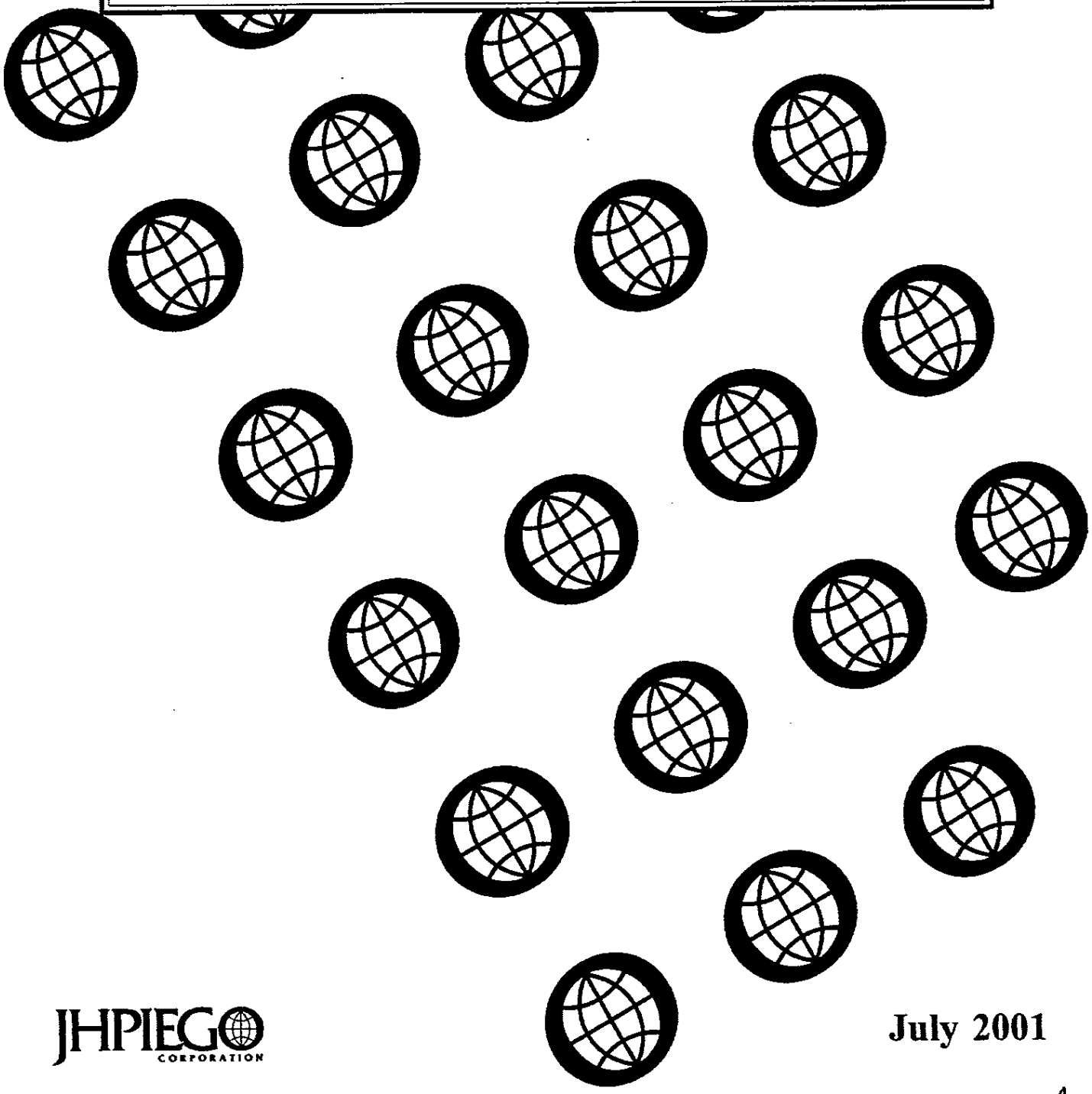
PN-ACQ-286

ADVANCED TRAINING SKILLS COURSE NOTEBOOK *for* TRAINERS



JHPIEGO CORPORATION

July 2001

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JHPIEGO Corporation
July 2001

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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.

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

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) **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 **Chapter 1: An Approach to Clinical Training** • Goal of clinical training • Mastery learning • Features of clinical training	**A.M. (4 HOURS)** Agenda and opening activity **Chapter 3: Problem-Solving Skills** • 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	**A.M. (4 HOURS)** Agenda and opening activity **Chapter 4: Clinical Decision-Making** *(continued)* • Steps in Clinical Decision-Making • Teaching Clinical Decision-Making	**A.M. (4 HOURS)** Agenda and opening activity **Chapter 6: Coaching New Trainers** • Reasons for Coaching New Trainers • Approaches to Coaching New Trainers • Activities before the Course • Activities during the Course **Midcourse Questionnaire** **Activity**: Participants will work in small groups to practice their coaching role plays.	**A.M. (4 HOURS)** Agenda and opening activity **Activity**: Coaching Role Plays (15–20 minutes) • Feedback from participants • Feedback from trainers • Videotape presentations for analysis if possible
LUNCH	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
P.M. (3 HOURS) **Chapter 1:** *(continued)* **Chapter 2: Group Process Skills** • What is an Effective Group? • The Trainer as Leader and Coach • Group Dynamics • How a Group Develops • Managing Difficult Situations Review of the day's activities	**P.M. (3 HOURS)** **Chapter 4: Clinical Decision-Making** • The Process of Clinical Decision-Making • Steps in Clinical Decision-Making Review of the day's activities	**P.M. (3 HOURS)** **Chapter 5: Becoming an Advanced Trainer** • Process for Becoming a Clinical, Advanced and Master Trainer • Selecting Advanced Trainers • The Four Stages of Learning Skills Introduction to the Coaching Role Play Activity Review of the day's activities	**P.M. (3 HOURS)** **Activity**: Participants will work in small groups to practice their coaching role plays. **Activity**: Coaching Role Plays (15–20 minutes) • Feedback from participants • Feedback from trainers • Videotape presentations for analysis if possible Review of the day's activities	**P.M. (3 HOURS)** **Activity**: Development of action plans. **Activity**: Presentation of action plans **Course Summary** **Course Evaluation** **Closing Ceremony**
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)

PREVIOUS PAGE BLANK

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. _____ Participant Objective 6 (Chapter 6)

30. Whenever possible, the advanced trainer should visit the newly qualified clinical trainer to provide ongoing support and feedback. _____ 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
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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.

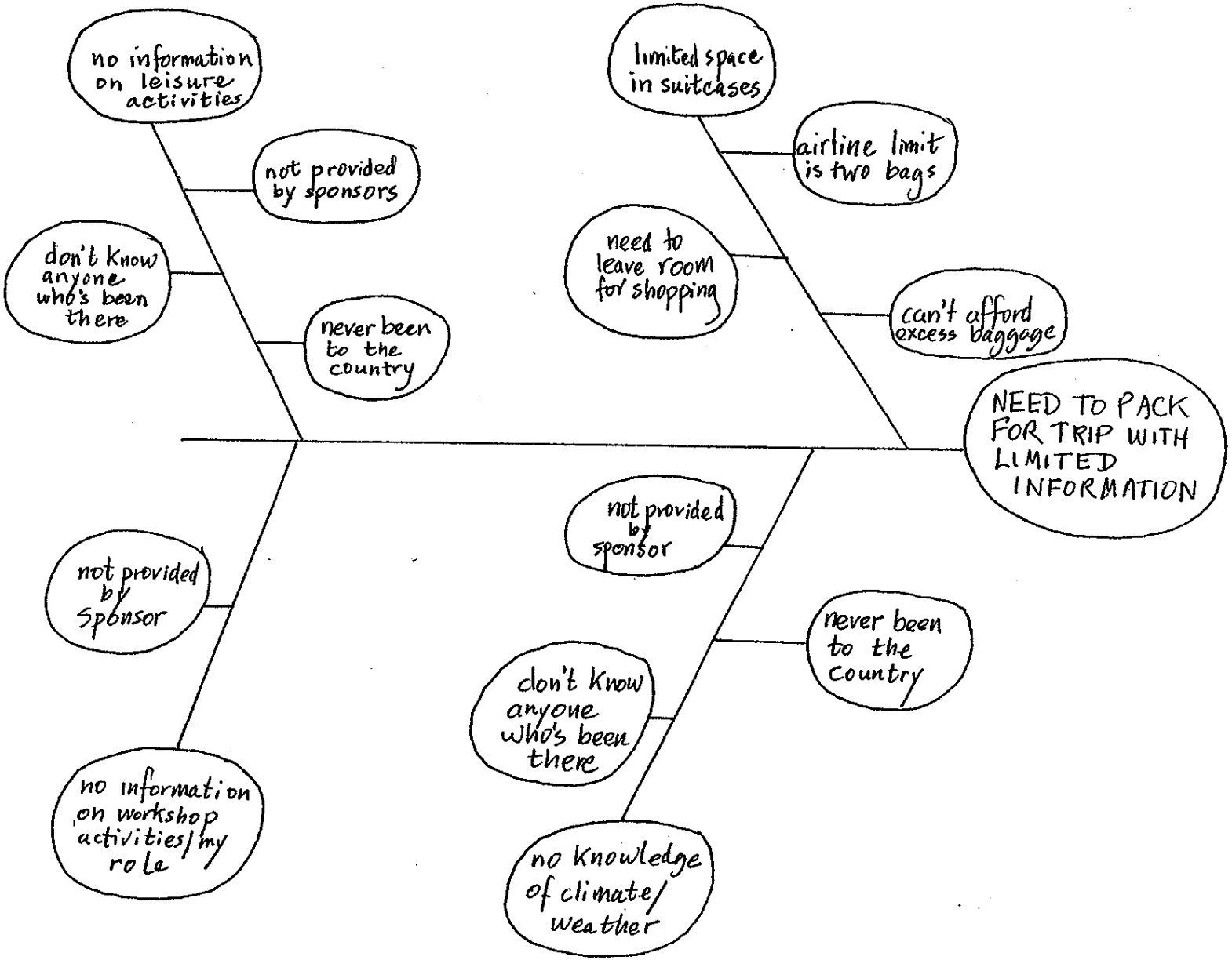
Once you have clearly identified the problem you want to solve, you can more efficiently and effectively look for possible solutions. You should try to identify as many solutions as possible, without worrying about how good they are—look for quantity rather than quality. You would be surprised how often 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.

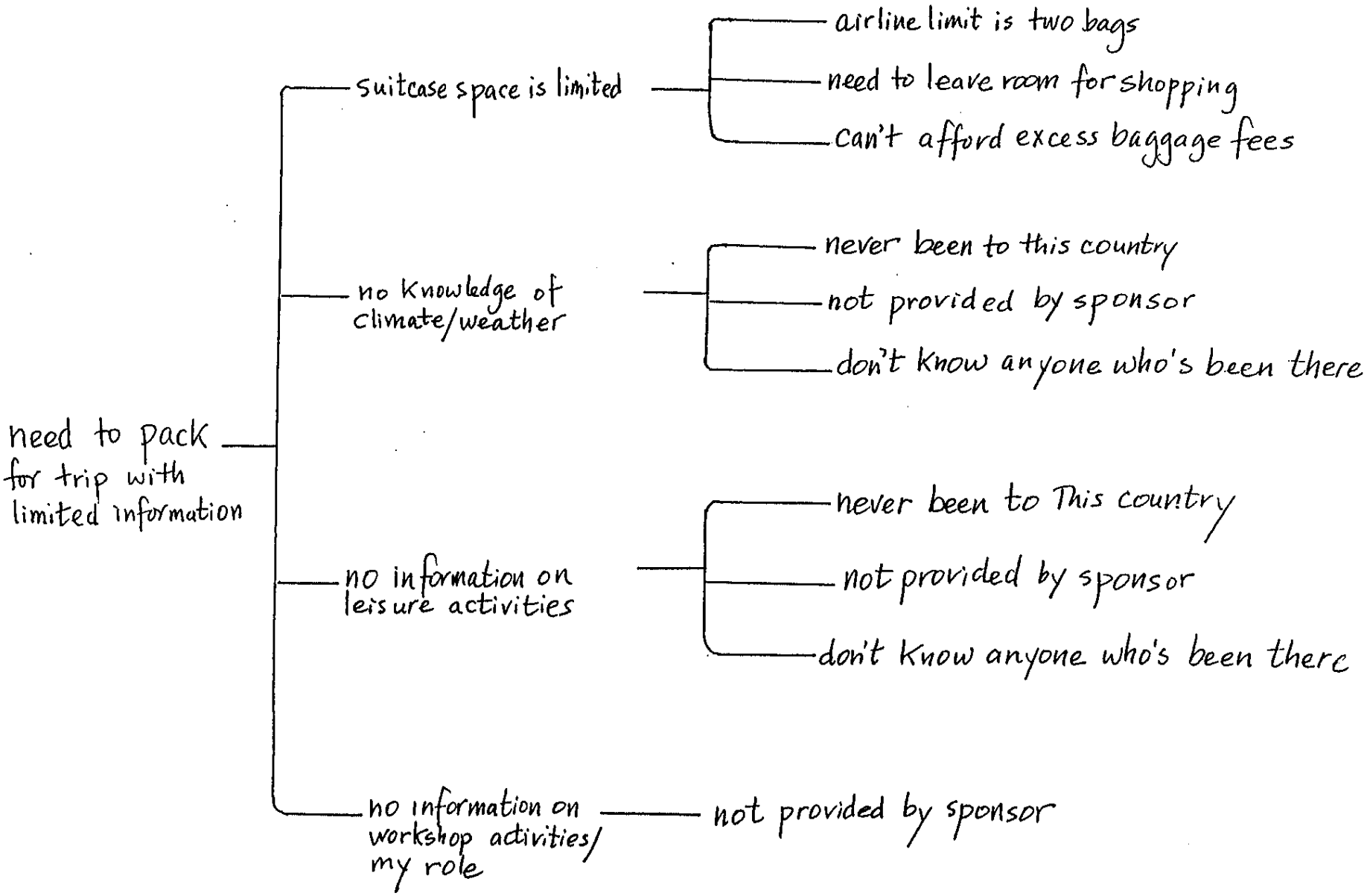
Mind mapping is an individual brainstorming process that can help you to generate as many solutions as possible without worrying about their quality. How to create a mind map is described in the reference manual. On page 25 of this handbook there is a mind map of many possible solutions and related ideas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

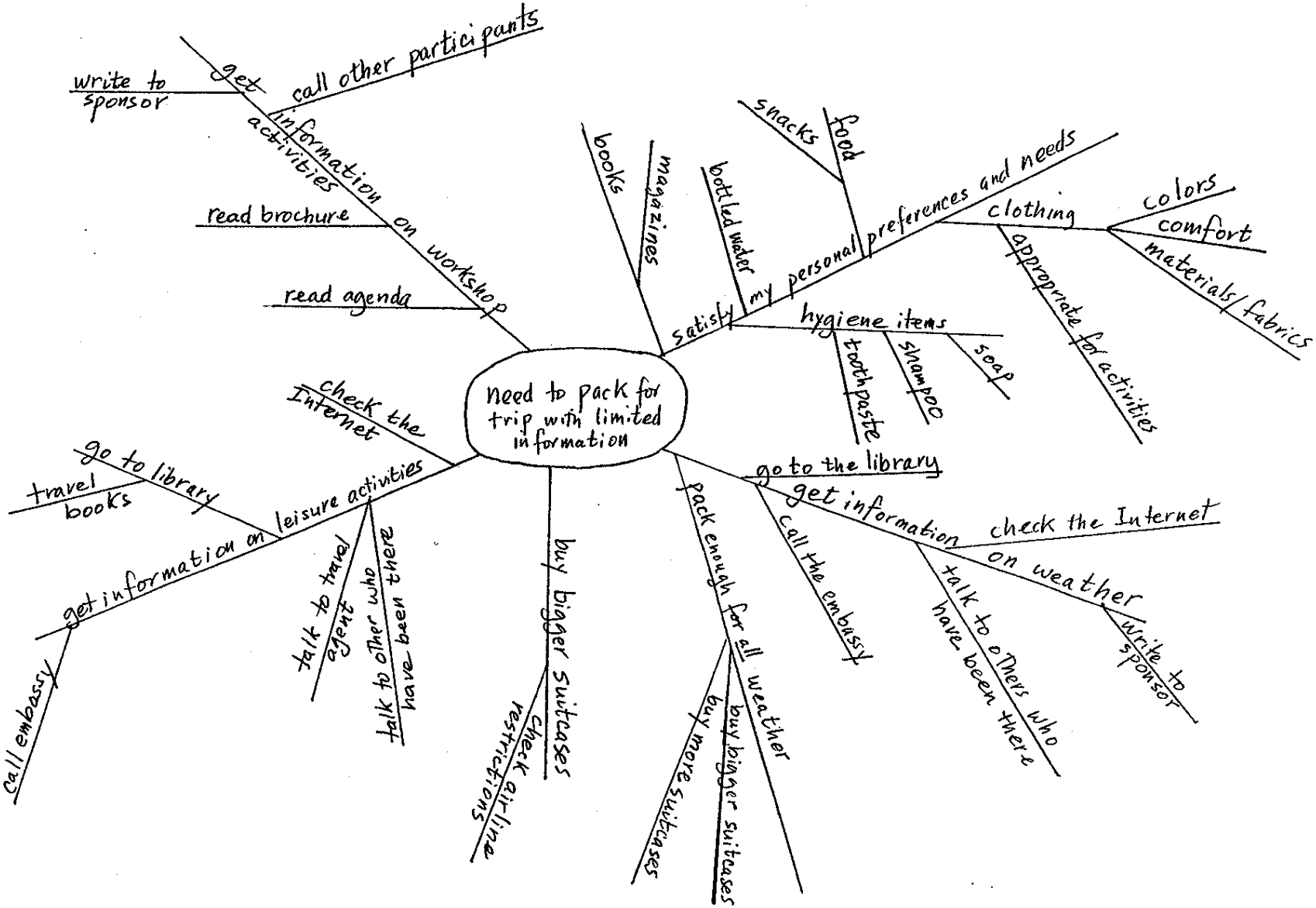
Packing for an Unknown Destination: Fishbone Diagram



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?

