Solution • Step 6: Evaluate the Solution 	<p>Agenda and opening activity</p> <p>Chapter 4: Clinical Decision-Making (continued)</p> <ul style="list-style-type: none"> • Steps in Clinical Decision-Making • Teaching Clinical Decision-Making 	<p>Agenda and opening activity</p> <p>Chapter 6: Coaching New Trainers</p> <ul style="list-style-type: none"> • Reasons for Coaching New Trainers • Approaches to Coaching New Trainers • Activities before the Course • Activities during the Course <p>Midcourse Questionnaire</p> <p>Activity: Participants will work in small groups to practice their coaching role plays.</p>	<p>Agenda and opening activity</p> <p>Activity: Coaching Role Plays (15–20 minutes)</p> <ul style="list-style-type: none"> • Feedback from participants • Feedback from trainers • Videotape presentations for analysis if possible
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
P.M. (3 HOURS)	P.M. (3 HOURS)	P.M. (3 HOURS)	P.M. (3 HOURS)	P.M. (3 HOURS)
<p>Chapter 1: (continued)</p> <p>Chapter 2: Group Process Skills</p> <ul style="list-style-type: none"> • What is an Effective Group? • The Trainer as Leader and Coach • Group Dynamics • How a Group Develops • Managing Difficult Situations <p>Review of the day's activities</p>	<p>Chapter 4: Clinical Decision-Making</p> <ul style="list-style-type: none"> • The Process of Clinical Decision-Making • Steps in Clinical Decision-Making <p>Review of the day's activities</p>	<p>Chapter 5: Becoming an Advanced Trainer</p> <ul style="list-style-type: none"> • Process for Becoming a Clinical, Advanced and Master Trainer • Selecting Advanced Trainers • The Four Stages of Learning Skills <p>Introduction to the Coaching Role Play Activity</p> <p>Review of the day's activities</p>	<p>Activity: Participants will work in small groups to practice their coaching role plays.</p> <p>Activity: Coaching Role Plays (15–20 minutes)</p> <ul style="list-style-type: none"> • Feedback from participants • Feedback from trainers • Videotape presentations for analysis if possible <p>Review of the day's activities</p>	<p>Activity: Development of action plans.</p> <p>Activity: Presentation of action plans</p> <p>Course Summary</p> <p>Course Evaluation</p> <p>Closing Ceremony</p>
Assignment: Chapters 1–4	Assignment: Chapters 5–6	Assignment: Plan role play	Assignment: Plan role play	

¹ This 5-day model course schedule is based on the assumption that all participants are proficient clinical trainers who have been selected to become qualified advanced trainers. This schedule can be modified to create 3- and 4-day workshops for those who are **not** going to be qualified as advanced trainers.

PRECOURSE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Questionnaire** is to assist both the **trainer** and the **participant** as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topics. This allows the trainer to identify topics which may need additional emphasis during the course. Providing the results of the precourse assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

The questions are presented in the true-false format. A special form, the **Individual and Group Assessment Matrix**, is provided to record the scores of all course participants. Using this form, the trainer and participants can quickly chart the number of correct answers for each of the 30 questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire results will identify particular topics which may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

For the participants, the learning objective(s) related to each question and the corresponding chapter(s) in the reference manual are noted beside the answer column. To make the best use of the limited course time, participants are encouraged to address their individual learning needs by studying the designated chapter(s).

PRECOURSE QUESTIONNAIRE/ANSWER SHEET

Instructions: In the space provided, print a capital T if the statement is true or a capital F if the statement is false.

AN APPROACH TO CLINICAL TRAINING

- | | | | |
|----|--|-------|--|
| 1. | Training presumes an immediate application on the job of the skills being learned during a course. | _____ | Participant Objective 1
(Chapter 1) |
| 2. | The goal of mastery learning is that at least 85% of the participants will master the knowledge and skills on which the learning is based. | _____ | Participant Objective 1
(Chapter 1) |
| 3. | Repetition is necessary for participants to become competent or proficient in a skill. | _____ | Participant Objective 1
(Chapter 1) |
| 4. | The trainer is solely responsible for the participant meeting the learning objectives. | _____ | Participant Objective 1
(Chapter 1) |
| 5. | Structured on-the-job training (OJT) is a form of group-based learning. | _____ | Participant Objective 1
(Chapter 1) |

GROUP PROCESS SKILLS

- | | | | |
|-----|---|-------|--|
| 6. | An effective group shares leadership responsibilities. | _____ | Participant Objective 2
(Chapter 2) |
| 7. | The trainer as a leader serves as the authority for the group. | _____ | Participant Objective 2
(Chapter 2) |
| 8. | Individual or group behaviors that focus on process, or how a group performs its task, are known as task functions. | _____ | Participant Objective 2
(Chapter 2) |
| 9. | From the first day of training, the group progresses through a cycle of stages. Stage 1 is known as the "beginning" and participants are eager and anxious. | _____ | Participant Objective 2
(Chapter 2) |
| 10. | When deciding how to deal with a difficult situation, the best decision is one that benefits the individual rather than the group as a whole. | _____ | Participant Objective 2
(Chapter 2) |

PROBLEM-SOLVING SKILLS

- | | | | |
|-----|---|-------|--|
| 11. | Creating a fishbone diagram is one technique for recognizing a problem exists. | _____ | Participant Objective 3
(Chapter 3) |
| 12. | Talking to others is one technique for identifying the problem. | _____ | Participant Objective 3
(Chapter 3) |
| 13. | "Sleeping on it" is considered a technique for generating alternative solutions to solve a problem. | _____ | Participant Objective 3
(Chapter 3) |
| 14. | Proposed problem solutions should be judged for their compatibility with the organization's goals. | _____ | Participant Objective 3
(Chapter 3) |

- | | | |
|--|-------|--|
| 15. Considering the impact of each proposed idea or solution is part of the “implement the chosen solution” step of the problem-solving process. | _____ | Participant Objective 3
(Chapter 3) |
| 16. The purpose of the evaluation step of the problem-solving process is to determine if the implemented solution has eliminated the problem. | _____ | Participant Objective 3
(Chapter 3) |

