

FINAL REPORT ON THE MIDEAST REGIONAL WORKSHOP
FOR THE ADAPTATION OF THE
"TRAINING COURSE FOR HEALTH CLINICIANS" MANUAL

COOPERATIVE AGREEMENT NO. NEB-0048-A-00-4120-00

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I. PLANNING PHASE

The Institute for Development Training (IDT) was keenly aware that successfully meeting the objectives of the Mideast Regional Workshop depended, in large part, on careful advance planning. We were fortunate during this phase to have excellent cooperation from AID personnel at NETECH as well as USAID missions. Through meetings in Alexandria and Chapel Hill, IDT staff developed a close working relationship with the Institute for Training and Research in Family Planning (ITRFP) in Alexandria, Egypt, the cooperating local agent for the Mideast Regional Workshop, which was separately funded by USAID/Cairo. ITRFP staff assumed responsibility for selection of Egyptian participants and arranged daily logistics for the working sessions at its excellent facility. This included: invitations to top-level Egyptian nursing faculty and doctors; preparation of the workshop site and its resource staff; arrangements for editors, typists, graphic artists, equipment, duplication, daily transport, and food; and several workshop presentations. IDT assumed responsibility for the following aspects of the planning phase:

1. Selection of participants from at least four other Arabic-speaking countries;
2. Arrangements for a bi-lingual medical consultant and workshop speakers;
3. Logistics for participant, consultant and IDT staff international travel from home countries to Alexandria;
4. Arrangements for hotel accommodations and per diem for non-Egyptian participants and for consultants, speakers, and IDT staff;
5. Development of workshop resource and teaching materials, hand-outs, daily presentations, overheads, evaluation forms, and certificates of course completion;
6. Generation of pre- and post-test forms for the "Training Course for Health Clinicians" (TCHC);
7. Arrangements for testing by University of Alexandria nursing students of the English edition of TCHC prior to the workshop;
8. Preparation of basic generic documents related to field testing adapted Arabic versions in individual country situations;
9. Assistance to ITRFP in orienting its staff to daily workshop schedules and needs as resource persons.

Materials related to IDT and ITRFP agreements are included as part of Appendix I.

Evaluation of appropriate candidates for non-Egyptian participants, issuing invitations and final selection ultimately was a very gratifying experience. The process was aided substantially by personal contacts made during a Spring 1984 feasibility trip to four countries financed by The Population Crisis Committee. Immediately after signature of the Cooperative Agreement between AID and IDT, these contacts were notified that the workshop was to proceed. AID and IDT also agreed to open channels in four countries not visited during the trip or included in the Scope of Work (Bahrain, Qatar, UAR, Iraq) in order to develop a broad pool of potential candidates from which to select the final participants. In addition, communications with USAID/Khartoum confirmed their early interest in funding two or three participants. The credentials needed by participants, workshop goals, tasks and dates were defined in all communications sent to all nine countries (see Appendix I). Candidates were to be bi-lingual, preferably female, highly-trained nurses, midwives, nursing professors or doctors empathetic to nurses' needs. International cable or telex, with mailed confirmation copies, was the initial contact method used. This yielded uneven success in delivery of invitations. In some cases, messages were sent by IDT several times before a response was received indicating receipt. The fastest, most reliable (and probably most cost effective) methods were AID-generated cables or phone messages to USAID missions when these were possible. Cooperation from NETECH or other AID Washington-based staff, thus, became critical for locating participants from several countries. In fact, only one non-USAID country in the Mid-East ultimately sent participants to the workshop. Unfortunately, USAID/Khartoum finally was not able to fund three excellent candidates. The candidates were nominated and, generally, selected by AID in-country staff from Jordan (2), Yemen AR (2), Lebanon (3), and with IPPF assistance in Bahrain (3). IDT requested and received, in most cases, a brief overview of the candidates' background. All seemed to be well-qualified and were approved by AID. In one case, Yemen AR, there was a misunderstanding regarding the bi-lingual criteria, but this was not discovered until participants arrived in Cairo.

The list of participants with position and institutional affiliation is included as part of Appendix II.

Once candidates were selected, each was mailed a packet of information orienting the individual to the workshop goals, tasks expected of participants, and daily agenda (see Appendix 1). The packet also contained information on travel arrangements, housing and per diem, and things of interest in Egypt, Cairo and Alexandria. Information about receiving prepaid tickets and airline itineraries was cabled or telexed separately with a request to confirm receipt of the message. Each participant also was to reconfirm their acceptance of the invitation and intention to remain for the full 12 days of the workshop. Even though it seemed all was in place within ten days of the workshop, scheduled for February 23 - March 27, 1985, there was trepidation about safe and timely arrival of nine participants from four separate countries.

IDT was fortunate to be able to arrange for several excellent consultants to work with the project, all of whom were approved by AID. Dr. Kaira Omran, an Egyptian-born physician and long-term U.S. resident, who for many years has worked with a variety of family planning organizations, acted as our prime medical consultant. Dr. Abdel Omran, her husband and an internationally-known epidemiologist and professor in family planning, volunteered his time for several sessions. Dr. Omaima Hamdy, Professor of Nursing at the University of Alexandria, agreed to give assistance with pre-and post-tests and develop a new module for nurses on Clinic Management (approved under Amendment I to the CA). Ms. Betty Edmands, retired professor of Nursing from the University of North Carolina School of Public Health, was able to assist with development of a second new module added under Amendment I which addresses the control of infections in health clinics. For overall editing of the adapted and translated curriculum, IDT selected Dr. Osama Abdelatif, an Egyptian physician with exceptional bi-lingual capability who had experience in translating and editing medical materials from English to Arabic.

Prior to any adaptation or translation, IDT felt it critical to pre-test the English version for content and comprehension with Egyptian nurses. Field test questionnaires were developed which could also be used during the workshop to pre-test the first drafts of the adapted/translated modules and post-test the revised drafts based on results of the pre-test. Materials developed for these tests are included as part of Appendix I.

Based on suggestions from health workers and USAID personnel in several Mideast countries for additional topics needed in the Training Course for Health Clinicians, two new modules were added to the Scope of Work in mid-January 1985. IDT was able to produce a first English draft of one of these to bring to the workshop--"A Guide to Infection Control in Health Clinics." We were able to gain valuable informal feedback from consultants and some participants on the content of this draft. This module and the second, "The Day-to-Day Nursing Management of Health Units," were fully developed after the February 23 - March 7 workshop. Thus nine Arabic modules in all were scheduled to be completed during the period of the Cooperative Agreement. The process through which the final two were developed is described in Part Three of this report, Follow-Up.

Our general observation on the time allotted and effort required to plan this multi-country regional workshop is that the almost five-month period was just adequate to the task. The major problems occurred in international communication, over which IDT had little control. Our most gratifying experiences came from the cooperative spirit and generous time given by AID colleagues to assist us in locating participants and helping secure leave from their respective ministries or employers. Finally, trips to Egypt during the Planning Phase were critical to arranging numerous aspects of the Alexandria-based workshop. During an October visit by an IDT staff member, final critical agreements were made with ITRFP. USAID/Cairo was appraised of and arranged for assistance, as needed, for the entire project. Negotiations for hotel bookings in Alexandria and Cairo were completed, ground transport to Alexandria was prearranged, and local bank accounts established in order for IDT to handle substantial amounts in Egyptian pounds during the workshop.

The three IDT staff persons assigned to the workshop arrived prior to the workshop at different times during a 10-day period. Each had different responsibilities in final preparation for the arrival of participants and consultants and successful implementation of the workshop. The day prior to opening day of the workshop, IDT and ITRFP anxiously looked forward to watching the labor of many months of planning fall into place on opening day.

II. THE WORKSHOP: FEBRUARY 23 - MARCH 7, 1985

The workshop participants, consultants, resource persons and facilitators who assembled in Alexandria represented six countries. A list of all who attended is included in Appendix II. The skills and experience ranged from a district hospital midwife to medical school and university senior teaching staff; all were familiar with the duties and everyday problems of practicing nurses and refresher training required in women's health in their respective countries.

Resource persons and facilitators arranged for by IDT and ITRFP brought various training, medical, and administrative skills. On the opening day, each person received a Workshop booklet which contained an overview of tasks, select information needed to accomplish these tasks, and a daily schedule (see Appendix II). Participants also were given outlines of each of the seven modules and a selection form on which they could state their choice for the module on which they wished to work (see Appendix II). In most cases, two persons worked on an entire module; larger modules were broken into manageable sections to be handled individually or in teams or small groups.

The goal of the Mideast Regional Workshop was to have participants adapt and translate seven self-instructional modules of the Training Course for Health Clinicians for a specific category of nurses. In group presentations and individual instruction, the Workshop instructors defined the specific knowledge and skills needed by the participants to accomplish the Workshop goal:

1. methodology of self-instruction
2. modular format
3. adaptation process
4. comparison of job tasks of health clinic nurses in represented Middle Eastern countries
5. review of content areas in women's health and family planning
6. how to work as a large group and in small groups.

A variety of instructional strategies were used to ensure that each participant learned and was able to apply the skills and information in each of these six areas. A mix of strategies also was used to keep this 12-day Workshop interesting and to maximize participant involvement and interaction. Instructional media, such as slides, overhead transparencies, and displays, were used in all presentations to visualize and emphasize important concepts. Written resource materials also were made available. Examples of visual and written materials are included in Appendix II.

Following is a brief summary of the strategies used to teach each of the six areas:

1. methodology of self-instruction
 - a. presentations by instructors and select participants
 - b. large group discussion of presentations
 - c. written examples of self-instruction and booklets explaining self-instruction for participants to take home (see Appendix II for "A Self-Instructional Manual on Self-Instruction")
 - d. practice writing sessions and review by instructors
2. modular format
 - a. presentations by instructors
 - b. large group discussion
 - c. example modules to take home for review
3. adaptation process
 - a. presentation
 - b. large group discussion
 - c. written hand out explaining the process
 - d. written hand out giving a step-by-step guide to the process
4. comparison of job tasks of health clinic nurses in represented Middle Eastern countries
 - a. structured presentations by each country group representatives on health clinic structure and types of nurses, including training received
 - b. large group discussion
 - c. instructor summary of type of nurse prevalent in all represented health systems--listing of job tasks by participants
5. review of content areas in women's health and family planning
 - a. handout of resource materials on subjects
 - b. modules on topics available to all participants
 - c. medical consultants available to participants
6. how to work in groups
 - a. exercises to facilitate group cohesiveness
 - b. exercises to introduce participants and their background and jobs

An overall format for the Workshop day was devised to give consistency and continuity to the group:

review of previous day's events	participant
objectives/tasks for the day;	
discussion	instructor
presentations/small group work	instructor/participant
break	instructor/participant
presentations/small group work	instructor/participant
closing: summary/announcements/ discussion	instructor/participant

During small group work, workshop instructors worked as resource people and small group instructors wherever needed.

As the Workshop progressed during the first few days, the need for flexibility and change in the daily schedule became apparent. The Workshop organizers, anticipating that changes might be necessary given the various geographic and professional backgrounds represented, had scheduled daily post-workshop sessions for facilitators and resource persons to discuss and plan changes. This advance discussion became an important factor in the ultimate success in accomplishing the Workshop goals. Participants, for example, wished to spend more time in arriving at consensus for the target audience and, unexpectedly, devoted a good bit of time to discussing their role as translator. Several felt this was beyond their scope as health professionals. Some believed more time should be allowed in general for group discussion, and there was consensus that sharing cross-country information on training of nurses, although not scheduled, was necessary for a better understanding of the common task. A few expressed feelings about inadequate, advance information about the Workshop objectives and tasks and wished to discuss these further. There was also dissatisfaction over lack of remuneration for the really large task of adaptation and translation within what was admittedly a tight schedule.

After several days, most problems had been thoroughly discussed, and there was agreement on what sessions should be added or changed. Participants settled into the basic task of adapting and translating the seven modules. There was, however, a somewhat uncompromising position taken by the Lebanese participants, who departed several days early after producing a first draft. All other participants fell into a serious routine in order to meet deadlines and remain faithful to their commitment to accomplish the Workshop goals. This was done with dedication, hard work, long hours and a good spirit.

Within the twelve days, since substantial time was devoted to formal teaching sessions, the task of writing/translating required much evening work. First, Arabic drafts needed to be ready within eight days for the prearranged pre-test with a group of nurses taking a short course at the University of Alexandria's Higher Institute of Nursing. Revisions and final medical review by the medical consultant all had to be completed in the final three days.

The time required for medical review of the seven modules probably was beyond the capability of one person since the bulk of the work came in the final days. This exhausting task was tackled with thoroughness by the medical consultant, but the hours required soon made all realize the job should be performed by more than one consultant. This was particularly true as the medical consultant also had to oversee the Arabic editing which was an unforeseen task for her. The participants also suggested a consultant from their nursing peers might have been a valuable additional resource.

Another task which was understaffed was the huge typing job, the bulk of which also fell at the middle and end of the Workshop period when first and revised drafts needed to be ready. Adequate professional outside typists as a substitute for or supplement to staff typists, we feel, are critical to accomplishing the job and would recommend responsibility for this important, but often overlooked, aspect fall with the coordinating organization.

The excellent talks by the high caliber persons selected as speakers lent a sense of importance to the Workshop. These three breaks in the daily routine lent moral support and a boost of enthusiasm to the hard-working participants. The speakers' presence also afforded an opportunity for national press coverage which enhanced the importance of and gave public attention to the purpose of the Workshop.

At the end of the twelve-day workshop, in spite of some difficulties and the large task, the seven modules of "The Training Course for Health Clinicians" had been adapted for technical school nurses, translated into Arabic, tested and revised, medically reviewed, and typed in a first-draft form. Participants departed Egypt for home with a sense of real accomplishment and improved knowledge of modular self-instruction training. (See Appendix II for certificate of participation awarded.) Many also left with the satisfaction of gaining new friends in sister Arab countries.

III. FOLLOW-UP

Follow-up activities to the workshop fell into three categories:

1. Final preparation of the seven Arabic modules produced during the workshop;
2. Development of the two new modules added to the Scope of Work in January, both in English and Arabic; and
3. Generating plans for field testing with a typical target audience in each country, with prime focus on an Egyptian field test.

Each of the three activities required close coordination between the United States and Egypt with some correspondence between IDT and Jordan, Bahrain, Lebanon and Yemen AR as well. The tasks required to successfully complete the project depended heavily on several consultants and USAID personnel in Egypt. Again, we were very fortunate to have well-qualified, dedicated persons working with the project. Progress was hampered several times, as with the Planning Phase, by delays with international communications. IDT had reserved some monies for travel to Egypt, and it became necessary for IDT to make several stops in Egypt while on international trips to coordinate activities, encourage timely progress, and develop plans with USAID and others for implementing the field test. Concrete steps for field tests were taken in Yemen AR, and there was correspondence with Jordan about initiating plans for field testing with target audiences.

Each participant in the workshop was concerned about seeing the typed draft of the revisions they made following the Arabic pre-test. Several wished to reserve decision regarding their name appearing as author until they reviewed the final Arabic draft. Typing during the workshop fell behind schedule, and participants, who had to leave prior to completion of the typing, were promised copies of their work by mail. A draft letter to accompany these copies was left with ITRFP, which was responsible for all typing and copying (see Appendix III).

In the final days of the workshop, participants, both informally and in written recommendations, had expressed a desire for IDT and ITRFP to maintain contact about progress of the project. Discussions about logistics for field testing had been held in joint workshop sessions and with individual participants from each of the countries. Everyone who attended the workshop, including the organizers and consultants, felt maintaining contact was critical if the considerable efforts to adopt and translate were to lead to meaningful use of the seven modules as training materials in Arabic-speaking countries.

The final Arabic editing and typing of the seven modules took less than three months. A post-test was done just after the workshop concluded using a group of practicing technical school nurse graduates, the target audience. Results showed excellent comprehension and learning, and these nurses were very positive about the modules as teaching tools. We felt confident about proceeding to final editing and typing even though no feedback was coming in from participants on their revised drafts. Dr. Kaira Omran, the medical consultant at the workshop who began the final editing of the seven, experienced serious illness in her family soon after returning to the U.S.; IDT was fortunate to locate Dr. Abdelatif, who had edited and translated a training manual for hospital nurses the previous fall. He saw through the entire process from editing for consistency of format, language structure, and terminology (medical terms which were well known in English were added following the Arabic term or phrase), to managing the Arabic typing done by a Cairo business firm, proofreading all copy, final copying and binding. Since the ITRFP budget was exhausted, IDT arranged with USAID/Cairo for funding up to 500 copies of the seven Arabic modules to be used in the field test. These were duplicated in the U.S.

The two new modules developed after the workshop are numbered and titled #10 "A Guide to Infection Control in Health Clinics and #11 The Day-to-Day Nursing Management of Health Units, Parts One and Two." Module #10 was designed and developed entirely by IDT in the US Arabic translation was completed by Dr. Abdelatif. The module on Nursing Management is the work of Dr. Hamdi, who wrote the draft in Arabic; translation to English was done by Dr. Abdelatif.

Following is a brief summary of the process used to develop the two self-instructional modules. The process involves at least three drafts and revisions before the final drafts are ready for field testing.

Step 1 RESEARCH THE CONTENT: Read all recommended and available materials on the subject; analyze the content; derive major concepts and issues.

Step 2 CONSULT WITH CONTENT SPECIALIST OR PEERS: Discuss materials to be included and excluded; define audience in terms of prerequisites needed and in terms of knowledge and skills needed; talk through possible goals and learning objectives.

Step 3 DEVELOP A WORKING OUTLINE: Write goals and objectives; Sequence the information to be included; develop an approach and organization for the topic; specify all material and information to be included based on goals and objectives.

Step 4 SUBMIT WORKING OUTLINE TO CONTENT SPECIALIST OR PEERS FOR COMMENTS: Revise working outline.

Step 5 WRITE 1ST DRAFT OF MODULE: Sequence ideas; Use appropriate tone and style; write at level appropriate to the learner; develop content based on goals and objectives; conceptualize graphics.

Step 6 SUBMIT 1ST DRAFT FOR CONTENT AND MEDICAL REVIEW.

Step 7 REVISE AND WRITE DRAFT 2: Refine self-instructional format by adding question and answer sections. Add draft graphics.

Step 8 SECOND CONTENT AND MEDICAL REVIEW.

Step 9 REVISE AND WRITE DRAFT 3 INCLUDING REVISED GRAPHICS.

Step 10 PRODUCE FINAL DRAFT: Type content; paste-up cover and final graphics; xerox copies for review and samples.

The time required to produce Modules 10 and 11 was protracted several months beyond our original schedule. IDT received two non-funded extensions to complete the work. Once again, international mail and even courier service hampered progress with delays and even lost packages. Also, drafts written by individuals with other professional commitments require a longer time period to complete the above 10 steps. The final products, however, we believe are excellent teaching modules and reflect the experience and competence of the writers.

IDT and NETECH have actively pursued with USAID personnel ways to field test the Arabic version in three countries represented at the Mideast Regional Workshop. While there appears to be consensus in Egypt that a field test is imperative prior to wide-scale printing and use of the Arabic modules, final approval for the field test has not been secured from the GOE. USAID/Cairo made a commitment immediately following the Workshop to fund the field test if approved by the MOH and, later, The National Family Planning Program, organized under new leadership in 1985. The field test plan went through several drafts (see Appendix III) with advice from the MOH, and PIOTS were initiated to release USAID/Cairo funds. In spite of excellent efforts by all parties who supported the field test and IDT's plan, ultimately approval was not forthcoming. The project, one which is low budget for Egypt, fell into the same political quagmire as most in Egypt's family planning projects in 1985-1986. Approval of the project by the MOH also labored under the false impression that AID regional funds, which supported the IDT portion of the Mideast Regional Workshop, were set aside to fund the field tests as well. After four attempts

to secure approval within the year following the Workshop, IDT was forced to abandon any further personal contacts with relevant persons in the GOE about implementing the field test plan.

Efforts to initiate field tests in Yemen AR and Jordan proceeded alongside those in Egypt. At the invitation of USAID/Sanaa, IDT visited Yemen AR in mid-1985 to detail logistics for a field test and identify a Yemeni government organization which could coordinate the testing as well as benefit most from locally tailored training materials. Meetings were held with the MOH and The Health Manpower Institute (HMI), and the latter appeared to fit the criteria. The HMI, indeed, was in the process of planning for pre-service and in-service curriculum materials for a range of health workers. The Director, Deputy Director and their staff as well as USAID personnel felt several modules in the Arabic TCHC would be very suitable as part of the full complement of materials the HMI expected to develop. AID staff at NETECH were very helpful in maintaining communications with USAID and HMS and in suggesting funds could come from Regional monies set aside for such activities in Washington. The Yemen AR field test, in fact, was given highest priority for Regional funding. IDT again was invited to Yemen, and arrangements were made for a three week curriculum evaluation planning trip in September 1986. In August, however, USAID decided to incorporate these tasks into the Scope of Work under an existing contract with PRAGMA. The Arabic TCHC was to be included in this evaluation of a training curriculum for Yemen.

NETECH also contacted USAID/Amman regarding a regionally funded field test in Jordan. IDT, too, maintained contact with Jordanian participants. In fact, it was through one of these participants that IDT learned four months after the Workshop that the final review drafts and cover letters were not sent to participants due to an unfortunate misunderstanding by ITRFP. IDT wrote each participant when we sent the final printed copies in the summer of 1985, but we feel it is possible that local support for a field test may have eroded in some countries participating in the Workshop. This appears especially true in Jordan where, to IDT's knowledge, no interest ever was expressed in pursuing a field test of the Arabic modules.

IV. ACCOMPLISHMENT OF PROJECT GOALS

IDT believes that all goals for this project were met successfully, and the nine Arabic modules produced under the scope of work are valuable additions to health training materials available for Mideast countries. Although the project at times was plagued by difficulties associated with coordinating international communications between the U.S. and the nine countries contacted and, as a consequence, requests for time extensions became necessary, a great deal was accomplished within the allotted budget. The Mideast Regional Workshop itself was an excellent medium for sharing and learning as well as producing substantial work.

Many of the participants experienced for the first time the exchanging of information and ideas and of working cooperatively with professional peers from a variety of Arabic countries. A few had never been outside their own countries. In spite of lively debates, in sessions and in private, which focused on self-instruction as a training methodology, adapting materials to differing needs and training practices within the region, the monumental task of translating along with adapting, and the uncertainties surrounding incorporating the final versions into country training programs, most participants settled into and completed the really hard work of such a workshop. There was pride in both the products produced and completion of an extensive and difficult job.

IDT's consultants were arduous and unflagging in assistance with medical review, pretesting and posttesting drafts, editing, and proofreading all Arabic typing. The goals of completing the critical, more mechanical, tasks following the Workshop would not have been possible within the brief time frame allotted without their dedication and commitment.

The two new modules written and translated after the Workshop have stimulated great interest among organizations and individuals working in family planning and general health care. They are in demand as new materials that speak to topics which lack simple, well-organized training materials. Unfortunately, IDT has not been able to field test or reproduce quantity copies of either the English or Arabic versions for distribution since this is beyond the Scope of Work.

The goal of developing a plan for follow-up and use of the Arabic training modules was accomplished within the week following the Workshop. Initial discussions were held during the Workshop about field testing within each participating country to determine the suitability of the materials as training tools with local target audiences. A draft prototype field test plan was produced immediately for Egypt.

This later was shared with relevant parties in Yemen AR and Jordan. IDT has not been able, of course, to pursue actual implementation of any field tests under this C.A., which limits follow-up activities to the planning stage. We remain hopeful, however, that we will be able to continue working with NETECH and USAID missions to find ways to test with target audiences in several Mideast countries the products of the hard work of the 19 participants, four consultants, and the staff of ITRFP and IDT.