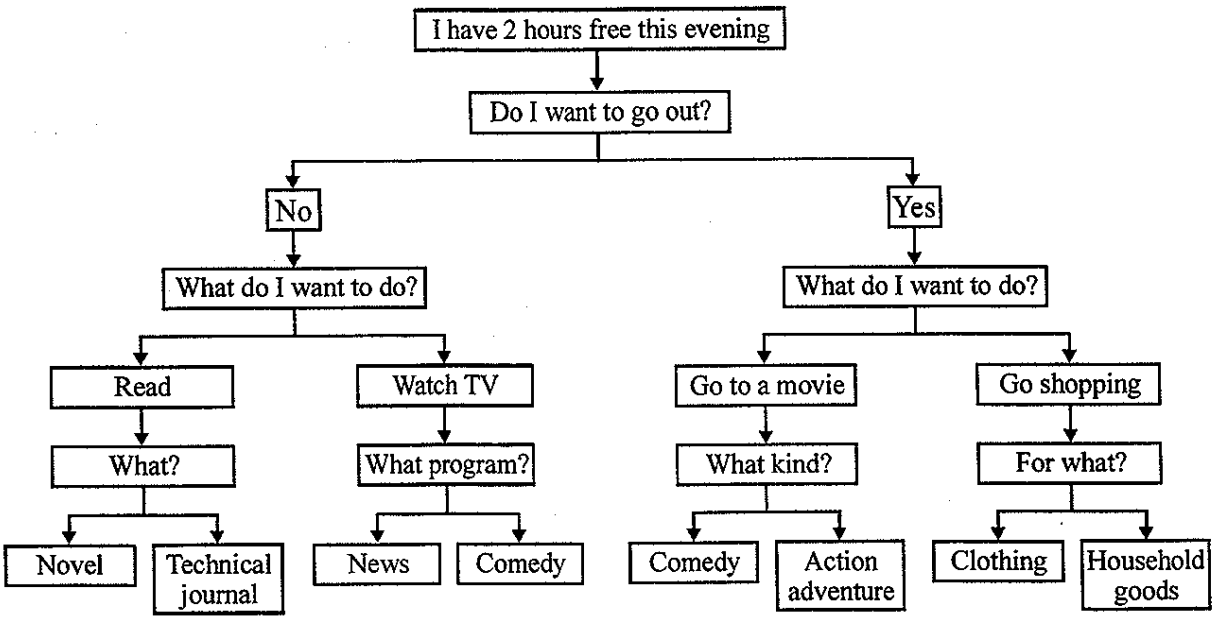
5. Are there any other problems that will need to be solved in this situation? How would you solve them?

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 involved 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					

ADVANCED TRAINING SKILLS COURSE EVALUATION

(To be completed by **Participants**)

Please indicate your opinion of the course components using the following rate scale:

5–Strongly Agree **4–Agree** **3–No Opinion** **2–Disagree** **1–Strongly Disagree**

COURSE COMPONENT	RATING
1. The Precourse Questionnaire helped me to study more effectively.	
2. The classroom sessions were adequate for learning about problem solving.	
3. The classroom sessions were adequate for learning about clinical decision-making.	
4. The classroom sessions were adequate for learning about the roles and responsibilities of the advanced trainer.	
5. The role plays were helpful in developing the skills needed to coach a new trainer.	
6. There was sufficient time scheduled for planning the coaching role plays.	
7. I am now confident in using group process skills.	
8. I am now confident in using a six-step approach to problem solving.	
9. I am now confident in clinical decision-making.	
10. I am now confident in teaching clinical decision-making skills to others.	
11. I now confident in describing and applying the trainer development process.	
12. I am now confident in coaching the development of the training skills of clinical trainers in both the classroom and clinical practice settings.	

ADDITIONAL COMMENTS (use reverse side if needed)

1. What topics (if any) should be **added** (and why) to improve the course?

2. What topics (if any) should be **deleted** (and why) to improve the course?

ADVANCED TRAINING SKILLS
COURSE NOTEBOOK FOR TRAINERS

SECTION TWO: GUIDE FOR TRAINERS

MODEL COURSE OUTLINE 1

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MODEL COURSE OUTLINE

The course outline presented here is a model plan of the training to be delivered according to the course schedule. It presents enabling objectives needed to accomplish the participant learning objectives described in the course syllabus. For each enabling objective, there are suggestions regarding appropriate learning activities, resources and materials needed. The trainer may develop other practice activities and prepare case studies, role plays or other learning situations which are specific to the country or group of participants.

The course outline is divided into four columns.

- **Time**. This section of the outline indicates the approximate amount of time to be devoted to each learning activity. The times presented here are consistent with the course schedule.

- **Objectives/Activities**. This column lists the enabling objectives and learning activities. Because the objectives outline the sequence of training, the objectives are presented here in order. The combination of the objectives and activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outlines the **flow** of training.

- **Training/Learning Methods**. This column describes the various methods, activities and strategies to be used to deliver the content and skills related to each enabling objective.

- **Resources/Materials**. The fourth column in the course outline lists the resources and materials needed to support the learning activities.

Note that the course schedule is based on the course outline and that changes or modifications to one should be reflected in the other.

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session One: Day 1, AM (240 minutes)			
10 minutes	**Activity**: Welcome the participants	Welcome by representatives of the organization(s) sponsoring the training course.	**Course equipment**: Overhead projector, screen, flipchart with markers, video player and monitor, video camera, blank videotapes, transparency film, tape and appropriate anatomic models, supplies and instruments. Copies of the IUD or other clinical skill learning package for use during role plays.
30 minutes	**Activity**: Facilitate introductions of the participants	On a flipchart, draw a picture of a large tree, with grass and flowers growing around it. Put a bird in the tree, the sun in one upper corner and a rain shower in the other upper corner. Briefly describe how a trainer might be, within their training system, any one of these components that contributes to its successful growth and development. Ask each trainer to introduce her/himself and identify which one component best describes her/his role and why. OR Participants divide into pairs, interview and then introduce each other sharing their partner's name, position, something unique or interesting about her/him and how long s/he has been training. On a flipchart, keep track of the number of years of training and at the end total the number of years. Highlight the fact that there is considerable experience among the participants. The trainers should also be involved in this activity.	See additional instructions in the **ATS Trainer's Notebook: Introduction Activity**.
10 minutes	**Activity**: Provide an overview of the course	Review the course syllabus and schedule. Discuss the goals of the course and the participant learning objectives.	**ATS Participant's Handbook**: Syllabus and schedule
10 minutes	**Activity**: Review course materials	Distribute, review and discuss materials used in this course. Review the table of contents of the *Advanced Training Skills for Reproductive Health Professionals* reference manual.	**ATS Reference Manual, ATS Participant's Handbook** and IUD and other clinical learning package materials
10 minutes	**Activity**: Identify participant expectations	Ask participants to share their expectations of the course and record responses on the flipchart. Attach the flipchart page to the wall for reference throughout the course.	

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MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
10 minutes	**Activity**: Establish peer feedback guidelines.	Explain to participants that throughout this course they will be asked to provide feedback to the other participants or take part in discussions in which there are no right or wrong answers. Opinions may vary greatly and be very individual. Ask participants to discuss and agree upon guidelines for these situations, for example, the need to listen carefully to each other, to disagree in a positive manner and so forth. Record the guidelines on a flipchart and attach them to the wall for reference throughout the course.	
45 minutes	**Activity**: Assess participants' precourse knowledge.	Ask the participants to turn to the precourse questionnaire in their handbook and answer each of the questions (or the trainer may distribute copies of the precourse questionnaire for the participants to complete). Ask the participants to close their handbook or turn the questionnaire over when finished. The trainer may decide to have them leave the room as they finish in order to keep the noise to a minimum.	Precourse questionnaire in the **ATS Participant's Handbook**
15 minutes	**Break**		
20 minutes	**Activity**: Identify individual and group learning needs	Group grades questionnaires and completes an Individual and Group Assessment Matrix. Trainer should follow the directions in the **ATS Trainer's Notebook.**	Individual and Group Assessment Matrix from the **ATS Participant's Handbook**

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MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
80 minutes	**Chapter 1: An Approach to Clinical Training** **Objective:** Identify the goal of clinical training **Objective:** Describe the mastery learning approach to training **Objective:** Describe the key features of effective clinical training **Objective:** Identify the responsibilities of clinical trainers and participants.	Introduction: Divide participants into pairs to brainstorm success stories in their experience with using this approach to training service providers. Ask each pair to share one or two of their examples. Divide participants into eight groups. Write each of the following terms on a piece of paper. Put the pieces of paper in a basket or bag and have each group draw one out. Having eight groups and nine terms will make it harder to guess the last term presented. • clinical training • education • mastery learning • competency-based training • behavior modeling • skill acquisition • skill competency • skill proficiency • humanistic training techniques Each group is to review the manual and then develop 2–3 "clues" to the term they have drawn (without using the term). Each group then presents these clues and the other participants guess the term as the trainer facilitates an ongoing discussion of the meaning of the terms. Be sure that the one term remaining in the basket or bag is also defined and discussed. Divide the participants into four groups. Assign each group two of the adult learning principles. Groups are to explain each principle and offer examples of how they have applied these principles. Brainstorm the responsibilities of trainers and participants.	

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Two: Day 1, PM (180 minutes)			
15 minutes	**Chapter 1: An Approach to Clinical Training** *(continued)* **Objective**: Describe alternative learning approaches.	Present the information on alternative learning approaches from the manual using overhead transparencies. Refer the participants to **Appendix A: Alternative Learning Methods** for further information.	
5 minutes	**Activity**: Chapter summary	Review the key points and concepts presented in the chapter. Involve the participants as much as possible in the summary.	
60 minutes	**Chapter 2: Group Process Skills** **Objective**: Apply the concepts of group dynamics to conducting training courses.	Introduction: Brainstorm with participants the best/worst groups they have ever experienced. Ask them why the group was the best/worst. Record on a flipchart. Present the information on effective groups, the trainer as leader and coach, and group dynamics. Ask participants to provide examples of: • content and process interactions • task and maintenance functions drawn from their own experiences as trainers. Divide the participants into four groups: Ask each group to prepare a role play that demonstrates one of the following individual negative behaviors: • blocking • dominating • playing • self-seeking that also demonstrates how to successfully deal with such a situation.	

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
45 minutes	**Objective**: Identify the stages of a training group.	Ahead of time, prepare flipcharts entitled: Stage 1: Beginning Stage 2: Middle (Part I-Frustration) Stage 2: Middle (Part II-Resolution of Frustration) Stage 3: End (Part I-Integration and Creation) Stage 3: End (Part II-Completion and Ending of Course) Divide each flipchart into two columns—one for "Participants" and one for "Trainers." Divide the participants into 5 groups and assign each one a stage or part of a stage. Give them the flipchart for the assigned stage. Ask them to fill in the characteristics or behaviors of participants and trainers in their stage in the appropriate columns on the flipchart. Encourage them to use the reference manual. The groups will then share their work with the full group, using examples from their own experience whenever possible. Refer the participants to **Appendix B: Application of the Stages of Group Development** in the reference manual for more detailed information on how trainers can facilitate group development during clinical skills and clinical training skills courses.	
35 minutes	**Objective**: Create strategies for managing difficult training situations.	Brainstorm a list of difficult situations that the participants have encountered as trainers. Record these situations on a flipchart. Discuss as many of the situations as time will allow. Ask the participant who offered the situation to describe how s/he dealt with it and whether or not the intervention was effective. Brainstorm other possible solutions to the situation.	
5 minutes	**Activity**: Chapter summary	Review the key points and concepts presented in the chapter. Involve the participants as much as possible in the summary.	
15 minutes	**Activity**: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day.	

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Three: Day 2, AM (240 minutes)			
10 minutes	**Activity**: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	
60 minutes	**Chapter 3: Problem-Solving Skills** **Objective**: Identify the six steps in problem solving. **Objective**: Describe the purpose of each step in problem solving. **Objective**: Explain the actions to be taken in each step.	Introduction: Review 9-Dots Puzzle and/or Hidden Squares puzzle. Focus on how they illustrate "thinking outside the box." Discuss the emotions of participants when they were faced with these problems. Present the participants with the following situation. They have been invited to attend an important RH workshop in a country they have never visited before and which is very different from their own. All their expenses will be paid and their supervisor has given them time off from work to attend. So now they are ready to pack their suitcases and go! How would they go about deciding what to take along? Use this discussion to draw out the steps in the problem-solving process. Present the information on each step in the problem-solving process. Step 1: Recognize the Problem Step 2: Identify the Problem As part of the discussion of techniques for identifying the problem, refer the participants to the examples in the reference manual or those for packing a suitcase in the Participant's Handbook and demonstrate the use of "Why-Why" and "Fishbone" diagrams.	See additional instructions in the **ATS Trainer's Notebook: Introductory Activities 3-A (Nine Dots Puzzle) and 3-B (How Many Squares Puzzle).** See additional instructions in the **ATS Participant's Handbook/Trainer's Notebook: Activity 3-1, Packing for an Unknown Destination.** Use examples of a Fishbone Diagram and Why-Why Diagram in the **ATS Participant's Handbook: Activity 3-1, Packing for an Unknown Destination.**

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
45 minutes	**Objective**: Apply techniques for promoting creativity in problem solving for use with both individuals and groups.	Divide the participants into four groups. Two groups will work on problem 1 and two will work on problem 2 (below). Of the two groups working on a problem, one group will try to more clearly identify the problem using a Fishbone diagram, and the other will use a Why-Why diagram. Each group should write their responses on a flipchart or transparencies for presenting to the whole group. Groups should be creative about what the possible causes may be. **Problem 1**. Course participants are not achieving competency in IUD insertion. **Problem 2**. Too many women are leaving the clinic without a family planning method	
15 minutes	**Break**		
30 minutes	**Objective**: Apply techniques for promoting creativity in problem solving for use with both individuals and groups.	Continue presenting the information on each step in the problem-solving process. Step 3: Generate Alternative Solutions Refer participants to the mind map in the reference manual or to the exercise about packing a suitcase included in the Participant's Handbook. Step 4: Choose Among the Alternative Solutions Step 5: Implement the Solution Step 6: Evaluate the Solution	Use examples of a mind map in the **ATS Participant's Handbook: Activity 3-1, Packing for an Unknown Destination.**

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
80 minutes	**Activity**: Summary exercise for Problem Solving	Divide the participants into four groups. Ask them to read and discuss the *Case of the Extra Participants* in their Handbooks. As they work through the case study and answer the questions, they should apply each step of the problem-solving process. Have each group answer one question. Record the answer on a flipchart. After the group presents its answer, the other groups should indicate whether they agree or disagree and add any additional information or ideas they have. Ask one group to volunteer its response to Question 5. Not all the groups will identify the problem in the same way or arrive at the same solution to the problem; reassure them that this is expected. During the discussion of the groups' answers, be sure to look at **how** the groups arrived at their solutions, rather than focusing on the answers themselves and which is right and wrong.	**ATS Participant's Handbook/Trainer's Notebook:** Case Study 3-1, The Case of the Extra Participants.

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Four: Day 2, PM (180 minutes)			
75 minutes	**Chapter 4: Clinical Decision-Making** **Objective**: Describe the process of clinical decision-making.	Introduction: Ask the participants to think about a non-medical skill at which they are proficient. These might include: driving a car, riding a bicycle, cooking specific dishes, some sort of handicraft skills such as weaving or painting. Ask them to try to describe each step that goes into performing that skill for someone who has never seen it before. They will most likely have a very difficult time doing so. Why do they think that is? Now have them think about how they make clinical decisions or diagnoses. Are they able to describe that process? How is it similar to the skills considered earlier? Describe the process of clinical decision-making including: • short and long-term memory • knowing and intuition Make several cards with examples of short-term memory (knowing) and long-term memory (intuition). Pass them out to participants and ask them to explain into which category their item falls. Have ready a flipchart with two columns and tape each item in the appropriate column when everyone agrees on where it belongs.	See additional instructions in the **ATS Trainer's Notebook: Introductory Activity 4-A, Knowing vs Intuition.**
15 minutes	**Break**		

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
75 minutes	**Objective**: Describe the process of clinical decision-making. *(Continued)*	Describe decision rules and how they are developed. Brainstorm a list of decision rules or tools that are used to facilitate clinical decision-making on a day-to-day basis. Have participants review the examples in the reference manual. Now focus the discussion on algorithms. Describe the concept of how algorithms are used by applying it to a non-medical situation, "A Free Evening." Discuss why clinical algorithms are used and how they are structured. Ask participants to share their experiences with using algorithms. Divide the participants into small groups and give each group part of the IUD algorithm. Working as a large group, let the groups decide in which order their parts belong in order to create a complete algorithm. Point out that there may not be one correct way to order the parts as the algorithm must be consistent with each countries' national standards and guidelines. Review the terminology used in clinical decision-making. • differential diagnosis • hypothesis testing • working diagnosis • final diagnosis	See additional instructions and algorithm in the **ATS Participant's Handbook/Trainer's Notebook: Activity 4-1, Introduction to Algorithms.** See additional instructions and IUD algorithm in the **ATS Trainer's Notebook: Activity 4-2, Clinical Algorithms.**
15 minutes	**Activity**: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day.	

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Five: Day 3, AM (240 minutes)			
10 minutes	**Activity**: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	
105 minutes	**Objective**: Describe the steps in the clinical decision-making process.	Brainstorm the steps in problem solving and list the steps in clinical decision-making. Refer the participants to **Table 4-1** in the reference manual that compares the steps of the two processes. Emphasize that there are both similarities and differences between the two processes that influence their implementation. Two case studies are provided for teaching the steps in clinical decision-making. One or both of the case studies can be used, according to the number of participants and time available. Divide the participants into four groups. If using one case study, give all the groups Part I of the case study to read and discuss. Ask one group to present their answer and how they reached it. If other groups have different answers, have them share them. Discuss. Summarize what occurs during the Assessment step of clinical decision-making. Then distribute Part II of the case study to the groups and repeat the exercise for Step 2: Diagnosis. Then distribute Part III of the case study and repeat the exercise for Steps 3 and 4: Planning and Intervention. Finally, distribute Part IV of the case study and repeat the exercise for Step 5: Evaluation. If time permits, repeat the activity with the second case study. To use both case studies at the same time, assign two groups to each case study. Distribute Part I of each case study to the assigned groups. Have one group share their answers to Case Study 4-1, and another to Case Study 4-2. Continue as above. Each group will present two parts of their case study.	See additional instructions in the **ATS Trainer's Notebook: Activity 4-3, Instructions for Case Studies on Clinical Decision-Making.** **ATS Participant's Handbook/ Trainer's Notebook**: Case Study 4-1, The Case of the Problem Pills, and Case Study 4-2, The Mystery of the IUD Strings.

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MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
15 minutes	**Break**		
110 minutes	**Objective**: Describe methodologies for teaching and developing clinical decision-making skills.	Introduction: Ask the participants to think back to how they learned clinical decision-making skills. Have them share experiences that helped them develop decision-making skills and those that did not. Brainstorm why it is that clinical decision-making has not been well taught. Brainstorm and discuss why it is important to teach clinical decision-making. Discuss strategies to effectively teach clinical decision-making. Divide the participants into four groups. Ask each group to focus on one step of the decision-making process: • assessment • diagnosis • planning and intervention • evaluation and how they can guide learners through that step. Encourage them to present examples of techniques that they have used themselves, when they share their discussion with the full group. Review the use of case studies and algorithms for teaching decision-making. Summarize by dividing the participants into four groups. Have two groups work on Case Study 4-3, and two groups work on Case Study 4-4, which focus on teaching decision-making. Have the groups share their answers. Questions 1 and 2 for each case study should be presented by one of the two groups while Questions 3 and 4 should be presented by the other group assigned to that case study. Discuss any differences in answers that may arise.	**ATS Participant's Handbook/ Trainer's Notebook**: Case Study 4-3, The Case of the Impatient Teacher, and Case Study 4-4, The Case of the Patient Under Pressure.