CLINICAL DECISION-MAKING

- | | | |
|--|-------|--|
| 17. Intuition does not play a part in clinical decision-making. | _____ | Participant Objective 4
(Chapter 4) |
| 18. Algorithms are tools for guiding clinical decision-making. | _____ | Participant Objective 4
(Chapter 4) |
| 19. Once a working diagnosis is made, further assessment of the patient is not necessary. | _____ | Participant Objective 4
(Chapter 4) |
| 20. Evaluation of a treatment intervention focuses on the intervention’s success is treating the patient’s symptoms. | _____ | Participant Objective 4
(Chapter 4) |
| 21. Clinical decision-making is most effectively taught by having learners observe experienced clinicians. | _____ | Participant Objective 4
(Chapter 4) |
| 22. Case studies are an effective tool for teaching clinical decision-making. | _____ | Participant Objective 4
(Chapter 4) |

BECOMING AN ADVANCED TRAINER

- | | | |
|--|-------|--|
| 23. The healthcare provider who wants to become a clinical trainer must complete a skills standardization. | _____ | Participant Objective 5
(Chapter 5) |
| 24. A proficient healthcare provider who has attended a clinical training skills (CTS) course can be then be qualified as an advanced trainer. | _____ | Participant Objective 5
(Chapter 5) |
| 25. An individual moves through four stages when learning a new skill. The first level is known as the “frustrated learner.” | _____ | Participant Objective 5
(Chapter 5) |

COACHING NEW TRAINERS

- | | | |
|--|-------|--|
| 26. One of the reasons for coaching new trainers is that they need structure and clear, direct communication. | _____ | Participant Objective 6
(Chapter 6) |
| 27. One of the recommended approaches for coaching a new clinical trainer is for the advanced trainer to conduct the entire clinical skills course as the new trainer observes. | _____ | Participant Objective 6
(Chapter 6) |
| 28. You are an advanced trainer meeting with the two new clinical trainers you will be coaching. You should all reach agreement that none of the trainers will intervene when another trainer is presenting. | _____ | Participant Objective 6
(Chapter 6) |

29. When coaching a new trainer during a clinical skills course, the advanced trainer typically provides feedback during the daily trainer meeting.
30. Whenever possible, the advanced trainer should visit the newly qualified clinical trainer to provide ongoing support and feedback.

_____ Participant Objective 6
(Chapter 6)

_____ Participant Objective 6
(Chapter 6)

ADVANCED TRAINING SKILLS COURSE: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE: _____ DATES: _____ MASTER TRAINER(S): _____

Question Number	CORRECT ANSWERS (Participants)																								CATEGORIES	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
1																										AN APPROACH TO CLINICAL TRAINING
2																										
3																										
4																										
5																										
6																										GROUP PROCESS SKILLS
7																										
8																										
9																										
10																										
11																										PROBLEM-SOLVING SKILLS
12																										
13																										
14																										
15																										
16																										

PREVIOUS PAGE BLANK

Question Number	CORRECT ANSWERS (Participants)																								CATEGORIES	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
17																										CLINICAL DECISION-MAKING
18																										
19																										
20																										
21																										
22																										
23																										BECOMING AN ADVANCED TRAINER
24																										
25																										
26																										COACHING NEW TRAINERS
27																										
28																										
29																										
30																										

ACTIVITIES, CASE STUDIES AND ROLE PLAYS

INTRODUCTION

In this section of the **Participant's Handbook** you will find the activities, case studies and role plays used throughout this course. Having your own copy of each will allow you to participate fully as well as refer back to them after the course is over. They are arranged according to the chapters in the reference manual and in the order in which you will use them. This arrangement will help you to quickly find the materials you need and move on to using them to gain new knowledge and skills.

You will discover that activities, case studies and role plays are key components of this course. Some will be used in large group activities, while others will be completed in small groups, with large group discussion to follow. Still others may combine both approaches. All are designed to support the competency-based approach to training which is the basis of this course, that is, learning by doing. Rather than telling you about the problem-solving process, for example, your trainer will lead you through a series of activities and case studies that will help you first to discover the steps in problem solving and then apply those steps to problems relevant to your work as a healthcare provider and trainer.

Case studies emphasize knowledge, while role plays develop behaviors. The other activities foster understanding of concepts or ideas by relating them to things you routinely do or by breaking them down into smaller, more concrete pieces for study. All, however, provide you with the opportunity to safely explore options and develop your problem-solving and decision-making skills. To achieve this, they:

- are based on clear learning objectives,
- require you to have some prior knowledge of or previous experience with the situation presented,
- allow you to share experiences and learn from one another,
- require your trainer to carefully monitor both content and group process within each small group as the groups work to solve the problem presented, and
- must be thoroughly discussed to maximize learning and impact.

And, in addition to serving as excellent training tools, they are also a lot of fun!

ACTIVITY 3-1 , CHAPTER 3: PROBLEM-SOLVING SKILLS

PACKING FOR AN UNKNOWN DESTINATION

Congratulations! You have been invited to participate in an important international conference on recent advances in reducing maternal mortality. All of your expenses will be paid by the sponsoring organization and it will make all arrangements for your travel and accommodations. Your supervisor has given you permission to take time off from your duties to attend. Of course, your family is excited and happy for you, even though they will miss you in your absence. So now you are ready to pack your suitcases and get started.

The conference is being held in a country very far away, about which you have no information or knowledge. All you know is that it is very different from your own country in many ways. Deciding what and how much to put in your suitcases is going to be very difficult. And having the correct clothing and personal items is important to having a successful and enjoyable trip.

It's clear that you have a problem!

In order to solve a problem, is it important to clearly and accurately identify what it is. This will ensure that your efforts are directed at solving the real problem. Often, breaking a problem into smaller, or more specific, problems and their causes will help you to identify the problem or problems you want to address and even suggest ways to solve it.

Two techniques for identifying a problem are the fishbone diagram and the why-why diagram. How they are used is described in the reference manual. On the following pages are examples of these techniques that address your immediate situation or problem of needing to pack for a trip with limited information about your destination.

Sometimes using fishbone and why-why diagrams may result in the identification of a problem to be addressed that is different from the original situation that initiated the problem-solving process. In this case, however, the diagrams help you confirm that the original situation is indeed the problem you need to solve, while clarifying its causes and suggesting possible solutions.