AGREEMENTS WITH ITRFP



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P. 10/11/84

VISIT OF MS. SALHA AWAD Oct. 6, 1984

11:30 AM Arrival

Advisory Committee:

Moye W. Freymann
Professor, School of
Public Health,
University of North
Carolina at Chapel Hill
Chairperson

Julia J. Henderson
former Sec. General,
International Planned
Parenthood Federation
(IPPF)

Iluminada Rodriguez
Director, Family Life and
Population Program,
Church World Service

George Varky
Consulting Economist,
Center for Population and
Family Health, Columbia
University, UNFPA;
Vellore CMC Board

Jerry Van Sant
Director, Information,
Management and
Computer Applications
Division, Development
Alternatives, Inc.

Luncheon Hotel Europa

Meeting at IDT

Objectives of Project

Content of workshop
(Team Teaching Technique) Q and A

Group Process
Modular Instruction

Self-Instruction

Revision Process

Pre Testing

Field Test Design

Revision
Editing,
Publication and Distribution

Workshop Materials

Housing, meals, arrangements
Role of Participants (wrap-ups etc.)

Other: Identification of trainers/skill areas

Departure for Airport 5:40 PM

Charles R. Auerhman,
MSPH, PhD
Director

F. Curtiss Swezy, DrPH
Secretary-Treasurer

Martha Arnold, MA
Special Programs Officer

Diana L. Altman, MSPH
Management Associate

M E M O R A N D U M

TO: Charles Ausherman (Copies to Martha Arnold, Salha Awad)
FROM: Diana Altman
DATE: October 10, 1984
RE: Status MERW following discussions with Salha Awad of ITRFP

Our meeting between IDT (Ausherman, Arnold & Altman) and ITRFP (Awad) on Saturday, October 6th, appeared to produce consensus that present progress for the November 25-December 6 workshop can satisfactorily lead to a successful workshop. This memo will serve to form a common understanding regarding present status, remaining tasks, responsibilities of each organization and schedule for the 12 day workshop.

- (1) The status of each organization's respective grant was discussed. Even though some tenuosness remains about AID's written commitment (IDT has had less than half the grant amount approved by NE Tech, thus far, and ITRFP is uncertain whether its grant has been signed at USAID/Cairo), we agreed to go ahead with invitations to participants and final planning in light of our tight time frame.
- (2) The goal of the workshop was stated as both short and long term. Short term is to produce a culturally adapted series of modules (six plus, perhaps, "prevalence" and "sterilization," the latter two under preparation with completion date beyond IDT control) translated into Arabic, each of which will have undergone a pretest with nursing students, peer review by fellow workshop participants, and final revisions by the end of the 12 work days. Long term is to see the modules incorporated into training programs in each of the countries represented by workshop participants. The process leading to the long term goal, referred to as Step II, is to arrange a field test with potential learners in each country; the size of the field test will vary by country, provided incorporation remains the top priority.
- (3) Invitations to participants have been issued either directly (for Egypt) or through USAID missions (Sudan, Yeman AR, Jordan). The plan is still to invite six (perhaps 8) Egyptians (tentatively 3 from Alexandria, 1 from Cairo, 1 from Assuit, and 1 from Monsour), 3-4 from the Sudan (USAID/Khartoum is funding separately), 2-3 each from Yemen, Lebanon and Jordan, and 1 each from Bahrain, Qatar, Kuwait, and UAR. Invitees will be teachers of nurses or doctors who work closely with nursing students; the participants will be predominately women. It was agreed that observers would be discouraged.

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- (4) Our joint effort will be a team approach, with certain responsibilities for presentations assigned to individuals. While participants are working independently on adapting/translating, personnel from both organizations will be available to assist. IDT will provide Ausherman, Arnold, Altman & Kay Omran; ITRTF will provide Salha Awad and 5 facilitators, Amin, Wafik, Shetewi, Kharim, Sahad and, perhaps, 2-3 local women physicians who act as trainers for ITRFP.
- (5) Various aspects of workshop content were discussed for common understanding--group process, modular instruction, self-instruction, pre-testing, revision, etc. Two points were stressed: (1) no deviation will be made from the self-instruction formate and (2) pretesting with the High Institute of Nursing students will be arranged through Dr. Omaima Hamdi (Altman will see Hamdi during her October trip). The daily schedule tentatively developed is attached to this memo.
- (6) Workshop materials will be developed by IDT within the next few weeks and examples mailed to Awad in D.C. Necessary equipment, e.g. slide and overhead projectors, will be furnished by ITRFP as will expendible supplies, e.g. pads, pencils, folders, sample briefcases.
- (7) IDT will arrange hotel housing for all participants, although Egyptians are welcome to stay at the ITRFP, which can provide less expensive rooms in view of the per diem difference mandated by AID. Lunch and coffee/tea breaks will be furnished by ITRFP for LE7-8 per day. Workspace for participants will be individual and separate, to the maximum degree possible, to assure individualized, uninterrupted work time. Transportation to and from hotels each day will be furnished by ITRFP. Arrangements for 2 Arabic editors, 1 English and 4 Arabic typists, 1 graphic artist to be available from 11/27 until manuals are completed will be confirmed by ITRFP.
- (8) IDT will make its staff available for a week or so following the workshop for needed follow-up in Egypt.
- (9) Salha Awad provided the names of persons at ITRFP who can assist Altman during her October visit to Alexandria. She also gave contact names and phone numbers for the IPPF (Sawi Assar) and the Ford Foundation (Cynthia Mintii) representatives in Cairo. Altman will see these people about funding 2-3 participants from Mideast countries restricted from AID funding.

MEMORANDUM

Page Three

TENTATIVE DAILY SCHEDULE

Sunday, 11/25	Welcome Orientation Group Process Objectives Tasks and daily schedule Handouts (including module abstracts and participant choice sheet)	Awad Awad Awad Altman Altman Altman/Arnold
Monday, 11/26	Modular instruction Self-instruction Luncheon - Speaker MOH (Moushira Shaffie) Assign modules and work sites Begin adaptation/translation	Arnold Ausherman ? Altman/Arnold Participants
Tuesday, 11/27 thru Thursday, 11/29	Report by elected participant on problems, progress, etc. - 1/2 hour each morning Brief session, as needed on workshop processes, e.g. pretests, revisions, field tests	
Friday, 11/30	Day off	
Saturday, 12/1	Begin pretest with HIN as first drafts completed	
Sunday, 12/2	Final pretests completed	
Monday, 12/3	Revisions	
Tuesday, 12/4	Peer Review	
Wednesday, 12/5	Final Revisions	
Thursday, 12/6	Final Wrap-up Day Invite Helmy Barmawy to speak	

*Institute for Training and Research
in Family Planning*

*69. Ahmed Saoud Abu Ali Str.
Boukley, Alexandria, Egypt.*

TELEPHONE 850476

Received 12/04
~~ETHICAL MARK~~
RIL MERU
IHRP


MS. Diana L. Altman
Management Associate
Institute For Development Training
P.O. Box 2522, Chapel Hill
North Carolina 27515-2522
U.S.A.

4 62
24/11/84

Alexandria NOV. 19 th 1984.

Dear Diana,

I am writing to confirm the dates we set for Regional Adaptation Workshop while I was in the States . I do hope that by now you already have received some responses from the countries invited .

On my part , I've talked to some of the participants of the WIM workshop and advised them to write to you concerning their participation in our joint workshop . I also talked to two doctors from Yemen whom I met in the Cyprus conference and who were very enthusiastic about the idea , I am enclosing their names and addresses .

I also talked to Lenni Kangas who told me that our grant was already approved and I asked for the money to be sent to the Institute as soon as possible to allow us to start preparing for the workshop .

I had a long working session with Omaima in which she briefed me on the work she has done in the pre- test and she promised to bring everything to me next week, Laila Stino also attended this session .

23

*Institute for Training and Research
in Family Planning*

*69, Ahmed Saoud Abu Ali Str.
Boukloy, Alexandria, Egypt.*

TELEPHONE 850476



(2)

At last I had a chance to read what was in the package you sent me before my departure from the U.S. . as far as the memorandum of our meeting is concerned , I think it included everything we discussed and agreed upon . There is only two remarks on pages two and three of the memo .

The first one on page two is "no.7." where it reads :lunch and coffee /tea breaks will be furnished by ITRFP for LE 7-8 per day, this must be corrected to LE 10 as this was the figure I gave . The second is on page three " Tentative Daily Schedule " concerning assigning modules and work sites , I think I should be involved in that activity with you and martha. Anyway , we can discuss all these details during the week you and Martha will be with us in Alex .prior to the workshop . I also found page two of the hand- written note to Omaima missing but I already knew from Omaima the details .

Please give Martha my regards and I'll write to her very soon . Also give my regards to CHUCK and I hope to see him in Egypt soon .

I would appreciate it very much if you let me informed of the latest on the dates and responses you received . Good luck and best regards to all.

Yours Sincerely,

Salha Awad
Salha Awad

24

TEXT OF TELEX SENT TO LEBANON, BAHRAIN, QATAR, UAE

23



INSTITUTE for DEVELOPMENT TRAINING

P.O. Box 2522, Chapel Hill, North Carolina 27515-2522 U.S.A.
Tel. 919-929-2353 • 919-929-4648

October 3, 1984

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Special Programs Officer

Diana L. Altman, MSPH
Management Associate

CONFIRMATION OF TELEX SENT 10/03/84

On a recent trip to Jordan, I met with Dr. Ahmed Hammouda of the IPPF/AWR who suggested you could be of great help with a workshop we were planning to hold for furthering health care in Arabic countries. The Institute for Development Training (IDT) and the Institute for Training and Research in Family Planning (ITRFP) in Alexandria have just received grants from AID to conduct a workshop for Arab speaking countries. The purpose of the workshop is to adapt and translate for Arab countries a self-instruction manual on women's health and family planning. The adapted manual, once completed, can be used as a training tool either to introduce or upgrade skills needed by our target user, namely, nurses who now or will deliver family planning and health services to women in Arabic speaking countries. The manual in its present form was produced by IDT and the International Women's Health Coalition with support from the Population Crisis Committee. The list of topics presently included in the manual series are: The Female Reproductive System; The Female Urinary System; Gynecological Examinations; Vaginal Infections and Sexually Transmitted Diseases; Methods of Birth Control; The Health Effects of Female Circumcision; and Prevalence Programming. Each topic has been dealt with in a separate self-instruction module which can stand alone or be part of the entire manual. We expect that each module will be included in the Arabic adaptation workshop even though we recognize that not all topics are appropriate to every mideast country or all levels of nurses.

The workshop is scheduled from November 25 - December 6, 1984 in Alexandria, Egypt. We are seeking representatives from a broad spectrum of Arab countries; presently we expect participants from Egypt, the Sudan, Yemen AR, and Jordan. In addition, we would like workshop participation from Lebanon. Dr. Hammouda indicated you and your colleagues, Dr. Huda Zureik and Dr. Adnan Mrowhwa, could be of help in identifying two or three possible candidates. We would be most grateful if you could provide their names, addresses and Telex numbers as well.

The persons you suggest should be bilingual (1) nurses trained at the highest level of certification, such as those who teach at or graduate from university nurse training programs, or (2) physicians who sympathize and are familiar with the role of nurses in family planning clinic service delivery. We do not feel internationally recognized physicians often sought as conference speakers or lecturers are appropriate since this will be an intensive twelve day working session. There is a great deal to be accomplished, and it is important that participants attend the workshop for the full time and be dedicated to the task. Any participant also should be familiar with at least one of the module topics: adaptation for Arabic medical practice is the workshop goal rather than content or formate revision or development. Each participant will have her or his name appear as the author of the revised, Arabic version. Copies of the full manual will be made available for use in that person's country. We will send a few sample pages from one of the modules to each potential participant so that she or he may get a better feel for the manual as it now exists and its potential as a self-instruction training supplement for practicing nurses.

We would very much appreciate your reply as soon as possible. Invitations must go out to potential participants by cable within the next week or so in order for us to get a response. We need a pretty firm idea of the number and names of persons committed as participants and countries represented by November 1, 1984. The AID grant will cover all travel and per diem expenses. IDT, however, will have to arrange pre-paid tickets and accommodations by name for each individual, and we must have these finalized by November 12th. Participants should plan to arrive in Cairo no later than noon on Saturday, November 24th and leave Cairo no sooner than the afternoon of December 7th.

If you have an opportunity to speak with individuals who may be good candidates about their interest and availability, we would be most grateful. In such cases, a Telex reply from you to IDT (Telex 6501005183), stating names and brief background information on the person would be invaluable in view of the time constraint placed on us. IDT, then, quickly can get in touch with the candidate about details. Alternatively, a letter from you with names, addresses, phone and Telex numbers could still give time for us to make the contact and arrange commitments before our November 12th deadline. Our address is P. O. Box 2522, Chapel Hill, North Carolina 27514, Telephone (919) 929-2353.

We thank you in advance for your help and apologize for the limited time frame in which we have to work. I hope you agree with Dr. Hammouda and those of us arranging the workshop that participation by a person or persons from Lebanon will benefit the country in upgrading nursing skills and improving health and family planning services for women.

Sincerely,



Diana L. Altman
Management Associate

DLA/cr

PARTICIPANTS' PACKET



INSTITUTE for DEVELOPMENT TRAINING

P.O. Box 2522, Chapel Hill, North Carolina 27515-2522 U.S.A.

Telephone 919-967-0563 • 919-929-2353

Telex ITT 4943589 IDT CH

February 6, 1985

Advisory Committee:

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University of North
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Chairperson

Julia J. Henderson

former Sec. General,
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Martha S. Arnold, MEd

Special Programs Officer

Diana L. Altman, MSPH

Management Associate

Catherine J. Rosebaugh

Administrative Officer

Dear Workshop Participant,

All of us at the Institute for Development Training wish to tell you how happy we are that you are joining us for the women's health and family planning workshop. We look forward to meeting you and your fellow participants. Although our group will represent a variety of countries--Bahrain, Egypt, Iraq, Jordan, Lebanon, Yemen AR, and the US--we all have a common interest in helping nurses provide better care for women. Most of us participating in the workshop, in fact, are women with experience in helping other women and their children, and we have no doubt that our group will approach the 12 day workshop with sincerity and dedication to the task.

During the day we will meet at the Institute for Training and Research in Family Planning (ITRFP), a lovely old villa set in a beautiful garden. Salha Awad, ITRFP's Director, and her staff have a wealth of experience in training as well as extending traditional, warm Egyptian hospitality. The ITRFP address is 69, Ahmed Seoud Abu Ali Street, Bulkley, Alexandria, Egypt, Telephone 850476. In case of emergency, your families or offices can reach you by telexing 93773 AMEMB UN, Attention: L. Stino for ITRFP Alexandria.

The information packet enclosed contains information about the workshop as well as materials about Egypt and Alexandria and about the hotels where all of us will stay. Our home in Alexandria is the new, well-equipped, seaside Ramada Renaissance. Each of you is booked for a single room (we felt a little privacy after a long day might be preferred), although doubles could be arranged once we arrive in Alexandria. A generous per diem and excellent room rates provided by the hotel will give each person about \$25 per day for food and personal expenses. Alexandria has many interesting places to see and eat at reasonable prices.

By the time you read this letter, hopefully, you will have received your prepaid ticket. If not, telex us immediately through ITT 4943589 IDT CH. You will be booked to arrive Cairo on February 21st or 22nd. We have arranged with a travel service at Cairo Airport to meet you and help you through

customs. Look for an EMECO agent, likely Mr. John Paul. Please get a visa for Egypt before you leave, if possible. While you can get one at the Airport, it is tedious. The EMECO agent will assist you through all formalities and take you to the point where a mini bus from the Concord Hotel will transport you to the hotel. Should the mini bus not be available, take a taxi to the Concord; it is only a few minutes from the Cairo Airport. Diana Altman of IDT will be at the Concord to greet you. If you arrive on the 21st, we have a room booked for you at the Concord. Those arriving the 22nd will get a chance to wash and rest before our charter bus takes us to Alexandria (about a 5 hour drive) on Friday afternoon, the 22nd. After the workshop ends on March 7th, we will reverse the process and be bused back to the Concord Hotel in Cairo on March 8th. Some will be able to depart by plane that evening although others may not be able to get their flight until Saturday, March 9th.

A word about the weather. Alexandria can be cool in late February, and sometimes there is rain. Average temperatures will be 21°C (70°F) during the day and 10°-13°C (50°-55°F) at night. The hotel is heated, but you will need warm clothes to go out and may need sweaters at the ITRFP. Don't forget an umbrella or raincoat.

Finally, please keep receipts for all travel expenses you incur so we can reimburse you. Again, once in Cairo, IDT will provide you with Egyptian pounds, so you should not need to bring extra money.

We are anxious to meet you and get acquainted. There will be some hard work to do, but there also will be plenty of time to enjoy the comraderie and pleasures of Alexandria. Here's looking forward to a wonderful two weeks.

Best,

Charles R. Ausherman, Director
Diana L. Altman, Management Associate
Martha S. Arnold, Special Programs Officer

19

**MIDEAST REGIONAL ADAPTATION WORKSHOP:
TRAINING COURSE FOR HEALTH CLINICIANS MODULES**

INSTITUTE FOR TRAINING AND RESEARCH IN FAMILY PLANNING

Alexandria, Egypt
February 23 - March 7, 1985

PROGRAMME

5 Phases of the Workshop:

- | | |
|------------------------------------|--------------|
| 1. Learn the skills of adaptation | Days 1 - 3 |
| 2. Adapt the translate the module | Days 4 - 8 |
| 3. Pre-test the draft module | Days 8 - 9 |
| 4. Revise module based on pre-test | Days 9 - 10 |
| 5. Peer review of the modules | Days 11 - 12 |

Day 1 Saturday, February 23

MORNING: Registration
Recitation from the Holy Quran
Welcome address
Introduction to the workshop
Introduction of participants and facilitators
Group process

AFTERNOON: Group process
"Objectives of the Learning Sessions"
"Stages of the Adaptation Process"
"What is a Learning Module?"
Assignment of homework:
Read A Self-Instructional Module on Self-Instruction
Read one module and note the format of the module

Day 2 Sunday, February 24

MORNING: Report on day 1
 "The Structure of the Module"
 "What is Self-Instruction?"

AFTERNOON: Practice sessions: writing self-instruction
 1. writing objectives
 2. writing pre- and post-test items
 3. writing information sections
Assignment of homework:
 Read over content outlines of all modules; select
 your module; and fill out sheet.

Day 3 Monday, February 25

MORNING: Report on day 2
 Hand in content outlines and sign-up sheets
 Review of module structure
 "Writing for a Specific Audience"
 Discussion: "Characteristics of the Learner"

AFTERNOON: "Guidelines for Adaptation"
 "How to Devise a Plan for Adaptation"
 Translation guides: Glossaries
 - key medical terms
 - generic names for drugs
 - educational terms
Assignment of homework:
 Peer review of module using evaluation form

Day 4 Tuesday, February 26

MORNING: Report on day 3
 Assignment of working groups
 Review: Functions of the group
 Setting daily work goals
 Adaptation guidelines
 Break into working groups
 - elect spokesperson/recorder
 - set daily work goals

AFTERNOON: Work in groups:
 - read module
 - work on adaptation plan

Day 5 Wednesday, February 27

MORNING: Report on day 4
 Work in groups:
 - set daily work goals
 - finish adaptation plan

AFTERNOON: Work in groups: Adaptation and translation

Day 6 Thursday, February 28

MORNING: Report on day 5
 Work in groups:
 - set daily work goals
 - adaptation and translation

AFTERNOON: Work in groups: Adaptation and translation

* * **Friday, March 1 HOLIDAY** * * * * * * *

Day 7 Saturday, March 2

MORNING: Report on day 6 and holiday
 Work in groups:
 - set daily work goals
 - adaptation and translation

AFTERNOON: Work in groups: Adaptation and translation

Day 8 Sunday, March 3

MORNING: Report on day 7
 Work in groups:
 - set daily work goals
 - complete draft for testing

AFTERNOON: "Evaluation: Pre-testing, Peer Review & Field Testing"

Day 9 Monday, March 4

MORNING: Report on day 8
"The Revision Process"

AFTERNOON: Discuss general pre-test results
Work in groups: Review evaluation comments
Begin revision of draft module

Day 10 Tuesday, March 5

MORNING: Report on day 9
Work in groups: Revision of modules

AFTERNOON: Work in groups: Complete revision

Day 11 Wednesday, March 6

MORNING: Report on day 10
Peer review of modules

AFTERNOON: Peer review of modules
Workshop evaluation

Day 12 Thursday, March 7

MORNING: Report on day 11
Review of workshop evaluation

"The Adapted Modules: The Next Step"
Closing comments
Presentation of certificates

Each work day will include coffee and tea breaks. Lunch will be served at the Institute.

THE COUNTRY OF EGYPT

Geography

Egypt is located in the northeastern corner of Africa. Rectangular in shape, it covers an area of 386,000 square miles (999,740km²). To the west lies the Libyan Desert, and the east is bordered by a desert plateau. The Sudan, on Egypt's southern border, is a natural stretch of desert and grassy plain leading into black Africa. To the north lies the Mediterranean Sea. The area south of Cairo to Aswan is known as Upper Egypt, while the part stretching from Cairo to the Mediterranean is referred to as Lower Egypt.

Only about 4 to 5 percent of this vast country is inhabited, along the banks of the Nile. Aptly described as the "Gift of the Nile", Egypt owes its very existence to this vital artery. Below Cairo, the Nile fans out in two main branches, Rosetta on the west and Damietta on the east, each branch 150 miles (240km) long. With the Mediterranean coast as a base, they form a triangle, known as the Delta, considered to be the most fertile land in the world.

Egypt can be divided into the following parts:

- **The Eastern Desert**, including the plateau extending from the Nile Valley to the Red Sea. High granite mountains abound in this desert, especially along the Red Sea coast, leaving only a narrow plain. The Eastern Desert is also characterized by an abundance of dry valleys; it is rich in phosphate, oil and stone. The Sinai Peninsula, to the north, is triangular in shape, and includes the St. Catherine Monastery and

Mount Catherina, Egypt's highest mountain, reaching 8,668 feet (2,642m).

- **The Western Desert**, about 68 percent of Egypt's total territory. It extends from the Nile Valley to the Libyan borders, and from the Mediterranean coast to the Sudan. Except for the coastal strip and the oases, the Western Desert is arid land. In the northern area lie some depressions and the Siwa and Baharia oases. In the south are the Farafra, Dakha, Kharga and Fayyum oases.

- **The Nile Valley**, Egypt's main inhabited area. This fertile valley is a strip, 1 to 9 miles (1.6 to 14.5km) wide along the Nile River, and some 6000 square miles (15,540km²) in the Nile Delta. The extreme south of the Nile Valley is desert. Granite islands are scattered along the course of the Nile; its total length is about 900 miles (1448km). East of the Delta, the Suez Canal

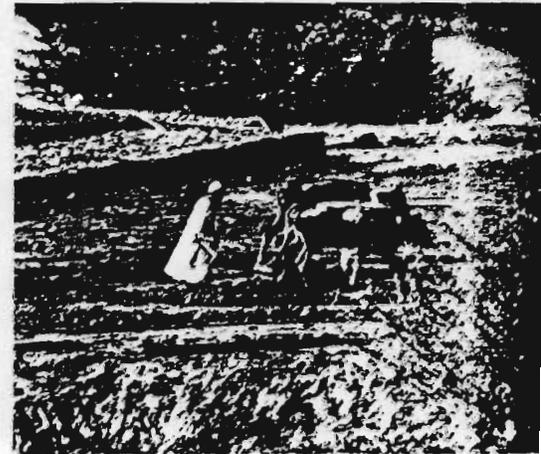
Zone extends north from the Gulf of Suez to Port Said, linking the Red Sea and the Mediterranean Sea.

Time Zone

Egypt lies between the 22nd and 32nd parallels of latitude, and between 25° and 35° longitude. Time in Egypt is 6 hours ahead of Eastern Standard Time and Eastern Daylight Saving Time in the United States. When it is noon in New York, the time in Cairo is 6:00p.m.