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MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Six: Day 3, PM (180 minutes)			
60 minutes	**Chapter 5: Becoming an Advanced Trainer** **Objective**: Describe the trainer development process.	Introduction: Review **Figure 5-1** in the manual as a basis for describing the need for different types of trainers (clinical, advanced and master) within a training system and how they support and interact with each other. Emphasize that while the discussion to follow describes the overall trainer development process, it will focus in particular on the advanced trainer. **Matrix activity**: Create a matrix of the trainer types, coursework and practica required of each type and what each is prepared to do by writing each item on a separate piece of paper. On a large blank wall, tape up the headings of the columns and rows. Distribute the other pieces of paper to the participants and ask them to tape them up where they think they belong. If two or more participants want to use the same space, they need to talk it out and decide what best fits in that space. Once the matrix is complete, describe how trainers move through the various levels. Refer participants to **Table 5-1** in the reference manual for a more detailed version of the matrix. Then review **Figure 5-2, Faculty and Trainer Development Process**, as another way to graphically represent how trainers move between the levels. Describe the necessary adaptations for preservice education and why the were made.	See additional instructions and matrix in the **ATS Trainer's Notebook: Activity 5-1, Trainer Development Process Matrix.**
20 minutes	**Objective**: Describe the criteria for selecting advanced trainers.	Ask the group to describe how they would define an advanced trainer. Review the definitions provided in the manual. Present and describe the criteria for selecting advanced trainers and explain why they are so necessary to successfully filling the role of advanced trainer.	
15 minutes	**Break**		

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MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
40 minutes	**Objective**: Identify the stages of learning which a new trainer experiences.	Divide the participants into four groups. Each group will review one of the Four Stages of Learning and talk about characteristics of new learners and what the advanced trainer can do to help them. Participants should provide personal examples of these stages. The groups will report on their discussion.	
5 minutes	**Activity**: Chapter summary	Review the key points and concepts presented in the chapter. Involve the participants as much as possible in the summary.	
25 minutes	**Activity**: Orientation to coaching role plays	Present the coaching role play activity to the participants, including: • the objective of the activity • how it will be conducted • the timeline for preparation, presentation and feedback Divide the participants into their groups of four and give each group the portion of the IUD clinical procedure that they will be presenting. **Do not** give them the specific scenario and script they will be enacting. Have them get into their groups and decide who will play which role, gather the necessary equipment, and practice the procedure if they wish.	See additional instructions for the role plays in the **ATS Trainer's Notebook: Activity 6-1, Role Plays for Advanced Coaching Skills.** Anatomic models IP equipment and supplies Instruments IUDs Learning guides/Checklists
15 minutes	**Activity**: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day.	

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Seven: Day 4, AM (240 minutes)			
10 minutes	**Activity**: Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	
90 minutes	**Chapter 6: Coaching New Trainers** **Objective**: Identify reasons for coaching a new trainer.	Introduction: Ask participants to think about the first time they conducted a training course. What kind of experience was it? Did they have a coaching trainer with them? Review the situation presented in the chapter. Brainstorm reasons for coaching a new trainer.	
	Objective: Describe various approaches to coaching a new trainer.	Review the situation presented in the chapter. Brainstorm approaches to coaching a new trainer. Discuss the strengths and limitations of each.	
	Objective: Complete coaching activities which take place before the course. **Objective**: Serve as an effective coaching trainer during the course. **Objective**: Complete coaching activities which take place after the course.	Review Situations 3, 4 and 5 about activities before and during the course. As they are discussed, draw out the necessary activities that must be performed. Summarize with the transparencies. When discussing the role of the advanced trainer during the clinical portion of the coaching course, reassure participants that there will be additional time for discussion during the coaching role plays. Divide the participants into four groups to work on the *Case of the Controlling Advanced Trainer*. Have each group share its responses and discuss any different answers that may arise.	**ATS Participant's Handbook/ Trainer's Notebook:** Case Study 6-1, The Case of the Controlling Advanced Trainer.
5 minutes	**Activity**: Chapter summary	Review the key points and concepts presented in the chapter. Involve the participants as much as possible in the summary.	
15 minutes	**Break**		

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
40 minutes	**Activity**: Assess participants' midcourse knowledge	Make copies of the Midcourse Questionnaire and the Answer Sheet. Give each participant a copy of the Questionnaire and Answer Sheet. Review the instructions printed on the Midcourse Questionnaire. The trainer should score the Midcourse Questionnaires. Answers should be reviewed with the entire group. The trainer will meet with those participants scoring less than 85%. After discussing the items missed, the participants should spend additional study time and then retake the Midcourse Questionnaire until they achieve a score of at least 85%.	
80 minutes	**Activity**: Preparation for coaching role plays.	Provide each group with the specific scenario they will be enacting. Be sure that all members of the group are clear concerning their roles and how they will interact with the other participants and their roles. Remind them that each coaching role play should demonstrate the three stages of coaching and feedback: • before clinical practice • during clinical practice • after clinical practice and that their roles should be maintained throughout the three stages.	See additional instructions in the ATS **Trainer's Notebook: Activity 6-1, Role Plays for Advanced Coaching Skills.** Anatomic models IP equipment and supplies instruments IUDs Learning guides/Checklists

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Eight: Day 4, PM (180 minutes)			
60 minutes	**Activity**: Preparation for coaching role plays.	Provide each group with the specific scenario they will be enacting. Be sure each member of the group is clear concerning her/his role and how to interact with the other participants and their roles. Remind them that each coaching role play should demonstrate the three stages of coaching and feedback: • before clinical practice • during clinical practice • after clinical practice and that their roles should be maintained throughout the three stages.	See additional instructions in the **ATS Trainer's Notebook: Activity 6-1, Role Plays for Advanced Coaching Skills.** Anatomic models IP equipment and supplies instruments IUDs Learning guides/Checklists
105 minutes (including break)	**Role Play Presentations**	Participants will present their coaching role play. Each role play (all three stages) should be not more than 30 minutes in length. At the end of the role play, the group members will provide feedback on their own performance. Then the other participants will be given the opportunity to provide additional feedback, including alternative ways of handling the situation. The trainers will also provide additional feedback and guide the discussion. It is strongly recommended that the role plays be videotaped. If necessary the videotape can be referred to during the feedback and discussion. Each group can view their own videotape later during the course.	See additional instructions in the **ATS Trainer's Notebook: Activity 6-1, Role Plays for Advanced Coaching Skills.** Anatomic models IP equipment and supplies Instruments IUDs Learning guides/Checklists Video camera Blank videotapes Video player and monitor
15 minutes	**Activity**: Review of the day's activities	Involve the participants in review and discussion of the topics and events covered during the day.	

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MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Nine: Day 5, AM (240 minutes)			
10 minutes	**Activity:** Agenda and opening activity	Participants use the course schedule to develop the agenda, which is written on the flipchart. One or more of the participants plans and conducts an opening activity or warmup.	
230 minutes (including break)	**Role Play Presentations**	Participants will present their coaching role play. Each role play (all three stages) should be not more than 30 minutes in length. At the end of the role play, the group will provide feedback on their own performance. Then the other participants will be given the opportunity to provide additional feedback, including alternative ways of handling the situation. The trainers will also provide additional feedback and guide the discussion. It is strongly recommended that the role plays be videotaped. If necessary the videotape can be referred to during the feedback and discussion. Each group can view their own videotape later during the day.	See additional instructions in the ATS **Trainer's Notebook: Activity 6-1, Role Plays for Advanced Coaching Skills.** Anatomic models IP equipment and supplies Instruments IUDs Learning guides/Checklists Video camera Blank videotapes Video player and monitor

MODEL ADVANCED TRAINING SKILLS COURSE (5 Days, 10 Sessions)			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session 10, Day 5, PM (180 minutes)			
60 minutes	**Activity**: Action plans	Participants will work individually or in small groups to develop action plans identifying how they will use their new knowledge and skills when they return to their work sites. These plans should be detailed and include: • incorporating concepts such as problem solving into clinical skills courses • preparing and conducting clinical training skills courses • options for coaching new trainers	
60 minutes	**Activity**: Action plan presentations	Participants briefly present their action plans.	
15 minutes	**Break**		
15 minutes	**Activity**: Course summary	Review the main points. Touch on the primary topics covered during the course. Stress the importance of keeping in touch with the trainers especially in regard to cotraining opportunities.	
15 minutes	**Activity**: Course evaluation	Participants complete the course evaluation form.	Evaluation forms in the **ATS Participant's Handbook**
15 minutes	**Activity**: Closing ceremony		

PRECOURSE QUESTIONNAIRE

USING THE INDIVIDUAL AND GROUP ASSESSMENT MATRIX

The **precourse questionnaire** is not intended to be a test but rather an assessment of what the participants, individually and as a group, know about the course topics. Participants, however, are often unaware of this and may become anxious and uncomfortable at the thought of being "tested" in front of their colleagues on the first day of the course. The trainer should be sensitive to this attitude and administer the questionnaire in a neutral and nonthreatening way as the following guide illustrates:

- Participants draw numbers to assure anonymity (e.g., from 1 to 12 if there are 12 participants in the course).
- Participants complete the precourse questionnaire.
- The trainer gives the answer to each question.
- The trainer passes around the individual and group assessment matrix for each participant to complete according to their number.
- The trainer posts the completed matrix.
- The trainer and participants discuss the results of the questionnaire as charted on the matrix and jointly decide how to allocate course time.

PRECOURSE QUESTIONNAIRE ANSWER KEY

AN APPROACH TO CLINICAL TRAINING

1. Training presumes an immediate application on the job of the skills being learned during a course.	**TRUE**	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.	**FALSE**	Participant Objective 1 (Chapter 1)
3. Repetition is necessary for participants to become competent or proficient in a skill.	**TRUE**	Participant Objective 1 (Chapter 1)
4. The trainer is solely responsible for the participant meeting the learning objectives.	**FALSE**	Participant Objective 1 (Chapter 1)
5. Structured on-the-job training (OJT) is a form of group-based learning.	**FALSE**	Participant Objective 1 (Chapter 1)

GROUP PROCESS SKILLS

6. An effective group shares leadership responsibilities.	**TRUE**	Participant Objective 2 (Chapter 2)
7. The trainer as a leader serves as the authority for the group.	**TRUE**	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.	**FALSE**	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.	**TRUE**	Participant Objective 2 (Chapter 2)
10. When deciding how to deal with a difficult situation during a course, the best decision is one that benefits the individual rather than the group as a whole.	**FALSE**	Participant Objective 2 (Chapter 2)

PROBLEM-SOLVING SKILLS

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

CLINICAL DECISION-MAKING

17. Intuition does not play a part in clinical decision-making.	**FALSE**	Participant Objective 4 (Chapter 4)
18. Algorithms are tools for guiding clinical decision-making.	**TRUE**	Participant Objective 4 (Chapter 4)
19. Once a working diagnosis is made, further assessment of the patient is not necessary.	**FALSE**	Participant Objective 4 (Chapter 4)
20. Evaluation of a treatment intervention focuses on the intervention's success is treating the patient's symptoms.	**FALSE**	Participant Objective 4 (Chapter 4)
21. Clinical decision-making is most effectively taught by having learners observe experienced clinicians.	**FALSE**	Participant Objective 4 (Chapter 4)
22. Case studies are an effective tool for teaching clinical decision-making.	**TRUE**	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.	**TRUE**	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.	**FALSE**	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."	**FALSE**	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.	**TRUE**	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.	**FALSE**	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.	**FALSE**	Participant Objective 6 (Chapter 6)

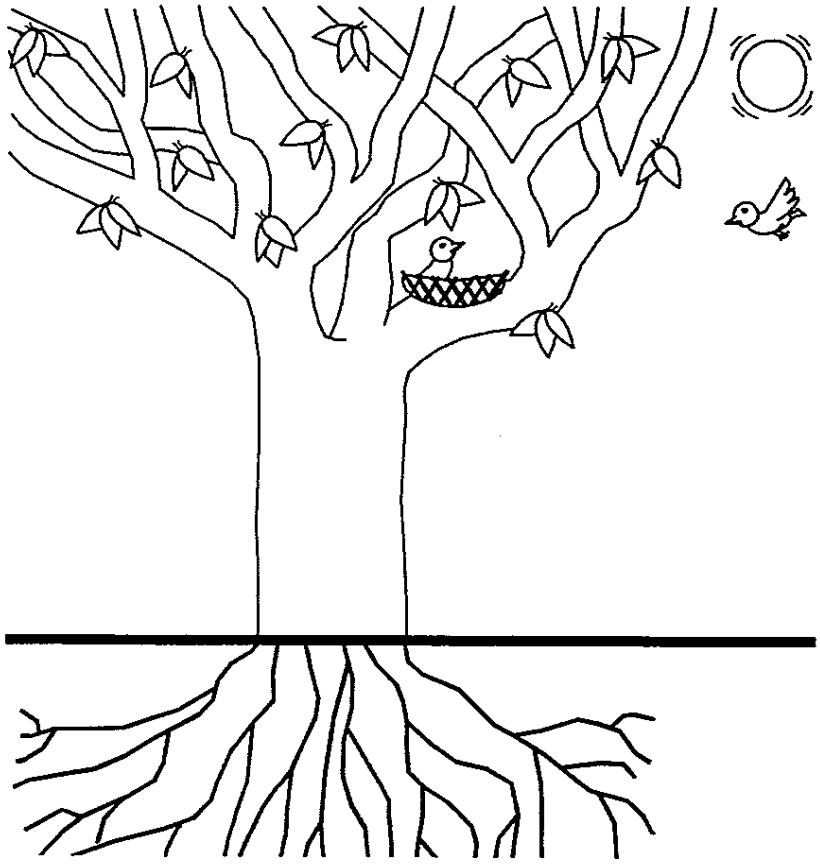
29. When coaching a new trainer during a clinical skills course, the advanced trainer typically provides feedback during the daily trainer meeting.	**TRUE**	Participant Objective 6 (Chapter 6)
30. Whenever possible, the advanced trainer should visit the newly qualified clinical trainer to provide ongoing support and feedback.	**TRUE**	Participant Objective 6 (Chapter 6)

INTRODUCTION ACTIVITY

WHERE ARE YOU?

Draw a tree as seen here. Feel free to make the tree and birds look like those where you are conducting the training. Don't be concerned that you may not be good at drawing; the idea is to have something that the participants can refer to while listening to the explanation below. A less than perfect drawing only contributes to the fun of the activity!

Explain to the participants that the tree in the drawing represents the training system in which they work. Each part of the tree represents a component of the training system that contributes to its growth, development and sustainability. Describe the components as follows:



Roots — gather the resources (new information, training techniques, etc.) and help to make those resources available

Trunk — serve as the back-bone of the system, a transit route for resources coming up and results coming down

Branches — reach out to the other parts of the system and disseminate the ideas and resources

Leaves and Fruits — the result of the training system, the end product of the system's labor

Birds — help communicate to others (colleagues, agencies, etc.) about the training and the training system

Ask each person to introduce her/himself and identify which **one** component best describes her/his role in the training system and why. While a person may be involved in more than one component and want to share this information with the others, its important that s/he choose **only one** to discuss at this time. Additional information can be shared during breaks and other appropriate times, in order to keep this activity from using more than the allotted time.

INTRODUCTORY ACTIVITY 3-A, CHAPTER 3: PROBLEM-SOLVING SKILLS

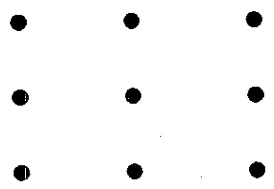
THE NINE DOTS PUZZLE

The **purpose** of this activity is to illustrate the importance of seeking new solutions to old problems and allowing new ways of thinking. If we only allow one way of thinking (or problem solving), then the solutions are very limited.

Many of the participants in an advanced training skills course will be familiar with the nine dot puzzle. Not all, however, will remember the correct solution. For these participants, asking them to solve the puzzle again will reinforce the importance of creative problem solving.

Other participants will know the solution and may have used the puzzle in training courses they have conducted. They should think back to the first time they tried to solve the puzzle and the reactions of their own participants to the solution once it was revealed.

Instructions to Trainer: Draw nine dots on the writing board, flipchart or overhead transparency:



Participants should copy the drawing of the dots on a clean piece of paper. **Give these instructions**: "Without taking pen or pencil off your paper, connect all nine dots with four (4) straight lines."

If some of the participants have seen this puzzle, ask them to do it with only three (3) straight lines.

Discussion questions:

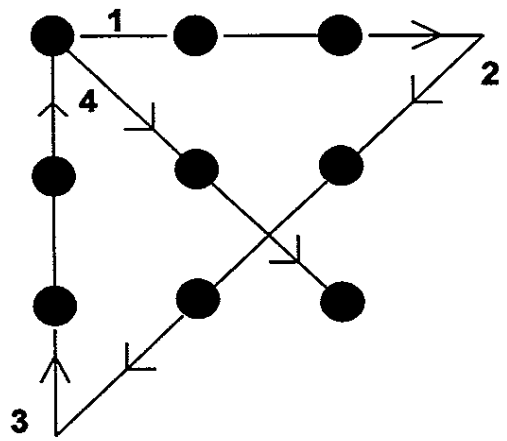
1. If you had difficulty solving the puzzle, what were some of the constraints? (boxed in, too difficult, not enough or vague instructions, etc.)

2. Who often creates these constraints to our problem solving? (We do—we make assumptions about what are acceptable solutions, we fear trying something new or different, we fear our solution will fail, etc.)

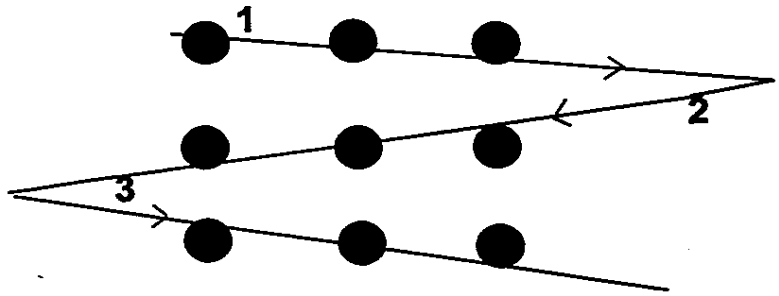
3. How did you feel while trying to find the solution to the puzzle? How have others reacted when you show them the solution? (Frustrated, angry, often the trainer is "blamed" because s/he didn't give "permission" to try something different or new, etc.)

4. We often find ourselves constrained or boxed in on many projects. How can we counteract such situations? (By maximizing our creativity, involving others in the problem solving process, by "thinking outside the box," by opening ourselves to new and different possibilities, etc.)

As a reminder, the most frequently used solution for connecting all nine dots with four (4) straight lines is shown here:



To connect all nine dots with three (3) straight lines, try this solution:



INTRODUCTORY ACTIVITY 3-B, CHAPTER 3: PROBLEM-SOLVING SKILLS

HOW MANY SQUARES[1] PUZZLE

The **purpose** of this activity is to encourage participants to dig deeper into problems, and visualize them from a different perspective; to see not only the whole, but also various combinations of parts.