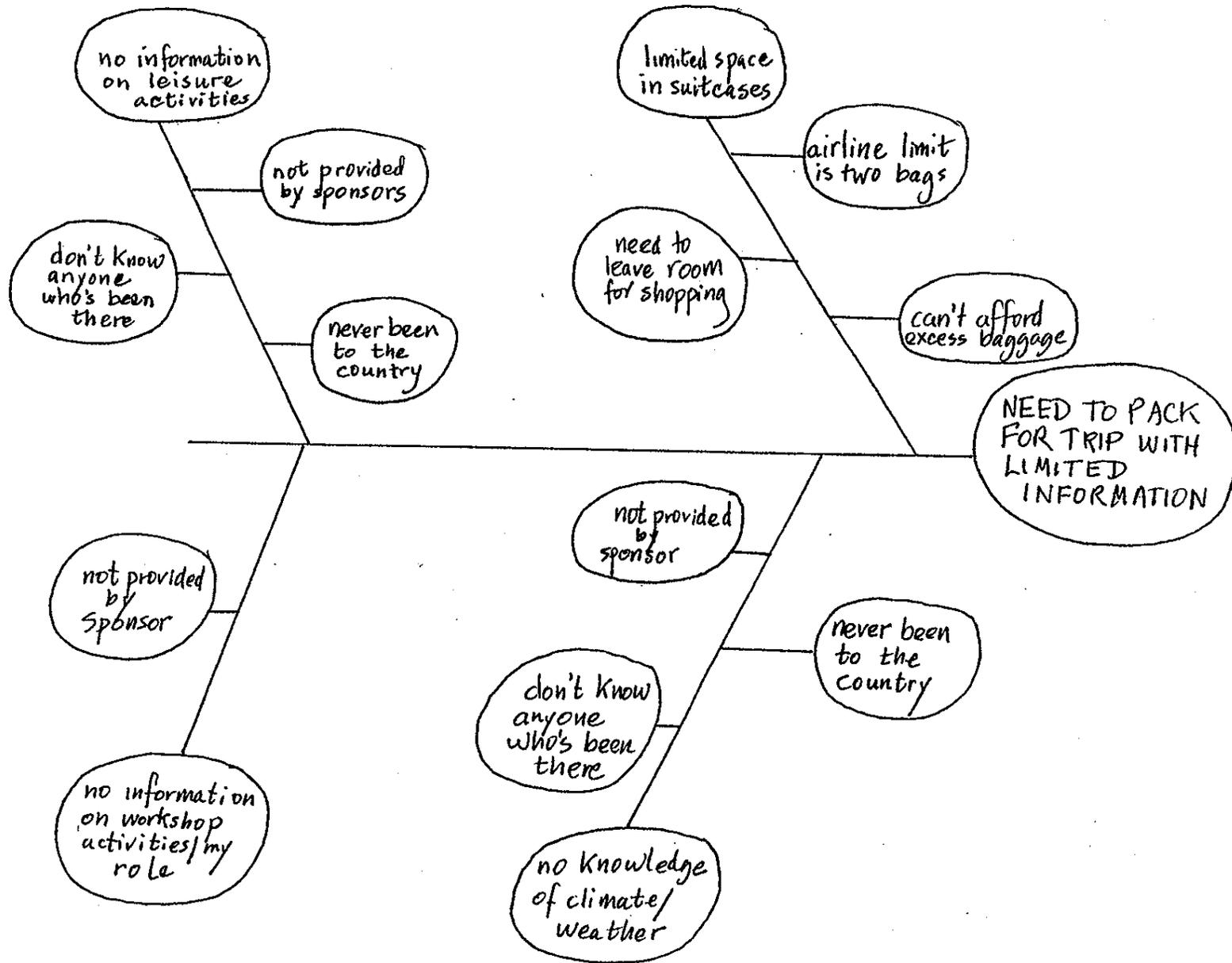
Once you have clearly identified the problem you want to solve, you can more efficiently and effectively look for possible solutions. You should try to identify as many solutions as possible, without worrying about how good they are—look for quantity rather than quality. You would be surprised how often a solution that initially seems rather unusual or not feasible actually turns out to be the most effective solution to the

problem! So open up your mind and generate as many solutions as you can.

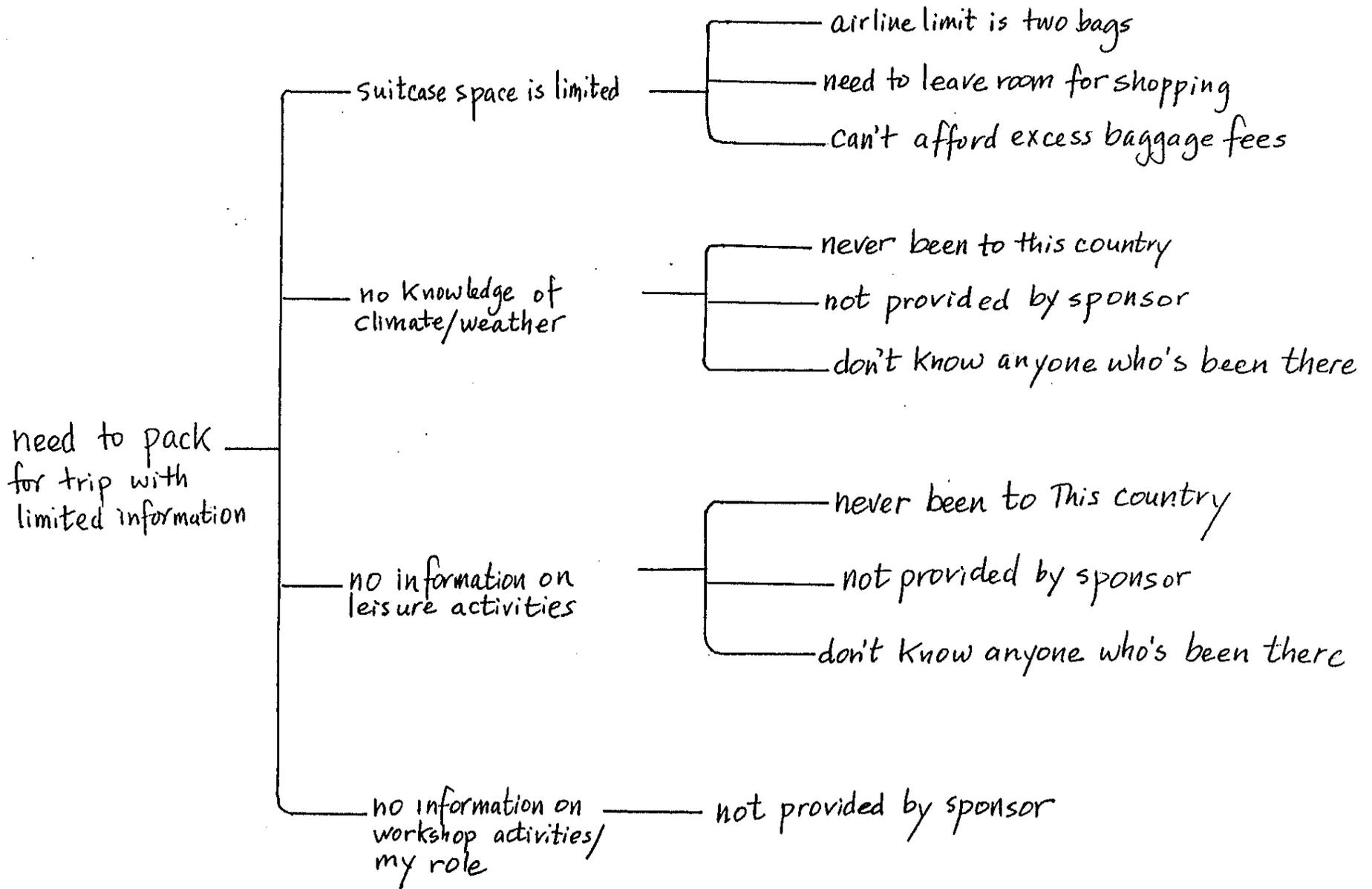
Mind mapping is an individual brainstorming process that can help you to generate as many solutions as possible without worrying about their quality. How to create a mind map is described in the reference manual. On page 25 of this handbook there is a mind map of many possible solutions and related ideas for your packing problem.