The Population of Egypt

According to the 1981 census, Egypt's population reached 44 million. Thus, it has more than quadrupled in 80 years. At the present rate of growth (2.3 percent per year) the population by the year 2000 will be over 67 million.



More than 95 percent of the Egyptian people live in 5 percent of the country's territory, making for one of the highest population densities in the world. 44 percent live in urban areas; most of the balance live in some 4,000 villages.

Cairo (including its suburbs) has 10 million inhabitants. Alexandria's population is estimated at 4 million. Other important cities: Port Said, Ismailia and Suez on the Suez Canal; the industrial cities of Nagaa Hammadi,

THE COUNTRY OF EGYPT

Mahalla El-Kobra, Kafr El-Zayyat, Tanta and Kafr El-Dawar; Luxor and Aswan, rich in touristic sites. The people of Egypt can be divided into the following categories:

- Peasants (*fellahyn*) who represent about 60 percent of the population. During the past few years there has been considerable migration by the *fellahyn* to the cities.
- Bedouins, who live in the deserts and constitute less than 2 percent of the population.
- Urban dwellers, comprising workers, civil servants and private sector professionals.

Historical Background of Egypt

Recorded history began in Egypt around the year 4000 B.C., when nomadic hunters settled in the Nile Valley. In the region of Nagada (north of the area where the city of Thebes was to be located) agriculture flourished, and man carved statues in stone, ivory and limestone. Gradually the fertile banks of the Nile attracted more people, and sociological and political systems began to emerge.

Until the year 3000 B.C. the country was divided into two separate entities: Lower Egypt (the Delta) and Upper Egypt (stretching from Memphis, 20 miles (32km) south of present-day Cairo, to Aswan). It was King Menes who unified both regions, established his capital at Memphis, and brought about the first concept of national unity. The First Dynasty was thus born.

The Old Kingdom (2680 - 2260 B.C.): This was a period of great achievement, especially in the fields of administration, astronomy and architecture. Monuments that exemplify this brilliant era can be seen today:

the Pyramids of Zoser, Cheops, Chephron and Mycerinos constructed on the plain of Giza.

The Middle Kingdom (2260 - 1780 B.C.): The Delta was invaded by Indo-Europeans who were driven away around 2130 B.C. by King Kheti. Later, Mentuhotep, a strong ruler, brought about an era of prosperity and an expansion of political strength and economic horizons. Thebes became the capital. Later, however, another decline followed and Egypt was invaded by the Hyksos, descending from far off Caucasia. For some 150 years the Hyksos remained virtually unchallenged until finally driven back to Asia by King Ahmosis.

The New Kingdom (1580 - 1085 B.C.): Four centuries of splendor, prosperity and spiritual and artistic achievement. Architecture reached unparalleled heights: palaces, temples, tombs, decorations and mystical writings bear witness to the high level of intellectual and artistic activity. This was the era when superb funerary temples were built at Luxor. Among the famous rulers of this period: Ahmose, Tuthmosis, Queen Hatshepsut, Aknaton (who advocated monotheism), Tutankhamon and Ramses II.

The Decline (1090 - 332 B.C.): Toward the end of the New Kingdom, Egypt gradually fell under the influence of the priests of Amon. The country's days as an imperial power came to an end, and Egypt was subject to various foreign suzerainties for 2,000 years. In 525 B.C., the country was conquered by the Persians; then for a brief period Egyptians regained their independence, only to be reconquered by the Persians.

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The Greco-Roman Period (332 B.C. - 640 A.D.): In 332 B.C. Alexander the Great took possession of Egypt, called himself a Pharaoh, and founded the city of Alexandria. After his death in 323 B.C. the Ptolemaic Dynasty was founded, and the lower valley of the Nile became once more, for three centuries, a center of learning and prosperity.

Dynastic disputes and fratricidal wars ended the Greek domination, and Egypt became a Roman province. By 395 A.D. the Roman Empire was divided, and the Byzantine period began, with Egypt as part of the Greek speaking Eastern Empire administered from Constantinople. The ancient Egyptian language, written in the Greek alphabet, evolved into Coptic, and the Coptic Christian faith emerged.

THE COUNTRY OF EGYPT

The Islamic Period (640 - 969 A.D.): In 641, the Byzantines were defeated at Heliopolis by Arab Moslem armies, led by Amer Ibn El-As. The call to Islam by prophet Mohammed penetrated Asia, Europe and Africa.

Ibn El-As built his capital (641 A.D.) near present-day Cairo, and in time Egypt became an Arab country with a Moslem majority. Mid-way during this period, a new city, Al-Qahira (Cairo), was built on the banks of the Nile. Mosques were built, and among the city's present landmarks is the Citadel of Salah El-Din, who conquered Syria and drove back the Crusaders, recapturing Jerusalem. It was later in this Dynasty that King Louis IX of France was captured with his army at Mansoura in Lower Egypt.

Egypt then fell to the invading Seljuks from central Asia. Their rule soon declined, and they were succeeded by the Ottoman emperors. The Ottoman sultans relied on the Mameluks to govern the country. They were slaves purchased by the sultans and trained to form the nucleus of their armies. Later, in 1798, Napoleon tried to conquer Egypt, but his troops had to withdraw after his defeat at the naval battle of Abn-Kir, near Alexandria. An Albanian officer in the Ottoman service, Mohammed Ali, seized this opportunity and declared himself ruler of Egypt.

During the reign of Mohammed Ali (1805-1849) the Nile Valley was unified, politically and economically. Land reforms, education, advanced irrigation methods, modern hospitals, and the establishment of heavy industries and a strong army were

among his many accomplishments. In 1869, under the rule of his grandson, the Khedive Ismail, the Suez Canal was opened. The necessity for foreign capital to finance the project led to the British rule of Egypt.

The 1952 Revolution

The royal dynasty established by Mohammed Ali came to an end in 1952 when a group of army officers staged a bloodless revolution and forced the abdication of King Farouk. The leader of the coup, General Mohammed Naguib, was replaced by Colonel Gamal Abdel-Nasser in 1954. Nasser was Egypt's President until his death in 1970. He was succeeded by President Mohammed Anwar El-Sadat, who was

assassinated in 1981. Vice President Mohamed Hosni Mubarak was elected to the Presidency.

The Egyptian Government

In June 1954, Egypt was proclaimed a republic. Under the Constitution of 1971, the country adopted the name Arab Republic of Egypt. The system of government is Presidential. The President is nominated by the People's Assembly and approved through popular referendum. He serves a 6-year term and may be re-elected for one further term of office. The President appoints the Vice President, the Prime Minister, and the Ministers.

Legislative power is in the hands of the People's Assembly, which is composed of 350 members. Fifty-three percent of the Assembly consists of workers and

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THE COUNTRY OF EGYPT

peasants. Members are elected for a period of five years. Administratively, Egypt is divided into 25 governorates and 4,033 villages. In 1975, a presidential decree delegated presidential powers to governors and named them ministers.

Social Customs

Among Middle Eastern Arabs, the Egyptian retains his individuality and distinct personality: a taste for easy-going epicureanism; respect and a liking for foreigners; a deep sense of tolerance for other races, religions and nationalities.

Americans will be impressed, even overwhelmed, by the Egyptian people's friendliness and hospitality. An Egyptian will go to extremes to help a foreigner whenever the need arises, and in many cases he may spend his last piastre to share a meal or a cup of tea with a tourist. This brings him immense pleasure.



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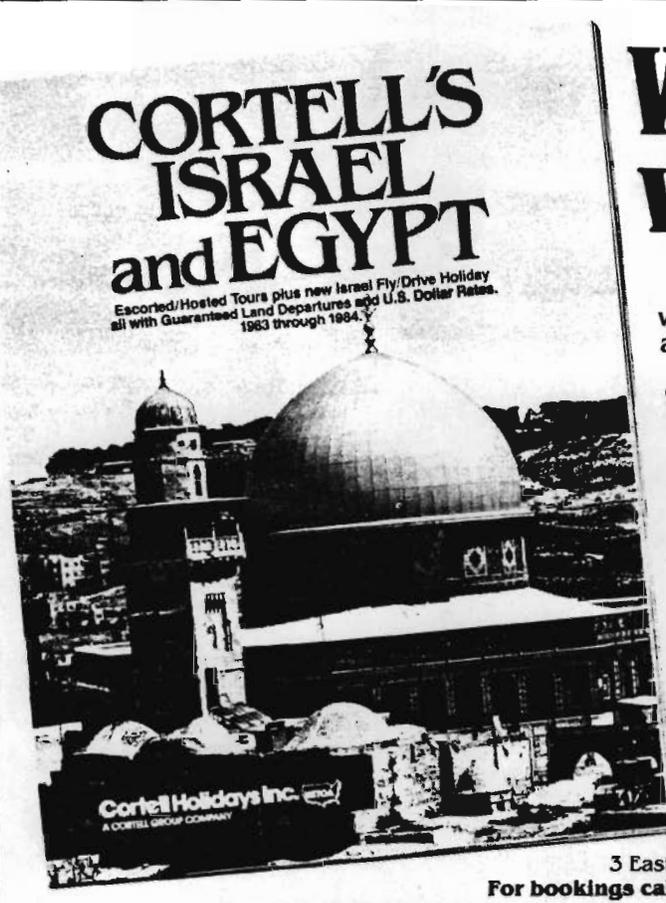
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EGYPT

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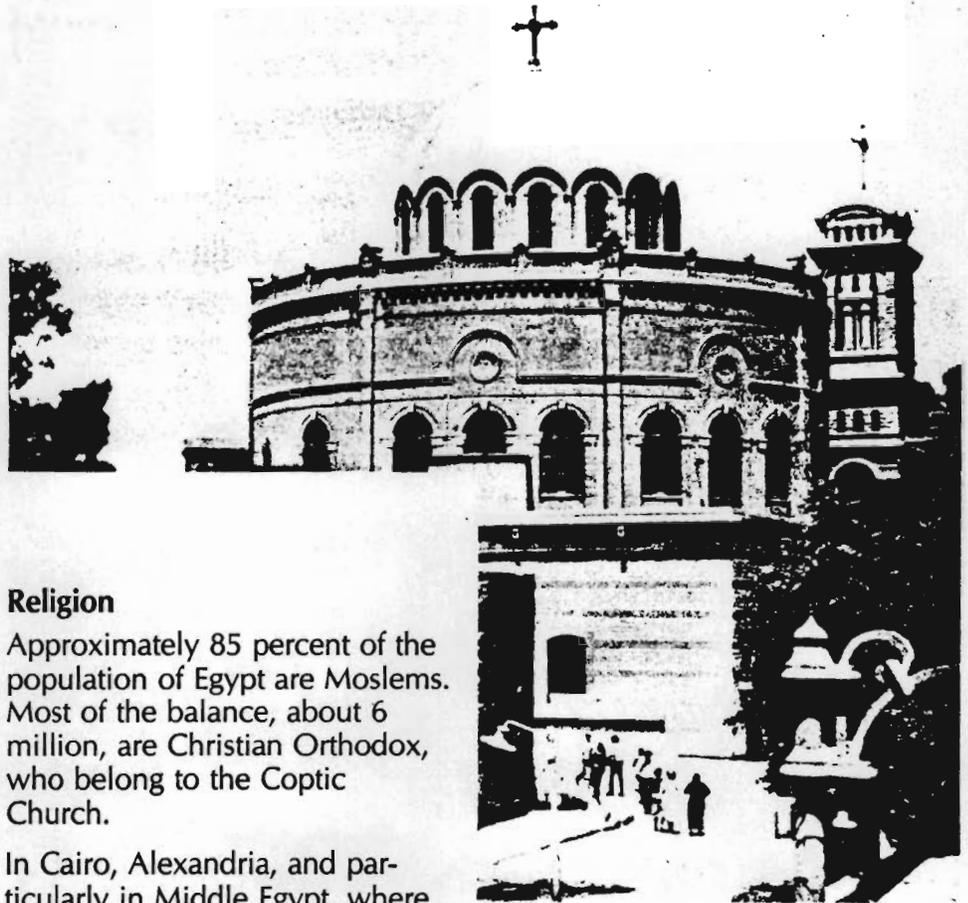
Head Office: 2 Behler Passage, Kasr El Nil, Cairo, Egypt • Telex: 92330 SPHINUM

THE COUNTRY OF EGYPT

Egyptians are warm and outgoing. They demonstrate their feelings in a visible way. When they meet, even after a short separation, they hug and kiss. They are also fond of talking and laughing loudly, and have a distinct sense of humor. This is their own philosophical way of encountering daily problems, and even national difficulties.

A passion for bargaining characterizes most Egyptians. It is a test of patience, and almost amounts to a battle of wills. In his daily shopping, reducing the price by a mere few piastres will be a source of pride and satisfaction for him.

An Egyptian always seems to be relaxed and in no hurry. Even in urgent situations, he acts as if he has all the time in the world. Americans should be patient and realize this is a way of life in Egypt. As for the Egyptian woman — she has never been veiled. She has the right to vote and to hold office. She gets a salary equal to that of the men in her profession. At present, Egyptian women hold prominent posts in various fields. Out of 150,000 students at Cairo University, more than 50,000 are women.



Religion

Approximately 85 percent of the population of Egypt are Moslems. Most of the balance, about 6 million, are Christian Orthodox, who belong to the Coptic Church.

In Cairo, Alexandria, and particularly in Middle Egypt, where the Holy Family was offered refuge, Coptic churches are found next to mosques. There are also a number of synagogues in Egypt. Copts occupy important positions, in both the public and private sectors. In matters of religion, they come directly under the authority of their patriarch in Alexandria.

Other religious minorities in Egypt include: the Shiites (a Moslem sect); the Christian Protestants and Roman Catholics; and the Jews.

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PRACTICAL INFORMATION

Entry Requirements

Visas

To enter Egypt you are required to have a visa, in addition to your passport. Procedures for obtaining a visa:

1. In person: If you are near an Egyptian consulate, you can apply in person. Present your passport, which must be valid for at least 3 months beyond the date of your proposed entry into Egypt, and one passport-size photo. Fill in an application form and pay \$10.00 US (\$18.00 for non-U.S. citizens) in cash, money order or certified check. You can file visa application forms for relatives or friends, provided you submit their passports, photos, and visa fees. The Egyptian consulate in New York will deliver a visa in 48 hours. The Egyptian Consulates in Chicago and San Francisco also require 2 days.

2. By mail: You can apply for a visa by mail by sending your passport, photo, and a stamped, self-addressed envelope. For visa fees, send a certified check or money order. From the day you mail your application and passport, allow 10 days to obtain your visa and receive your passport back. A collective visa can be accorded to a group, provided the tour is organized by a travel agency, and members travel together and return together.

Visas are valid for one month.

Egyptian Consulates in the United States

1110 Second Avenue,
New York, NY 10022.
Tel: (212) 759-7120

505 N. Shore Lake Drive,
Suite 6502,
Chicago, IL 60611.
Tel: (312) 670-2633

2130 Decatur Pl., N.W.,
Washington, DC 20008.
Tel: (202) 234-3903

3001 Pacific Avenue,
San Francisco, CA 94115.
Tel: (415) 346-9700

2000 W. Loop South,
Suite 1750
Houston, TX 77027
Tel. (713) 961-4915

Egyptian Consulates in Canada

3754 Cote des Neiges,
Montreal, Quebec H3H 7V6.
Tel. (514) 937-7781

454 Laurier Avenue,
E. Ottawa, Ontario K1N 6R3.
Tel: (613) 234-4931

Consulates are open from
10a.m. to 1p.m. Please check
by telephone.

Visas at Port of Entry

Passport authorities at all ports of entry are also empowered to grant visas on the spot. The visa desk is to your right when entering the passport hall at Cairo International Airport. It usually takes about 30 minutes to obtain a visa. However, applicants may be delayed if there is a large number of arrivals. These visas are also valid for a month.

Transit visitors

Passengers transiting Egypt, either by ship or air, need no visa. Upon arrival, they will be provided with landing permits valid for the time the ship or plane remains in the port or airport.

Visa Extension

Visitors can renew their visas for a period of six months by applying to the Passport Department in the Government Complex at Tahrir Square, first floor. There is no charge; however the applicant must provide evidence that he has converted sufficient foreign currency to cover the expenses of his extended stay.

Re-Entry Visas

A re-entry visa, normally of one month's duration, for one or several further visits, may be issued to the tourist on payment of the required fee.

Passport Registration

If you are not staying in a hotel, but are residing in a private home or a rented apartment, it is your responsibility to register

PRACTICAL INFORMATION

within one week from the day of your arrival in Egypt. In Cairo, you can register at the Passport Department, room 48 in the Government Complex. In Alexandria, the Passport Office is on Talaat Harb Street. Office hours at both passport offices are 8:30a.m. to 2p.m.

Health Regulations

No vaccination is required for entry into Egypt — with the exception of travelers coming from an infected area. If you are arriving from an African or Asian country, you should contact the nearest Egyptian consulate, or the office of the World Health Organization, and inquire about regulations in effect.

Customs Regulations

The following items in the possession of tourists entering Egypt are exempt from duties and taxes:

Personal effects, including furs and jewelry, provided they are

for personal use, not for sale, and will be taken out of the country with the tourist. Personal effects may include a camera, a movie camera, a radio, a typewriter, and sports equipment. All of these items must be listed on the relevant declaration form; the original is kept by the Customs Office and the copy, duly stamped by Customs, is retained by the visitor until his departure.

A traveler to Egypt is also entitled to bring in, duty and tax free, 200 cigarettes or 50 cigars; one liter of alcoholic liquor; and a small quantity of perfume. Valuables, such as jewelry, should be declared on Form D upon arrival.

Professional photographers who are coming to Egypt on special assignments must declare all their photographic equipment on Form D upon arrival. They should also present a statement, on the letterhead of a magazine, publishing house, agency or

company, attesting to the fact that they are on photographic assignment in Egypt.

Upon departure, travelers are authorized to carry souvenirs and gifts, provided they are not intended for sale. Souvenirs and gifts which the visitor has arranged to have shipped by the merchant are also exempt from duty.

Animals

Tourists bringing animals as pets into Egypt should be in possession of a recent rabies certificate.

U.S. and Canadian Diplomatic Missions in Egypt

U.S. Embassy
5, Latin America Street
Garden City, Cairo
Tel. 28211/283119

Canadian Embassy
6, Mohamed Fahmy El-Sayed Street
Garden City, Cairo
Tel. 23110/23119

U.S. Consulate
110 El Horryia Road
Alexandria
Tel. 801911



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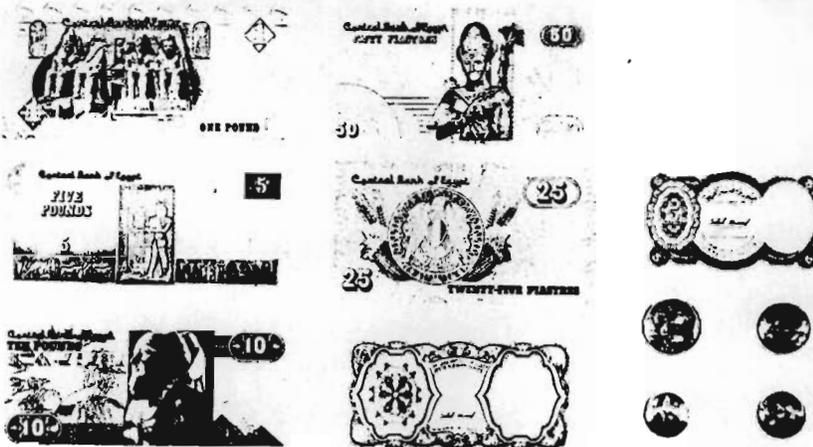
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PRACTICAL INFORMATION



changed and used during your stay in Egypt. Egyptian currency you have not used may be changed back to U.S. currency.

Currency and Exchange Rates

The basic unit of currency is the **Egyptian pound**, symbolized by the letters LE (Livre Egyptienne). The Egyptian pound is divided into 100 **piastres**, abbreviated PT. Piastres are divided into 10 **millimes** each. However, millimes are no longer in circulation.

Banknotes: 1, 5, 10, 20, 50, 100 Egyptian pounds.

Silver coins: 1, 5, 10 piastres. Rarely found are 25 and 50 piastre coins. Tourists should exchange their currency and effect any transactions at banks or their branches found in most major hotels.

The tourist rate of exchange:
82 piastres for \$1 US.
1 Egyptian pound for \$1.21 US.

Banking Facilities

Foreign residents in Egypt can either transfer their funds from abroad or open a foreign currency account in Egypt. They can cash their checks at any bank, provided they carry a document guaranteeing their credit.

Currency Regulations

Except for those remaining less than 48 hours, all visitors traveling on their own and not on tours arranged by travel agencies should convert the sum of 150 U.S. dollars into Egyptian pounds at ports of entry. This can be done at any of the several banks located in the passport halls of ports and airports. These banks are open 24 hours. There is no limit on the amount of foreign currency which tourists can bring into the country, either in banknotes, letters of credit, or travelers' checks.

Visitors must declare their currency on a special form, known as Form D, which is handed to them upon arrival. Any sums declared on this form can be exchanged for Egyptian currency at authorized banks at the official rate, which is 82 piastres (.82 Egyptian pounds) for one U.S. dollar. These transactions should be recorded on Form D, or the bank's exchange receipt.

On departure, present your Form D and bank receipts to the customs officials. You can carry with you the amount you originally declared on Form D, minus the amount officially ex-

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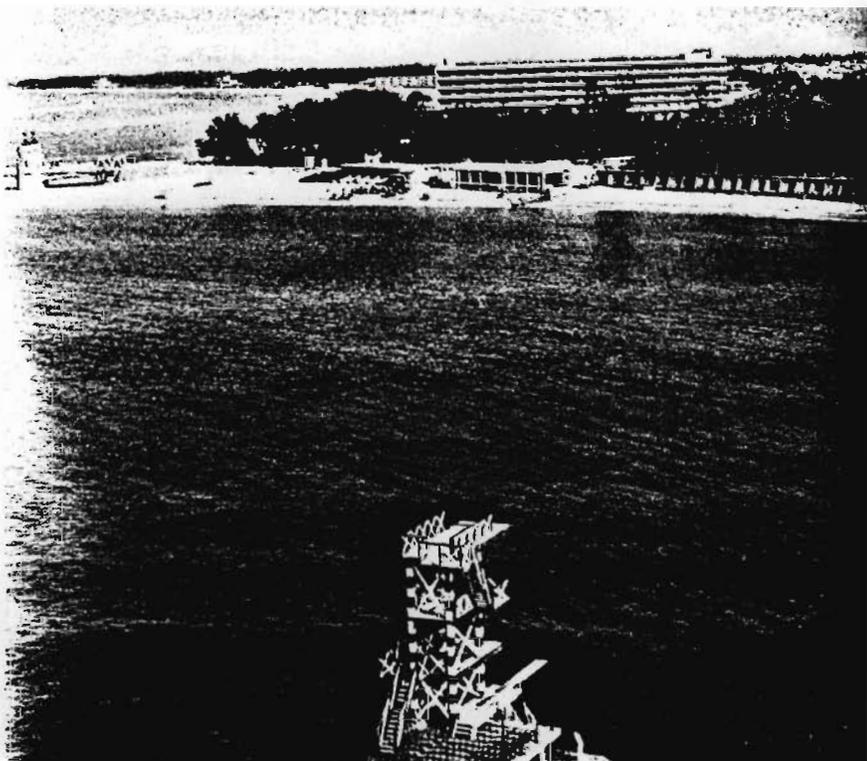
Montazah Palace, Alexandria

ALEXANDRIA

Alexandria is a city of The Sea—as other Egyptian centers are cities of The River. With its wide stretch of Corniche and beach, its apartment houses and hotels fronting on the Mediterranean, it has much more the aspect of a European Riviera resort than of an ancient Egyptian city.

Walk along the shore front and breathe the salt air. Watch kids splashing and playing in the water. Watch the ocean traffic—cargo ships, fishing boats, military vessels. Visit the Naval Museum, devoted to Egyptian seagoing history. And dine on delicious seafood in a waterfront restaurant.