As with the nine dots puzzle, many of the participants in an advanced training skills course may be familiar with this or similar hidden squares puzzles. Not all, however, will remember the correct solution. For these participants, asking them to solve the puzzle again will reinforce the importance of creative problem solving.

Other participants will know the solution or may have used such a puzzle in training courses they have conducted. They should think back to the first time they tried to solve this type of puzzle and the reactions of their own participants to the solution once it was revealed.

Instructions to the Trainer: Provide participants with a drawing of a large square, divided as shown on the next page. You may draw it on a flipchart, transparency or handout. Then direct the participants to count the total number of squares seen, and say that number out loud. You can keep track of how many participants give the same number of squares as the answer if you like.

The correct answer is 35, as demonstrated in the answer sheet on page 30.

Discussion questions:

1. What factors prevent us from easily obtaining the correct answer? (We stop at the first answer, we work too fast, we see things in a routine or traditional way, we see things how we are used to seeing them or as we think we are expected to see them.)

2. How is this task like other problems we often face? (Many parts make up the whole, parts of a problem may overlap as the squares do, to be successful we need to look at things from a different perspective, good solutions require creativity.)

3. What can we learn from this illustration that can be applied to other problems? (Don't take things at face value: Dig deeper, look for a different angle, don't let the past way of viewing things limit our solutions now or in the future.)

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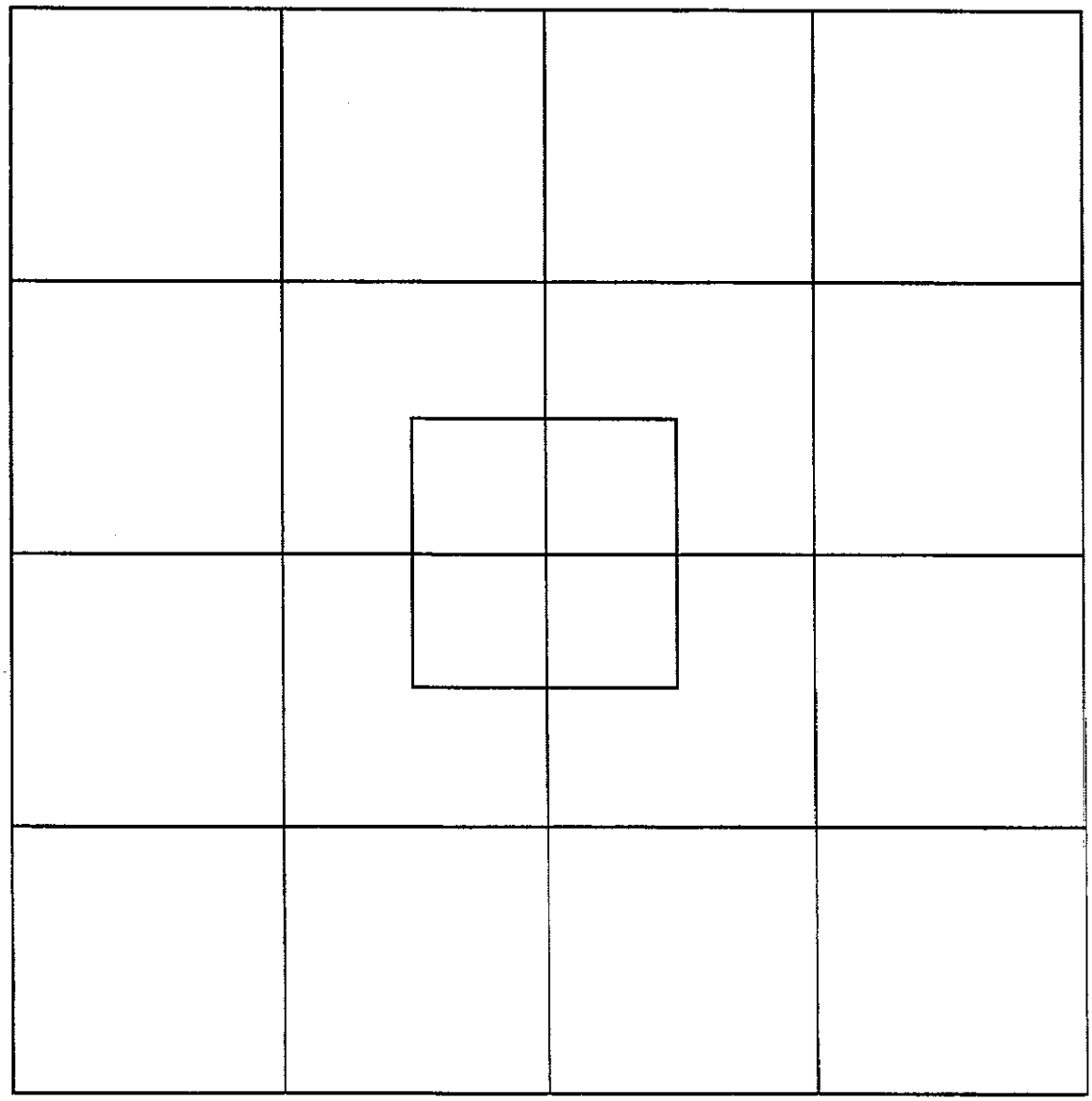
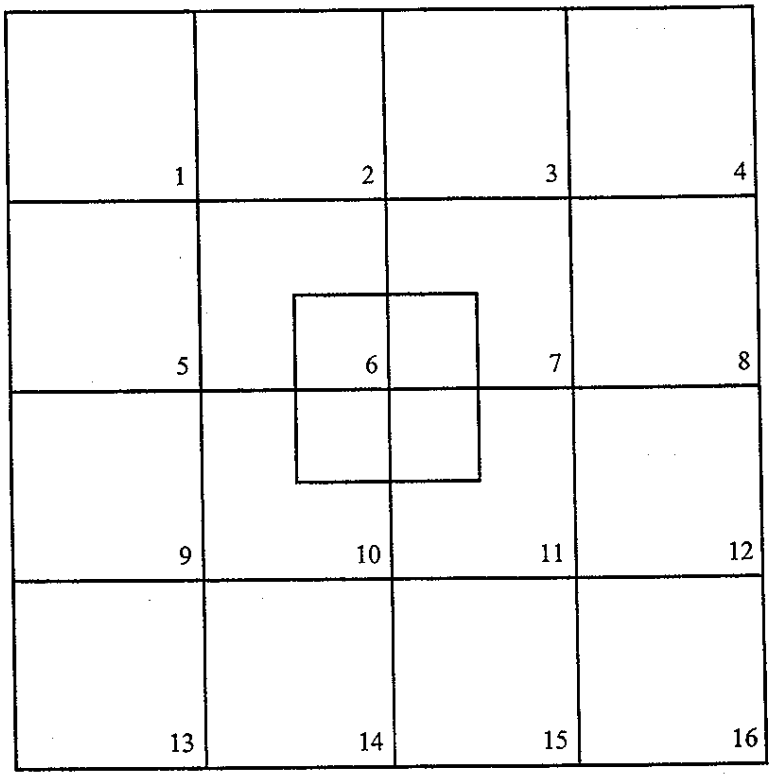
[1] *Adapted from*: Eitington JE. 1989. *The Winning Trainer*, 2nd edition. Gulf Publishing Company: Houston, Texas.

HOW MANY SQUARES DO YOU SEE?



THIRTY-FIVE SQUARES ANSWER SHEET



16	All the 1-inch squares
1	The entire figure is a square.
4	The four small squares in the center of the figure.
1	The four squares combined make a single square.
4	There are four easy-to-spot groups of 1-inch squares which form 4-inch squares: top left (1, 2, 5, 6); top right (3, 4, 7, 8); lower left (9, 10, 13, 14); lower right (11, 12, 15, 16).
5	There are five other groupings of 4-inch squares: (5, 6, 9, 10); (2, 3, 6, 7); (6, 7, 10, 11); (10, 11, 14, 15); (7, 8, 11, 12).
4	There are four groups of nine squares which form 3-inch squares: (1, 2, 3; 5, 6, 7; 9, 10, 11); (5, 6, 7; 9, 10, 11, 13, 14, 15); (2, 3, 4; 6, 7, 8; 10, 11, 12); (6, 7, 8; 10, 11, 12; 14, 15, 16).
35	Total number of squares

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

PACKING FOR AN UNKNOWN DESTINATION

The **purpose** of this activity is help the participants recognize that there is a systematic approach to solving problems and that they often use this approach without realizing it. This activity will make them more aware of the problem-solving process and provide an introduction for further, more detailed discussion of each of the steps in the process.

This activity should take about **10 minutes**; it is important to leave adequate time for discussing each step in the problem-solving process.

Begin the activity by describing for the participants the scenario presented in the course outline and **Activity 3-1** in the **Participant's Handbook**. Guide the participants through a discussion of whether or not there is a problem, what the problem is and how to solve the problem. Try to have the discussion move through the six steps of problem solving without actually naming them at this point. Although a problem of this sort may not fit neatly or require all six steps, it is possible to touch upon each, however briefly.

Recognize that there is a problem

After describing the situation, ask the participants if they think there is a problem. Even if they think it's a small problem, it's still a problem!

Identify the problem

Now start asking them some of the who, what, when, where, why and how questions in the reference manual that will help to identify the problem more clearly. For example, you can ask:

- Why is this a problem? Why do they need to know more about their destination in order to pack appropriately? What are the consequences of not having this information?
- What do they need to know?
- Why did this problem occur? Who caused it?

Review the fishbone and why-why diagrams in the **Participant's Handbook** for more ideas on the types of questions you can ask.

Generate alternative solutions

Ask the participants to brainstorm possible sources of the information that they need in order to pack appropriately, and any other solutions to their packing problem that may occur to them, for example, taking extra suitcases. It is not necessary to generate a long or exhaustive list of alternatives as you would do in a true problem-solving exercise, but do encourage creativity in identifying alternatives. Review the mind map in the **Participant's Handbook** for more ideas on possible solutions that you can help them to identify.

Choose among the alternative solutions

Ask several participants to volunteer which solutions they would choose to implement.

Once you have reached this point in the discussion, share with the group the six steps in problem solving. Point out how they used each of the first four steps in solving the packing problem. Having chosen a solution, the next step would be to **implement the chosen solution**, that is, pack their bags and take the trip.

During the trip and after returning home, its important to **evaluate the solution** as well. How would they know if their solutions had helped them to pack appropriately? Often the effectiveness of the solution is obvious. In this case, for example, if they find that they are missing many things they need on the trip or that they are carrying many things they don't need, then the solution was not very effective and should be modified before the next trip. But even when the success or failure is clear, further, more detailed evaluation may provide important information for improving the solution.

Throughout the subsequent detailed discussion of each step in the problem-solving process, refer back to this packing problem. In the **Participant's Handbook** are examples of a fishbone diagram, why-why diagram and mind map for the packing problem to which you should refer the participants when discussing and practicing these techniques.

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?

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

THE CASE OF THE EXTRA PARTICIPANTS

1. Yes, there is a problem. You were asked to conduct a clinical training skills course for 12 participants but you have 18 instead. By comparing these numbers against the arrangements made for this course, as well as the standards of good training, you are aware that you will have great difficulty in achieving the objective of the course (i.e., to produce competent IUD clinical trainers).

   While the classroom portion will be able to accommodate the additional participants, providing them with a practicum will be very difficult. The current arrangements are already stretched very thin: you and one other advanced trainer will need to observe three practica courses at the same time; and there are four new trainers conducting each course—this is the maximum number if each is to have an opportunity for adequate practice. Including another six new trainers will be virtually impossible.

2. You can use any of the techniques described in the reference manual to help identify the problem accurately. For any of them, you must gather as much information as possible about the problem by asking questions of who, what, when, where, why and how. This information can then be used to construct a fishbone diagram or why-why diagram. Questions you might ask include:

   - Why is this a problem?
   - Who says this is a problem? Does the MOH understand the implications of adding another 6 participants?
   - Whom does it affect or will it affect? What are the consequences to others? Does it affect only the six new participants, or could it also affect the original 12 participants? Does the final outcome of the training affect the training system itself?
   - Why did it occur? What is not functioning as desired? Why did the MOH send extra participants? Do they have a clear understanding of the training system?
   - How do the MOH and the training system communicate? Who is responsible for this? Why was nothing done to prevent the problem from occurring?

- Why is a response needed now?

- Has this ever happened before? If so, why is it still happening?

Based on this information and your analysis of it, the problem statement would be something similar to the following:

The problem is that conducting the practicum portion as currently planned, with the additional participants, will compromise the quality of the trainers produced. A new plan for conducting the training and practicum needs to be developed that will ensure that **all** the participants will be given an adequate opportunity to become competent IUD trainers.

It is important to note that this problem statement addresses the **immediate** problem to be solved. The information you have gathered undoubtedly indicates that there are other problems, such as communications between the MOH and the training system, that need to be addressed in order to prevent this problem from happening again. At this time, however, the most pressing problem to be solved is deciding what to do with the extra six participants who are sitting in the training room! The other problems can, and should, be addressed at a later time.

3. **NOTE**: Possible solutions and their strengths and limitations may vary greatly depending on the country in which training is taking place, the structure and function of the training system and its relationship to the MOH, as well as other local conditions. The following possibilities and the analysis of each should be adapted to your situation. Undoubtedly, new ideas will be added and new interpretations will be made—but that's what keeps problem solving fun and interesting!

   Possible solutions and the strengths and weakness of each (this may change according to country and system in which training is taking place):

   - Cancel both the classroom and practicum portions of the course because the situation is unworkable.

     - **Strengths**: It will eliminate the possibility of producing trainers who are not competent; it **may** send an important message to the MOH regarding the importance and value of training.

     - **Limitations**: The training system will not have **any** new IUD trainers; it may cause serious problems with the MOH;

considerable effort and funds have already been expended to get the training course this far, and that will go to waste.

- Conduct the classroom portion as planned with all 18 participants. Send the six extra participants home and arrange practicum courses for them sometime in the future. Conduct the practicum for the original 12 as planned.

  - **Strengths**: As the classroom can accommodate the extra 6 participants, it will allow them to start their development as trainers and not waste the efforts they've made to get to the course. After all, none of this is their fault! At the same time, it will not compromise the practica of the original 12 and provide the training system with the new trainers it needs. It **may** prevent hard feelings with the MOH so that later discussions with them about why this situation occurred can proceed more smoothly.

  - **Limitations**: Arranging for practica at a later time may be difficult. It certainly will require additional human and financial resources, including your time.

- Conduct the classroom portion as planned with all 18 participants. Incorporate the six extra participants into the practicum as designed, regardless of the consequences on the quality of trainers produced.

  - **Strengths**: This may be the solution most acceptable to the MOH, thereby making later discussions with them about why this situation occurred proceed more smoothly. It would ensure that the extra six participants do, indeed, get an opportunity for a practicum, although there now will be six new trainers per practicum course.

  - **Limitations**: Given that the practicum arrangements are already stretched thin by just the 12 participants, this solution may be harmful to both them and the extra six. None of them will get adequate practice during their practicum, nor will you, the advanced trainers, have adequate opportunities to observe, coach and assess each new trainer individually. While the training systems will probably gain some new trainers, they may not be as effective as they would have been with a stronger practicum experience.

- Conduct the classroom portion as planned with all 18 participants. Arrange for another IUD course to take place as part of the practicum for the extra six participants to be trained.

- **Strengths**: This may be another solution acceptable to the MOH, thereby making later discussions with them about why this situation occurred proceed more smoothly. It would ensure that the extra six participants do, indeed, get an opportunity for a practicum, and it would be stronger opportunity than in the previous solution as there will be fewer new trainers per course.

- **Limitations**: Arranging for another IUD course for the practicum may be logistically and financially difficult, with having an adequate number of clients a major concern as well. It also means that you and the other advanced trainer will have yet another course to supervise, in both the classroom and clinical portions. Remember, you are ultimately responsible for the safety of all the clients seen during the clinical portion! (This will be covered more completely in **Chapter 6.**)

- Send the extra six participants home and forget about them. Then continue as planned with the 12.

  - **Strengths**: The training system will have 12 new competent IUD trainers.

  - **Limitations**: This may cause significant problems with the MOH. It also unfairly punishes the six extra participants and may lead them to reject future training opportunities or even speak badly of the training system.

- Send the extra six participants home and arrange for them to attend the next CTS course. Continue with the original 12 as planned.

  - **Strengths**: The training system will have 12 new competent IUD trainers.

  - **Limitations**: Arranging for another CTS or their inclusion in it may be difficult. Being sent home may upset the six extra participants and cause them to reject future training opportunities, including the CTS, and even speak badly of the training system.

The **best solution** is highly dependent on the local situation, and so the group will have to make that decision for themselves. It may not even be one of the solutions listed here! Many groups, however, have chosen to include the six extra participants in the classroom portion and arrange for practica at a later time.

4. Regardless of the solution chosen, evaluation of effectiveness could be achieved by following up the new trainers as they begin conducting courses themselves to assess how they are performing. If a solution was selected that involved postponing training and/or practica for the six extra participants, whether or not it eventually took place, and in a timely manner, are also important points for evaluation. It could also be evaluated from the point of view of how well the option was received, for example, is the MOH happy? Are the participants happy? Is everyone angry with one another and/or you?

5. Other problems that need to be solved include:

   - issues with the MOH—clarification of roles and responsibilities regarding training and how it is conducted

   - examination of the training strategy and policies—even without the six extra participants, the training situation was far from ideal. This makes it almost impossible to adequately respond to situations like the one in this case study, but also very difficult to conduct high quality training at any time.

   Each of these problems, and any others that the group identifies, should be solved using the same problem-solving process. That is not necessary here, but each group should offer some possible solutions that quickly come to mind, such as meetings, committees, etc.

INTRODUCTORY ACTIVITY 4-A, CHAPTER 4: CLINICAL DECISION-MAKING

KNOWING VS. INTUITION

The **purpose** of this activity is to help the participants understand the differences between **knowing** (short-term memory) and **intuition** (long-term memory).

Before beginning the activity, highlight the idea that the skill of clinical decision-making is often intuitive and therefore can seem mysterious. By understanding what other skills or activities are "intuitive," we can understand how we learned things that are in fact thought to be intuition.

Examples of items in **short term memory, or knowing**, include:

- the name of a person you have just met at a party
- what you had for breakfast yesterday
- the details of a newspaper article you read last night
- this weekend's schedule at the local movie theater
- the blood pressure of a patient you saw this morning
- the breech delivery you assisted last week

As the short-term memory gets full, information that is not needed is deleted or forgotten, while information that is needed is condensed and moved into long-term memory. That's why when you unexpectedly meet that person from the party several weeks later, you may not remember her/his name! As time goes by, you may not remember the details of the breech delivery from last week, but that experience will move into your long-term memory, together with all the other breech deliveries you conduct, to be called upon the next time you are in a similar situation.