Now you are ready to choose among these solutions, implement the solutions selected and get on with your packing. Once you have returned from your trip, remember to evaluate how effective your solutions were in helping you pack appropriately. If, for example, you found yourself without the right clothing or missing important items during the trip, you will want to adapt the solutions you implemented, or select different ones, should you find yourself in this situation again in the future.

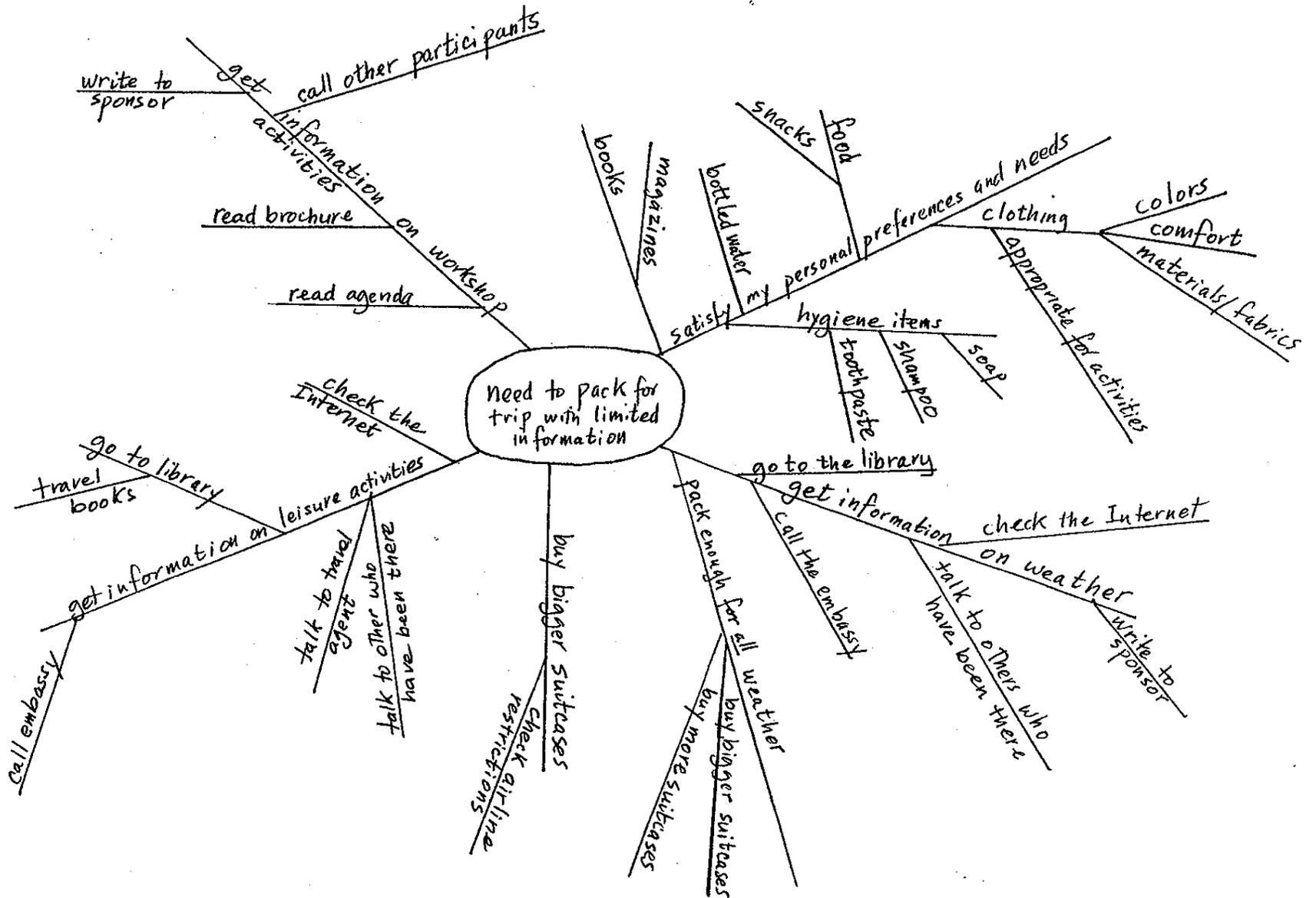
Packing for an Unknown Destination: Fishbone Diagram



Packing for an Unknown Destination: Why-Why Diagram



Packing for an Unknown Destination: Mind Map



CASE STUDY 3-1, CHAPTER 3: PROBLEM-SOLVING SKILLS

THE CASE OF THE EXTRA PARTICIPANTS

DIRECTIONS

Read and analyze this case study. When others in your group have finished reading it, solve the problem presented at the end, using the problem-solving approach described at the beginning of this session. Each group will describe its solution to the problem, along with how it arrived at that solution.