Alexandria, called the “Pearl of the Mediterranean,” once was the intellectual and cultural center of Greco-Roman civilization. Little remains of its ancient glory; you can see the artifacts—Pompey’s Pillar, the Roman amphitheatre, the catacombs—in one morning. Then do as the Egyptians do: head for one of the beaches—for golden sun, white sand, and turquoise water



Egypt’s second capital, Alexandria is also the country’s main port. The city is named for Alexander the Great, who conquered Egypt in 332 B.C. He decided that the tongue of land between Lake Mareotus and the Mediterranean Sea was an ideal place to locate the capital of his world empire. Under his successors, the Ptolemies, the city grew in size and importance and became the outstanding cultural center of the known world, attracting a brilliant company of scientists, scholars, and artists and containing two famous libraries that housed collections of scrolls that numbered in the hundreds of thousands.

Treasures of Egypt

Today Alexandria's population is 4 million. Visitors can find indications of its ancient splendor in its excavations and museums, but its chief attractions today are its beaches, some of the loveliest on the Mediterranean. Alexandria's sweeping, crescent seafront is lined with palm trees, handsome old houses and modern hotels.

Often Mediterranean cruise ships stop in the port of Alexandria and stay long enough for passengers to take a train excursion to Cairo, 110 miles south, for a day's visit before returning to their ship.

ALEXANDRIA — Monuments & Museums

Catacombs of Kom el-Shuqafa — at the western end of town, inland from the Eastern Harbor — are three tiers of burial chambers dating from the 2nd century B.C., carved into the rock 100 feet (32m) below ground. A winding staircase descends to the chambers of the first floor. These tombs are remarkable for their unusual mixture of art styles — Sculpture and reliefs are of Egyptian gods, but they look distinctly Romanesque; one statue of Anubis is even wearing Roman armor. The catacombs are open daily, 9a.m. to 4p.m.

"Pompey's Pillar" — in a small park on a hill near the catacombs — is a column 98 feet (31m) high and 7 feet (2.3m) thick, made of Aswan rose granite, erected in 297 A.D. The name is a mistake made by Crusaders in the 13th century who thought the column marked the tomb of Pompey the

Great. Actually, it was a victory column erected in honor of the emperor Diocletian by his troops.

Greco-Roman Museum — on Sharia el-Mathaf (Museum Street) — contains statues, bas reliefs, pottery, jewelry, marble pieces and other artifacts that give you a picture of the grandeur of Alexandria in its Greek and Roman days. One interesting room is devoted to the relics of the cult of the crocodile god Pnepheros, including a mummified crocodile.

The Roman Amphitheatre — a short walk south of the Greco-Roman Museum — is a vivid reminder of the city's Roman era. In 1963, excavations for the foundations of an office building in downtown Alexandria uncovered remains from the second century A.D. Work on the modern structure stopped, but digging at the site still continues today as more antiquities are discovered. The largest and most important to date is a 12-tiered amphitheatre in remarkably preserved condition, the only known amphitheatre from the Roman era in Egypt.

Fort of Qait Bay — stands on the western end of the Corniche, Alexandria's seaside boulevard — a medieval stronghold dating from the 15th century, on the site where the Lighthouse of Pharos, one of the Seven Wonders, once stood. It is still a military post, mostly off-limits to visitors, but you are allowed into the Naval Museum, devoted to exhibits showing Egypt's naval power over the centuries. The site commands a sweeping view of Alexandria's waterfront. Across the street is the Aquarium, exhibiting

a collection of colorful fish and other marine life from the Mediterranean, Red Sea and Nile River.

Ras el-Tin Palace — not far from the Fort — was the summer residence of the royal family of Egypt from the mid-19th century to the mid-20th. You can visit the Throne Room, the Gothic Hall and the Marble Hall. It was in this building in 1953 that King Farouk signed his abdication, walked down the stairs to the wharf where his yacht was waiting, and sailed away to exile in Italy.

EL ALAMEIN

El Alamein, a small town on the Mediterranean coast, 70 miles (112km) west of Alexandria, is now a beach resort. But it is most famous as the scene of a decisive battle of World War II, where the British under Montgomery defeated the German forces of Marshal Rommel. In its cemeteries lie the bodies of more than 8,000 soldiers from both sides, Allied and Axis. A military museum exhibits tanks, guns and other materiel from the battle.

MERSA MATRUH

An ancient port 170 miles (291km) west of Alexandria and nine miles (14km) from the Libyan border, Mersa Matruh is out of the way but worth the trip to enjoy its silken expanse of beach and clear, turquoise waters. Caesar and Cleopatra once settled here; the large lagoon west of the harbor is called Cleopatra's Bath. Another notable visitor was Fieldmarshal Rommel during World War II; on the eastern edge of town is Rommel's Cave, now a museum, where he drew up battle plans for the attack on Tobruk. Further east is Rommel's Beach, popular with snorkelers.

EVALUATION MATERIALS FOR:

PRETEST ENGLISH (November 1984)

PRETEST ARABIC (March 1985)

POSTTEST ARABIC REVISED (April 1985)

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DIRECTIONS FOR ADMINISTERING
THE EVALUATION OF SIX MODULES IN THE TRAINING COURSE

The purpose of this evaluation is to identify the parts of these modules where the instruction needs to be clarified or explained more fully. It is not a test of the nurse and her learning ability.

There are 6 modules to be evaluated:

Module 1	The Female Reproductive System
Module 2	The Female Urinary System
Module 3	Gynecological Examinations
Module 4	Vaginal Infections and Sexually Transmitted Diseases
Module 6	Methods of Birth Control
Module 7	Health Effects of Female Circumcision

The modules are self-instructional and each of the modules can stand alone; therefore, it is not necessary to have one person evaluate all 6 modules. In fact, this would be too large a task for one person in a brief period of time.

Each module is divided into sections and each section has a brief test which allows the learner to apply what she has learned in that section. There is an overall post-test at the end of the module. The person evaluating the module will need paper and pencil for this task.

Each person evaluating a module will be asked to follow the self-instructional format of the module. At the end of the evaluation, each person should have done three things: (1) studied the module and written answers to the section tests and the post-test; (2) circled any passages or questions or terms in the module which are unclear; and (3) filled out an evaluation form on the module.

These following steps should help guide you through this evaluation process:

- (1) Give the module to the nurses and explain the purpose of the evaluation. Make sure they each have paper and pencil for the task.
- (2) Explain that the evaluation will consist of three parts:
 - (a) following the self-instructional format and answering the section tests and post-test
 - (b) marking any passages or terms or questions which are unclear to them
 - (c) filling out an evaluation form after completing the module
- (3) Ask the nurse to circle passages or questions in the module which are unclear. Ask her to circle terms that are unfamiliar to her and ought to be explained. Brief comments beside circled parts would be helpful.

DIRECTIONS FOR ADMINISTERING
THE EVALUATION OF SIX MODULES IN THE TRAINING COURSE

Page Two

- (4) Explain that each nurse is to write her answers to the section tests and the post-test on separate sheets of paper. They should put the module number on each page but they need not sign their names on any page.
- (5) Have each learner fill out an evaluation form for each module she evaluates.
- (6) At the end of the evaluation, collect from each learner:
 - (a) the modules with circles around unclear passages or unfamiliar terms
 - (b) the section tests and the post-test answers on sheets of paper
 - (c) the evaluation form

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EVALUATION FORM

(1) What is the title of the module you completed?

(2) Approximately how many hours did it take you to complete the module?

(3) Is the learning module:

	<u>Yes</u>	<u>No</u>
a. suitable for nursing students?	_____	_____
b. clear, precise, to the point?	_____	_____
c. organized?	_____	_____
d. interesting?	_____	_____
e. a comprehensive presentation of the material?	_____	_____
f. one which contains the information necessary to answer <u>all</u> the post-test items?	_____	_____
g. one which makes appropriate use of figures or diagram?	_____	_____

(4) Are there clear statements of what the learner can do after successfully completing the module?

Yes

No

(5) Did the information hold your interest?

Yes

No

(6) How would you rate this learning module for nurses?

too easy

appropriate

too difficult

(7) Did you find this module boring _____, interesting _____, easy _____, hard _____.

Comments:

EVALUATION FORM
Page Two

(8) Were there sections or parts which you found irrelevant?

Comments:

(9) Did the illustrations help your understanding of the materials?

Comments:

(10) Would this module be improved if it were written in Arabic?

Yes

No

Comments:

(11) Please write any suggestions you have for making this module a better learning module for nurses.

Thank you for your help in this evaluation.

EVALUATION FORM

(1) What is the title of the module you completed?

(2) Approximately how many hours did it take you to complete the module?

(3) Is the learning module:

	<u>Yes</u>	<u>No</u>
a. suitable for nursing students?	_____	_____
b. clear, precise, to the point?	_____	_____
c. organized?	_____	_____
d. interesting?	_____	_____
e. a comprehensive presentation of the material?	_____	_____
f. one which contains the information necessary to answer <u>all</u> the post-test items?	_____	_____
g. one which makes appropriate use of figures or diagram?	_____	_____

(4) Are there clear statements of what the learner can do after successfully completing the module?

Yes No

(5) Did the information hold your interest?

Yes No

(6) How would you rate this learning module for nurses?

too easy appropriate too difficult

(7) Did you find this module boring _____, interesting _____, easy _____, hard _____.

Comments:

EVALUATION FORM

Page Two

(8) Were there sections or parts which you found irrelevant?

Comments:

(9) Did the illustrations help your understanding of the materials?

Comments:

(10) Would this module be improved if it were written in Arabic?

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No

Comments:

(11) Please write any suggestions you have for making this module a better learning module for nurses.

Thank you for your help in this evaluation.

**MIDEAST REGIONAL ADAPTATION WORKSHOP:
PARTICIPANTS, FACILITATORS, AND RESOURCE PEOPLE**

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- Mr. Lenni M. Kangas

Chief, Population Program

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- Mrs Zahia Marzouk

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- Dr. Moshira EL Shaffie

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Mideast Regional Adaptation Workshop

A Workshop to Adapt the Self-Instructional Modules
in A Training Course for Health Clinicians
for Use by Nurses in the Mideast

ALEXANDRIA, EGYPT

FEBRUARY 23 - MARCH 7, 1985

coordinated by: Institute for Training and Research in Family Planning
Institute for Development Training

funded by: U.S. Agency for International Development

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February 23, 1985

Dear Health Educator,

We welcome you to the Mideast Regional Adaptation Workshop sponsored by the Institute for Development Training and the Institute for Training and Research in Family Planning. We hope your experience here will be a rewarding one.

The goal of the workshop is for each working group of participants to adapt, translate, pre-test, and revise one learning module from A Training Course for Health Clinicians. There will be a number of resources available to you to help achieve this goal. This booklet of handouts is one of the resources you may find helpful during the workshop.

Thank you again for your participation in this project to develop health training materials for the Mideast Region.

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LIST OF HANDOUTS

Workshop Programme

Objectives of the Learning Sessions

The Components of a Learning Module

A Self Instructional Module on Self-Instruction (blue book)

How to Write for a Specific Audience of Learners

Modules to be Adapted During the Workshop

What is Adaptation?

Guidelines for Adaptation

Setting Daily Work Goals

Evaluation of the Module: The Pre-Test

Peer Review Questionnaire

Workshop Evaluation Form

**MIDEAST REGIONAL ADAPTATION WORKSHOP:
TRAINING COURSE FOR HEALTH CLINICIANS MODULES**

INSTITUTE FOR TRAINING AND RESEARCH IN FAMILY PLANNING

Alexandria, Egypt
February 23 - March 7, 1985

PROGRAMME

5 Phases of the Workshop:

- | | |
|------------------------------------|--------------|
| 1. Learn the skills of adaptation | Days 1 - 3 |
| 2. Adapt and translate the module | Days 4 - 8 |
| 3. Pre-test the draft module | Days 8 - 9 |
| 4. Revise module based on pre-test | Days 9 - 10 |
| 5. Peer review of the modules | Days 11 - 12 |

Day 1 Saturday, February 23

MORNING: Registration
Recitation from the Holy Quran
Welcome address
Introduction to the workshop
Introduction of participants and resource staff
Group process

Luncheon address: "The Training of Nurses in Egypt"
Dr. Moushira El Shaffie

AFTERNOON: Group process
"Objectives of the Learning Sessions"
"Stages of the Adaptation Process"
"What is a Learning Module?"
Assignment of homework:
Read A Self-Instructional Module on Self-Instruction
Read 3 handouts:
"Objectives of the Learning Sessions"
"The Components of a Learning Module"
"Modules to be Adapted During the Workshop"
Read one module and note the format of the module

Day 2 Sunday, February 24

MORNING: Report on day 1
 "The Structure of the Module"
 "What is Self-Instruction?"

AFTERNOON: Practice sessions: writing self-instruction
 1. writing objectives
 2. writing pre- and post-test items
 3. writing information sections
Assignment of homework:
 Read over content outlines of all modules; select
 your module; and fill out sheet.
 Read handouts:
 "How to Write for a Specific Group of Learners"
 "What is Adaptation?"
 "Guidelines for Adaptation"

Day 3 Monday, February 25

MORNING: Report on day 2
 Hand in content outlines and sign-up sheets
 Review of module structure
 "Writing for a Specific Audience"
 Discussion: "Characteristics of the Learner"

AFTERNOON: "Guidelines for Adaptation"
 "How to Devise a Plan for Adaptation"
 Translation guides: Glossaries
 - key medical terms
 - generic names for drugs
 - educational terms
Assignment of homework:
 Peer review of module using "Peer Review
 Questionnaire" handout

Day 4 Tuesday, February 26

MORNING: Report on day 3
 Assignment of working groups
 Review: Functions of the group
 Setting daily work goals
 Adaptation guidelines
 Break into working groups
 - elect spokesperson/recorder
 - set daily work goals

AFTERNOON: Work in groups:
 - read module
 - work on adaptation plan

Day 5 Wednesday, February 27

MORNING: Report on day 4
 Work in groups:
 - set daily work goals
 - finish adaptation plan

AFTERNOON: Work in groups: Adaptation and translation

Day 6 Thursday, February 28

MORNING: Report on day 5
 Work in groups:
 - set daily work goals
 - adaptation and translation

AFTERNOON: Work in groups: Adaptation and translation

* * **Friday, March 1 HOLIDAY** * * * * * * *

Day 7 Saturday, March 2

MORNING: Report on day 6 and holiday
 Work in groups:
 - set daily work goals
 - adaptation and translation

AFTERNOON: Work in groups: Adaptation and translation
 Assignment of homework:
 Read handout:
 "Evaluation of the Module: The Pre-test"

Day 8 Sunday, March 3

MORNING: Report on day 7
 Work in groups:
 - set daily work goals
 - complete draft for testing

AFTERNOON: "Evaluation: Pre-testing, Peer Review & Field Testing"

Day 9 Monday, March 4

MORNING: Report on day 8
"The Revision Process"

AFTERNOON: Discuss general pre-test results
Work in groups: Review evaluation comments
Begin revision of draft module

Day 10 Tuesday, March 5

MORNING: Report on day 9
Work in groups: Revision of modules

AFTERNOON: Work in groups: Complete revision

Day 11 Wednesday, March 6

MORNING: Report on day 10
Peer review of modules

AFTERNOON: Peer review of modules
Workshop evaluation

Day 12 Thursday, March 7

MORNING: Report on day 11
Review of workshop evaluation
"The Adapted Modules: The Next Step"

Luncheon address: "Using the Self-Instructional
Modules on Women's Health in the
Clinical Refresher Training Program"
Dr. Helmy El Bermawy

Closing comments
Presentation of certificates

Each work day will include coffee and tea breaks. Lunch will be served at the Institute.

OBJECTIVES OF THE LEARNING SESSIONS

The goal of the workshop is for each working group of participants to adapt, translate, pre-test, and revise one learning module from the series, A Training Course for Health Clinicians. In order for you and your working group to achieve this goal, presentations and practice sessions have been scheduled for the first three days of the workshop to teach you the necessary skills. At the end of these learning sessions (Tuesday, February 22), each participant will be able to do the following:

1. state the goal of the workshop;
2. work effectively in a group;
3. list the stages of the adaptation process;
4. select a module for adaptation based on interest and expertise;
5. define the specific tasks of the working group;
6. state the deadlines for completing each phase of the workshop;
7. explain the concept of modular learning;
8. list and describe the parts of the learning modules in this series;
9. list the characteristics of self-instruction;
10. write a short unit of self-instruction including the learning objective; the content to teach the objective; an application exercise; and an appropriate response (feedback) to the learner's exercise;
11. define the learner in terms of educational skills and educational needs;
12. identify the resources available, including people as well as material resources;
13. devise a plan for adapting a specific module from A Training Course for Health Clinicians based on adaptation guidelines;
14. set daily work objectives and record achievements; and
15. begin work towards accomplishing the workshop goal.

THE COMPONENTS OF A LEARNING MODULE

Each of the booklets in the Training Course for Health Clinicians is called a learning module. A learning module is a self-contained and independent unit of instruction with a primary focus on a few well-defined objectives. The substance of the module consists of information and instructions needed to accomplish these objectives. The boundaries of the module are defined by the stated objectives. For example, in "Module One: The Female Reproductive System," there are 9 objectives listed on page 7. These objectives define the content of the module and determine what information is to be included and what information is not to be included.

Each module in the series is written in a self-instructional format. There is a special structure to the module which can be described in terms of its component parts. Following is a list of the components of the module and an explanation of the purpose of each component:

1. General Introduction
2. Introduction to the Module
3. Table of Contents
4. Instructions for the Learner
5. Prerequisites
6. Objectives
7. Pre-test
8. Information Sections
9. Post-test
10. Answers to the Test

1. The **General Introduction** states the purpose of the entire series of learning modules. Each individual module in the series is described briefly.
2. The **Introduction to the Module** states the purpose of the specific module. It should be an elaboration of the title of the module and it should relate the content of the module to the needs and interests of the learner.
3. The **Table of Contents** outlines the components and topics included in the modules as well as the sequence of information presented.
4. The **Instructions for the Learner** is a brief, step-by-step explanation of how the learner can use the self-instructional format for independent learning.
5. The **Prerequisites** are the particular skills the learner needs before beginning the module. If stated explicitly, the prerequisites can be a guide to help the learner decide if he/she is prepared to learn the information in the module.

6. The **Instructional Objectives** are divided into 2 groups: the main objective and the sub-objectives. The main objective states what the learner will be able to do after completing the module. To accomplish the main objective, the learner will have to be able to perform a number of individual tasks. These individual tasks are outlined in the sub-objectives.
7. The **Pre-test** is a diagnostic test for the learner to see how much he/she already knows about the subject covered in the module. The learner is given the same test at the end of the module so he/she can assess how much he/she has learned.
8. The **Information Sections** are the substance of the module. They are small, sequenced blocks of information. The content of the information sections is determined by the objectives. Each information section has 3 parts: (1) the **Information** needed to insure that the learner accomplishes the specific objectives; (2) **Practice Questions** to give the learner an opportunity to apply what he/she has learned; and (3) **Answers to the Practice Questions** which let the learner know immediately if he/she has mastered the information.
9. The **Post-test** is a cumulative evaluation of how the learner can apply the information learned in the module. The questions on the Post-test (as well as on the Pre-test) are based entirely on the objectives stated at the beginning of the module.
10. The **Answers to the Test** are answers to both the Pre-test and the Post-test. Like the "Answers to the Practice Questions," they give the learner immediate feedback on how well he/she has accomplished the objective.

(adapted from "The Components of a Module" by Darrel L. Murray in The Use of Modules in College Biology Teaching, 1971.)

HOW TO WRITE FOR A SPECIFIC GROUP OF LEARNERS

(Special Note: This handout is based on a presentation made by Mrs. Lubna Saif of the Allam Iqbal Open University in Islamabad, Pakistan. February 1984)

BACKGROUND:

Before accepting the challenge to produce learning materials for rural people, the Open University did not have the experience to produce material for basic functional education. The only way to do this assignment was to try it out to learn, try it out and then analyze how it could be improved and then try it again and again. There were academicians and subject experts who produced teaching materials for intermediate and degree levels. For their sophisticated minds, it was a big challenge to adopt a simple but a varied and lively writing style to give a warm and friendly feeling of a teacher to the learner. But they accepted this challenge. The only possible way for them was trying it again and again. It was not an easy task for them to reject what they wrote first and then revise it, write it again and then again revise it. It took months to reach a stage where we can now say proudly that at last we have begun to learn how to prepare such materials, appropriate to the educational level of those who will use them.

PREPARING TO WRITE:

As you start the exercise, you will soon realize that what you write and how you write depends very largely on who you are writing for. For example, you are helping to prepare training materials for agricultural extension agents. In their course they will learn about improved agricultural methods, and about how to communicate these to villagers. Your job is to teach them how to help community health by encouraging villagers to produce more and better food for home consumption.

ASPECTS OF LEARNING:

The first thing to consider is how far the readership will affect the way you write. Experts differ about precisely what learning entails. Here we consider only three aspects of learning:

- (1) acquiring information
- (2) understanding it
- (3) applying it in practice

(1) Acquiring Information

In the process of acquiring information, some barriers are considerable. It is difficult to absorb information which is ambiguous, not clear, or which uses terms you don't fully understand or which relies on skills or knowledge you don't yet possess. Another barrier arises when information is presented in a disorganized way so that the learner cannot see what direction it is taking him in. Similarly if he cannot see that the information is meaningful and useful to him, he is likely to discard it. I'll give you an example of this:

In a course called Poultry Keeping at Home, the writer gave the example of using a brooder to use for rearing chicks. This information was unclear to the learners. They didn't know what direction the writer was taking them in because brooders can be used only for large scale poultry keeping. As a reaction to this, the learners discarded this information because they thought it was not meaningful and useful to them.

Another important barrier may be the attitude of the learner. Generally, people don't learn unless they are willing to accept the information presented to them.

Here the question arises: How can we help people to assimilate information?

First, we must understand what the learners' skills and needs are, and then choose an appropriate way of presenting the information.

Second, we need to arrange the information in a logical sequence so that each part of the sequence is related to others with no irrelevant facts interfering. In this way the facts as a whole are easier to absorb.

Third, we need to encourage learners actively to repeat the information which is presented in order to reinforce it in their mind. For this purpose we introduce learner's discussion as part of the learning system. In this discussion activity, learners were supposed to discuss the material which was taught to them with audio and visual help.

As the barrier mentioned here was so difficult to overcome, we could only find solutions to some of these problems, e.g. using simple language helped to limit misunderstanding. Without losing simplicity, we tried to adopt a lively style to motivate and encourage the learners.

(2) Understanding

Understanding represents what we might call higher level learning. It involves making connections between facts and interpreting them in the light of our experiences and needs. The teacher's role here is firstly, to ensure that the necessary facts and skills are there and secondly, to help learners make connections between the facts. There are different techniques for helping learners to understand. One useful approach we developed is to present the same information in varied ways and from different points of views. For example, we presented some information in the form of a drama, and an interview with the expert, and then discussion activity. To teach effectively, we must work ourselves into the cultural and psychological perspectives of the learners, by learning from their own modes of self-expression.

Another approach we adopted is one in which learning proceeds in very small, careful graded steps, each step taking knowledge slightly further forward through the active participation of the learners. We considered this point very carefully - that the materials we would write have to be geared to the needs of the majority of those who would want to use them.

(3) Application in practice

After field testing of our courses we find out that all learning should be functional in one way or another. This is not only desirable; it is also a practical necessity.... Generally speaking, learners have little motivation to learn unless the information and insights gained can be used. For example, in one of our courses, child care, we tried to present such information which the learners could easily relate with their experiences, and could use such information to improve their health conditions. Moreover, people can assimilate new knowledge more easily and effectively if they have the chance to practice using it as they go.