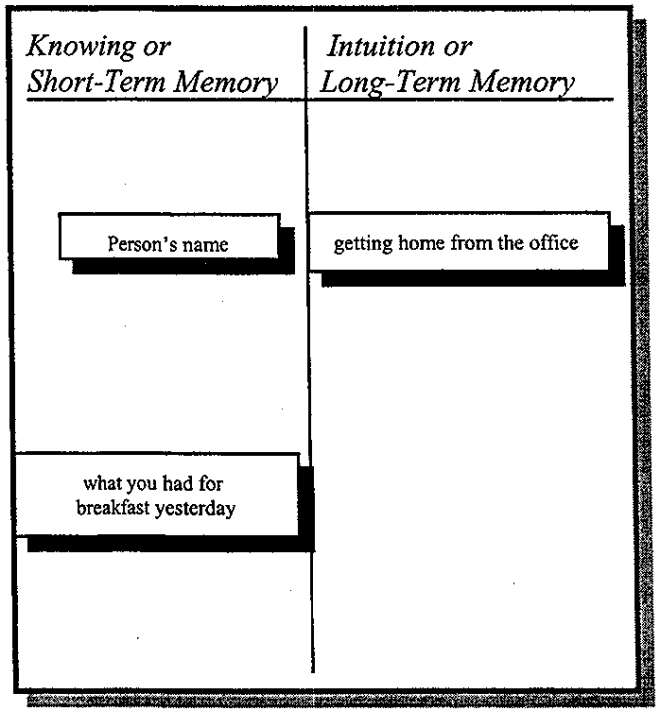
Examples of items in **long-term memory**, or **intuition**, include:

- riding a bike
- precautions for the use of COCs
- the route for getting home from the office
- tying your shoes
- recognizing that someone's abdominal pain is serious
- the patient with the pelvic mass you saw 5 years ago
- the experience of all the pelvic examinations you have performed

Although items in long-term memory are condensed so that you no longer need to consciously recall each step or piece of information involved, such as when tying your shoes, it is possible to force yourself to do so in many instances. While you may not need to think about your route home while traveling it, you can give detailed directions to someone else when actively thinking about it.

Both routine and unusual items are moved into the long-term memory. You may remember the patient with a pelvic mass from 5 years ago because the pelvic mass was of such an unusual size or location, or something occurred during your treatment of her that was extraordinary. At the same time, you also retain memories of each pelvic examination you perform, which get stored for reference in each exam you perform in the future. They provide you with information against which to compare the current client. Even though the comparison is done unconsciously, it makes you more efficient and accurate in your findings. You can "automatically" distinguish normal from abnormal.

Put these examples or any others you may prefer on cards for participants to identify as short- or long-term memory. Use only those examples that you understand and can discuss comfortably. Attach them to the two-column flipchart you prepared ahead of time, once the group agrees on their placement. Your flipchart should look something like this:



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

INTRODUCTION TO ALGORITHMS

The **purpose** of this activity is to help the participants recognize that they often use, or could use, a logical, structured approach to solving problems or making decisions in their daily lives. This approach is similar in many ways to the algorithms used to define diagnostic reasoning pathways. Although an algorithm usually is not used in personal situations, nor is it necessarily the most efficient way to solve personal problems as will be seen in this activity, applying the structure of an algorithm to such a situation will assist the participants to more fully understand how algorithms are designed and used.

This activity should take about **10 minutes**; it is important to leave adequate time for discussing the structure and use of clinical algorithms.

Begin the activity by describing for the participants the scenario presented in the course outline and **Activity 4-1** in the **Participant's Handbook**. Guide the participants through a discussion in which they identify the questions they need to ask themselves as they go through the process of deciding how best to use this unexpected free evening. Help them to see how the questions flow in a sequential order, with the answer to each question leading to yet another question, until finally the decision of how to spend the evening is made.

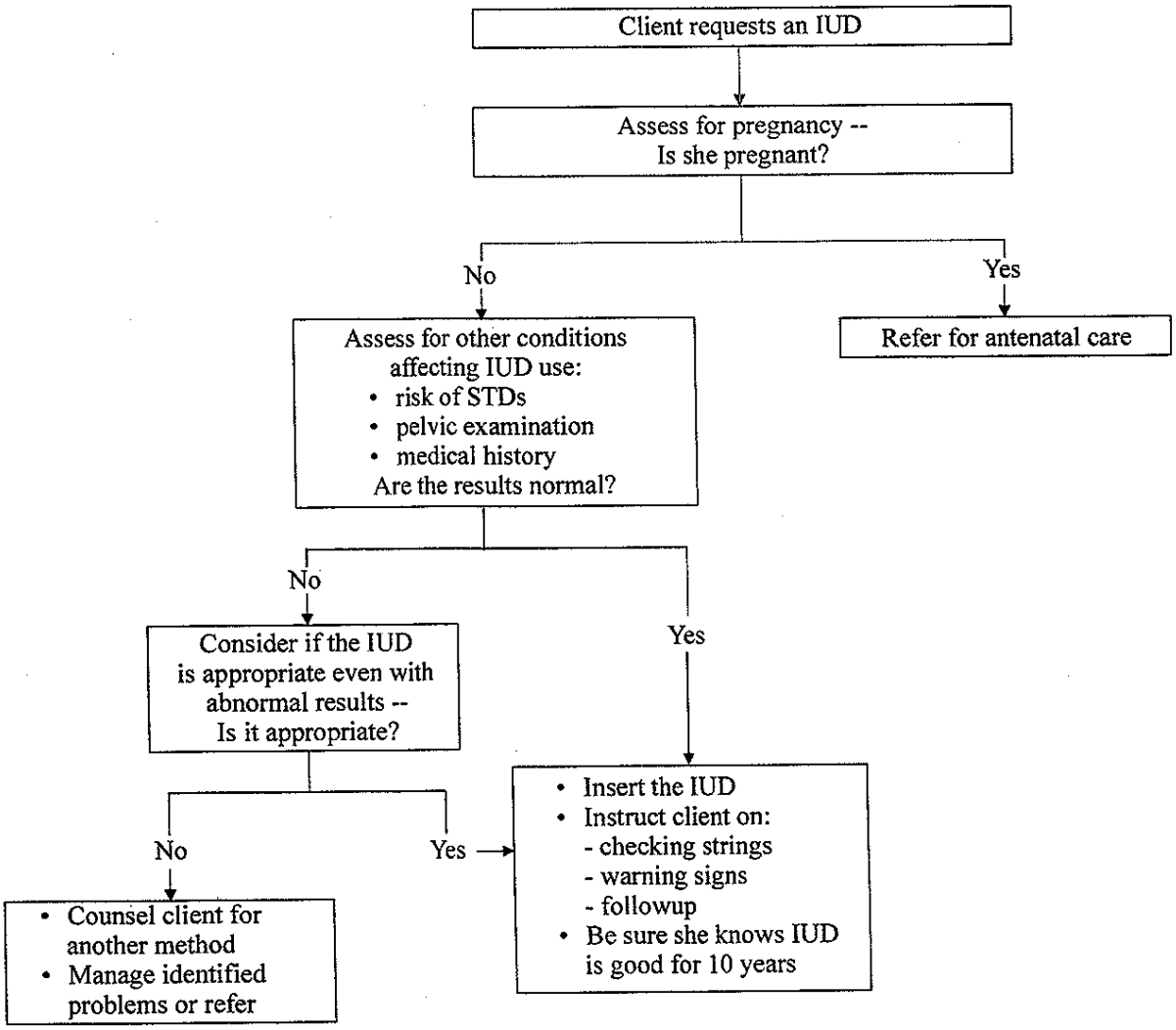
After the discussion, ask the participants to look at the algorithm for this situation in the **Participant's Handbook** and follow its flow. Does it make sense to them? What are some of the problems they see in using such an algorithm for this and similar situations? As noted in the handbook (page 28), algorithms are not an efficient way for dealing with situations that are highly individual, or where options are not mutually exclusive, which may, in fact, include many healthcare situations. This will be important for participants to keep in mind as they continue to learn about algorithms and their use in clinical decision-making.

ACTIVITY 4-2, CHAPTER 4: CLINICAL DECISION-MAKING

CLINICAL ALGORITHMS

The **purpose** of this activity is to have the participants apply the previous discussion of clinical algorithms to an example. As the participants work in groups to assemble an algorithm, it will also illustrate the point that achieving agreement on how algorithms are constructed is often difficult. It will also identify the need to adapt algorithms to national/local standards and guidelines at times.

Activity 4-2. Client Requests an IUD



The participants will be constructing the following algorithm, which assesses the appropriateness of a client for IUD insertion.

On the following pages, this algorithm is broken down into seven sections, one section on each page. Either tear these pages out of the book, or copy each onto an individual piece of paper. Divide the participants into seven groups and give each group one of the sections of the algorithm.

Explain to the group that this algorithm to be constructed is for assessing whether or not a client can safely use an IUD. Give them a minute to consider where within such an algorithm their section might fall. Then ask the group that thinks it has the first section to identify itself and explain why they think they are the starting point for the algorithm. Ask the other groups if they agree or disagree. If this is **not** the first section, have the groups reconsider. If it is the first section, tape it on the wall.

Then ask the groups who has the second section. Ask them to explain why and discuss with all the groups. When the correct second section is identified, tape it up in the appropriate position with the first section. Continue on through the sections until the algorithm is complete. As the algorithm is being built, reinforce the structure of an algorithm.

- It starts with a clinical situation or problem, and this box has only one exit.
- This leads to a question or decision box, which usually has a yes or no response.
- Each yes or no leads to an action box.
- Action boxes may lead to more question and action boxes, until the problem is solved.

At times the groups may insist that sections be put together incorrectly. Go ahead and try it. Then apply the above guidelines on algorithm structure to demonstrate why that arrangement of sections is inappropriate.

Once the algorithm is complete, discuss how this, or other algorithms, might need to be adapted to local clinical guidelines. How does the structure compare with other algorithms the participants have used? Be sure to clarify any doubts or questions that participants have about algorithms.

- Insert the IUD
- Instruct client on:
  - checking strings
  - warning signs
  - followup
- Be sure she knows IUD is good for 10 years

- Counsel client for another method
- Manage identified problems or refer

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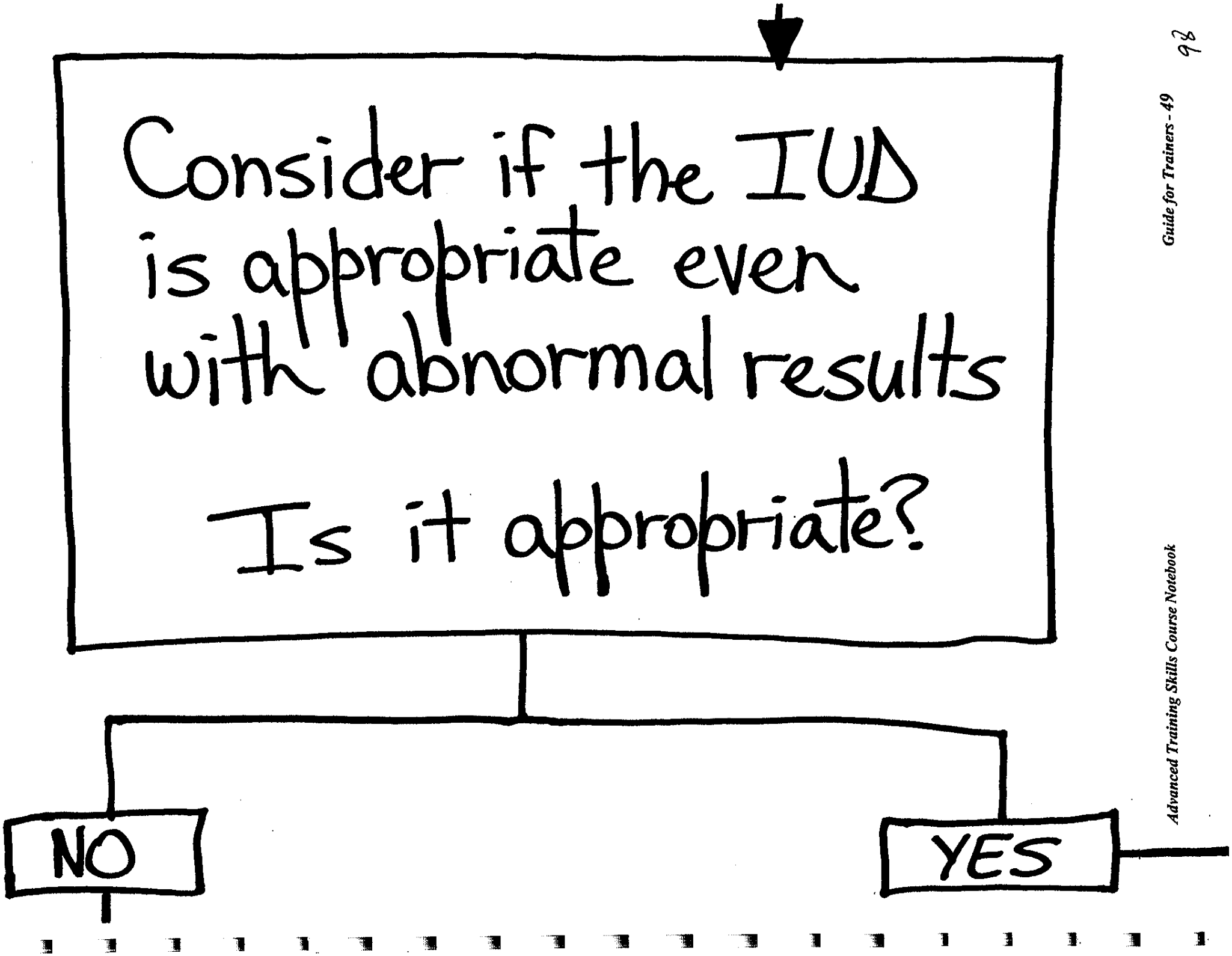

Consider if the IUD is appropriate even with abnormal results
Is it appropriate?
NO
YES

Assess for other conditions affecting IUD use:

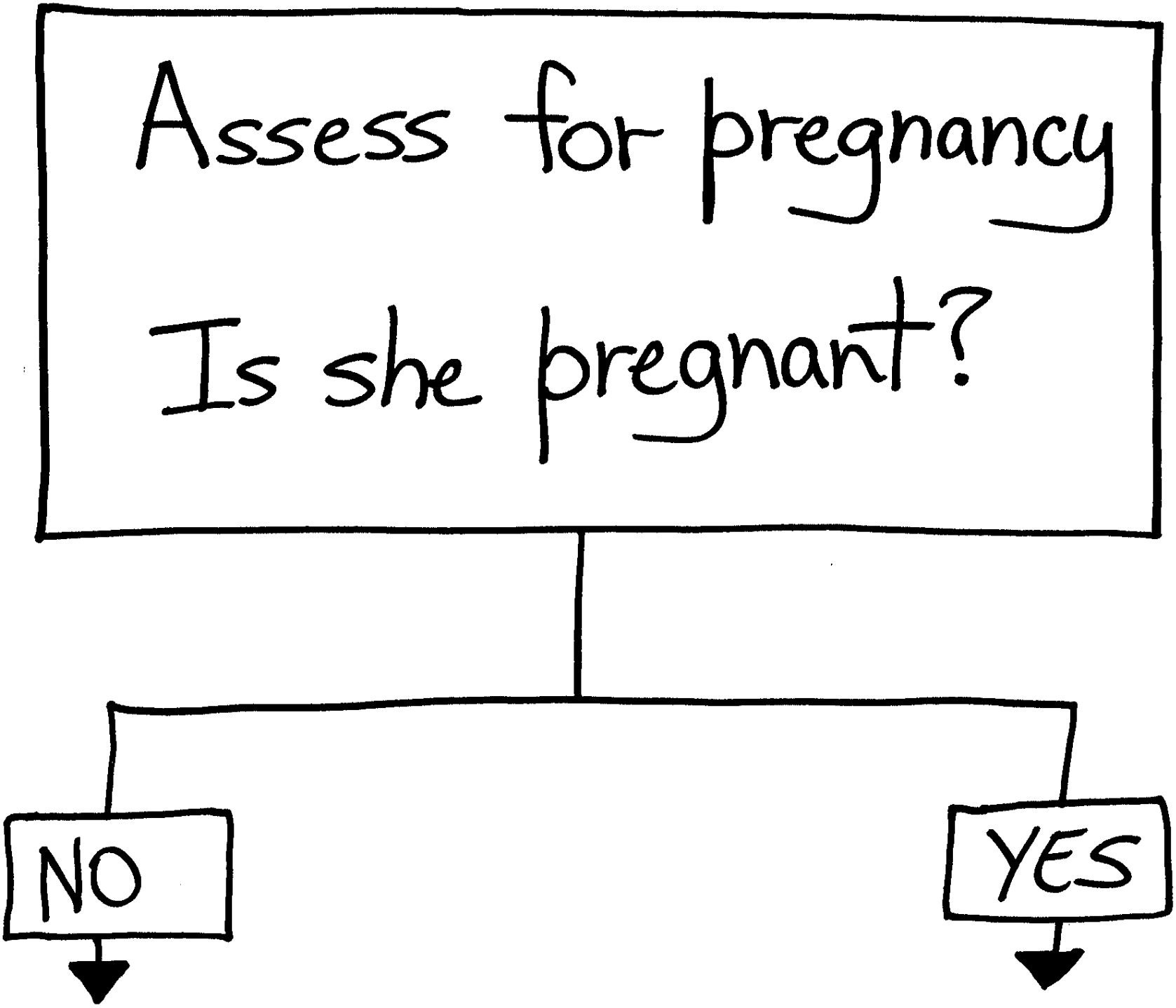
- Risk of STDs
- Pelvic examination
- Medical history

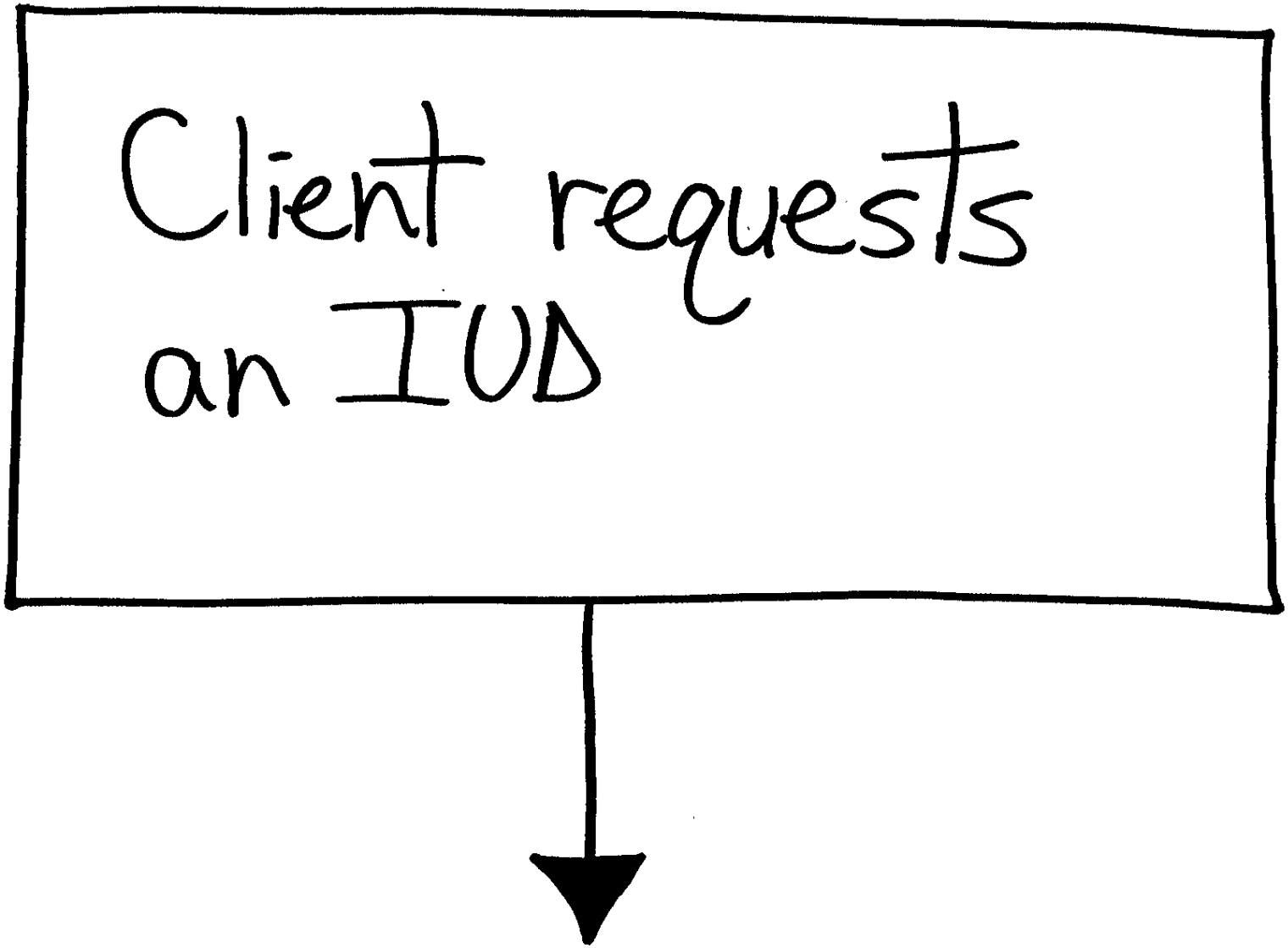
Are the results normal?