CASE STUDY

You and another advanced trainer are scheduled to conduct a clinical training skills course for 12 participants. As soon as the course is completed, you have arranged for the participants to serve as trainers in an IUD clinical skills course for their practicum. There will be three IUD courses, with four participants on the training team for each course. You and the other advanced trainer will circulate among the courses to provide as much coaching and assistance to the new trainers as possible.

On the first day of the course, 18 participants show up, all with letters of invitation from the Ministry of Health. Fortunately, the classroom facilities can accommodate 18 people and there are enough learning materials available for the extra participants.

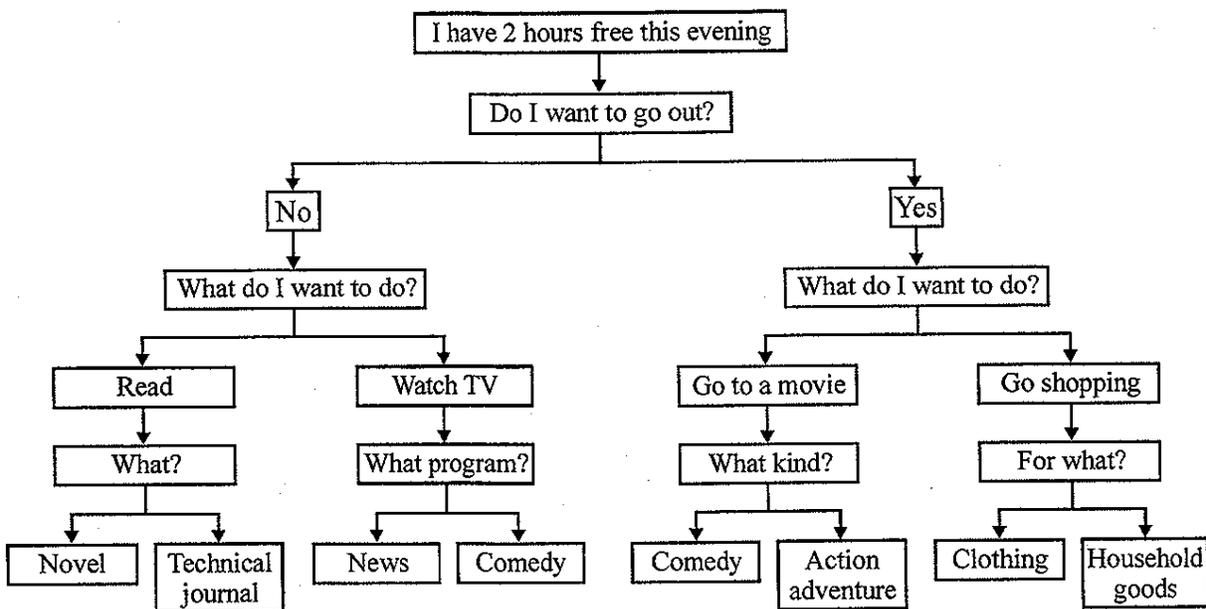
1. Is there a problem in this situation? How do you know?
2. If there is a problem, identify it and write a problem statement describing it.
3. How would you solve this problem?
 - What are all the possible alternatives?
 - What are the strengths and weaknesses of each alternative?
 - Which solution would you choose, and why?
4. After you implement your solution, how would you evaluate its effectiveness? How will you know the problem is solved?
5. Are there any other problems that will need to be solved in this situation? How would you solve them?

ACTIVITY 4-1, CHAPTER 4: CLINICAL DECISION-MAKING

INTRODUCTION TO ALGORITHMS

You are a busy reproductive health professional. Between your job and your family you have only a limited amount of time for relaxing. But this evening you find yourself with 2 hours during which you can do whatever you want. What a luxury! You want to be sure you make the best use possible of this time.

To help you decide how to use this time, you might use the problem-solving steps described in **Chapter 3**. You might also systematically think about the situation using a series of questions and decisions similar to that used in an algorithm.



As algorithms are discussed further, you will see that this illustration does not comply completely with the definition and structure of an algorithm. You probably have already noticed that it is not a very efficient way for dealing with situations that are highly individual, or where options may not be mutually exclusive, as are many of the situations of everyday life. You could, for example, spend part of the time going out and part at home, or read and watch television at the same time! In many clinical situations, our clients may have individual needs, and intervention options may not be mutually exclusive. Nevertheless, the use of algorithms in many clinical situations can contribute to efficient and standardized decision-making that benefits our clients.

CASE STUDY 4-1, CHAPTER 4: CLINICAL DECISION-MAKING

THE CASE OF THE PROBLEM PILLS

DIRECTIONS

The following case study is presented in four parts that correspond to the steps in clinical decision-making. You and your group will read, analyze and discuss each part separately, beginning with Part I. After all of the groups have prepared their answers to Part I, one group will present theirs, followed by the other groups comparing and contrasting their own answers. This process will then be repeated for Parts II, III and IV. Only after the general discussion of each part is completed should you read the next part, and then read only that part.

CASE STUDY

Problem Pills Part I: Assessment

Elizabeth has been on oral contraceptive pills for 2 years and has been pleased with the method. She had her normal menstrual period 3 weeks ago but started having some mild abdominal pain and vaginal bleeding 3 days ago. She was somewhat bothered by it for 2 days but now has become more concerned. She comes to see you today with this problem. At first look, she does not appear ill and your clinic is very busy today. You are unimpressed with her condition and are considering sending her away.

1. Is there a problem? How do you know there is a problem?
2. What will you do to identify the problem? (Please be specific in listing questions of history, areas of physical exam and, if necessary, investigations.)

Problem Pills Part II: Diagnosis

You talk with Elizabeth and find that she is 28 years old and is generally healthy, although somewhat anemic. She stopped breastfeeding her son 1 year ago, and he is a healthy 2-year-old boy. She also has one daughter who is 4 years old. She has no difficulty remembering to take her pill every day. She has not noticed any unusual discharge or smell. Her abdominal pain is mild and crampy, and she has felt it for only 1 or 2 days. She believes that she really has no problems but is a bit concerned about this bleeding. She tells you that she had a cough last month but is fine now. You perform a speculum exam and see a small amount of blood in the vagina, but it is not bright red. The cervix appears healthy. On bimanual pelvic exam, you are uncertain if the uterus is enlarged or not. There is no tenderness.