In practice, of course, it is often impossible to disentangle the different strands which contribute to the overall pattern of learning. Yet it is important to try to analyze learning needs in this way in order to ensure that a proper balance is maintained. Think of two potential learners of your course: one group of learners is nurses, for whom this curriculum is being written and they need factual information about medical science, but they also need to understand how they will communicate this information to the second group of learners, the villagers, who need to be able to make positive changes in their community health. To do this they must understand why the changes are needed.

You will help people to learn more effectively if you make sure that you have included a suitable balance of facts, concepts and practice.

SUMMARY:

How you write varies according to who you write it for.

People learn through a combination of acquiring information, interpreting it, and putting it into practice.

We must guard against two main dangers for the learners:

- (1) isolation and lack of motivation, and
- (2) lack of communication.

MODULES TO BE ADAPTED DURING THE WORKSHOP

Following is a list of seven modules from the series, A Training Course for Health Clinicians. These are the prototype modules which will be adapted and translated during the Mideast Regional Adaptation Workshop.

Module One: The Female Reproductive System focuses on teaching basic anatomy and function necessary to understand how the female reproductive system works in order to proceed with subsequent training.

Module Two: The Female Urinary System includes the anatomy and function of the female urinary system as well as major urinary and kidney disorders, their causes and recommended treatments.

Module Three: Gynecological Examinations focuses on procedures for examining women's external and internal reproductive organs in order to enable the clinician to differentiate normal from abnormal conditions and to detect warning signs of problems in preparation for necessary treatments.

Module Four: Vaginal Infections & Sexually Transmitted Diseases discusses the causes, signs, specific diagnostic procedures and recommended treatments for common vaginal infections and sexually transmitted diseases.

Module Six: Methods of Birth Control describes eight methods of birth control including their effectiveness, side effects and contraindications as well as providing information on the medical procedures for fitting a diaphragm and inserting an IUD.

Module Seven: Health Effects of Female Circumcision describes the different types of operations performed on women and girls in the traditional practice of female circumcision and explains their immediate and long-term health consequences. In addition, it teaches possible methods for community education and patient counseling.

Module Nine: Measuring the Prevalence of Contraceptive Use: A Family Planning Program Evaluation Guide teaches a simple evaluation method for measuring the success of and setting goals for a family planning program. Also included is a do-it-yourself evaluation worksheet applicable to all program administrative levels.

WHAT IS ADAPTATION?

The modules in the series, A Training Course for Health Clinicians, are prototype modules written in English. That means that they were developed as models of instruction to address general health training needs in many countries. For training materials to be effective, however, the information must be directly relevant to the needs, interests, working conditions, culture and language of the learner. Your task at this workshop is to revise these prototype modules so that they are relevant in each of these areas. This revision process is called adaptation.

Adaptation does not mean that you will entirely rewrite the modules. Much of the basic medical information in the modules is standard throughout the world. Rather, when you adapt the modules for the Mideast Region, you will be adding, deleting, and changing any specific content, examples, wording, and illustrations so that the modules will reflect the culture, working conditions, needs and interests of the nurses who are learners. The final step is for you to translate the revised module into Arabic, the language of the learner.

There are some basic questions to consider before you begin to revise and translate the modules. Discussing these general questions should help you to focus your thoughts on what general changes and revisions need to be made in the modules.

1. Who is the learner?
2. What are the duties and tasks of nurses to be trained?
3. What skills and information does she need to learn?
4. What skills and information does she already have?
5. What are the typical working conditions in the clinic where the nurses work?
6. What equipment and supplies are usually available for the nurses to use?
7. What level of language does the learner read most easily?

These questions should start you thinking about the adaptation process in general. On the next page is a worksheet which is intended to help you plan the specific adaptation of the module you select to work on during this workshop.

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ADAPTATION WORKSHEET

Names of people in your working group:

Title of the module you will adapt:

Directions: Go through the following steps with the other people in your working group. Discuss your ideas as you go along. It will also be helpful if you write brief notes of your ideas at each step.

1. Consider the characteristics of the learner.

- What are the normal working conditions for the nurse?
- What educational skills does the nurse have?
- What health information does she need to know on your subject?

2. Read the module for content and structure.

- In general, how much does the content need to be changed in order for the module to be appropriate for nurses in your country?

_____ many changes are needed
_____ some changes are needed
_____ very few changes are needed

- The module has a specific structure. On what pages do you find each of the following parts of the module?

General Introduction	_____	Information Sections	_____
Introduction to the Module	_____		_____
Table of Contents	_____		_____
Instructions for the Learner	_____		_____
Prerequisites and Objectives	_____		_____
Pre-test	_____		_____
Post-test	_____		_____
Answers to the Test	_____		_____

GUIDELINES FOR ADAPTATION

Adaptation can be a difficult task if you do not have some guidelines to follow. The purpose of this worksheet is to provide these guidelines. If you follow the steps in this worksheet, you should end up with a specific work plan for adopting the module you have selected to work on.

Following is a summary of the planning steps. These steps will be explained in more detail on the next pages.

1. Consider the characteristics of the learner.
2. Read the module for content and structure.
3. Briefly outline the content of the module.
4. Review the objectives: add, change, or delete any objectives according to the needs of the learner.
5. Change content and question sections to reflect changes made in the objectives.
6. Rewrite any passages that seem unclear or too difficult or inappropriate.
7. Decide what changes and additions need to be made on the drawings and illustrations.
8. Add or change any examples to reflect the culture and working conditions of the learner.
9. Translate the module into Arabic.

3. Briefly outline the content of the module.

- List the title of each information section.
- List the sub-objectives covered in each information section.
- List the basic topics covered in each information section.

4. Review the objectives: add, change, or delete any objectives according to the needs of the learner.

objectives to be changed:

objectives to be added:

objectives to be deleted:

Remember: For each change in an objective, you need to change the content to reflect that change. Also the practice questions in the information section as well as questions affected on the Pre-test and Post-test must reflect those changes.

5. Change content and question sections to reflect changes made in the objectives.

- List the information sections and the page numbers where you plan to add, change, or delete information.

6. Rewrite any passages that seem unclear or too difficult or inappropriate for the learner.

- List the information sections and the page numbers where you plan to rewrite passages.

7. Decide what changes and additions need to be made on the drawings and illustrations.

- List the page numbers and titles of the drawings or illustrations that need to be changed or deleted. Note what kind of changes need to be made in each. The staff artist will help you with the actual drawing.

- List the title of any new drawing that needs to be added. Note where the new drawing should be placed in the module. The staff artist will make the new drawings.

8. Add or change any examples to reflect the culture and working conditions of the learner.

List the pages where you plan to make these changes and additions.

9. Translate the module into Arabic

After you have made all the necessary changes and additions in the content and illustrations, you are ready to begin translating the module. The two resources are available to help you with this task:

1. an editor and translator; and
2. a glossary of commonly used medical terms in the module which have already been translated.

DAILY WORK GOALS

Date: _____

Group Recorder's Name: _____

Module: _____

Goals to Accomplish Today:

Summary of Work Completed Today:

Comments and Suggestions:

EVALUATION OF THE MODULE

The following steps describe the process we are following to develop training modules for use in your country:

- Step 1 Develop the prototype modules
- Step 2 Adapt and translate the prototype modules for nurses
- Step 3 Evaluate the adapted modules with a group of nurses**
- Step 4 Revise the module based on evaluation
- Step 5 Field test the revised module

The purpose of Step 3 - the evaluation or pre-test of the module - is to test the module. Since the modules have been adapted for nurses, the modules will be evaluated by nursing students. The results and comments from the nursing students will give you guidelines for revising the module. Keep in mind that these modules are self-instructional; therefore, they need to be written so that nurses can follow the information without assistance. The results of the pre-test should show you which areas are difficult or unclear for the student and need to be changed. The results will also tell you which sections are clear and do not need to be changed.

On the next pages of this handout you can read the directions the students are given before they read the modules. There is also a copy of the brief evaluation form which the students are asked to fill out at the end of the evaluation session.

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**DIRECTIONS FOR ADMINISTERING
THE TRAINING COURSE FOR HEALTH CLINICIANS**

The purpose of this evaluation is to identify the parts of these modules where the instruction needs to be clarified or explained more fully. It is not a test of the nurse and her learning ability.

There are 7 modules to be evaluated:

Module 1	The Female Reproductive System
Module 2	The Female Urinary System
Module 3	Gynecological Examinations
Module 4	Vaginal Infections and Sexually Transmitted Diseases
Module 6	Methods of Birth Control
Module 7	Health Effects of Female Circumcision
Module 9	Measuring the Prevalence of Contraceptive Use

The modules are self-instructional and each of the modules can stand alone; therefore, it is not necessary to have one person evaluate all 7 modules. In fact, this would be too large a task for one person in a brief period of time.

Each module is divided into sections and each section has a brief test which allows the learner to apply what she has learned in that section. There is an overall post-test at the end of the module. Each person evaluating a module will need paper and pencil for this task.

Each person evaluating a module will be asked to follow the self-instructional format of the module. At the end of the evaluation, each person should have done three things: (1) studied the module and written answers to the section tests and the post-test; (2) circled any passages or questions or terms in the module which are unclear; and (3) filled out an evaluation form on the module.

These following steps should help guide you through this evaluation process:

- (1) Give the module to the nurses and explain the purpose of the evaluation. Make sure they each have paper and pencil for the task.
- (2) Explain that the evaluation will consist of three parts:
 - (a) following the self-instructional format and answering the section tests and post-test;
 - (b) marking any passages or terms or questions which are unclear to them; and
 - (c) filling out an evaluation form after completing the module.

- (3) Ask the nurse to circle passages or questions in the module which are unclear. Ask her to circle terms that are unfamiliar to her and ought to be explained. Brief comments beside circled parts would be helpful.
- (4) Explain that each nurse is to write her answers to the section tests and the post-test on separate sheets of paper. They should put the module number on each page but they need not sign their names on any page.
- (5) Have each learner fill out an evaluation form for each module she evaluates, if she evaluates more than one.
- (6) At the end of the evaluation, collect from each learner:
 - (a) the modules with circles around unclear passages or unfamiliar terms;
 - (b) the section tests and the post-test answers on sheets of paper; and
 - (c) the module evaluation form.

MODULE EVALUATION FORM

(1) What is the title of the module you completed?

(2) Approximately how many hours did it take you to complete the module?

(3) Is the learning module:

	<u>Yes</u>	<u>No</u>
(a) suitable for nursing students?	_____	_____
(b) clear, precise, to the point?	_____	_____
(c) organized?	_____	_____
(d) interesting?	_____	_____
(e) a comprehensive presentation of the material?	_____	_____
(f) one which contains the information necessary to answer <u>all</u> the post-test items?	_____	_____
(g) one which makes appropriate use of figures or diagrams?	_____	_____

(4) Are there clear statements of what the learner can do after successfully completing the module?

Yes No

(5) Did the information hold your interest?

Yes No

(6) How would you rate this learning module for nurses?

too easy appropriate too difficult

(7) Did you find this module boring____, interesting____, easy____, hard_____.

Comments:

(8) Were there sections or parts which you found irrelevant?

Comments:

(9) Did the illustrations help your understanding of the materials?

Comments:

(10) Would this module be improved if it were written in Arabic?

Yes

No

Comments:

(11) Please write any suggestions you have for making this module a better learning module for nurses.

Thank you for your help in this evaluation.

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PEER REVIEW QUESTIONNAIRE

Purpose of Peer Review: Your colleagues or "peers" provide a perspective that differs from that of students. In the Peer Review, a colleague reads the module you have adapted and revised and gives you an overall evaluation of the content and organization of the module. The following questionnaire is offered to help structure the peer evaluation of your module.

Title of Module Being Reviewed: _____

Reviewer: _____

1. Content Suitability

- a. Is the content worth knowing? _____
- b. Does the content represent current thinking in the discipline?

- c. Is all of the content, including illustrations and examples, appropriate to the culture where it will be used? _____
- d. Is the content suitable for nursing students? _____
- e. Is the content too difficult, not difficult enough, or just right for nursing students? _____
- f. Do nursing students have the necessary background to understand the module? _____

Additional Comments:

2. Organization of the Content

- a. Are the topics in a logical sequence? _____
- b. Are summaries presented? _____
- c. Is there a synthesis, or bringing together of the ideas and concepts, in the module? _____

Additional Comments:

3. Clarity of Presentation

- a. Are there definitions of new terms, concepts, and principles? _____
- b. Is the purpose of the module and each section stated? _____
- c. Are relevant examples used? _____
- d. Are the examples clear and simple? _____
- e. Are relevant illustrations used? _____
- f. Are the illustrations clear and simple? _____

Additional Comments:

4. Write any other overall comments concerning the module which you think would be useful for the authors to consider.

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WORKSHOP EVALUATION FORM

Directions: We would appreciate it if you would take time to fill out this evaluation form on this Mideast Regional Adaptation Workshop. We would like to know which parts of the workshop were more useful and which parts need to be changed or improved. Your comments and ideas will help us plan better workshops in the future. You do not need to sign your name to this form.

PART ONE: Overall Workshop Evaluation

1. How would you as a health professional describe this 12-day workshop?

_____ a worthwhile experience

_____ not a worthwhile experience

Additional comments: _____

2. Which parts of the workshop were most valuable to you?

3. Which parts of the workshop were least valuable to you?

4. Was the goal of the workshop clearly stated and understood by everyone?

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5. What do you feel about the time you spent adapting and translating the module?

___ too little work was required

___ an acceptable amount of work was required

___ too much work was required

6. Before you came to this workshop you probably had certain expectations of what would take place during the workshop. Please explain if the workshop met your expectations or not.

7. Please briefly describe one or two ideas which you learned during the workshop which will be useful to you as a health professional in your country?

8. Suggestions for Change: Please describe how this workshop could be improved.

PART TWO: Specific Aspects of the Workshop

1. **Time for the Task:** You have spent 12 days at this workshop adapting and translating a learning module. How would you describe this amount of time?

- too much time for the task
- enough time for the task
- not enough time for the task

Comments: _____

2. **Presentations:** During the first 3 days of the workshop, a number of presentations were given to teach you the skills to adapt the modules. How would you evaluate these presentations?

- interesting, but not useful
- very useful
- not useful

Comments: _____

3. **Resources:** Resources such as typists, artists, medical experts, presenters, and facilities were made available to help you with your task. How would you evaluate these resources?

- resources were adequate
- resources were not adequate
- more resources available than necessary

Comments: _____

4. **Workshop Booklet and Handouts:** The handouts were developed to assist you with your work. How would you evaluate these handouts?

interesting, but I didn't use them

useful, helped me with my work

not useful

What handouts could be added that would be useful in a similar workshop?

5. **Small Group Work:** During much of the workshop, you worked in a small group. How would you evaluate that experience?

our group worked well together

our group did not work well together

I would prefer to work alone

Comments: _____

6. **Evaluation:** The module you adapted and translated was evaluated by nursing students and by your colleagues. How useful did you find this evaluation process to be?

very useful

not useful

Comments: _____

7. **The Adapted Modules:** The modules have been adapted and translated and are now ready to be field tested in specific countries. What do you think of using these modules for training nurses in your country?

_____ adapted modules would be appropriate for training in my country

_____ adapted modules would not be appropriate for training in my country

Comments: _____

PART THREE: Additional Comments and Suggestions

1. Additional modules can be developed and added to this series of modules. List any additional topics which you think are needed in this series to meet the health training needs of nurses.

2. If you have any additional comments or recommendations for the workshop which were not covered in this evaluation, please write them below:

MODULE OUTLINES AND SELECTION FORM ORIGINALS

FILE # HO12/HO13

MODULE SELECTION - SIGN-UP SHEET

Read over the summaries and outlines for each of the 7 modules. Decide which module you would like to work on during the workshop based on your interest and expertise. Several people will be working in a group on each module so that the work can be divided equally. Write your first and second choice modules below:

1st choice: _____

2nd choice: _____

Comments:

Name _____

WORKING GROUPS

OK
Typist
Sat pm
PT Sun
Module One : "The Female Reproductive System "
L Madeline Bodaro
E Farouk El Shakankiry ✓

OK
Typist
Sat pm
PT Sun
Module Two : "The Female Urinary System "
E Zinat El Hawashy ✓

OK
Typist
Sat pm
PT Sun
Module Three : "Gynecological Examinations "
L Najwa Kosseifi
E Elizabeth Abu Haydar

OK
Typist
Sat pm
PT Sun
Module Four : "vaginal Infections And Sexually Transmitted Diseases"
B Nada Haffadh
E Mo'eness Mostafa Al-Shishtawi ✓
E El Sayed Kafas ✓

OK as
edited by
Kaw-Sun
typing
Module Six : "Methods Of Birth Control "
E Nawal El-Menoufi ✓
J Munira Shaaban
E Maaly Guimei ✓
B Mariam Saleh
E Bassima Gowayed ✓

OK
Typist
Sat pm
PT Sun
Module Seven : "Health Effects Of Female Circumcision "
E Omaina Hamdy ✓
E Seham S. Ragheb ✓

OK
Typist
Sat pm
PT Sun
Module Nine : "Measuring The Prevalence Of Contraceptive Use "
B Rabab Jowhary
J Salwa Masri

**CONTENT OUTLINES OF MODULES FOR THE
MIDEAST REGIONAL ADAPTATION WORKSHOP**

Module One	The Female Reproductive System
Module Two	The Female Urinary System
Module Three	Gynecological Examinations
Module Four	Vaginal Infections & Sexually Transmitted Diseases
Module Six	Methods of Birth Control
Module Seven	Health Effects of Female Circumcision
Module Nine	Measuring the Prevalence of Contraceptive Use: A Family Planning Program Evaluation Guide

MODULE ONE:
THE FEMALE REPRODUCTIVE SYSTEM

Summary: This module - Module One - is the first of nine modules which make up A Training Manual for Health Clinicians. Module One focuses on the female reproductive system, including the anatomy of the system and an explanation of how the system functions. Module One contains basic information which is necessary for you to learn or review (if you are already familiar with the contents) before proceeding with the other modules.

Outline of Contents:

- I. Anatomy of the Female Reproductive System
 - A. External sex organs - the vulva
 - B. Internal sex organs
 - 1. vagina
 - 2. uterus
 - 3. Fallopian tubes
 - 4. ovaries

- II. Physiology of the Female Reproductive System
 - A. Ovaries
 - B. Fallopian tubes
 - C. Uterus
 - 1. 4 parts of the uterus
 - 2. varying positions of the uterus
 - 3. changes in uterus during pregnancy
 - D. Vagina

- III. Menstruation
 - A. Definition
 - B. How it works
 - C. 5 main problems

- IV. Fertilization and Implantation
 - A. How fertilization occurs
 - B. How implantation occurs
 - C. Ectopic pregnancy

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MODULE TWO:
THE FEMALE URINARY SYSTEM

Summary: This module - Module Two - is one of nine modules which make up A Training Manual for Health Clinicians. Module Two focuses on the female urinary system, including the anatomy of the system and an explanation of how the system functions. Also covered in this module are major urinary and kidney disorders, the causes of these disorders, and recommended treatments.

Outline of Contents:

- I. Anatomy of the Female Urinary System
 - A. Kidneys
 - B. Ureters
 - C. Bladder
 - D. Urethra

- II. Urinary Disorders
 - A. Symptoms
 1. urination
 2. urine
 3. other
 - B. Types
 1. infection: causes, symptoms, and treatment
 2. inflammation: causes, symptoms, and treatment
 3. flow abnormality: causes, symptoms, and treatment
 4. incontinence: causes, symptoms, and treatment

- III. Kidney Disorders
 - A. Types
 - B. Symptoms and treatment of infection

- IV. Cystitis
 - A. Symptoms
 - B. Causes
 1. infection
 2. inflammation without infection
 - C. Chronic cystitis
 1. diagnosis
 2. treatment
 3. what to tell the patient

MODULE THREE:
GYNECOLOGICAL EXAMINATIONS

Summary: This module - Module Three - is the third of nine modules which make up A Training Manual for Health Clinicians. Module Three focuses on the procedures for examining the woman's external and internal reproductive organs. These procedures will enable you to differentiate normal from abnormal, detect warning signs of problems, and prepare for treatments that may be necessary.

Outline of Contents:

- I. Pelvic Examination
 - A. Introduction
 - 1. 3 parts of the examination
 - 2. 6 reasons for performing the examination
 - 3. taking a medical history
 - 4. preparing the patient for the examination
 - B. External inspection
 - C. Speculum exam
 - 1. preparation
 - 2. inserting the speculum
 - 3. inspecting the cervix and vaginal mucosa
 - 4. taking laboratory specimens
 - 5. removing the speculum
 - D. Bi-manual exam
 - 1. purpose
 - 2. preparation
 - 3. checking Bartholin glands for enlargement
 - 4. checking cervix for position, size, consistency, and abnormalities
 - 5. checking position of uterus
 - 6. noting size, shape, consistency, and mobility of uterus
 - 7. checking for abnormalities of ovaries, Fallopian tubes, and broad ligaments
 - 8. checking for bulging of the vaginal wall
- II. Abdominal Examination
 - A. Purpose
 - B. Preparation
 - C. Conditions to look for

III. Disorders of the Uterus

- A. Prolapse
 - 1. symptoms
 - 2. cause
 - 3. treatment
- B. Retroversion
 - 1. symptoms
 - 2. cause
 - 3. treatment
- C. Fibroids
 - 1. symptoms
 - 2. cause
 - 3. treatment
- D. Cervical Polyps
 - 1. symptoms
 - 2. cause
 - 3. treatment
- E. Endometriosis
 - 1. symptoms
 - 2. cause
 - 3. treatment

IV. Breast Examination

- A. Description of breast anatomy
- B. Purpose of the exam
- C. 6 steps in the examination

V. Pap Test

- A. Explanation of the procedure
- B. Taking cell samples
- C. Preparing slides
- D. Interpreting lab examination of slides
- E. Recommended treatment

MODULE FOUR:

VAGINAL INFECTIONS AND SEXUALLY TRANSMITTED DISEASES

Summary: Module Four - Vaginal Infections and Sexually Transmitted Diseases - is one of nine modules which make up A Training Manual for Health Clinicians. Module Four focuses on the most common infectious disorders of the female reproductive system. Included are a discussion of the causes, signs and symptoms, specific diagnostic procedures and recommended treatment for five common vaginal infections and ten types of sexually transmitted diseases and infections. Also included in this module are follow-up recommendations for Pap test results for cervical cancer. It's important for you to know this information since you may encounter these conditions in women patients. Reading and studying this information carefully will help you recognize, evaluate, and treat these health problems in women.

Outline of Contents:

- I. Vaginal Infections
 - A. Factors favoring infection
 - B. Distinguishing between normal and abnormal discharge
 - C. Types
 1. Moniliasis
 - a. description and cause
 - b. symptoms
 - c. diagnosis
 - d. treatment
 2. Trichomoniasis
 - a. description and cause
 - b. symptoms
 - c. treatment
 3. Nonspecific Vaginitis
 - a. description and cause
 - b. symptoms
 - c. treatment
 4. Hemophilus Vaginitis
 - a. description and cause
 - b. symptoms
 - c. diagnosis
 - d. treatment
 5. Cervicitis
 - a. description and cause
 - b. symptoms
 - c. diagnosis
 - d. treatment

- II. Sexually Transmitted Diseases and Infections
 - A. Explanation of transmission factors
 - B. Measures for preventing sexually transmitted diseases
 - C. Types
 - 1. Syphilis
 - a. description and cause
 - b. symptoms - 4 stages
 - c. diagnosis
 - d. treatment
 - 2. Gonorrhoea
 - a. description and cause
 - b. symptoms
 - c. diagnosis
 - d. treatment
 - 3. Chlamydial infections
 - a. Mucopurulent chlamydia
 - (1) description and cause
 - (2) symptoms
 - (3) diagnosis
 - (4) treatment
 - b. Lymphogranuloma Venereum (Bubos)
 - (1) description and cause
 - (2) symptoms
 - (3) treatment
 - 4. Granuloma Inguinale
 - a. description and cause
 - b. symptoms
 - c. treatment
 - 5. Chancroid
 - a. description and cause
 - b. symptoms
 - c. treatment
 - 6. Genital warts
 - a. description and cause
 - b. symptoms
 - c. treatment
 - 7. Genital Herpes
 - a. description and cause
 - b. symptoms
 - c. treatment
 - 8. Infestations
 - a. types
 - b. description and cause
 - c. symptoms
 - d. treatment
 - 9. Pelvic Inflammatory Disease
 - a. description and cause
 - b. symptoms
 - c. treatment
 - D. Treatment protocols
 - 1. treatment of cervical/urethral discharge
 - 2. treatment of genital ulcers

- III. Pap Test Follow-up Recommendations
 - A. Results of test
 - B. Recommendations for treatment

MODULE SIX:
METHODS OF BIRTH CONTROL

Summary: This module - Module Six - is the final one of the nine modules which make up A Training Manual for Health Clinicians. Module Six focuses on eight methods of birth control: oral contraceptives; intrauterine devices (IUD); condoms; diaphragms; spermicidal foam, tablets, or suppositories; contraceptive injection (the "shot"); contraceptive sponge; and post-coital contraceptives. These specific contraceptives are explained in terms of how they work, their effectiveness, problems and side effects, contraindications, use, how to manage possible side effects or medical complaints, and information for the patients using the contraceptive. There are also information sections on the medical procedures for fitting a diaphragm and inserting an IUD.