NO

YES

Refer for antenatal care


Assess for pregnancy
Is she pregnant?
NO
YES


Client requests
an IUD

ACTIVITY 4-3, CHAPTER 4: CLINICAL DECISION-MAKING

INSTRUCTIONS FOR CASE STUDIES ON CLINICAL DECISION-MAKING

The **purpose** of this activity is to define and understand the steps in clinical decision-making by applying each step individually to a clinical situation. If an entire clinical case study is presented to a participant, s/he often finds out the diagnosis before having a chance to consider it her or himself. S/he loses the chance to use her/his fund of clinical knowledge to make the choices which lead to a diagnosis and intervention. Therefore, these clinical case studies are presented in sections, or parts, to allow the participant to fully consider each section before moving on to the next.

Two case studies are included in the **Participant's Handbook** for this activity: *Case Study 4-1, The Case of the Problem Pills* and *Case Study 4-2, The Mystery of the IUD Strings*. Model responses are included in the **Trainer's Notebook**. There are four parts or sections to each case study:

Part I–Assessment

Part II–Diagnosis

Part III–Planning and Intervention

Part IV–Evaluation

Instructions for the Trainer: Divide the participants into an **even** number of groups appropriate to the total number of participants. Each group should have at least three members, but not more than four. Four groups is the easiest number with which to work, and should be appropriate if the total group is not more than sixteen as indicated in the syllabus; for this reason, conducting this activity with four groups is described in the course outline. Nevertheless, in many situations there will be a need for additional groups. Each group will work on all four parts of their assigned case study, but will present their answers to only one part so that all groups have the opportunity to share their work (see the tables below).

With four groups, either one or both case studies can be used effectively; first one case study and then the other can be completed, or they can be used simultaneously as described in the model course outline and below. With more than four groups, it is recommended that both case studies be used at the same time in order to increase the active participation of each group and its members. Tables are provided below that demonstrate how to divide participants into four, six or eight groups and distribute the parts

of **both** case studies among them. While all groups will read and discuss each part of the case study, each group will have the opportunity to present its answers to only one (or possibly more than one) part. If only one case study is used with four groups, all groups will work on each part at the same time, and one group will present their answers to each part.

Regardless of the number of groups or case studies used, the process for completing the activity is the same.

Each group should turn to **Part I: Assessment** of the appropriate case study in the **Participant's Handbook**. Each part is printed on a separate page to keep the participants from reading ahead.

Give the groups 10–15 minutes to review Part I and develop their answers. Then ask each of the groups assigned to Part I to present their answers. The other groups should present at this time only if their answers are different; they will be given the opportunity to present in subsequent steps. Use the discussion of the case study(ies) to highlight the important characteristics of Assessment.

If two case studies are being discussed, half of the participants will not be familiar with the content of each case study (the one on which they did not work). Therefore it is a good idea to allow a few minutes before discussing each part for the participants not familiar with that case study to read it in their **Participant's Handbook**.

Next, have the groups turn to **Part II: Diagnosis** of their case study(ies). Again, give the 10–15 minutes to develop their answers. Allow the assigned group, or a different group from the one that presented Part I, to share their answers to Part II. Discuss any different answers from other groups. Summarize the important characteristics of Diagnosis.

Follow the same process for **Part III: Planning and Intervention** and **Part IV: Evaluation**. Facilitate a fruitful discussion to allow a clear understanding of the steps in clinical decision-making.

Remember: The objective of the activity and discussion is to come to a full understanding of the **steps in clinical decision-making**. Therefore the focus of the discussion should be on the **process** used by the groups to arrive at their answers rather than on the answers themselves. It will not be uncommon for the discussion to move into clinical issues. Although some discussion of clinical matters is appropriate, it is your responsibility to ensure that it does not overwhelm the discussion of the steps in clinical decision-making.

Dividing the participants into **eight** groups for case study review:

GROUP	Case Study 4-1		Case Study 4-2	
	Read and Discuss	*Present their Answers*	*Read and Discuss*	*Present their Answers*
Mango Group	All parts	Part I		
Banana Group			All parts	Part I
Orange Group	All parts	Part II		
Pineapple Group			All parts	Part II
Strawberry Group	All parts	Part III		
Watermelon Group			All parts	Part III
Apple Group	All parts	Part IV		
Coconut Group			All parts	Part IV

Dividing the participants into **six** groups for case study review:

GROUP	Case Study 4-1		Case Study 4-2	
	Read and Discuss	*Present their Answers*	*Read and Discuss*	*Present their Answers*
Mango Group	All parts	Part I		
Banana Group			All parts	Part I
Orange Group	All parts	Part II		
Pineapple Group			All parts	Part II
Strawberry Group	All parts	Part III		
Watermelon Group			All parts	Part III
For each case study, ask one group to volunteer to present its answers to Part IV.				

Dividing the participants into **four** groups for case study review:

GROUP	Case Study 4-1		Case Study 4-2	
	Read and Discuss	*Present their Answers*	*Read and Discuss*	*Present their Answers*
Mango Group	All parts	Parts I and III		
Banana Group			All parts	Parts I and III
Orange Group	All parts	Parts II and IV		
Pineapple Group			All parts	Parts II and IV

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 4-1, CHAPTER 4: CLINICAL DECISION-MAKING
MODEL RESPONSES

THE CASE OF THE PROBLEM PILLS

Problem Pills Part I: Assessment

Although you are initially unimpressed with Elizabeth's complaint, there is a problem because Elizabeth believes there is a problem. She has done a self-assessment and knows that things are different from they way that they should be. Because she is concerned, you decide to spend some more time with her.

To assess her irregular bleeding, you begin to take a **history** by asking questions. These questions are directed at information **relevant** to her condition. You would not, for example, routinely ask about her childhood illnesses. You do, however, ask:

- her age
- her gravidity and parity
- whether her last period was normal
- a description of the pain (where it is, sharp or dull, growing stronger, etc.)
- a description of the vaginal bleeding (amount, color, etc.)
- is she taking her pills correctly, and making up for missed pills correctly
- other medical problems or other symptoms
- signs and symptoms of pregnancy

You also perform a **directed** physical exam, including:

- abdominal exam (mass or tenderness)
- speculum exam (amount of bleeding, color of bleeding, evidence of infection, cervical lesion, signs of pregnancy)
- pelvic exam (size and consistency of uterus, uterine or adnexal tenderness, adnexal mass)

You do not, however, use time or resources to perform, for example, a full neurologic exam as it is not relevant to her condition.

You may consider several investigations, including:

- pregnancy test
- hemoglobin

These investigations will give you information related to her condition. Determining the level of her electrolytes, for example, will not and therefore is not done.

Problem Pills Part II: Diagnosis

The differential diagnosis for vaginal bleeding is long and includes:

- threatened abortion
- incomplete or complete abortion
- drug interaction (incompatible medication)
- forgotten/missed pills
- cervical lesion (e.g., polyp)
- pelvic infection
- hormonal problem (e.g., thyroid disease)

Because you think that the uterus might be enlarged (in a woman with vaginal spotting), you initially consider pregnancy (initial working diagnosis). As you aren't certain that the uterus is enlarged, you ask more questions to find out if she could be pregnant (the process of hypothesis testing), but learn that she has no signs and symptoms of pregnancy and that her husband has been away. You decide that your initial working diagnosis is unlikely and ask more questions. You may also decide that additional examinations or investigations are needed in some situations.

She tells you, with some embarrassment, that she is going to the health clinic each day for her medication for tuberculosis. You remember that the interaction between rifampin and oral contraceptives (OCs) can cause OCs to be less effective and result in irregular vaginal bleeding. Because of this additional information (which you gathered through additional assessment), you have changed your working diagnosis from pregnancy to drug interaction.

Problem Pills Part III: Planning and Intervention

There are several ways that her vaginal bleeding can be handled at this point. These treatment options include:

- discontinuing her OCs and using another method (such as DMPA or IUD)
- continuing the OCs, tolerating the bleeding and using condoms as a backup method
- switching to a high-dose OC (50 mcg of ethinyl estradiol) until she has finished the rifampin
- taking two regular pills daily

Which treatment option is chosen will be based upon many different factors, such as:

- the client's current need for contraception
- the concurrent treatment for TB (how long it is anticipated that she will need to take the rifampin)
- available treatment options (e.g., the availability of a high-dose pill)
- the provider's understanding and awareness of various treatment options
- the likelihood that the client will take the medication (client satisfaction, client understanding, etc.)

In this situation you have decided to recommend that Elizabeth take a high-dose pill. You have decided that it will be a simple and easy way to treat the bleeding, while still providing her with a reliable method of family planning. You have not asked the client, however, if this is an acceptable solution for her, or if she feels she needs family planning at this time, given the fact that her husband is away. In addition, you have not provided instructions to the client nor checked on the availability of the high-dose pill.

Problem Pills Part IV: Evaluation

You initially made no plan to see Elizabeth again to evaluate the effect of the treatment you chose. You made the recommendation and told the patient to return "only if there is a problem." By not asking Elizabeth to return for followup, both you and the client miss an important opportunity. Elizabeth misses a chance to be reassessed and have her problem properly cared for. You miss the chance to know whether the treatment you selected was appropriate and effective. When Elizabeth does return, she informs you that the high-dose pills are not available in the market. Without this information, you might have continued recommending that treatment.

Because Elizabeth returned, we know that she still has some confidence in you. She is willing to give you another opportunity to solve this problem. You recognize this "second chance" and take more time with the client. Instructions are clearly explained and the client's understanding is assessed. You then request that the client return so that you can evaluate whether the intervention has been successful.

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 & 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 4-2, CHAPTER 4: CLINICAL DECISION-MAKING
MODEL RESPONSES

THE MYSTERY OF THE IUD STRINGS

Missing Strings Part I: Assessment

In assessing this or any clinical situation, healthcare providers should use the standard approach to client assessment including history, physical exam and, possibly, selected investigations. In this case the assessment must be done in stages, since some information is important to know first. For example, although you may feel that the easiest way to get an answer is to do an X-ray of the abdomen, you should first investigate whether Rebecca is pregnant, because an X-ray may be harmful to an early pregnancy. For that reason, the assessment should be in stages, determining or doing some things before determining or doing others.

In taking a **history** of this client you should assess:

- when her last menstrual period was, and if it was normal
- how she checks the strings
- when was the last time that she felt the strings
- any unusual or heavy bleeding this month
- any increased cramping this month, or abdominal pain
- whether she has any symptoms of pregnancy
- any other problems or unusual symptoms

The history will be followed by a physical exam. Because Rebecca has a specific problem, a directed physical exam, rather than a complete physical exam, is appropriate. This exam should include:

- abdominal exam (for enlarged uterus or abdominal tenderness)
- speculum exam (for presence of strings in cervix, bleeding or discharge)
- bimanual exam (for enlargement of uterus, other signs of pregnancy)

There are several investigations that can be considered in this case. These are:

- pregnancy test,
- ultrasound, or
- abdominal X-ray.

Other tests can be diagnostic (meaning they give us information to help make a diagnosis) and at the same time therapeutic (meaning they also help to treat the problem). Examples in this case include:

- probing the cervix with a forceps
- probing the uterus with an alligator forceps or IUD hook

Some investigations, such as a pregnancy test, are simple and often can be performed in the clinic itself. Others, such as an ultrasound, are more complicated or require special equipment. Therefore, you will probably want to try to use the simple tests to reach a diagnosis rather than relying on the more complicated tests. In addition, since some decisions must be made before performing certain investigations, it is important to perform some tests in a particular order. For example, it may be useful to explore the uterus with an IUD hook, but an assessment for pregnancy should certainly come before this.

Missing Strings Part II: Diagnosis

The differential diagnosis for missing strings includes:

- IUD strings curled up in uterus
- pregnancy, with IUD drawn up into uterus
- IUD has fallen out
- uterine perforation
- separation of the strings from the IUD, with the IUD still in place

It is useful to think of the list in a specific order, with the more likely diagnoses toward the top, and the less likely diagnoses toward the bottom.

The differential diagnosis should include all possible diagnoses for this situation. Even if the diagnosis is unlikely, as uterine perforation is in this case, it should be put on the list. Only by developing a broad and comprehensive differential diagnosis are we able to ensure that we have considered all possibilities, including common conditions, likely conditions and dangerous conditions.

In this case, based on the information available, it seems unlikely that the IUD has perforated the uterus. It also seems unlikely that the client is pregnant, given the fact that her period was normal and the uterus is not enlarged. She says that she does not believe the IUD has fallen out, and so you think that the most likely scenario is that the strings have been drawn up into the uterus. Therefore, at this time, **IUD strings which have curled up in the uterus** is your working diagnosis. Because you want to

be more certain of this diagnosis, you decide to look more closely at the situation. You want to gather more confirming information in an effort to reach a final diagnosis.

Missing Strings Part III: Planning and Intervention

You want to confirm your diagnosis and, if the strings are up in the uterus, you want to bring them down so that the client can continue to check them. You sincerely believe that she is not pregnant and therefore feel that a uterine exploration is a safe and reasonable next step. If you had an ultrasound, and it was easy to perform one, you might consider this test. Since an ultrasound is not available, however, you have chosen to explore the uterus.

Before any intervention, it is important to discuss with the client what you are planning to do and obtain her agreement. Other than that, very little else must be done in planning for this intervention. That is part of the reason you have chosen this intervention: because it is simple, easily performed in your examination room and requires no additional expense for the client.

Missing Strings Part IV: Evaluation

You have not found the IUD by doing the uterine exploration. Because the exploration has given you valuable information, however, it should not be considered a failure or an improper treatment. With this new information you must reconsider your diagnosis by returning to your differential diagnosis. Initially you had ordered your list as follows:

- IUD strings curled up in uterus
- pregnancy, with IUD drawn up into uterus
- IUD has fallen out
- uterine perforation
- separation of the strings from the IUD, with the IUD still in place

But now, given all of the information you have, you have re-ordered the list as follows:

- IUD has fallen out
- uterine perforation
- IUD strings curled up in uterus
- pregnancy, with IUD drawn up into uterus
- separation of the strings from the IUD, with the IUD still in place

Despite the client's statement that she does not believe that the IUD has fallen out, you now think that is the leading diagnosis.

At this point, you must decide how firmly you believe in the diagnosis. If you are confident of the diagnosis that the IUD has fallen out, then no additional assessment or intervention is necessary. If there still remains a doubt, however, you may want to do a further assessment to completely confirm the diagnosis. You may want to send the client for an abdominal X-ray. A balance must be reached between the "need to know" and the potential inconvenience or expense to the client.

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 4-3, CHAPTER 4: CLINICAL DECISION-MAKING
MODEL RESPONSES

THE CASE OF THE IMPATIENT TEACHER

1. This student has struggled in assessing this patient because she does not understand the steps in clinical decision-making. You have not offered the student clear instructions regarding what should be done in assessing this patient. You also have not created a safe or supportive environment in which the student can try to make a clinical decision.

   Things might go better next time for the student if you give clear instructions about clinical decision-making. The steps and the process should be explained to the student before she sees her next patient. She should understand clearly how to do an assessment and what her responsibilities are. You can help her to structure her approach to the patient so that she can be orderly and thorough.

2. Your differential diagnosis includes:

   - complication of advanced pregnancy
   - threatened abortion
   - complete or incomplete abortion
   - dysfunctional uterine bleeding, among others

   You do not know the student's diagnosis because she was not given a chance to make one. Once you decide that the student is not being helpful you exclude her from the decision-making process. She is pushed to the side while you go through the diagnostic process.

   Instead, you should take the opportunity to explain your assessment process to the student. You should "think out loud" so that the student understands what you are thinking. Help the student to develop an appropriate differential diagnosis. Even if the list is short (pregnancy, infection and cancer, for example) you can help her to understand whether these ideas are clear enough to develop a treatment plan. You can also encourage her to do additional reading and arrange a time later to discuss the differential diagnosis of vaginal bleeding more thoroughly.

3. A correct diagnosis can be reached even with incomplete information. You should always ensure, however, that all information has been gathered. In an emergency, we move quickly to establish a diagnosis

but we must also remember to be thorough. You must consider other related situations or diagnoses in making an assessment and differential diagnosis.

4. In addition to treating the incomplete abortion, the patient's shock must also be managed. The responsibility for this will be shared by the entire team. Although the doctor will help to manage the shock, you, the nurse, will be responsible for managing the IV drip, administering medications, etc.

   Because this patient is being treated for shock, you must continue to watch her clinical condition closely. You will frequently check her pulse, blood pressure, skin temperature, color, etc. to know if the fluid replacement is adequate. The student should participate in this evaluation of fluid replacement. In addition, she can join in the discussions you have with the doctor about when to discontinue the IV drip.

   This is an opportunity to bring the student back into the clinical decision-making process. If the student is given more responsibility, she will learn more quickly and actively. And if she learns well, she will then be able to take on more responsibility. Despite this initial difficulty, the student should not be removed from the care team. On the contrary, she should be more actively included.