Because this is unusual for Elizabeth and because she is concerned, you decide to ask more questions. She tells you that she has no other problems such as breast tenderness or morning nausea. Besides, she says, she could not be pregnant since her husband has been working in the capital city for the last 4 months. Although the cough she had last month is better, she is supposed to continue taking a pill each day for it, but finds it difficult to go each morning to the health post to get the pill. You ask if the pills are for tuberculosis and she looks away, embarrassed.

3. What are all the possible causes for Elizabeth's problem? Make a differential diagnosis list of at least four possible causes. What was your initial working diagnosis?
4. After collecting more information, what do you now think is the cause—what is your current working diagnosis? How did you choose this diagnosis? What caused you to change your mind?

Problem Pills Part III: Planning and Intervention

Given that Elizabeth's exam is normal, and you don't suspect pregnancy, you feel that the rifampin that she started last month is causing the spotting or "breakthrough bleeding." Your current working diagnosis, therefore, is vaginal bleeding due to drug interaction.

5. What are the possible options for treating this problem? How will you decide what to do?

After considering possible options, you tell her that she needs to take a high-dose pill and you send her away. You tell her to come back only if there is a problem. She appears unsure but leaves because the next client has taken her chair.

6. What has been considered in implementing this plan? What has been left out?

Problem Pills Part IV: Evaluation

One month later Elizabeth returns and says that the bleeding has continued. You ask if she is taking the high-dose pill that you recommended and she says that the pharmacist said it was not available. You tell her to take two of her regular pills each day, and you carefully explain why she should do that. She seems pleased and agrees. You tell her to please return in 4 weeks to see if the problem is improving.

7. What was your initial evaluation plan to see if your recommended treatment worked? What is wrong with a plan that does not offer Elizabeth an opportunity for followup? What have you learned from the fact that Elizabeth has returned to you?

CASE STUDY 4-2, CHAPTER 4: CLINICAL DECISION-MAKING

THE MYSTERY OF THE IUD STRINGS

DIRECTIONS

The following case study is presented in four parts that correspond to the steps in clinical decision-making. You and your group will read, analyze and discuss each part separately, beginning with Part I. After all of the groups have prepared their answers to Part I, one group will present theirs, followed by the other groups comparing and contrasting their own answers. This process will then be repeated for Parts II, III and IV. Only after the general discussion of each part is completed should you read the next part, and then read only that part.

CASE STUDY

Missing Strings Part I: Assessment

Rebecca is 32 years old with three children. Four years ago she and her husband decided that they probably want no more children, but she was not ready for a permanent contraceptive method. She received an IUD and has been very happy with the method. She has checked the strings each month as instructed, but this month she was not able to feel them.

1. How will you do an assessment of this situation? Will the entire assessment be done at one time, or can it be done in several stages?
2. In making your assessment of the situation:
 - a. List three (or more) questions you would ask in taking a history.
 - b. List two (or more) steps you would take in doing an exam.
 - c. List two (or more) investigations that you might perform.

Missing Strings Part II: Diagnosis

You find in your history taking that she had a normal period last week and discovered the strings missing when she checked herself on the last day of the period. She has had no additional cramping or pain, no heavy bleeding or increased flow. She does not believe that the IUD has fallen out. On performing a pelvic exam you notice a healthy cervix, no discharge or bleeding and, what is very important, you do not notice the strings.

You gently probe the cervix with an IUD hook and find no strings.

3. What is your differential diagnosis of this situation? List three possible diagnoses for this situation. What will your working diagnosis be? Is this the final diagnosis? How will you test this diagnosis?

Missing Strings Part III: Planning and Intervention

Because your working diagnosis is that the strings have probably been drawn up into the uterus, you decide that you should do an exploration of the uterus with alligator forceps for IUD retrieval.

4. Why was this intervention chosen?
5. What must be done to prepare to do this uterine exploration?

Missing Strings Part IV: Evaluation

In exploring the uterus you do not find the IUD. You consider the results of this intervention (uterine exploration) and must now make further decisions.

6. What is your evaluation of this intervention? What will you do now?

CASE STUDY 4-3, CHAPTER 4: CLINICAL DECISION-MAKING

THE CASE OF THE IMPATIENT TEACHER

DIRECTIONS

Read and analyze the case study. When others in your group have finished reading it, discuss and answer the case study questions. When all groups have finished, each group will compare and contrast its answer to each question with those of the other groups.

CASE STUDY

Ranita comes to the hospital with vaginal bleeding for 2 days. She first goes to the admitting room of the Maternity Unit. You are in charge of the admitting room and today is a busy day. A nursing student is with you and you wonder why you have to be bothered by students on such a busy day. Finally you agree to let the student interview Ranita, but the student knows that you are reluctant to do so.

An hour goes by and the student finally comes back to see you. She begins a long explanation of the kind of bleeding, the amount of bleeding and the color of the blood. She tells you that the woman is 28 years old and has five children, three boys and two girls. Ranita is on no medications and is under no treatment for any medical problems. She has had no surgeries. You are growing impatient with this long explanation and want to know if the patient has had any cramping. The student says that she has. You ask if there has been passage of any fleshy mass, but the student doesn't know. In frustration, you walk away to go deal with the woman yourself. A quick pelvic exam reveals that the os is patulous.

1. Why did the student struggle in assessing this client? How could she be supported to improve her performance?
2. What is your differential diagnosis? What is the student's diagnosis?

Incomplete abortion is diagnosed and you take the case to the doctor for treatment. Uterine evacuation by manual vacuum aspiration is performed, but the client suddenly collapses on the table. The doctor realizes that she is in shock from blood loss and orders you to start an IV drip. He asks you to take the BP, which is 70/50. He asks what the initial BP was when the patient presented and you say that the student did not take one.

3. Was the assessment of the client complete? If the correct diagnosis was reached, how could the assessment have been incomplete?

4. Will further treatment be given to the patient? Who will have the responsibility for the patient now? Who will evaluate the treatment to decide if it is appropriate?
5. What can the student do to continue her understanding of the clinical decision-making process? How can you discuss with her the mistakes that were made in the process?

CASE STUDY 4-4, CHAPTER 4: CLINICAL DECISION-MAKING

THE CASE OF THE PATIENT UNDER PRESSURE

DIRECTIONS

Read and analyze the case study. When others in your group have finished reading it, discuss and answer the case study questions. When all groups have finished, each group will compare and contrast its answer to each question to those of the other groups.