Outline of Contents:

- I. Oral Contraceptives
 - A. How oral contraceptives work
 - B. Effectiveness
 - C. Problems and side effects
 - D. Contraindications
 - E. Prescribing oral contraceptives
 - 1. taking medical history
 - 2. explaining use
 - 3. what to tell the patient
 - a. use
 - b. side effects
 - c. warning signs
 - F. Managing patients on oral contraceptives
 - 1. hypertension
 - 2. breakthrough bleeding
 - 3. nausea
 - 4. weight gain
 - 5. headaches
 - 6. amenorrhea

- II. Intrauterine Devices (IUD)
 - A. How intrauterine devices work
 - B. Effectiveness
 - C. Uses and advantages
 - D. Problems and side effects

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- E. Procedure for inserting the IUD
 - 1. when to insert the IUD
 - 2. equipment required
 - 3. preliminary steps
 - 4. steps for insertion
- F. Techniques for inserting 3 types of IUD's
 - 1. Lippes Loop
 - 2. Copper T
 - 3. Copper 7
- G. Patient information on the IUD
- H. Removal of the IUD
- I. Management of IUD side effects
 - 1. cramps or lower abdominal pain
 - 2. low back pain
 - 3. vaginal discharge
 - 4. husband complaining of pain during coitus
 - 5. excessive menses
 - 6. vaginal bleeding
 - 7. prolonged bleeding
 - 8. strings missing
 - 9. syncope
 - 10. always tired
 - 11. wants IUD removed
 - 12. delayed menses or amenorrhea
 - 13. expulsion

III. Contraceptive Injections

- A. How contraceptive injections work
- B. Effectiveness
- C. Problems and side effects
- D. Prescribing contraceptive injections
- E. What to tell the patient
- F. Managing side effects

IV. Condoms

- A. How condoms work
- B. Effectiveness
- C. How to use

V. Spermicidal Foam, Tablets, or Suppositories

- A. How spermicidal foam, tablets and suppositories work
- B. Effectiveness
- C. Problems and side effects
- D. How to use contraceptive foam
- E. What to tell the patient

- VI. Diaphragms with Spermicidal Cream or Jelly
 - A. How diaphragms work
 - B. Effectiveness
 - C. Problems and side effects
 - D. Contraindications
 - E. How to use a diaphragm
 - F. How to take care of a diaphragm
 - G. What to tell the patient about the diaphragm
 - H. How to fit a diaphragm

- VII. Contraceptive Sponge
 - A. How the contraceptive sponge works
 - B. Effectiveness
 - C. Advantages

- VIII. Post-coital contraceptives
 - A. Hormonal method ("Morning After pill")
 - 1. effectiveness
 - 2. problems and side effects
 - 3. contraindications
 - B. IUD
 - 1. effectiveness
 - 2. problems and side effects
 - 3. contraindications
 - C. What to tell the patient

MODULE SEVEN:

HEALTH EFFECTS OF FEMALE CIRCUMCISION

Summary: Female circumcision is a popular (but medically incorrect) term used especially in Africa and the Middle East for a variety of surgical operations on the female genitalia. These operations are done on healthy female children for traditional reasons but the operations may involve permanent health damage and immediate health risk. Female circumcision is a traditional practice, but it is also a health issue because the practice potentially affects the physical and mental well being of every woman and girl who undergoes this surgical procedure.

You, the health clinician, have a dual role: to treat health problems and to educate the community when health problems can be prevented. This learning module on the health effects of female circumcision will give you information on how to recognize the immediate and long term health consequences of this operation. The module will also suggest ways you may use to educate women on the health consequences of this traditional practice so they can make informed decisions about their health and the health of their daughters.

Outline of Contents:

- I. Types of Female Circumcision Operations
 - A. Circumcision (Type I, sunna)
 - B. Excision (Type II, reduction)
 - C. Infibulation (Type III, pharaonic circumcision)
- II. Immediate Health Effects
 - A. 7 types of health problems
 - B. Conditions contributing to these health problems
- III. Long Term Consequences
 - A. Gynecological problems
 - B. Urinary tract problems
- IV. Effects of Excision and Infibulation on Marriage and Childbirth
 - A. Problems with consummation of marriage
 - B. Problems during childbirth
 1. need for episiotomy
 2. delay in second stage of labor
- V. Health Consequences of Re-Infibulation
- VI. Health Education Strategies

MODULE NINE:

MEASURING THE PREVALENCE OF CONTRACEPTIVE USE:

A FAMILY PLANNING PROGRAM EVALUATION GUIDE

Summary: This module, "Measuring the Prevalence of Contraceptive Use: A Family Planning Program Evaluation Guide," has been developed to teach you, the family health doctor, nurse, or field supervisor, a simple method which you can use to measure the success of your family planning program. With the aid of an evaluation worksheet, you will learn how to calculate the prevalence of contraceptive use in your village at a given point in time. This same method - along with individual village evaluation results - can be used at various administrative levels to calculate the prevalence of contraceptive use over larger population areas as well.

Family planning can favorably influence the health and development of the children and mothers in your village. When you evaluate your family planning program using data, you have the opportunity to show your fellow doctors and nurses what you are doing professionally and what progress you are making in this area of family health. Evaluation results can also be a valuable guide for setting goals for family planning in your village.

Outline of Contents:

- I. Family Planning Program Evaluation
 - A. What is "evaluation?"
 - B. Why should one evaluate
 - C. What is involved
- II. Program Prevalence
 - A. Definition
 - B. Current users vs. new acceptors
 - C. Prevalence rate
- III. Tabulating Population Data
 - A. Updating the most recent census figure
 - B. Determining the Population Growth Rate (PGR)
 - C. Determining the number of Married Couples of Reproductive Age (MCRA)
- IV. Tabulating the Current Number of Contraceptive Users
 - A. Using the worksheet
 - B. Example

- V. Calculating the Prevalence of Contraceptive Use
 - A. Prevalence equation
 - B. Correlation between prevalence of contraceptive use, the population growth rate, and the crude birth rate

- VI. Planning for the Future
 - A. Health benefits of increasing prevalence of contraceptive use
 - B. Plan for increasing prevalence

- VII. Advantages of Prevalence Programming

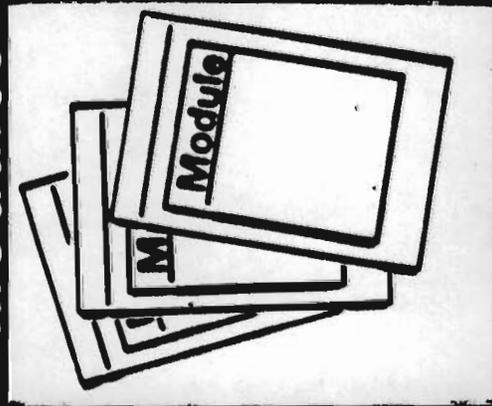
MULTICOLOR OVERHEADS DEVELOPED TO SUPPORT TRAINING SESSIONS

SAMPLES OF MATERIALS

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Stages of the Adaptation Process

1 Develop
Prototype
Modules



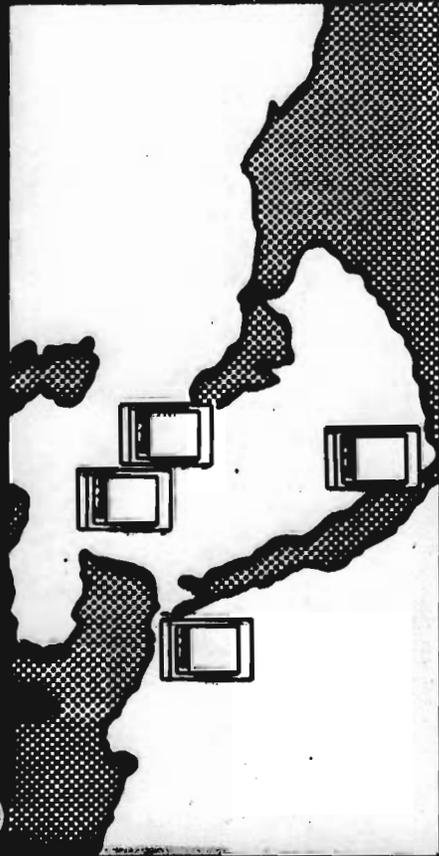
2 Adapt to
Regional Needs



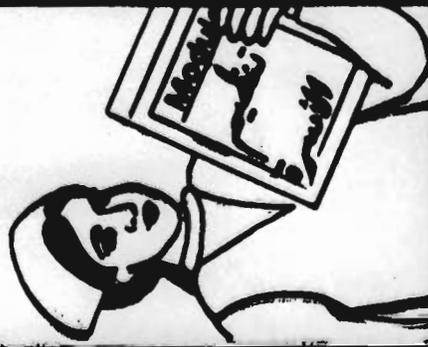
**Health
Training
Needs**
**Family Planning
Information**
Basic Anatomy
**Sterile
Techniques**



3 Fieldtest in Countries



**Effective
Training
Materials**



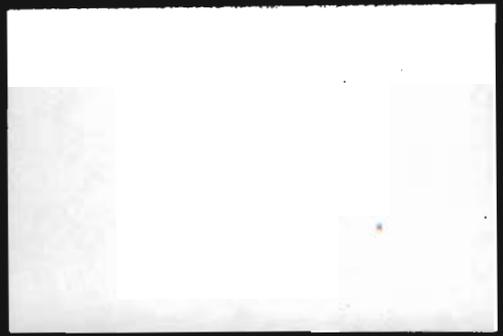
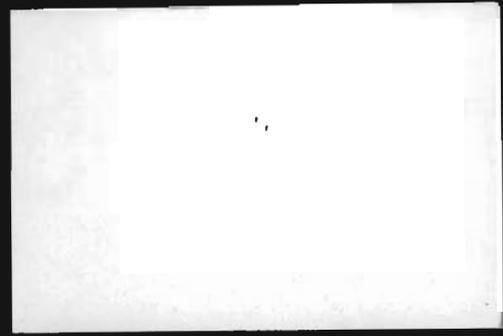
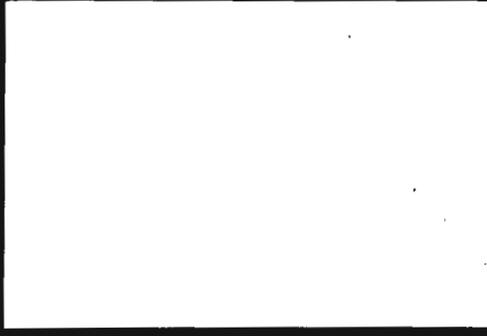
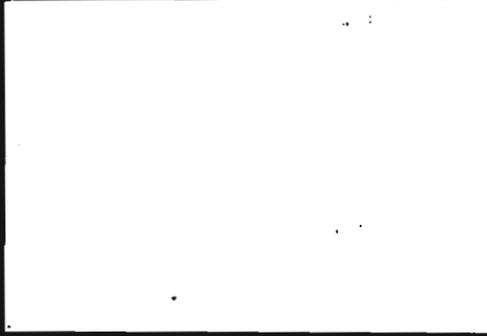
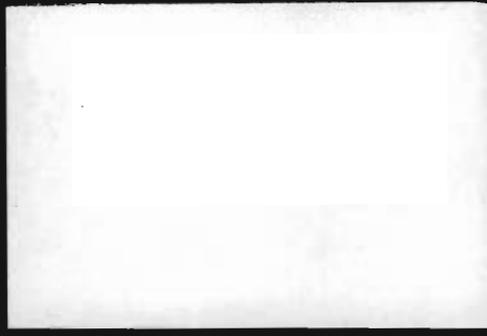
Steps For Developing Training Modules for Use in Specific Countries

- Step 1 Develop the prototype modules.**
- Step 2 Adapt and translate the prototype modules for nurses.**
- Step 3 Evaluate the adapted modules with a group of nurses.**
- Step 4 Revise the module based on evaluation.**
- Step 5 Fieldtest the revised module**

5 Phases Of the Workshop

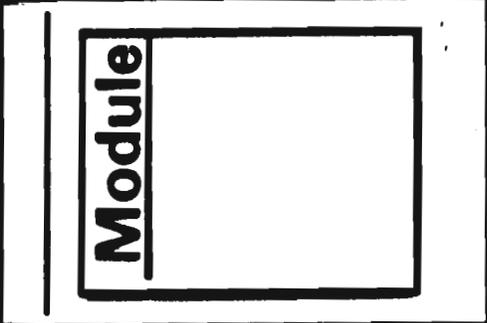
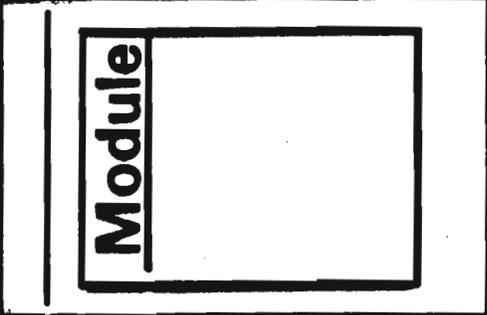
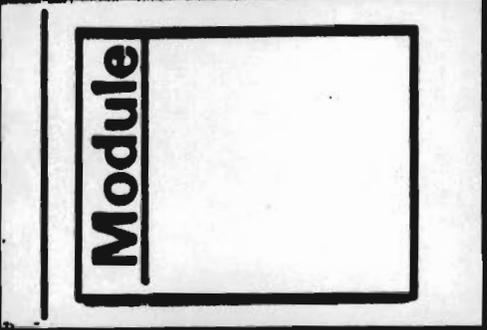
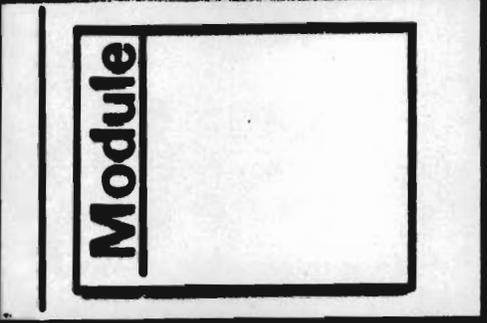
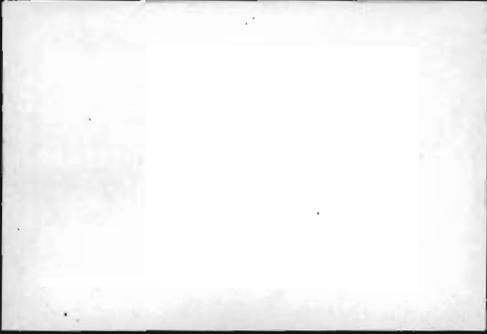
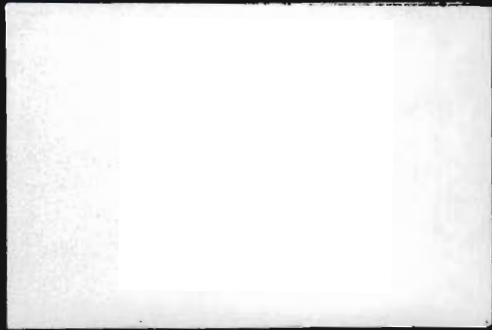
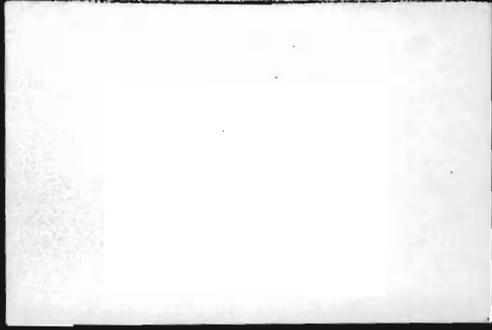
- 1. Learn the skills of adaptation**
- 2. Adapt and translate the module**
- 3. Pre-test the draft module**
- 4. Revise module based on Pre-test**
- 5. Peer review of modules**

LINEAR



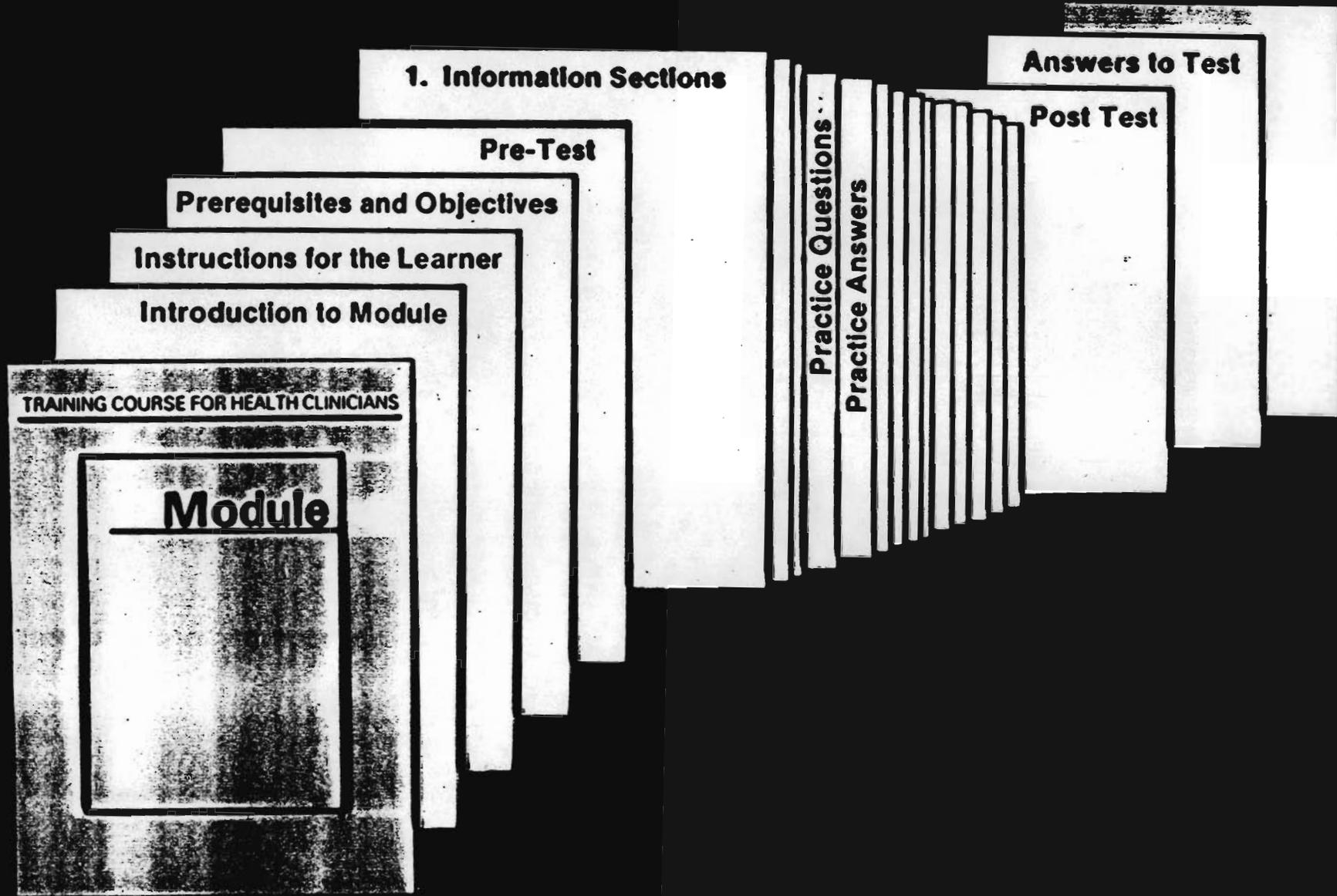
BRANCHING

Modular Learning

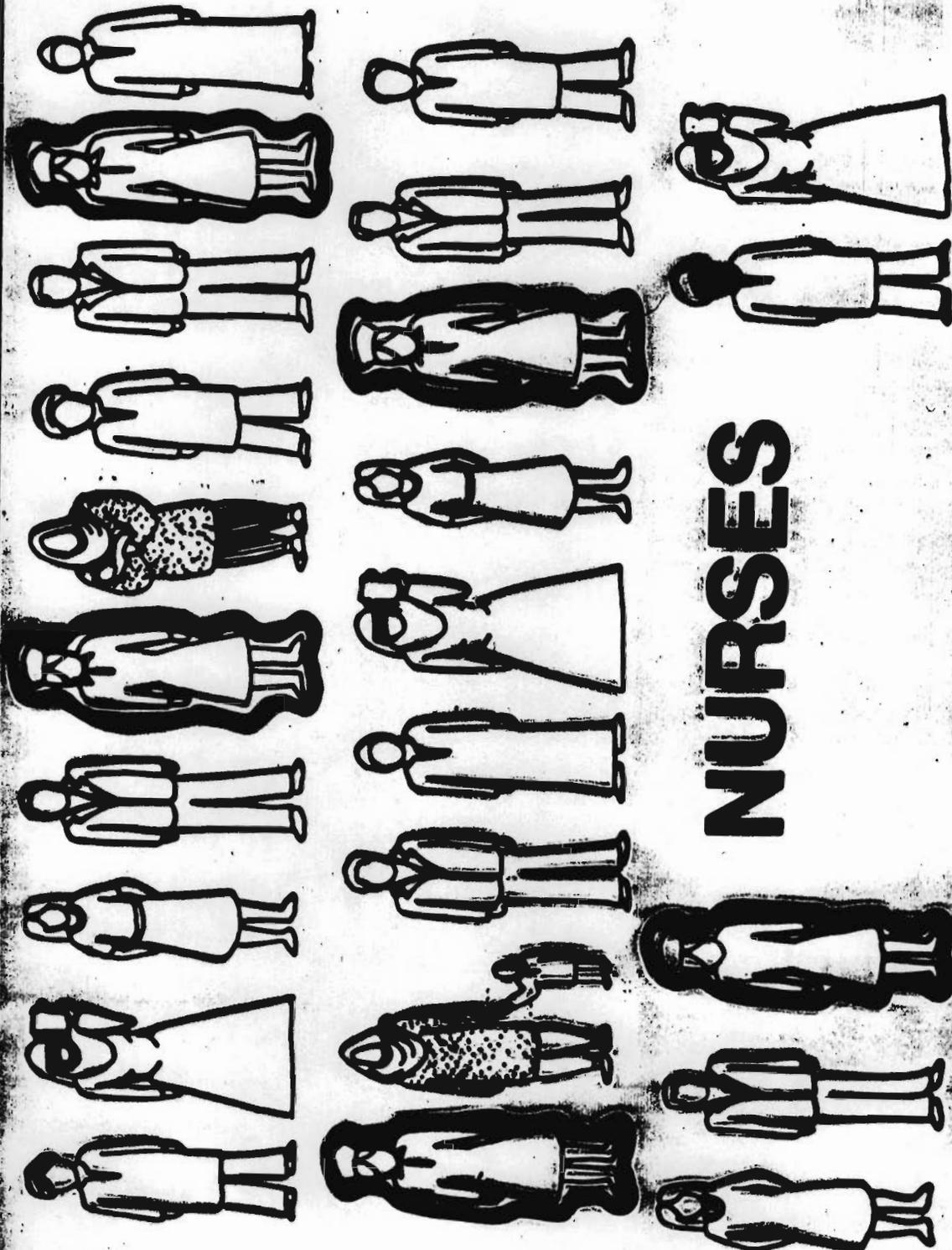


Building a Modular Curriculum

Structure of the Module



Write for a Specific Group of Learners



NURSES

RESOURCES FOR TRANSLATION TASK

GLOSSARY OF EDUCATIOAL TERMS

Introduction

Table of contents

Instructions for the learner

Prerequisites

General Objectives

Specific Objectives

Pre-test

Post-test

Practice Questions

Answers to Practice Questions

Module

Self-instruction

قائمة المصطلحات التعليميه

مقدمه

الفهرس

تعليمات للدارس

متطلبات

اهداف عامه

اهداف محده

اختبار قبلي

اختبار بعدي

تدريبات عمليه

اجابه التدريبات العمليه

وحده تعليميه

تعليم ذاتي

قاموس المصطلحات الطبية الرئيسية

GLOSSARY OF KEY MEDICAL TERMS

ABDOMEN	البطن	ALBUMIN	زلال
ABDOMINAL CAVITY	الغروب البطني	ALLERGIC REACTION	تفاعل تحاسي
ABDOMINAL CRAMPS	تقلصات البطن	ALVEOLI	خوصيات
ABDOMINAL EXAMINATION	فحص البطن	AMENORRHEA	انقطاع الحيض
ABDOMINAL MUSCLES	عضلات البطن	AMNIOTIC SAC	كيس المشيمة الجنيني
ABDOMINAL PAIN	ألم البطن	AMPUTATION	بتر
ABNORMAL MASS	كتلة غير طبيعية	ANAL FISSURE	شرخ شرجي
ABNORMALITIES	شواذ	ANAL SPHINCTER	العاصرة الشرجية
ABRASIONS	تسليخات	ANALGESICS	مكثات الألم
ACCEPTOR	متقبل	ANATOMY	علم التشريح
ACETONE	أسيتون	ANEMIA	أنيميا، فقر الدم
ACIDITY	حموضة	ANTEFLEXION	انحناء إلى الأمام
ACUTE CYSTITIS	التهاب مثانة حاد	ANTERIOR EPISIOTOMY	شده المقدمات العزجية
ACUTE PELVIC INFECTION	عدوى حادة بالمحوصه	ANTERIOR FORNIX	صه الأمامي التكوين الأمامي
ADENOCARCINOMA	ورم غدي سرطاني	ANTEVERSION	التواء الرحم إلى الأمام
ADHESIONS	التصاقات	ANTI-EMETIC AGENTS	عوامل مضادة للغث
ADNEXA	التوابع	ANTISEPTIC SOLUTION	محلول مطهر
ADNEXAL MASS	كتلة متعلقة بالتوابع	ANUS	شرج
AFTER-BIRTH FLOW	تدفق بعد الولادة	ANXIETY	قلبه
AIRWAY	مجرى الهواء	ARCING SPRING	زنبلك معنق (موسى)
		AREOLA	هاله (مقلد هاله الثدي)
		AROMATIC SPIRITS OF AMMONIA	روائح الأمونيا الطبية
		ARTERY	شريان