5. Overall, the student must learn all the steps involved in clinical decision-making. It is difficult for any student to learn this on her own. Therefore, it is the responsibility of the teachers/tutors and clinicians to help the student develop these skills. These skills are as important as the technical skills. And the more attention that is given to developing these skills, the more likely it is that the student will become a skilled healthcare provider. You could:

   - explain and review the steps of clinical decision-making
   - re-evaluate the same patient with the student
   - give her direct supervision and guidance in clinical decision-making while caring for other patients
   - share your own experiences in clinical decision-making
   - look for other opportunities when she can apply these new skills

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 their 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 4-4, CHAPTER 4: CLINICAL DECISION-MAKING
MODEL RESPONSES

THE CASE OF THE PATIENT UNDER PRESSURE

1. Pre-eclampsia is defined as hypertension (greater than 140/90), after 20 weeks of gestation in a woman with no previous history of hypertension, with proteinuria of 2+. Edema is no longer used as a criterion for pre-eclampsia.

   Pre-eclampsia is divided into only two categories: mild and severe. Signs and symptoms of severe pre-eclampsia include:

   - diastolic blood pressure ≥110 mm Hg
   - proteinuria of 3+ or more
   - hyperreflexia
   - headache which is increasing in frequency and unrelieved by regular analgesics
   - clouding of vision
   - oliguria
   - upper abdominal pain (epigastric or right upper quadrant pain)
   - pulmonary edema

   If the patient has **any one** of the above mentioned signs or symptoms, her disease is classified as severe pre-eclampsia. Because this patient has both a diastolic blood pressure ≥ 110 and a persistent headache, she has severe pre-eclampsia, although either one of these factors would be sufficient to make the diagnosis.

2. It is important to check for urinary protein to confidently make the diagnosis of pre-eclampsia in this woman. If the ability to check for urinary protein is not available, however, a **working diagnosis** of pre-eclampsia can be made and a management plan implemented. Once urine protein can be measured, a final diagnosis of severe pre-eclampsia can be made.

3. The treatment for pre-eclampsia is delivery of the baby. For patients who have severe pre-eclampsia, the risks to the mother generally outweigh the risks of delivering the baby prematurely. For this reason, women with severe pre-eclampsia should be delivered regardless of gestational age.

With mild pre-eclampsia, the decision to deliver is based on gestational age. If the gestation is 37 weeks or more, then delivery is the best course of management. If the pregnancy is less than 37 weeks, it is reasonable to watch the woman and wait for the pregnancy to advance to 37 weeks before delivery. If the woman develops any of the complications listed above (i.e., she develops severe pre-eclampsia), she should be treated accordingly and the baby delivered.

Once the decision to deliver is made, and induction of labor has begun, the symptoms of pre-eclampsia should be managed to prevent further morbidity. This includes giving an anti-hypertensive (such as labetolol or nifedipine) to control blood pressure, and an anti-seizure medication (such as magnesium sulphate) to prevent seizures. Treating the symptoms alone, however, is not a sufficient management strategy for pre-eclampsia.

In this case, the decision focused on treatment of the symptom, hypertension, but not of the disease, severe pre-eclampsia.

4. In evaluating the chosen treatment, we should examine whether it has improved the symptoms of the disease or the disease itself. In this case, the hypertension appears better; however, the patient is still at risk of seizure because the disease remains. Because the patient is still at risk, the management plan is not sufficient and should be changed to one that includes delivery of this woman.

   This case points out the importance of making a correct diagnosis and a thorough treatment plan that addresses the diagnosis rather than just the symptom. It also highlights how we must evaluate a treatment plan, not just for its success but also for its appropriateness.

ACTIVITY 5-1, CHAPTER 5: BECOMING AN ADVANCED TRAINER

TRAINER DEVELOPMENT PROCESS MATRIX

The **purpose** of this activity is assist participants to understand the trainer development process, including the coursework and practica needed at each level to become qualified, and how each level builds upon the previous ones.

Following these instructions, is a matrix summarizing the trainer development process. For service providers and each type of trainer—clinical, advanced and master—it lists the coursework and practica required and what the individual is qualified to perform after completing the requirements. With your help, the participants will recreate this matrix on the wall of the training room.

In preparation for this activity, write the content of each cell of the matrix on a separate piece of paper. It may be necessary to edit slightly the amount of information in some cells of the matrix, in order for it to fit on a single sheet of paper. Tape up on the wall the headings of the columns and rows of the matrix so that they create a blank table that can be filled in by the participants. Your wall should look like this:

	COURSEWORK	PRACTICUM	PREPARED/QUALIFIED TO:
SERVICE PROVIDER			
CLINICAL TRAINER			
ADVANCED TRAINER			
MASTER TRAINER			

Distribute the remaining papers to the participants (depending on the number of participants, each may get a paper or they may work in pairs). Ask them to tape their paper where they think it belongs, that is, does it accurately describe the coursework, practicum or what the individual is prepared to do to be a service provider, or clinical, advanced or master trainer. Each paper can only be used once, and each cell of the matrix must be filled.

Have all the participants tape their papers up at same time. Encourage them to discuss among themselves any doubts or questions. If two or more participants want to use the same space, they need to talk it out and decide what best fits in that space.

Once the matrix is complete, review it and the process by which service providers and trainers move through the levels.

Points to emphasize during the discussion include:

1. Clinical trainers are qualified in a specific skill area (i.e., IUD, Norplant, etc.). A clinical trainer can be qualified to conduct training for more than one skill, but should have her/his knowledge and skills standardized for each of these skills first.

2. Clinical trainers are **not** qualified to train other trainers, although many are in fact doing so—that is the responsibility of advanced and master trainers. Now that the advanced training skills learning package is finished, a goal will be to provide this training to those who have been training trainers.

3. As trainers move from one level to the next, they do not leave behind the responsibilities of the previous level. What they are qualified to do is cumulative, and they must maintain the clinical and training skills developed at previous levels. For example, a master trainer can do all of the things done at previous levels although s/he may not in fact spend much time doing them. Obviously, most of her/his time will be spent fulfilling the unique responsibilities of a master trainer. Nevertheless, the matrix does reinforce the concept that trainers **must** maintain their service delivery skills.

4. Not every clinical trainer should become an advanced trainer, and not every advanced trainer should become a master trainer. Adequate numbers of each, however, should be developed to ensure the sustainability of the training system (refer back to **Figure 5-1** in the reference manual).

5. Moving from service provider to master trainer is a long process requiring a minimum of 2–3 years if a quality "end-product" is desired.

6. The matrix created as part of this activity is a very simplified version of the trainer development process. For a more complete summary, participants should refer to **Table 5-2** in the reference manual.

Note: Since publication of the reference manual, the practicum required for qualification as a master trainer has been revised. The table on the following pages contains the most up-to-date information.

	COURSEWORK	PRACTICUM	PREPARED/QUALIFIED TO:
SERVICE PROVIDER	Clinical Skills (CS) Course	Perform skill to competency with clients during course	• Provide services to clients without supervision
CLINICAL TRAINER	Clinical Training Skills (CTS) Course	Train a clinical skills (CS) course with an advanced or master trainer	• Provide services to clients • Train service providers
ADVANCED TRAINER	Advanced Training Skills (ATS) Course	Train a clinical training skills (CTS) course with an advanced or master trainer	• Provide services to clients • Train service providers • Train new trainers
MASTER TRAINER	Instructional Design (ID) Course	Train an advanced training skills course with a master trainer Highly recommended: • Conduct a materials development workshop with a master trainer • Participate in a needs assessment or evaluation activity	• Provide services to clients • Train service providers • Train new trainers • Train advanced trainers • Train master trainers • Conduct advanced training skills workshops • Conduct materials development workshops • Design courses and training materials • Participate in needs assessment and evaluation activities

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.

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

THE CASE OF THE CONTROLLING ADVANCED TRAINER

1. Identify effective coaching behaviors exhibited by the advanced trainer.

   - Sent new trainers a copy of the schedule in advance.
   - Arranged for the training team to arrive early.
   - Visited the clinical sites before the course started.
   - Asked the new trainers to set up the room but was available to observe, coach and answer questions.
   - Met with the new trainers to review the course schedule.
   - Asked the new trainers to identify the opening activities (other than the welcome) that they wanted to conduct.
   - Worked with the new trainers to establish norms for the training team and to discuss expectations of each other. Also discussed the course participants.
   - Provided feedback to the trainers concerning their presentation skills. The advanced trainer did an excellent job of encouraging the new trainers to first identify their own strengths and then areas for improvement before offering additional input.
   - Asked the trainers to look at the schedule for the second day and share their plans for conducting the planned sessions.

2. Identify areas where the advanced trainer should have approached the situation differently. Describe what the advanced trainer should have done in each instance.

   - The advanced trainer appeared to give no thought to the role s/he would play in conducting the CTS course. For example, if these are very good trainers, then it may be best for the advanced trainer to observe and coach instead of taking an active role as one of the trainers. This should have been discussed with the training team before being decided by the advanced trainer.

- The advanced trainer should not attempt to assign responsibilities in advance. Depending on the agreed upon role of the advanced trainer, the other trainers should have input into who conducts which sessions and activities.

- The advanced trainer should not assume that s/he is the best one to welcome the participants. Once again, this should be a team decision.

- The presentation of Chapter 1 in the CTS reference manual is a critical point in the course. Within this chapter the entire approach to training is presented. If the new trainers feel uncomfortable presenting this chapter, perhaps the advanced trainer should conduct the session to ensure that the participants learn the essential information and to help model effective presentation skills for the other trainers. Forcing the new trainers into presenting this chapter may be setting them up for problems early in the course and may end up confusing the participants.

- The advanced trainer should avoid "assigning" responsibilities. Whenever possible, decisions regarding responsibilities for sessions and activities should be a group decision.

- The advanced trainer should avoid interrupting when another trainer is presenting, and should do so only when information is incorrect or additional input will help to clarify the presentation. In this case, interrupting a new trainer during his first contact with the group may be damaging. Certainly to risk this just to make sure all sessions during the course are described is not worth the risk.

- During the daily trainers' meetings, the advanced trainer should not take the lead in analyzing the day. This is an excellent opportunity for the advanced trainer to see if the new trainers are able to correctly analyze the day and interpret how the group is functioning.

- The training team should have been using the presentation skills checklists from the beginning. The advanced trainer should have made copies available and discussed the procedure for giving each other feedback.

ACTIVITY 6-1, CHAPTER 6: COACHING NEW TRAINERS

TRAINER INSTRUCTIONS
ROLE PLAYS FOR ADVANCED COACHING SKILLS

The **purpose** of this activity is to strengthen the skills needed to coach new trainers during a clinical procedure. As this is one of the most challenging and sensitive situations that advanced trainers will face, having the opportunity to role play and practice their responses will better prepare the participants for their role as coaching trainers.

Preparation

As in any skills practice and/or role play situation, each group should have all the materials needed to create as realistic a clinical situation as possible. In the classroom setting in which the course is taking place, this will require some imagination and creativity (e.g., drawing sinks on flipcharts to illustrate handwashing) but the effort will increase the effectiveness of the activity.

Be sure to gather all the necessary equipment, supplies and other materials before the first practice session. As determined by the clinical skill included in their role play, each group will need:

- learning guides/checklists
- anatomic models and instruments
- supplies, such as gloves and gauze
- commodities, such as IUDs or Norplant implants
- infection prevention equipment (e.g., buckets for chlorine solution, waste containers, sharps containers, handwashing facilities)
- checklists for coaching skills, which can be found in the **Participant's Handbook**

To facilitate practice sessions as well as the presentation of the role plays, each group should have a complete set of all the materials they need. When sharing models and instruments is necessary, groups will not have as much time to practice and will need to find constructive ways to use their time when they do not have access to the models. This would be a good time to practice their coaching sessions. When presenting the role plays in these circumstances, it is most efficient to have the role plays presented in the same order in which their parts of a skill would take place in performing the complete skill. This way, the model and equipment do not require preparation between role plays. It will be

your responsibility to keep everyone working productively throughout this activity.

If possible, arrange for the role play presentations to be videotaped. This videotape can then be referred to during the feedback and discussion, if necessary. Each group will also be able to view their own videotape later during the course and perhaps take it home for further study. Participants report learning a great deal from watching themselves and the other members of their group on tape when the pressure is off and they are able to relax and enjoy it.

It is important to note that the general and specific role play scenarios provided in the courseware are written for IUD insertion and removal. If the participants are not IUD providers, you will need to rewrite the scenarios using another clinical skill in which they are proficient. As with IUD insertion and removal, your scenarios should not include a complete clinical skill because of time limitations. Use the IUD scenarios as a guide for determining approximately how much of a procedure should be included. Do not break up related steps within the procedure if possible; look for natural breaking points. For example, a natural starting point for one of the IUD role plays is after the screening pelvic exam is completed and the actual insertion procedure is ready to begin. This role play then stops after the tenaculum is applied to the cervix, but before inserting the IUD itself. Because the complete role play also includes coaching before and after the procedure, it is important that the clinical portion not take more than 10 minutes.

Writing these role play scenarios, as well as collecting all the supplies and equipment needed, is time consuming. Therefore, it is important that you identify the skills in which the participants are proficient as early in the course as possible. Ideally, you should know this even before the course begins. It is preferable to limit the role plays to one clinical skill if possible—preparing scenarios and gathering equipment for multiple skills will be difficult, complex and time consuming.

Day Three, Session Six

You will first introduce this activity to the participants at the end of the third day. At that time, have them read the instructions in the *Participant's Handbook*. Be sure that they are clear about the objective or purpose of the activity, the general instructions for how it will be conducted and the timeline for preparation, practice and feedback.

At that time, divide the participants into groups of four ("client," "newly trained healthcare provider," "new trainer" and "advanced trainer"). You can decide who will work together, or the groups can be formed randomly. Similarly, you can decide which member of the group will play which role, especially the role of advanced trainer, or you can allow

the group members to divide the roles among themselves. Assign each group one of the brief scenarios included in the *Participant's Handbook.* Once the instructions are clear, participants should use the remaining time in their groups to assign roles (if necessary), collect the equipment and supplies needed for their role play and practice the clinical skill involved.

Day Four, Sessions Seven and Eight

On Day 4 of the course, participants will have time in both the morning and afternoon to prepare their role plays for presentation to the entire group. At the beginning of the first preparation session, provide each group with their detailed scenario; a table of the scenarios follows these instructions.

Remember: Only the "client," "newly trained service provider" and "new trainer" should know the content of the detailed scenario; the advanced trainer may not know!

To achieve this, it is best to ask the advanced trainer to leave the group while you explain to the other members what each of their roles are, impressing upon them the importance of not sharing this information with anyone. If participants in other groups are also not aware of the mistakes, they can practice the role of advanced trainer while they observe the role play presentation. Before leaving the group, be sure each member understands her/his role and how to interact with other members during the role play. Encourage participants to ask questions and clarify doubts at any time during the preparation sessions.

Be sure the groups are clear that they are to present the following stages of coaching and feedback during their role play presentations and that mistakes can occur in any or all of the stages:

- before practice coaching session between the advanced and new trainer, focusing on coaching skills **(5 minutes)**

- before practice coaching session between the new trainer and provider, focusing on clinical skills and observed by the advanced trainer **(5 minutes)**

- 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 **(10 minutes)**

- after practice feedback session between new trainer and provider, focusing on clinical skills and observed by the advanced trainer (**5 minutes**)

- after practice feedback session between advanced and new trainer, focusing on coaching and feedback skills (**5 minutes**)

Total time: 30 minutes

It is important that each group limit the portions of the role play to the times indicated in order to leave time for discussion (**15-20 minutes**) and to allow adequate time for the other groups to present their role plays.

During the preparation sessions each group, **without its advanced trainer**, should practice the coaching and feedback sessions as well as the portion of the clinical skill as described in the detailed scenario. Practice should continue until the members have incorporated the indicated mistakes into the role play in as natural a manner as possible. They will find that it is more difficult to include the mistakes subtly than it is to perform without any mistakes at all! But it is important to present as realistic a situation for the advanced trainer as possible so that s/he can develop the observation and interaction skills needed in a clinical setting.

While the rest of the group is practicing the role play, the advanced trainer can continue to review the coaching checklist in the *Participant's Handbook* as well as the clinical procedure to be observed.

The times indicated in the course outline for the preparation sessions are the maximum time that is available for this purpose. If the participants are ready in less time, move on to the presentations.

One of the most difficult parts of the role play for many groups is the idea that they will be performing only part of a clinical procedure. They often feel more comfortable performing the entire skill, but in this situation that would be both time consuming and repetitive for the observers. You must work with each group to help them understand that although they will not be performing the entire procedure for the role play, in an actual coaching situation they will. Therefore, when they practice and present their role play, they should do it in such a manner that it appears as if the entire procedure is performed. For example, for the role play that begins with the IUD insertion step, the model should already have a speculum and tenaculum in place when the clinical portion of the role play begins. The client, healthcare provider and trainers will already have established their roles and begun interacting. It is not appropriate for them to introduce themselves at that point of the procedure.

It may help the participants to compare performing the role play to going to the theater. Often when the curtain opens, activity is already underway

and we join the action that has already begun. For example, the curtain may open to a scene of people having dinner. They are already having dessert, and we don't need to see them eat the main course to know that it happened; there are other indications that it took place (e.g., dirty dishes on the table, diners' comments on whether or not they enjoyed it). It could also be compared to turning the television on in the middle of a program and joining the action already in progress. Again, we assume certain things have already happened because of what we see or hear from that point onward.

Having the groups present their role plays in the order needed to demonstrate a complete procedure (the order in which the scenarios are presented in the detailed table of scenarios) may also help the participants to feel more comfortable. In the end, however, the role plays can still be very successfully presented and analyzed even if the participants struggle with this aspect a bit. Do not make any inconsistencies during the role play, which result from this struggle, a part of the post-role play discussion and analysis unless they caused a significant problem.

Days Four and Five, Sessions Eight and Nine

During these sessions the groups will present their role plays to the rest of the participants. The other participants will observe each role play using the coaching checklist in the **Participant's Handbook** and appropriate clinical skills checklists. They should observe the role play as if they were the advanced trainer and identify the strengths and limitations of each of the group members.

Caution the observers to keep their observations to themselves until after the role play is over and it is their turn to comment. This will be difficult especially if they see a mistake that they do not think the advanced trainer in the role play has seen. They need to give the advanced trainer every opportunity to identify and deal with mistakes in the manner s/he feels most appropriate. Remind them that in many situations there is no one right way to deal with the situation and the various ways of handling each one will be discussed after the role play.

Before beginning their presentation, each group should make clear to the observers who is playing what role. Some groups may like their members to wear signs indicating their roles to avoid confusion. They should then briefly announce each stage of the role play, for example, "advanced trainer coaching the new trainer before beginning the practice session."

Before the clinical skill coaching, groups may wish to describe what has taken place before and/or after their portion of the skill. The group performing the later steps of IUD insertion, for example, could mention that a screening pelvic examination was done with no problems found, and the insertion procedure begun and performed correctly to this point.