CASE STUDY

Today is antenatal day at the clinic and the students have arrived early to prepare for the many clients. Mid-morning a young woman named Geeta arrives who is 19 years old and in the eighth month of her first pregnancy. She had one antenatal check up in the fourth month and since then has been fine. She comes to the clinic today with complaint of headache and lightheadedness. She says that the baby is moving fine and she has had no bleeding.

You ask more questions and find that she is in the thirty-seventh week, that she has had no leaking and only a few contractions. Her headache is in the middle of her head and has been constant for 4 days. On examination you find that she has a pulse of 80, BP of 184/114, and she is a bit pale. The baby is moving and the heart rate is strong at 140 beats per minute. Her legs are severely swollen but her hands are only a little swollen.

1. Is more information needed to make the diagnosis? What is your diagnosis?

You realize that Geeta has pre-eclampsia and that she needs to be treated. You hear the students talking among themselves about urine protein.

2. What will you tell them about urine protein? Did you need to have the urine protein measurement to make the diagnosis? How did you move so quickly to making the diagnosis?

The patient is admitted to the ward to the care of the doctors. She is put on bed rest and given Dipin (Nifedipine) 10 mg orally every 4 hours. You go to see her with the students the next morning and find her in her bed. Her BP is now 130/82 but she says that her headache is worse. Although she has been in bed all night, her swelling is worse and now her hands and face are also swollen.

3. The treatment was to give Nifedipine and bedrest. Has this cured her pre-eclampsia? What has it fixed?
4. Is your evaluation that the treatment has worked? What should be done now? What will you tell the students? How will you use this case for teaching clinical decision-making?

CASE STUDY 6-1, CHAPTER 6: COACHING NEW TRAINERS

THE CASE OF THE CONTROLLING ADVANCED TRAINER

DIRECTIONS

Read and analyze this case study. When others in your group have finished reading it, answer the case study questions. The other groups in the room are working on the same case study. When all groups have finished, representatives from each group will be asked to respond to one or more of the case study questions. Refer to the chapter in the reference manual for information related to this case study.

CASE STUDY

Two months ago, you conducted a Clinical Training Skills (CTS) course. As an advanced trainer, you are now conducting the practicum with two of the participants from that course. The three of you will be training a new group of healthcare providers in an IUD clinical skills course. As soon as you found out who the new trainers would be, you sent them copies of the course schedule with your suggestions on who should teach or facilitate each of the sessions of the course. You asked that they plan on arriving at the training site the day before the course so that the three of you could check out the facilities and set up for training.

Your fellow trainers arrive on schedule the day before the course begins. You have arranged for the three of you to visit the clinical training sites to ensure that everything is ready for the clinical part of the IUD clinical skills course. You then return to the classroom to set up the room, check out the audiovisual equipment, set out the learning materials and post the opening agenda on a flipchart. You ask the new trainers to do most of this while you observe and answer any questions.

With the room set, the three of you sit down to review the course schedule. As the senior trainer, you suggest that you should present the welcome to begin the course the next morning. You then ask the new trainers to determine which of the other opening activities (e.g., participant introductions, course overview, expectations, precourse questionnaire) for which they would like to assume responsibility. After a few minutes everyone agrees on who is responsible for each of the opening activities.

Both of the new trainers appear to be nervous about presenting the first chapter of the IUD manual and ask if you will take care of Chapter 1. You tell them it's important for them to conquer their fears and that they should decide how they want to teach Chapter 1. Nervously each agrees to teach half of the chapter. You then go through each of the remaining days,

referring to your schedule to see who you believe should handle each of the sessions. With very little discussion, all of the sessions and activities are assigned among the three trainers.

You then take a few minutes to discuss the norms for the team. These are the expectations of how the training team will operate during the day and in the trainer meetings held at the end of each day. There is also a discussion of the participants who will be attending the course (e.g., number, background, sponsoring site or organization).

The course has finally started. The welcome and introductions go well. When one of the new trainers is reviewing the course schedule, he appears to be a bit nervous and mistakenly misses one of the sessions. You immediately raise your hand and point out that a session was missed and then briefly describe what will happen during that session. You then turn it back over to the trainer.

At the end of the first day there is a trainers' meeting. You begin by going over what you think went well that day and how the team could have done an even better job. You let the trainers know that you are very pleased with how they did and that overall the day was a success. You then ask them to share their feelings about how the day went.

As both of the new trainers presented during the day, you would like to give them some feedback on their presentation skills. You begin with the trainer who presented the first half of Chapter 1 by asking her what she thought went well in her presentation. After she identifies the positive aspects of her presentation, you ask her to share what she would do differently if she were to do this presentation again. Once she has completed her self-analysis, you ask the other trainer to share his observations of the first trainer—first the positive and then suggestions for improvement. When he is finished, you share any observations that have not already been mentioned. You then repeat this process for the other trainer. As you hand them copies of your observation notes, you remember that there are copies of the presentation skills checklists in their handbooks, and suggest that the team members use these when observing each other during the rest of the course.

You close the first day by asking the trainers to look at the schedule for the next day and to discuss what they expect will happen throughout the day.

1. Identify effective coaching behaviors exhibited by the advanced trainer.
2. Identify areas where the advanced trainer should have approached the situation differently. Describe what the advanced trainer should have done in each instance.

ACTIVITY 6-1, CHAPTER 6: COACHING NEW TRAINERS

ROLE PLAYS FOR ADVANCED COACHING SKILLS

A key role of an advanced trainer is to provide coaching to new clinical trainers during their practicum experience. Once you have conducted a clinical training skills course, you will then assist each participant to conduct a clinical skills (CS) course for providers. Throughout the CS course, you will actively support and coach the new trainer both in the classroom and in the clinical practice portion of the course. **Chapter 6, Coaching New Trainers**, in the reference manual provides you with strategies and techniques for ensuring a successful coaching experience.

One of the most challenging and sensitive situations that you will face as an advanced trainer is coaching new trainers during a clinical procedure. In this situation, your principal focus will be on observing and coaching the new trainer as s/he interacts with the newly trained healthcare provider, clinic staff and client. Nevertheless, you must also be aware of how the newly trained provider is performing the procedure, and be prepared to intervene either with the new trainer or directly with the provider if the client is put in danger. Finally, you must also be aware of how the client is responding to the situation and, again, be ready to step in if necessary. Clearly, you need to be confident of your skills as a coach, as well as proficient in the clinical skill under observation.