ARTHRITIS التهاب مفاصل
ASCENDING RETROGRADE INFECTION عدوى صاعدة تراجعية
ASTHMA ربو
ASYMMETRICAL CONTOUR محيط غير متماثل
ATROPHY ضمور
ATYPICAL BENIGN حميد غير منتظم
ATYPICAL CELLS خلايا غير منتظمة
AXILLARY LYMPH NODES عقد لمفية إبطية
BACILLUS باسيل
BACTERIA بكتيريا، جرثوم
BACTERIOLOGICAL EXAMINATION فحص بكتيريولوجي
BARTHOLIN'S GLANDS غدد بارثولين
BASAL LAYERS الطبقات القاعدية
BASE FLANGE هامئة القاعدة
BENIGN LUMPS كتل حميدة
BI-MANUAL EXAMINATION فحص باليدتين
BILE PIGMENT صبغة الصفراء
BIOPSY أخذ قطعة من المريض لفحص
BIOPSY CANNULA أنبوب لأخذ نسيج من المريض
BIRTH ولادة - وضع
BIRTH CANAL قناة الولادة

BIRTH CONTROL قيد أو ضبط الولادات
BIRTH CONTROL PILLS حبوب قيد الولادات
BIRTH DEFECTS تشوهات الولادة
BLADDER المثانة
BLADDER LINING غشاء المثانة
BLASTOCYST مويصلة، كيس
BLEEDING نزف
BLINDNESS عمى
BLOOD دم
BLOOD CLOT جلطة دموية
BLOOD POISONING تسمم دموي
BLOOD SYSTEM الجهاز الدموي
BLOOD TEST فحص دموي
BLOOD VESSELS أوعية دموية
BLOOD-BORNE INFECTION عدوى دموية
BLOODSTREAM المجرى الدموي
BLURRED VISION إبصار غير واضح
BODY FLUIDS سوائل الجسم
BODY FUNCTIONS وظائف الجسم
BONES عظام
BOWEL ACTION حيل الأمعاء
BOWEL MOVEMENTS حركات الأمعاء

BRAIN DAMAGE	إصابة المخ بضرر	CENSUS FIGURE	رقم الإحصاء الرسمي
BREAKTHROUGH BLEEDING	نزف اختراقي	CENTRAL NERVOUS SYSTEM	الجهاز العصبي المركزي
BREAST	ثدي	CEREBROVASCULAR DISORDER	خلل في وعائي
BREAST DISEASE	مرض الثدي	CERVICAL CANAL	قناة عنق الرحم
BREAST EXAMINATION	فحص الثدي	CERVICAL CANCER	سرطان عنق الرحم
BREAST TUMORS	أورام الثدي	CERVICAL CANCER CELLS	خلايا سرطان عنق الرحم
BREASTFEEDING	إرضاع	CERVICAL EROSION	تآكل عنق الرحم
BROAD LIGAMENTS	الأربطة الليفية (رباط)	CERVICAL FLANGE	حافة عنق الرحم
BRUISING	تكدم (كدمات)	CERVICAL POLYPS	بوليب عنق الرحم
BUBOS	الدبيل (التهاب أو ورم في غدة ليناديه)	CERVICAL PROBE	مجن عنق الرحم
BUTTOCKS	الجزء الخلفي (البيضة)	CERVICAL SMEAR	مسحة عنق الرحم
	تكوين حصوه	CERVICAL STABILIZER	مثبت عنق الرحم
CALCULUS FORMATION (STONES)		CERVICITIS	التهاب عنق الرحم
CANCER	سرطان	CERVIX	عنق الرحم
CANCEROUS CELL	خلية سرطانية	CHANCRE	قرحة
CANDIDIASIS	داء المبيضات	CHANCROID	قرحة لينيه
CARDIAC OR RENAL DISEASE	مرض قلبي أو كلوي	CHECK-UP	فحص
CARDIAC OUTPUT	صدم الدم المدموج بالبطية (الأسير في الثانية)	CHEMICAL ANALYSIS	تحليل كيميائي
CAUTERIZATION	تلقين	CHEST PAIN	ألم الصدر
CELL DIFFERENTIATION	تمييز خلوي	CHILD MALNUTRITION	سوء تغذية الطفل
CELL SAMPLES	عينات خلوية	CHILD SPACING	تباعد الإنباب
CELLS	خلايا	CHILDBIRTH	الولادة

CHILLS	قشعريرة ، رهبة	CONDYLOMATA ACUMINATA	!! دررم نو لولي
CHLAMYDIAL INFECTIONS	عدوى المراهش البرميه	CONGENITAL DEFECTS	نقص أو خلل خلقي
CHLOASMA	كطف ، تنقع الجلد	CONSTIPATION	إسالة
CHORIONIC VILLI	قملات مشيمية	CONSULTATION	استشارة طبية
CILIA	أهداب	CONSUMMATION OF MARRIAGE	انتهاء الزواج
CIN GRADES 1/2/3	مراحل !	CONTRACEPTIVE CREAMS	باله هون على المرأة كريم مانع للحمل
CIRCULATION	دوره	CONTRACEPTIVE DEVICES	أجهزة منع الحمل
CIRCUMCISION PROPER	خيتانه صحيح	CONTRACEPTIVE FOAMS	رغوه مانعة للحمل
CLINICAL PRACTICE	ممارسه علاجية	CONTRACEPTIVE INJECTION	حقنة مانعة للحمل
CLINICIANS	أطباء ، طبيب	CONTRACEPTIVE JELLIES	هلام أو جيلي
CLITORAL HOOD	غطاء القظر	CONTRACEPTIVE PILL	مانع للحمل أقراص منع الحمل
CLITORIS	القظر	CONTRACEPTIVE SPONGE	سفننج مانع للحمل
CLOUDINESS	تفيم ، غموض	CONTRAINDICATIONS	المنع ، المنع
COIL SPRING	ملف زنبلك	COPPER 7	اللولب النحاسي 7
COITUS	جماع ، فطاح	COPPER T	اللولب النحاسي T
COLON	قولون ، الأمعاء الغليظة	CORONARY ARTERY	الشريان التاجي
COMBINED REGIMEN	نظام غذائي ممتزج	CORPUS LUTEUM	الجسم الأصفر
COMPLICATIONS	مضاعفات	CORPUS/BODY	الجسم
COMPRESSES	ضمادة	CORRELATION	ارتباط
CONCEPTION	حمل	COTTON BALLS	كرة قطنية (من القطن)
CONDITIONS	حالات	COUNSEL	تأدر
CONDOM	الغلاف الواقي للرجل	CRIPPLE	عاجز (مفلأ أو إسقم)

CRUDE BIRTH RATE (CBR)	معدل الولادات	DIAGNOSE	يشخص المرصه
CRUDE DEATH RATE (CDR)	معدل الوفيات	DIAGNOSTIC CURRETTAGE	كحت تشخيصي
CULTURE	استنبات ، زرع	DIAPHRAGM	الحجاب الحاجز
CULTURE MEDIA	مستنباتات	DILATED	موسع
CUMULATIVE NEW ACCEPTORS	تجميع المستقبلين الجدد	DISCHARGE	إفراز
CURD-LIKE QUALITY	فاصية شبيهة بقمية اللبن	DISEASES	أمراض
CURETTE	مكشط ، قحت	DMPA	
CURRENT USERS	المستعملين الحاليين	DORSAL RECUMBENT POSITION	وضعية الاستلقاء على الظهر
CYCLE OF EGG PRODUCTION	دورة إنتاج البويضات	DOSAGE	جرعة
CYCLIC FLUID RETENTION	احتباس دوري لسوائل البس	DOUCHE	غسل مهبل بالدمية
CYSTITIS	التهاب المثانة	DRUGS	عقاقير ، أدوية
CYSTOCELE	سقوط الجدار الأمامي للمهبل وفيه المثانة	DYSMENORRHEA	حبيبه مؤلم
CYSTS	كيس ، مويصلة	DYSPAREUNIA	صعاب مؤلم
CYTOLOGIC EXAMINATION	فحص الخلايا ، فحص خلوي	DYSPLASIA	تغير النمو
DEFORMITY	تشوه ، تشويه	ECTOPIC PREGNANCY	حمل خارج الرحم
DEINFIBULATE	شوه تلييم المهبل	ECTROPION	انقلاب الجفن للخارج
DEPO-PROVERA	ديبو پروڤيبرا	EDEMA	تورم مائي ، أودما
DEPRESSION	كآبه	EGG CELLS	خلايا البويضات التبريصة
DEVELOPING FETUS	الجنين أثناء نموه	EJACULATION	تحت المني
DEVITALIZATION	إتلاف الجيا	EMBRYO	جنين
DIABETES	مرض البول السكري	EMERGENCY	طارىء

ENDOCERVICAL CANAL قناة عنقه الرحم
 ENDOCERVICAL GLANDS غدد قناة عنقه الرحم
 ENDOCERVIX باطنه عنقه الرحم
 ENDOCRINE غدد صماء
 ENDOMETRIAL BIOPSY قطعة للبرص
 ENDOMETRIAL HYPERPLASIA تكثر نسبي
 ENDOMETRIAL POLYPS بوليب أو سليله
 ENDOMETRIOSIS منقطة الرحم
 ENDOMETRIUM بطانة الرحم
 EOSIN رايبوسين
 EPIDEMIC وبائي
 EPILEPSY صرع
 EPISIOTOMY شدة فتحة الترح
 EPITHELIAL CELLS خلايا ظهارية
 ERECTION انصباب
 EROSION تآكل
 ESCHERICHIA COLI (E. COLI) إشعريشيا قولونية
 ESTROGEN إسترودين
 EVALUATION تقييم
 EVERSION قلب (= انقلاب)
 EXAMINATIONS فحوص
 EXAMINING TABLE جدول أو قائمة الفحص

EXCISION (REDUCTION) استئصال
 EXCRETION براز / إفراج
 EXTERNAL EXAMINATION فحص خارجي
 EXTERNAL GENITALIA أعضاء التناسل الخارجية
 EXTERNAL OPENING الفتحة الخارجية
 EXTERNAL ORGANS الأعضاء الخارجية
 EXTERNAL OS النخلة الخارجية لعنق الرحم
 EXTERNAL SEX ORGANS أعضاء التناسل الخارجية
 EXTOXIN إكستوكسين (سم خارجي)
 EYE EXAM فحص العين
 FAINT إغماء / إغماء
 FALLOPIAN TUBES قنوات فالوب
 FALSE VAGINA مبرلة زائفة (كاذب)
 FAMILY PLANNING تنظيم الأسرة
 FAT CELLS خلايا دهنية
 FATTY TISSUE نسيج دهني
 FECES براز
 FEMALE CIRCUMCISION فتاة الأنتي
 FEMALE EXTERNAL SEX ORGANS أعضاء التناسل الخارجية للأنتي
 FEMALE REPRODUCTIVE ORGANS أعضاء التناسل للأنتي
 FEMALE REPRODUCTIVE SYSTEM جهاز التناسل للأنتي

FEMALE SEX HORMONES	هرمونات الجنس للأنثى	FORCEPS	مخيفت
FEMALE URINARY SYSTEM	مجرى البول للأنثى	FROTHINESS	يصير رغوي (مع رغوه)
FERTILITY	الإخصاب	FUNDUS	قاع الرحم
FERTILITY RATE	نسبة الخصوبة	FUNGUS	فطر
FERTILIZATION	إخصاب	GALL BLADDER DISEASE	مرض المرارة
FERTILIZED OVUM	بويضة مخصبة	GAUZE	شاش
FETAL DEATH	وفاة الجنين	GENITAL HERPES	مرض الهربس في أعضاء التناسل
FETAL DEPRESSION	كآبة الجنين	GENITAL ULCER	قرحة في عضو التناسل
FETAL LENGTH	طول الجنين	GENITAL WARTS	شؤلوله في عضو التناسل
FETUS	الجنين	GENITALS	أعضائه = زائده جلدية التناسل
FEVER	حمى	GENUS	جنس
FIBROID TUMORS	ورم ليفي	GERMS	جراثيم
FIBROUS SCAR	ندبة ليفية أثر التام جرح	GESTATION	حمل
FIBROUS TISSUE	نسيج ليفي	GESTATIONAL AGE	سنة الحمل
FIBROUS TUMORS	ورم ليفي	GLANDS	غدد
FISTULA	ثاسور	GLANDULAR COLUMNAR CELLS	الخلايا العمودية في الغدد
FIXATIVE	مثبت ، مادة مثبتة	GLANDULAR ORGANS	الأعضاء الغدية
FLEXION	ثني	GLANS (OF THE CLITORIS)	مقدمة البظر
FLOW ABNORMALITY	شذوذ في التدفق	GONOCOCCUS	المكورة الشنوية (بيلثريا)
FOLLICLE	حويصلة	GONORRHEA	السيلا
FOLLICLE STIMULATING HORMONE	هرمون منبه للحويصلة البويضية	GRAM STAIN	صبغة جرام
FOLLOW-UP	يتابع ، متابعة		

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GRANULOMA INGUINALE	ورم حبيبي أو بيبي (= أصل الفخذ)	HORMONE STIMULATION	تحفيز الهرمونات
GROIN	المفظة الأربية (أصل الفخذ)	HOT CAUTERY	كلى ساخنة
GYNECOLOGICAL EXAMINATIONS	فحوص الجراز التناسلي الأنثوى	HOT COMPRESSES	كمادات ساخنة
HEADACHES	صداع	HYMEN	غشاء البجارة
HEALTH CARE	العناية بالصحة	HYPERTENSION	ارتفاع ضغط الدم
HEALTH CLINICIANS	عيادات صحية	HYPHAE	خيوط الفطر (هيفات)
HEALTH COMPLICATIONS	مضاعفات صحية	HYSTERECTOMY	استئصال الرحم
HEALTH CONSEQUENCES	عاقبة (عواقب) صحية	IMMUNIZATION	تخصيم
HEALTH EDUCATION STRATEGY	تخطيط التعليم الصحي	IMPAIRED LIVER FUNCTION	اعتلال في وظيفة الكبد
HEALTH EFFECTS	التأثيرات الصحية	IMPLANT	غرس
HEAVY BLEEDING	نزف كثيف	IMPLANTATION DERMOID CYSTS	حويصلات جلدية
HEMATOCOLPOS	احتباس الدم في المرحل	INCONTINENCE	فقرته، عدم القدرة على ضبط الإفران
HEMOPHILUS VAGINITIS	التهرب الهمفيلي للمرحل	INCUBATION PERIOD	فترة حضانه أو تقربح
HEMORRHAGE	نزف	INFANT AND CHILD MORTALITY	وفيات المواليد والأطفال
HEMOTOXYLIN	هيموتوكسيلين	INFECTON	عدوى
HEPATIC ADENOMA	ورم نخدي في الكبد	INFERTILITY	عقم
HEPATITIS	التهرب الكبدي	INFESTATIONS	اصابة الجسم بالحشرات
HERPES	هريس	INFIBULATION	تكميم المرحل
HIGH BLOOD PRESSURE	ضغط دم مرتفع	INFLAMMATION	التهاب
HOOD	غطاء قابل للإثناء	INFRA-CLAVICULAR LYMPH NODES	العقد الليمفية أسفل المفظة الترقوية
HORMONE	هورمون	INJECTABLE CONTRACEPTIVES	موانع الحمل بالحقن

INJURY	إصابة	نزف مهبلي غير منتظم	IRREGULAR VAGINAL BLEEDING
INNER CELL MASS	كتلة خلايا داخلية	وصلة ضيقه	ISTHMUS
INNER LIPS	الشفتان الداخليتان	هرسه	ITCHING
INSANE	مجنون العقل	الوسائل داخل الرحم	IUD
INSERT	يُدخل	خيوط الوسائل داخل الرحم	IUD STRINGS
INSPECTION	فحص بالعين		
INSTRUMENTS	ألات	الصفراء	JAUNDICE
INTERIOR GENITALS	أعضاء التناسل الداخلية	المفاصل	JOINTS
INTERNAL ORGANS	الأعضاء الداخلية		
INTERNAL OS	فتحة عنق الرحم الداخلية	دخيم نسبي ليني	KELOID
INTERNAL SEX ORGANS	أعضاء التناسل الداخلية	اضلال الكلى	KIDNEY DISORDERS
INTOXICATION	تسمم	تلوث ، عدوى الكلى	KIDNEY INFECTIONS
INTRAMUSCULARLY	في العضل	كتل اسطوانية من أنابيب الكلى	KIDNEY TUBE CASTS
INTRAUTERINE DEVICE	جهاز داخل الرحم	الكلى (كلى)	KIDNEYS
INTRAVENEOUSLY	في الوريد	هيدروكسيد البوتاسيوم	KOH
INTROCISION			
INTROITUS	مدخل	الشفتان الكبيرتان	LABIA MAJORA
INVAGINATION	انفداد	الشفتان الصغيرتان	LABIA MINORA
INVASIVE CARCINOMA	سريع نموه تزاوج الخنزير الأشمية السليمة	إصابات الشفتان	LABIAL LESIONS
INVOLUNTARY CONTRACTIONS	مواضع الحمل اللاإرادية	الولادة	LABOR
IODINE SOLUTION	محلول اليود	عينات مصغرة	LABORATORY SPECIMENS
IRON-DEFICIENCY ANEMIA	أنيميا نقص الحديد	فحوص مصغرة	LABORATORY TESTS

LACERATIONS	تمزقات	قناة رئيسية	MAIN DUCT
LACTATION	إرضاع	البيزا التناسلي للذكر	MALE REPRODUCTIVE SYSTEM
LACTOBACILLI	بائلا لبنيه	الأطفال المشوهة	MALFORMED BABIES
LAST MENSTRUAL PERIOD (LMP)	تاريخ آخر حيضه	سوء التغذية	MALNUTRITION
LATENT STAGE	المرحلة الكامنة	إفرازات دموية كبريتية الرائحة	MALODOROUS BLOODY SECRETIONS
LATERAL FORNIX	التبويف الجانبي للبريد	سوء الحية	MALPRESENTATIONS
LESION	إصابه	الغده الثدييه	MAMMARY GLAND
LICE	قمل	تدبير	MANAGEMENT
LIGAMENT	رباط	فحص يدي	MANUAL EXAM
LIPPES LOOP	لولب لبيز	كتل	MASSES
LIVER TUMOR	ورم الكبد	MCRA	
LIVING STANDARDS	مستوى الحياه	MEDICAL HISTORY	تاريخ المرض
LOBES	فصوص (فص)	MEDICAL SCIENCE	العلم الطبي
LOCALIZED INFECTIONS	محدود مقتصرة	MEDICAMENTS	عقاقير، أدوية
LOIN	القطه	MEDICATION	علاجه، تطبيب
LUBRICANT	مزلجه	MEDICINAL IRON	حديد علاجي
LUBRICATION	تزيين	MEDIO-LATERAL EPISIOTOMY	شق متوسطه الفرج
× LYMPHOGANULOMA VENEREUM	ورم لينفاوي تناسلي	من الوسط إلى الجانب	
LUMPS	كتل	MEMBRANE	غشاء
LUTEINIZING HORMONE	هرمون ليوثيه	MENOPAUSE	منه الغضائف الكبيبه
LYMPH NODES	عقد لينفاويه	MENSES	الحيضه
LYMPH TISSUES	أنسجه لينفاويه	MENSTRUAL CYCLE	الدوره الكبيبيه

عدم انتظام الحيض

MENSTRUAL IRREGULARITY

MENSTRUAL PERIOD فترة الحيض

MENSTRUAL PROBLEMS مشاكل الحيض

MENSTRUAL PROCESS عملية الحيض

MENSTRUATION الحيض

MID-CYCLE منتصف دورة الحيض

MIDLINE الخط المنصف للجسم

MIDSTREAM SAMPLE عينة من البول في منتصف التبول

MIGRAINE HEADACHES صداع نصفي

MILK DUCT قناة لبنية

MISCARRIAGE إجهاض

MITE حشرة ، قراره

MONILIA ALBICANS فونيليا ألبكانز

MONILIASIS داء الفونيليا

MONS AREA منطقة التنوء

MONS PUBIS التنوء الثاني للحي

MONS VENERIS

MORBIDITY المرضية

MORNING SICKNESS غثياء الصباح

MORNING-AFTER PILL حبة الصباح التالي

MORTALITY للمجتمعات الوفاة

MORULA كلبه ثورتيه تملاء البويضات الملقحة قبل انتشار

MOUNT OF VENUS

MUCOPURULENT CHLAMYDIA صراشف بمرحمة مخاطية صديديه

MUCOUS MEMBRANES غشاء مخاطي

MUCUS مخاط

MUCUS-STAINED PROBE مجس منطى بالمخاط

MUSCLES عضلات

MYOCARDIAL INFARCTION اعتشاء أو تفلرز في القلب

MYOMATA أورام عضلية

MYOMETRIUM عضلات الرحم

نسبة التناثر الطبيعي

NATURAL RATE INCREASE (RNI)