They would then begin the role play with the step for insertion of the IUD. The group that performs the early steps of IUD insertion might point out to the observers, after demonstrating those steps, that the IUD insertion and postinsertion tasks were successfully completed. This additional information shared with the observers may help those groups who are uncomfortable with performing only part of a skill.

Processing the Role Play

As when processing any such activity or conducting coaching sessions, the focus should be on self-assessment, identifying first strengths and then areas for improvement. After self-assessment is completed, a wider discussion can take place.

After each role play presentation, first ask the advanced trainers to describe their experience. Have them identify:

- the mistakes they observed
- how they dealt with those mistakes
- how they felt during the role play, especially when they did observe mistakes
- what, if anything, they might do differently in a similar situation in the future

Then ask the other members of the group to describe how they felt during the role play, including:

- what mistakes the advanced trainer did not catch
- how they felt when the advanced trainer observed mistakes and either intervened during the procedure or provided feedback on it during coaching sessions
- what they found helpful about the advanced trainer's coaching and feedback and what could be strengthened

It is then the observers' opportunity to add their comments. Undoubtedly they will already have joined in the discussion, but try to give the group itself adequate chance to evaluate its own performance before receiving much input from the observers. This discussion can become quite heated, so be prepared to step in, calm things down and move them along. It is important to remind the participants as often as necessary that in many cases there is no one correct way to deal with a situation and that it is therefore acceptable to disagree with each other.

To wrap up the discussion of all the role plays, emphasize again the importance of avoiding many of the difficulties observed by working closely with new trainers both in the CTS course and during the practical experience so that everyone is confident and comfortable in potentially dangerous situations. Such situations will occur despite all efforts to prevent them—the next best option is to be prepared to deal with them effectively.

ROLE PLAYS ABOUT COACHING: TOPICS AND SCENARIOS				
TOPIC OF ROLE PLAY	**CLIENT ROLE**	**HEALTHCARE PROVIDER ROLE**	**TRAINER ROLE**	**EXPECTED ADVANCED TRAINER RESPONSE**
IUD method-specific counseling	Expresses concerns about ability of IUD to move out of the uterus and harm her. Agrees to use the IUD despite healthcare provider's inadequate response to her concern.	• Not receptive to client's concerns—just states it's not true and moves on. • Doesn't explain the insertion procedure. Just says, "It is easy, it doesn't hurt, don't worry."	• Does not intervene during counseling session. • Gives appropriate feedback to healthcare provider on need to provide client with information to correct her misinformation and to explain the procedure.	• Does intervene in counseling session to gently provide correct and full information. • Gives appropriate feedback to trainer on need to intervene during counseling. • Gives positive feedback on how the trainer dealt with the healthcare provider during the feedback session.
IUD insertion procedure: pelvic examination	Anxious and uncomfortable during examination	• Do not explain to client what she is doing during exam and is rather rough. • Becomes defensive during the feedback session.	• Reassures client during examination. • During the postprocedure feedback session, does not allow healthcare provider to give feedback first. Instead, the trainer starts immediately with what the healthcare provider did poorly and stays focused primarily on that.	• Does not intervene during examination because trainer does provide reassurance to client. • Does intervene in feedback session between healthcare provider and trainer if it becomes too emotional. • Gives positive feedback regarding how the trainer dealt with the client during exam. • Provides suggestions on how to improve feedback to the healthcare provider, such as focusing first on the positive.

ROLE PLAYS ABOUT COACHING: TOPICS AND SCENARIOS				
TOPIC OF ROLE PLAY	**CLIENT ROLE**	**HEALTHCARE PROVIDER ROLE**	**TRAINER ROLE**	**EXPECTED ADVANCED TRAINER RESPONSE**
IUD insertion procedure: Does procedure—loading of IUD through applying the tenaculum	No special role	• Does not swab the cervix before starting to apply the tenaculum. • During feedback session, is upset that she almost missed a step and does not recognize anything positive in her performance.	• Appropriately reminds the healthcare provider to clean the cervix. • During the feedback session, allows the healthcare provider to focus on her mistake rather than what was done well.	• Gives positive feedback to the trainer on the appropriateness of the intervention during the procedure. • Offers suggestions for giving feedback such as the need to focus on the positive during feedback session as well as what needs to be improved.
IUD insertion procedure: Sounding through the end of procedure	Becomes concerned and restless when things get "busy"	• Successfully sounds the uterus and sets the depth gauge, but is hesitant when beginning to insert the IUD. • Responds to trainer's question regarding insertion technique with, "I'm going to push it in" and starts to push it in rather than using the withdrawal technique.	• When the healthcare provider hesitates when beginning to insert the IUD, asks which technique will be used for insertion. • Does not recognize the mistake when the healthcare provider responds "push it in." • Does not intervene unless prompted by advanced trainer. • Because she does not recognize the mistake, does not address it during the feedback session. • Becomes defensive during feedback session with advanced trainer—"you didn't give me a chance to do it right"—if the advanced trainer does step in.	• Will either indicate to the trainer the need to intervene if time permits OR directly intervenes with healthcare provider. • Gives feedback on the need to be alert and step in promptly when clients are at risk. • Appropriately deals with trainer's defensiveness.

ROLE PLAYS ABOUT COACHING: TOPICS AND SCENARIOS				
TOPIC OF ROLE PLAY	**CLIENT ROLE**	**HEALTHCARE PROVIDER ROLE**	**TRAINER ROLE**	**EXPECTED ADVANCED TRAINER RESPONSE**
IUD removal procedure	Becomes very concerned when the healthcare provider asks for help	Proceeds correctly until pulls on IUD to remove it. She then turns to trainer saying the IUD won't come out and insists that she needs help, that the trainer should do it.	• Becomes rather flustered at being asked to take over procedure; makes suggestions for the healthcare provider to try rather than taking over immediately as requested. • Then gives in and reluctantly agrees to take over. • Forgets to wash hands before gloving. • Tries to cover her insecurities during procedure by being rather hard on the healthcare provider. • Correctly turns procedure back over to healthcare provider for completion after IUD is out. • In feedback session, tells healthcare provider she should have kept trying to remove the IUD herself rather than ask for help.	• Appropriately reminds trainer to wash hands before gloving. • Gives appropriate feedback on need to be less hesitant to step in when a healthcare provider requests it. • Also discusses the implications of the trainer's taking out her own nervousness on the healthcare provider during feedback. • Offers positive feedback for allowing the healthcare provider to finish the procedure.

MIDCOURSE QUESTIONNAIRE

USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the participant monitor their progress during the course. By the end of the course, all participants are expected to achieve a score of 85% or better.

The questionnaire should be given at the time in the course where 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 clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can retake the Questionnaire at any time during the remainder of the course.

Repeat testing should be done only after the participant has had sufficient time to study the reference manual.

MIDCOURSE QUESTIONNAIRE

Instructions: Write the letter of the single **best** answer to each question in the blank next to the corresponding number on the attached answer sheet..

AN APPROACH TO CLINICAL TRAINING

1. Which of the following is defined most often in terms of future goals?

   a. training
   b. education
   c. instruction
   d. course

2. Which of the following assumes that 100% of the participants can learn the required knowledge, attitudes and skills provided that sufficient time and appropriate learning methods are used?

   a. competency learning
   b. competency teaching
   c. mastery training
   d. mastery learning

3. Which of the following is **not** considered an adult learning principle?

   a. Learning is more effective when participants are aware of what they need to learn.
   b. The more realistic the learning situation, the more effective the learning.
   c. Learning is made easier by using one training method.
   d. Learning is more effective when it builds on what participants already know or have experienced.

4. Who is responsible for meeting the learning objectives?

   a. trainer
   b. participant
   c. participant's supervisor
   d. trainer and the participant

5. Structured on-the-job training (OJT) and computer-assisted learning (CAL) are both examples of

   a. self-paced learning.
   b. group-based learning.
   c. trainer-guided learning.
   d. discovery learning.

GROUP PROCESS SKILLS

6. Which of the following is a characteristic of an effective group?

   a. Communicates using one-way channels
   b. Communications are initiated by the leader
   c. Is flexible in deciding how to work toward goals
   d. Avoids excessive cohesiveness

7. The trainer as a leader demonstrates specific behaviors. Which of the following is **not** considered one of these behaviors?

   a. Resolves disagreements
   b. Makes all group decisions
   c. Initiates action
   d. Facilitates group interaction

8. There are individual and group behaviors which contribute, either positively or negatively, to the dynamics of a group. Those behaviors that focus on process are known as

   a. maintenance functions.
   b. task functions.
   c. process functions.
   d. group functions.

9. From the first day of training, the group progresses through a cycle of stages. Stage 2 is known as the "middle" and participants are likely to

   a. have strong positive feelings about their accomplishments.
   b. often feel a sense of loss about the ending of the course.
   c. recognize one another's contributions to the success of the course.
   d. experience some frustration and may have negative feelings toward the trainer.

10. There are several strategies for dealing with surprises or difficult moments that occur during a course. When deciding on a course of action, the best decision is one that benefits the

   a. individual as opposed to the group as a whole.
   b. group as a whole.
   c. trainer.
   d. participants experiencing the problem.

PROBLEM-SOLVING SKILLS

11. Which of the following is a technique for recognizing that there is a problem?

    a. Develop a fishbone diagram.
    b. Write a problem statement.
    c. Monitor for weak signals.
    d. Consensus building focusing on the problem.

12. During which step of the problem-solving process is a "Why-Why Diagram" used?

    a. Identify the problem
    b. Recognize that there is a problem
    c. Generate alternative solutions
    d. Evaluate the solution

13. Which of the following is considered primarily an individual technique for generating alternative solutions to solve a problem?

    a. Brainstorming
    b. Brainwriting
    c. Nominal group technique
    d. Mindmapping

14. Judging proposed ideas for organizational compatibility and considering the possible outcomes and impact of each idea are part of which step of the problem-solving process?

    a. Identify the problem.
    b. Choose among the alternative solutions.
    c. Generate alternative solutions.
    d. Evaluate the solution.

15. Which of the following questions would need to be answered in order to implement the chosen solution?

    a. How practical is the idea?
    b. Is the solution realistic?
    c. What resources are needed?
    d. How cost-effective is the idea?

16. The purpose of the evaluation step of the problem-solving process is to

    a. create evaluation reports for use by supervisors.
    b. determine the extent to which training has made a difference.
    c. determine the extent to which actions taken have solved the problem.
    d. implement additional problem-solving solutions.

CLINICAL DECISION-MAKING

17. The process of clinical decision-making

    a. is based on knowledge, experience and practice.
    b. cannot be described and taught effectively.
    c. is different for each clinician.
    d. should not include the use of intuition.

18. Algorithms

    a. are useful only to the new learner of clinical decision-making.
    b. eliminate the need for decision-making.
    c. graphically show all the possible solutions to a problem.
    d. indicate a single sequence of steps performed in the same order each time.

19. During assessment, new clinicians often collect as much information as possible. As a result,

    a. a more accurate diagnosis is reached.
    b. provision of services is slowed as irrelevant data is collected.
    c. a detailed picture of all aspects of the client's health is obtained.
    d. a working diagnosis is reached more quickly.

20. During the "diagnosis"step of clinical decision-making, hypothesis testing is conducted. All of the following are true of hypothesis testing **except**

    a. Its purpose is to accept or reject the differential diagnoses.
    b. It always results in identifying a final diagnosis.
    c. It is guided by the clinician's experience and knowledge.
    d. It may require the collection of additional data about the client.

21. Clinical decision-making is effectively taught by

    a. providing as many opportunities as possible to practice decision-making.
    b. focusing on decision-making late in the curriculum when learners are better prepared.
    c. limiting the situations in which the learner can make decisions independently.
    d. providing only opportunities to observe experienced clinicians.

22. An effective case study

    a. is as straightforward as possible to avoid confusing the learner.
    b. has one correct answer and one way to arrive at that answer.
    c. illustrates a commonly encountered clinical situation.
    d. is structured so that each step in decision-making can be identified and applied.

BECOMING AN ADVANCED TRAINER

23. The healthcare provider who wants to become a clinical trainer must successfully complete

    a. an advanced training skills course.
    b. a skills standardization.
    c. an instructional design course.
    d. a clinical decision-making course.

24. An advanced trainer is qualified to conduct

    a. an assessment and evaluation course.
    b. instructional design course.
    c. advanced training skills course.
    d. clinical training skills course.

25. An individual moves through four stages when learning a new skill. Which of the four stages is this statement most closely associated with: "I know I can do this with the coaching trainer, but will I be able to do this without help?"

    a. Energetic beginner
    b. Frustrated learner
    c. Hesitant performer
    d. Peak performer

COACHING NEW TRAINERS

26. Which of the following is **not** a valid reason for coaching a new trainer?

    a. New trainers are coached to reinforce the knowledge, skills and attitudes acquired during the CTS course.
    b. New trainers need as little structure as possible so they will be creative.
    c. Coaching provide opportunities for clinical trainers to receive immediate feedback on their training and clinical skills.
    d. Coaching provides support for new trainers to put into practice what they have learned.

27. Which of the following is one of the recommended approaches for coaching a new clinical trainer?

    a. The advanced trainer conducts the entire clinical skills course as the new trainer observes.
    b. The new trainer observes another new trainer conducting a clinical skills course.
    c. The advanced trainer observes and coaches during the first few days of a course.
    d. The new trainer conducts a clinical skills course and sends videotapes of presentations to the advanced trainer for review.

28. You are an advanced trainer meeting with the two new clinical trainers you will be coaching. It is the day before a clinical skills course begins. Which of the following is **not** something that would usually be discussed during this meeting?

    a. Discuss how to identify clinic sites for use during the course.
    b. Discuss course content.
    c. Discuss and agree on norms for the training team.
    d. Discuss how trainers will intervene, if necessary, during a presentation by another trainer.

29. Which of the following would be the most appropriate time during a clinical skills course for the advanced trainer to provide coaching and feedback to the new trainer?

    a. Prior to beginning in the morning
    b. During a break
    c. During lunch
    d. During the daily trainer meetings

30. Which of the following would be the most typical reason for an advanced trainer visiting a newly qualified clinical trainer?

    a. Administer a knowledge assessment.
    b. Observe and reinforce the trainer's skills.
    c. Work on developing training materials.
    d. Administer a skill test.

MIDCOURSE QUESTIONNAIRE ANSWER SHEET

Name:_____ Score:_____

AN APPROACH TO CLINICAL TRAINING

1. _____ Participant Objective 1, Chapter 1
2. _____ Participant Objective 1, Chapter 1
3. _____ Participant Objective 1, Chapter 1
4. _____ Participant Objective 1, Chapter 1
5. _____ Participant Objective 1, Chapter 1

GROUP PROCESS SKILLS

6. _____ Participant Objective 2, Chapter 2
7. _____ Participant Objective 2, Chapter 2
8. _____ Participant Objective 2, Chapter 2
9. _____ Participant Objective 2, Chapter 2
10. _____ Participant Objective 2, Chapter 2

PROBLEM-SOLVING SKILLS

11. _____ Participant Objective 3, Chapter 3
12. _____ Participant Objective 3, Chapter 3
13. _____ Participant Objective 3, Chapter 3
14. _____ Participant Objective 3, Chapter 3
15. _____ Participant Objective 3, Chapter 3
16. _____ Participant Objective 3, Chapter 3

CLINICAL DECISION-MAKING

17. _____ Participant Objective 4, Chapter 4

18. _____ Participant Objective 4, Chapter 4

19. _____ Participant Objective 4, Chapter 4

20. _____ Participant Objective 4, Chapter 4

21. _____ Participant Objective 4, Chapter 4

22. _____ Participant Objective 4, Chapter 4

BECOMING AN ADVANCED TRAINER

23. _____ Participant Objective 5, Chapter 5

24. _____ Participant Objective 5, Chapter 5

25. _____ Participant Objective 5, Chapter 5

COACHING NEW TRAINERS

26. _____ Participant Objective 6, Chapter 6

27. _____ Participant Objective 6, Chapter 6

28. _____ Participant Objective 6, Chapter 6

29. _____ Participant Objective 6, Chapter 6

30. _____ Participant Objective 6, Chapter 6

MIDCOURSE QUESTIONNAIRE ANSWER KEY

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   c. mastery training
   D. MASTERY LEARNING

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   b. The more realistic the learning situation, the more effective the learning.
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   c. participant's supervisor
   D. TRAINER AND THE PARTICIPANT

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   D. EXPERIENCE SOME FRUSTRATION AND MAY HAVE NEGATIVE FEELINGS TOWARD THE TRAINER.

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    b. Recognize that there is a problem
    c. Generate alternative solutions
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13. Which of the following is considered primarily an individual technique for generating alternative solutions to solve a problem?

    a. Brainstorming
    b. Brainwriting
    c. Nominal group technique
    D. MINDMAPPING

14. Judging proposed ideas for organizational compatibility and considering the possible outcomes and impact of each idea are part of which step of the problem-solving process?

    a. Identify the problem
    B. CHOOSE AMONG THE ALTERNATIVE SOLUTIONS
    c. Generate alternative solutions
    d. Evaluate the solution

15. Which of the following questions would need to be answered in order to implement the chosen solution?

    a. How practical is the idea?
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    C. WHAT RESOURCES ARE NEEDED?
    d. How cost-effective is the idea?

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    C. DETERMINE THE EXTENT TO WHICH ACTIONS TAKEN HAVE SOLVED THE PROBLEM.
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    d. providing only opportunities to observe experienced clinicians.

22. An effective case study

    a. is as straightforward as possible to avoid confusing the learner.
    b. has one correct answer and one way to arrive at that answer.
    c. illustrates a commonly encountered clinical situation.
    D. IS STRUCTURED SO THAT EACH STEP IN DECISION-MAKING CAN BE IDENTIFIED AND APPLIED.

BECOMING AN ADVANCED TRAINER

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    B. A SKILLS STANDARDIZATION.
    c. an instructional design course.
    d. a clinical decision-making course.

24. An advanced trainer is qualified to conduct

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    b. instructional design course.
    c. advanced training skills course.
    D. CLINICAL TRAINING SKILLS COURSE.

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    C. THE ADVANCED TRAINER OBSERVES AND COACHES DURING THE FIRST FEW DAYS OF A COURSE.
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    A. DISCUSS HOW TO IDENTIFY CLINIC SITES FOR USE DURING THE COURSE.
    b. Discuss course content.
    c. Discuss and agree on norms for the training team.
    d. Discuss how trainers will intervene, if necessary, during a presentation by another trainer.

29. Which of the following would be the most appropriate time during a clinical skills course for the advanced trainer to provide coaching and feedback to the new trainer?

    a. Prior to beginning in the morning
    b. During a break
    c. During lunch
    D. DURING THE DAILY TRAINER MEETINGS

30. Which of the following would be the most typical reason for an advanced trainer visiting a newly qualified clinical trainer?

    a. Administer a knowledge assessment.
    B. OBSERVE AND REINFORCE THE TRAINER'S SKILLS.
    c. Work on developing training materials.
    d. Administer a skill test.