There are no rules for when and how to intervene. Each situation is unique and you will have to consider a number of questions and make decisions very quickly. The reference manual offers you a list of questions to think about and discuss ahead of time to make these situations easier to handle. Role playing your responses to a variety of coaching situations will also help you to feel more comfortable and confident of your ability to handle such situations.

ROLE PLAY INSTRUCTIONS

You will be divided into groups of four by your trainer. Each member of the group will fill one of the following roles:

- Client
- Newly trained healthcare provider
- New clinical trainer
- Advanced trainer

Your trainer may assign each group member a role, or may ask the group to decide who will play which role.

Each group will be assigned one of the scenarios on pages 46 and 47. Please note that because of time limitations, each group will not be performing a complete clinical skill, for example, IUD insertion, but only a limited number of steps in the procedure. The role play will include:

- before practice coaching session between the advanced and new trainer, focusing on coaching skills
- before practice coaching session between the new trainer and provider, focusing on clinical skills and observed by the advanced trainer
- skill practice session (those steps identified in the scenario) during which the new trainer observes and coaches the provider while under the supervision of the advanced trainer, including coaching between advanced and new trainer and new trainer and provider
- after practice feedback session between new trainer and provider, focusing on clinical skills and observed by the advanced trainer
- after practice feedback session between advanced and new trainer, focusing on coaching and feedback skills

Once the groups have been formed, your trainer will share with the client, new provider and new trainer more details about the role play you are to perform. This information **may** include one or more mistakes that are to be made during the role play. These mistakes can take place at any stage—before, during or after the practice session—and may involve coaching, feedback or clinical skills. **The advanced trainer should not be given this information, as it will be her/his job to identify and respond appropriately as the mistakes occur during the role play.** The appropriate response may be doing nothing, discussing what happened during the feedback session after practice, intervening with the new trainer, intervening with the new provider, intervening with the client or some combination of these options.

The client, new provider and new trainer will be given time to practice their role play so as to incorporate the mistakes as smoothly as possible. The goal is to make the situation as realistic and challenging as those that will be encountered in real life. The advanced trainer can use this time to refresh her/his clinical and coaching skills.

Each group will present its role play to the entire group. The other participants should quietly observe the role play and see if they can identify the mistakes. Any mistakes that are noted should be written down on a piece of paper and **not** shouted out or discussed until after the role play is complete and the group has had an opportunity to evaluate their own performance. On pages 48 and 49 of this handbook is a copy

of the Checklist for Clinical Coaching Skills, which should be used to evaluate the coaching skills of the advanced trainer. Participants may also use the checklist for the clinical skill in the role play, if available.

After the role play, the advanced trainer will first evaluate her/his own performance. Then the other members of the group will discuss their own performance and that of the advanced trainer. Finally, the discussion will be opened to all participants for additional observations and comments.

ROLE PLAY GROUPS

GROUP 1

Decide who will play the role of:

- Client
- Healthcare provider
- New clinical trainer
- Advanced trainer

You will be role playing a **brief** IUD method-specific counseling session, prior to an IUD insertion. The session will be conducted by the healthcare provider, who is observed by the new clinical trainer. The advanced trainer is observing both the clinical trainer and healthcare provider.

GROUP 2

Decide who will play the role of:

- Client
- Healthcare provider
- New clinical trainer
- Advanced trainer

You will be role playing the abdominal and pelvic examination portion of the IUD insertion procedure. The examination will be conducted by the healthcare provider, who is observed by the new clinical trainer. The advanced trainer is observing both the clinical trainer and healthcare provider.

GROUP 3

Decide who will play the role of:

- Client
- Healthcare provider
- New clinical trainer
- Advanced trainer

You will be role playing a portion of the IUD insertion procedure—from inserting the speculum through applying the tenaculum to the cervix. The procedure will be conducted by the healthcare provider, who is observed by the new clinical trainer. The advanced trainer is observing both the clinical trainer and healthcare provider.

GROUP 4

Decide who will play the role of:

- Client
- Healthcare provider
- New clinical trainer
- Advanced trainer

You will be role playing a portion of the IUD insertion procedure, beginning with sounding the uterus and continuing to the end. The procedure will be conducted by the healthcare provider, who is observed by the new clinical trainer. The advanced trainer is observing both the clinical trainer and healthcare provider.

GROUP 5

Decide who will play the role of:

- Client
- Healthcare provider
- New clinical trainer
- Advanced trainer

You will be role playing an IUD removal procedure. The procedure will be conducted by the healthcare provider, who is observed by the new clinical trainer. The advanced trainer is observing both the clinical trainer and healthcare provider.

CHECKLIST FOR CLINICAL COACHING SKILLS

Place a "✓" in case box if task/activity is performed **satisfactorily**, an "X" if it is **not performed satisfactorily**, or N/O if not observed.

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

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

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

PARTICIPANT _____ **Date Observed** _____

CHECKLIST FOR CLINICAL COACHING SKILLS					
STEP/TASK	OBSERVATIONS				
BEFORE PRACTICE SESSION					
1. Greet participant.					
2. Ask the participant to review her/his performance in previous practice sessions.					
3. Ask the participant which steps or tasks s/he would like to work on during the practice session.					
4. Review any difficult steps or tasks in the learning guide that will be practiced during the session.					
5. Work with the participant to set specific goals for the practice session.					
DURING PRACTICE SESSION					
1. Observe the participant as s/he practices the procedure.					
2. Provide positive reinforcement and suggestions for improvement as the participant practices the procedure.					
3. Refer to the learning guide during observation.					
4. Record notes about participant performance on the learning guide during the observation.					
5. Is sensitive to the client when providing feedback to the participant during a clinical session with clients.					
6. Provide corrective comments only when the comfort or safety of the client is in doubt.					

CHECKLIST FOR CLINICAL COACHING SKILLS

STEP/TASK	OBSERVATIONS				
AFTER PRACTICE FEEDBACK SESSION					
1. Greet the participant.					
2. Ask the participant to share feelings about the practice session.					
3. Ask the participant to identify those steps performed well.					
4. Ask the participant to identify those steps where performance could be improved.					
5. Refer to notes on the learning guide.					
6. Provide positive reinforcement regarding those steps or tasks the participant performed well.					
7. Offer specific suggestions for improvement.					
8. Work with the participant to establish goals for the next practice session.					
Used effective coaching skills					