NAUSEA غثياء

NERVOUS SYSTEM الجهاز العصبي

NEUROSYPHILIS زهرى الجهاز العصبي

NEW ACCEPTORS متقبلية جديد

NIPPLE حلمة الثدي

NODULAR MASSES كتل عقيدية

NONACIDIC URINE بول غير حمضي

NONPREGNANT STATE حالة عدم حمل

NONPREGNANT UTERUS رحم غير حامل

NONSPECIFIC VAGINITIS التهاب مبيط غير فاص

NORMAL عادي

NORMAL MENSTRUATION CYCLE	دورة الحيض الطبيعي	PAINKILLER	مزيل الألم
NORMAL VARIATIONS	تغيرات طبيعية	PAP SMEARS	شريحة باپ
NORMAL/ATYPICAL BENIGN	ضميد غير مثالي / طبيعي	PAP TEST	فحص باپ
NUMBNESS	تخميل	PAPANICOLAU TEST	فحص باپانيلولادو
NUTRITION	تغذيه	PARALYZE	يُثِيل
OBSTETRIC PROBLEM	مشاكل الولادة	PARAMETritis	التهاب حول الرحم
ODOR	رائحة	PARASITES	طفيل، طفيليات
ORAL CONTRACEPTIVES	مداخن الحمل بالتم	PATHOGEN	ممرض، مُبِيل
ORGANS	أعضاء	PATHOLOGICAL CONDITIONS	حالات مرضيه
ORIFICE	فوهه	PATHOLOGY	پاتولوجي، علم الأمراض
OS	فتحة	PATIENT	المريضه / المريضة
OUTER LIPS	الشفتان الخارجيه	PATIENT'S RECORD	بيانه أو سجل المريضة
OVARIAN CANCER	سرطان مبيضي	PELVIC CONGESTION	احتقان الحوض
OVARIAN CYSTS	أكياس مبيضية	PELVIC EXAMINATION	فحص الحوض
OVARIAN FOLLICLE	جُرَيْب المبيض	PELVIC GIRDLE	الحزام الحوضي
OVARIES	المبيضة / المبايض	PELVIC INFECTION	عدوى الحوض أمراض التلبيح بالعدوى
OVIDUCTS	بوق / أبقوان الرحم	PELVIC INFLAMMATORY DISEASE	
OVULATION	تبويض	PELVIC PATHOLOGY	علم أمراض الحوض
OVUM	بويضه	PELVIC TUMORS	أورام الحوض
PADS	لناظف / المناظف	PELVIC WALL	جدار الحوض
		PELVIS	حوض
		PENIS	قضيبي

PEPTIC ULCERS	قرحة بالمعدة	POST-ABORTAL AMENORRHEA	انقطاع الحيض بعد الإجهاض
PERFORATION OF THE UTERUS	ثقوب الرحم	POST-COITAL CONTRACEPTIVES	وسائل منع الحمل بعد الجماع
PERINEAL LACERATION	تشنك مجباني	POST-PARTUM	بعد الولادة
PERINEAL TEAR	تمزق مجباني	POSTERIOR FORNIX	التجويف الخلفي
PERINEUM	المجبان	POSTMENOPAUSAL	بعد سنه انقطاع الحيض
PERIOD	فترة (زمن)	PREDIABETES	قبل مرضه السكر
PERISTALSIS	الحركة الدودية للأعضاء	PREGNANCY	الحمل
PERITONEAL CAVITY	التجويف الپيريتوني	PREGNANCY TEST	فحص الحمل
PERITONEUM	الپيريتونه	PREMATURE BIRTH	ولاده مبشره
PESSARY	فرزجه، أداة توضع في المهبل	PREMENSTRUAL DISCOMFORT	وجع قبل الحيض
PETROLEUM JELLY	زمنه بتروليه	PRENATAL CARE	عنايه قبل الولادة
PHARAONIC CIRCUMCISION	ختانه فرعونى	PREPUCE (OF THE CLITORIS)	قلفة البظر
PID		PRESCRIBE	يصف علاجاً
PILL	حبة دواء	PRESCRIPTION	وصفة، تذكرة طبية
PITUITARY GLAND	الغده النخامية	PREVALENCE	نسبة الانتشار
PLACENTA	مشيمة	PREVALENCE PROGRAMMING	برمجة نسبة الانتشار
PLACENTA PREVIA	مشيمة متقدمة	PREVALENCE RATE	معدل نسبة الانتشار
PLUNGERS	كباس (كبسات)	PRIMARY AMENORRHEA	انقطاع اأصلى للحيض
POLYPS	پولپيات (مكيدات)	PROCEDURES	طرق
POLYURETHANE FOAM	رغوة پوليپوريثين	PROGESTERONE	بروجسترون
POPULATION DATA	بيانات سكانيه	PROGESTERONE MEDICATED DEVICE	جهاز فيه بروجسترون
POPULATION GROWTH RATE (PGR)	معدل النمو السكانى	PROGESTIN	بروجستين

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PROGRAM PREVALENCE	تقدير برنامجي	RECTOCELE POSTERIORLY	سقوط خلفي للمستقيم
PROLAPSE	سقوط	RECTUM	المستقيم
PROPHYLAXIS	وقاية	REDNESS	احمرار
PROTOZOA	أحادية الخلية	REFERRALS	
PROVIDINE IODINE (BETADYNE)		REPRODUCTION	الإنتاج
PSYCHOLOGICAL CONSEQUENCES	عواقب نفسية	REPRODUCTIVE FUNCTIONS	أعمال الإنتاج
PSYCHOLOGICAL FACTORS	عوامل نفسية	REPRODUCTIVE ORGANS	أعضاء الإنتاج
PSYCHOSIS	اضطراب نفسي	RESIDUAL URINE	بول متبقي
PUBERTY	سنة البلوغ	RESISTANCE	مقاومة
PUBIC BONE	مخضمة العانة	RETENTION	احتباس
PUBIC HAIR	شعر العانة	RETROFLEXION	انحناء خلفي
PUBIC LICE	قمل العانة	RETROGRADE REFLUX	ارتداد تراجع
PUS	صديد	RETROVERSION	الانقلاب خلفي
PUSH-THROUGH INSERTER	مدخل بالضغط	RETROVERTED	مائل للخلف
RAPE	اعتداء	RIBS	ضلوع
RASH	طفح	RIPE EGG	بيضة ناضجة
RE-INFIBULATION	إعادة تلميم الحريميل	RUGAE	عضو ذو تجاعيد
REAGIN	مستأق، مستأدم، عامل حساسي	RUPTURE OF THE UTERUS	تمزق الرحم
RECTO-VAGINAL EXTENSION	تمديد شرجي مستطلي	SACRUM	العجز، عظمة العجز
RECTO-VAGINAL FISTULA	ناصير شرجي مستطلي	SALINE	محلول ملحي
RECTOCELE	سقوط المستقيم في الحريميل	SANITARY PADS	لغافة نسائية

SCABIES	الطلع، جرب شديد	SORES	قرحة، قرح
SCAR	ندبة، أثر التآلم بمرح	SOUNDING	فحص بالمجس
SCAR TISSUE	نسيج ندبة	SPASM	تقلص
SECOND STAGE OF LABOR	المرحلة الثانية للولادة	SPATULA	ملوحة / سكينه للمرضع
SECONDARY AMENORRHEA	الانقطاع الثانوي للحضيه	SPECIALIST	أخصائي
SECRETIONS	إفرازات	SPECULUM	منظار طبي
SEPSIS	تقيح	SPECULUM EXAMINATION	فحص بالمنظار
SEVERE LEG PAIN	ألم شديد في الساق	SPERM	منى
SEXUAL ACTIVITY	نشاط جنسي	SPERMICIDAL CREAM	كريم مبيد للبويضات الخفية
SEXUAL AROUSAL	تعباج جنسي	SPERMICIDAL FOAM	رغوة مبيده
SEXUAL EXCITEMENT	تثبيج جنسي	SPERMICIDAL JELLY	صلام مبيد
SEXUAL INTERCOURSE	علاقة، مخالطة جنسية	SPERMICIDAL SUPPOSITORIES	لبوس
SEXUALLY TRANSMITTED DISEASES	أمراض تنتقل بالاتصال الجنسي	SPERMICIDAL TABLETS	أقراص
SHORTNESS OF BREATH	قصر النفس	SPHINCTER	عاصرة
SHOT	حقنة، جرعة	SPINE	عمود فقري
SICKLE-CELL DISEASE	مرض الخلية المنجليه	SPIROCHETES	اللولبيات
SIDE EFFECTS	تأثيرات جانبية	SPONGES	إسفنج
SIGNS OF INFECTION	علامات العدوى	SPONTANEOUS ABORTION	إجهاض تلقائي
SKENE'S GLANDS	غدد اسكنه	SPONTANEOUS EXPULSION	طرد تلقائي
SLIDES	شريحة، شرائح زجاجية	SPOTTING	تنقذ دموي سريع
SMEAR	مسحة	SQUAMO-COLUMNAR JUNCTION	التآلم بين غشيه مفرغها وعموديه
SMOOTHNESS	نعومة، تماس	SQUAMOUS CELLS	خلايا مرشقيه

D. Raouf

SQUAMOUS EPITHELIUM	غشاء الظهاري الحرشي	SUPRA-CLAVICULAR LYMPH NODES	غدد لمفية أعلى (مؤخرة) المنطقة الرقوية
STABILIZER	مثبت	SURGERY	جراحة
STAGES OF LABOR	مراحل الولادة	SURGICAL GLOVE	قفاز جراحة
STAPHYLOCOCCI	ميكروبات الملوحة العنقودية	SURGICAL SCARS	ندبات أثار الجراح
STERILE COTTON SWAB	مسحة قطنية معقمة	SWABBED	مسح بمسحة قطنية
STERILE SURGICAL GLOVES	قفاز جراحة معقم	SWEAT	عرق
STERILITY	عقم	SWELLING	انتفاخ / تورم
STERILIZING SOLUTION	محلول معقيم	SYMPHYSIS PUBIS	الارتفاق العاني
STILLBIRTH	ولادة ميت (يقتيم)	SYMPTOMS	أعراض
STIRRUPS	كانه حديد	SYNCOPE	إغماء / غشابه
STONES	حصوة ، حصاه	SYPHILIS	الزهري
STREPTOCOCCI	بكتيريا مكررة سببية	SYSTEMS OF THE HUMAN BODY	أجهزة جسم الإنسان
STRESS	إجهاد	TABLETS	أقراص / حبوب دواء
STRESS INCONTINENCE	سلس الإجهاد	TAMPONS	سداد قطنية
STRICTURE FORMATION	تعمل ضيق	TB	مرض السل
STRICTURES	ضيق ، تضيق	TENACULUM	مقبض ، ماسك
STROKE	ضربة	TENDERNESS	تألم بالضغط
SUBMUCOUS	نمط الغشاء المخاطي	TENSION	توتر
SUBSERSAL	ما تحت الغشاء المصلي	TETANUS	تيتانوس ، ثفلنج ، تشنج
SUNNA CIRCUMCISION	الختانه على الضريبة	THAYER MARTIN MEDIA	مستنبات ثاير مارتن
SUPPOSITORIES	المسولة لغير دوجوب	THROMBOEMBOLIC DISORDER	اضطراب تشنج السداد الادمعي ، جلطة
SUPPOSITORY	مسح لبروس		

مصطفى

TISSUE	نسيج	URETHRITIS	التهاب مبيال = قناة مجرى البول
TISSUE NECROSIS	النخر الموضعي للأنسجة	URETHROCELE	فتحة مبيال
TODAY SPONGE	إسفنج اليوم	URETHROCELE ANTERIORLY	فتحة مبيال أمامي
TONGUE DEPRESSOR	ضاغط اللسان	URGENCY INCONTINENCE	الحاج عدم القدرة على ضبط التبول
TONSIL	لوزة	URINALYSIS	تحليل بول
TRACT	مجري أمعاء	URINARY DISORDERS	اضطرابات بولية
TRAUMA	إصابة	URINARY OUTLET (MEATUS)	فتحة البول
TREATMENT	الملاج	URINARY PASSAGE	المرا البولي
TREATMENT PROTOCOLS	اتفاقيات العلاج	URINARY SYSTEM	الجهاز البولي
TRICHOMONIASIS	داء التريومات المشعرة	URINATION	التبول
TROPHOBLAST	تروفوبلاست	URINE	البول
TUBAL FLUID	سائل التناوات	URINE RETENTION	احتباس البول
TUBAL LIGATIONS	ربط قناة فالوب	URINE SPECIMEN	عينة بول
TUBERCULOSIS	مرض السل	UTERINE	رحمي
TUMORS	أورام	UTERINE ASPIRATION PROTOCOL	التفط الرحمي ^{اتفاقية}
ULCER	قرحة	UTERINE CAVITY	تجويف فراغ الرحم
UMBILICAL CORD	الحبل المسمى	UTERINE FIBROIDS	أورام ليفية رحمية
UNSCENTED TALC	بودرة تلك بدون رائحة	UTERINE FORCEPS	جفت رحمي
UNSTERILE SPECIMENS	عينات غير معقمة	UTERINE WALL	جدار الرحم
URETERS	الحالب	UTERUS	الرحم
URETHRA	مبيال = قناة مجرى البول	UTERUS POSITIONS	أوضاع الرحم

Ragala

VACCINE	طعم ، لقاح	VINEGAR DOUCHE	دوسه بالخل
VAGINA	المهبل	VIRGIN	بكر ، عذراء
VAGINAL CANAL	قناة المهبل	VIRUSES	فيروس
VAGINAL DEODORANTS	مزيل رائحة المهبل الكريهة	VISUAL DISTURBANCES	اضطرابات في البصر
VAGINAL INFECTIONS	عدوى المهبل	VOLUNTARY STERILIZATION	تفقيهم ارادي
VAGINAL INTROITUS	مدخل المهبل	VOMITING	تقيؤ
VAGINAL MUCOSA	الغشاء المخاطي للمهبل	VULVA	المهبل
VAGINAL OPENING	فتحة المهبل	VULVAL ABSCESSSES	خراج مهبل
VAGINAL SECRETIONS	إفرازات مهبلية	VULVAL DERMOID CYSTS	كيس جلد مهبل
VAGINAL SUPPORT	مسند مهبل	WHITE BLOOD CELLS	كرات الدم البيضاء
VAGINALIS	مهبل	WOMB	رحم
VARICOSE VEINS	دوالي	YEAST BUDS	برعم فطيري
VASCULAR PROBLEMS	مشاكل الأوعية الدموية	YEAST MASSES	كتل فطيرية
VASECTOMIES	قطع الوعاء الناقل للمني	ZYGOTE	بويضة ملتصقة
VASO-VAGAL FAINTING	غشيانه وعائى حائرى	END. OF LIST.	
VASO-VAGAL STIMULATION	إثفاسه مثاني مهبل		
VENEREAL DISEASE	مرض سرى		
VERSION	تحويل ، قلب		
VESICO-VAGINAL FISTULA	ناسور مثاني مهبل		

A SELF-INSTRUCTION MODULE
ON
SELF-INSTRUCTION

prepared by Charles R. Ausherman & W. Felton Ross

SASAKAWA MEMORIAL HEALTH FOUNDATION

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INTRODUCTION

Science of teaching/learning process has been developing quite remarkably in recent years, though not as widely recognised and acclaimed by the populace as some of more spectacular scientific achievements such as space technology or medical breakthrough. We have come to recognize the great importance of an initiative on the part of the learner in successful outcome of teaching/learning process, which as the terminology implies is the one and same process but looked at from two opposing sides involved in this activity. One variation of this process is so called "self-learning" in which a teacher is absent, or even if he is involved, his presence is only an indirect one thus not physically controlling or directing the learning process which is left to the initiative of the learner himself. This method of training is obviously a cost saving one, but through recent experience it proves to be remarkably an effective one if conditions are right. As an old saying goes, "one cannot force a horse to drink," but no force is necessary if a drink is sweet enough. Remarkable availability and wide acceptance of personal computer in recent years also made it possible to develop computer assisted instruction based on the principles of self-instruction.

Self-Instruction Module has been developed as one of the main tools of such self-learning process, and well prepared such modules have proved to be most effective, even disregarding obvious cost advantages, thus this methodology of training is being adopted widely both in the industrialised countries as well as in the developing countries. In the latter where one of the key constraints in training programme is a shortage of good teachers, this new methodologies are rapidly gaining popularity and therefore it is essential that the methods employed are proper ones.

This booklet is an offprint of the central section of the Proceedings of the Third International Workshop on Training of Leprosy Workers in Asia, which our Foundation has sponsored in Bangkok in February 1982. The main objective of the workshop was to introduce the concept and usage of the Self-Instructional Module for the training on leprosy for general health workers, and the participants were those directly involved in such training activities in the East and Southeast Asian countries where leprosy is endemic. The workshop actually gave each participant a practice to produce a prototype of such SIM which could be useful in their own country. Teaching is said to be an art, but at the same time teaching/learning is a science and the workshop showed that training can be and should be prepared and conducted in a systematic manner, and this booklet intends to explain how.

Since the Proceedings of the Workshop is mainly of interest to those who attended the meeting itself or those who are concerned with the activities of our Foundation in the field of leprosy control, we have decided to make a separate volume of these offprints in order to reach wider circle of readers, believing in the potential value of the information contained. Our Foundation is most grateful to the two authors of this article, who were the main resource persons of the Workshop itself. They are well known in their own specialised circles, but a brief introduction is probably useful for many of the readers of this booklet.

Dr. Charles R. Ausherman is the Director of the Institute for Development Training in Chapel Hill, North Carolina, USA. He has been specialising in teaching methodologies and have been involved in the training of various categories of health personnel in the developing countries, such as in India, Indonesia, Sri Lanka, Pakistan, Egypt. Dr. W. Felton Ross is now the Medical Director of American Leprosy Missions, Bloomfield, New Jersey, USA and is an acknowledged expert in the training of leprosy workers for many years. He was the Director of Training at All Africa Leprosy Research and Training Institute at Addis Ababa, Ethiopia which became a foremost international training center for leprosy during his stay of over 10 years.

Dr. Yo Yuasa
Executive & Medical Director
Sasakawa Memorial Health Foundation

A SELF-INSTRUCTION MODULE ON SELF-INSTRUCTION

Prepared by Charles R. Ausherman and W. Felton Ross

Based on a text written by Sarina J. Grosswald
of the University of North Carolina
at Chapen Hill

Supported by the United States Agency for
International Development

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has been granted by the owners.

OBJECTIVE

After studying this manual the reader will be able to use the format described in this manual to develop self-instructional teaching material, given appropriate expertise in the content area.

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INTRODUCTION

Objectives

After study of the introduction the student will be able to list three advantages and three uses of self-instructional material and to outline the purposes and history of this Handbook.

There are many different ways of learning. We can learn from a teacher, by watching pictures and demonstrations, by discussing in groups and by reading. Self-instruction is one way of learning. We can learn without a teacher. We can use the material at any time. We can do one unit all at one time or do a little each day. Each unit has the average learning time written on it but you can spend longer on a unit if necessary. Self-instruction books are like steps on a ladder or a stairway. The book which you have in your hand is a self-instructional book on how to write self-instruction.

How to Use Self-Instructional Material

Read the whole booklet from beginning to end. Read the objective and sub-objectives again. The objective is the aim or goal of the booklet. It is the place at the top of the stairs or ladder. The sub-objectives are each step on the ladder.

When you have read the objectives and sub-objectives, you should be able to describe where you are going or what you are going to be able to do when you have finished the booklet. Begin to study one step at a time.

The steps in self-instructional material are called frames.

EACH STEP HAS	– something to learn	input
	– something to do	practice
	– something to test your learning	feedback

If you think you have not learned a step correctly, try it again before going on to the next step.

When you have finished all the steps, do the test given at the end of the booklet. This test will help you determine whether you have understood the unit or not. Check your answers. If they are correct, you will be able to practice what you have learned and to begin to prepare self-learning material yourself.

Acknowledgement – This introduction was prepared by Myra Kennedy.

Principles

This self-instructional module uses an educational approach which is generally known as programmed learning.

Programmed learning is based on five educational principles, viz.:

1. Small steps in learning without errors (READ).
2. Active responses to practice questions (WRITE).
3. Immediate confirmation of correct answers (CHECK).
4. Self-pacing of the learning (PACE).
5. Record of the learning process (RECORD).

Small Steps

People who try to learn too much at once often make many errors and find this very discourag-

ing. It is better to arrange learning so that the learner is able to grasp what he has to learn rather easily and so avoid making mistakes. Almost anyone can learn anything if the steps are small enough.

Active Responses

Most of you know from experience that it is what we do that we remember. We need to be actively involved in learning for the learning to be effective. In programmed learning activity is insured by requiring the learners to make written responses to questions based on the material which is being learned.

Immediate Confirmation of Correct Answers

It is known from experience and research in education that people learn best when they have immediate confirmation of correct answers and correction for wrong answers.

Self Pacing

An obvious danger of small steps is that learners who are quicker than average will be bored by the process of very small steps. To some extent this difficulty can be overcome by allowing the learners to move through the program as quickly as they are able to do so and still get correct answers. Some "fast" learners will find themselves not as fast as they thought they were and in contrast some "slow" learners will find themselves much faster than they thought they were.

Records of the Learning Process

Knowledge advances mainly through careful recording of experience and experiment and through evaluation of the results achieved. The records made by the students themselves in programmed learning enable the effectiveness of their learning, and also the effectiveness of the programmed learning material itself, to be quickly and accurately evaluated and steadily improved. The steps in programmed learning are small enough for problems in the programmed material to be easily identified and quickly put right.

Study Questions

Read these study questions carefully and underline what you believe to be the correct answer.

1. Advantages of self-instruction include;
 1. The student can learn at his own speed. True/False
 2. Things learned through self-instruction are remembered for a long time. True/False
2. Other advantages of self-instruction include all of the following except one. Indicate the exception;
 1. Filling gaps in teaching.
 2. Supplementing other teaching methods.
 3. Can be used by the student at almost any time and in any place.
 4. Teachers can spend more time with individual students especially those who have difficulties.
 5. Elimination of the need for "live" teachers.
3. Please give three examples of where and when you could study self-instructional materials.

Where	When
1.	1.
2.	2.
3.	3.
4. In your own words give four main advantages of self-instruction:
 - 1.
 - 2.
 - 3.
 - 4.
5. Each of the following except one is a principle of program learning. Mark the exception.
 1. small steps
 2. active responses
 3. immediate confirmation
 4. self-pacing
 5. elimination of errors
6. The purpose of recording student answers include all of the following except one. Indicate the exception.
 1. active response to a practice question
 2. immediate confirmation of correct answers
 3. punishment of errors
 4. revision of the program
 5. recording the learning process

Answers to Study Questions

- Question 1.1 True
- Question 1.2 True
- Question 2, 5 is the exception
- Question 3.
- | Where | When |
|--------------|-----------------------------------|
| 1. At home | 1. While waiting for a meal |
| 2. At school | 2. In odd moments—between classes |
| 3. In a bus | 3. Traveling to work |
- Question 4.
- Advantages of self-instruction might include:
1. Student learns at his own pace.
 2. Student learns thoroughly before going on to the next step.
 3. Instructor does not need to be on hand all the time.
 4. He can return to the text as often as he needs to.
 5. Material is self-contained, does not require access to a library.
 6. Teachers can be free to do their real job of helping students with difficulties.
- Question 5. 5
- Question 6. 3

To the Instructor

This unit can be used in many teaching situations. Suggested below are various student activities for preparation and follow-up study. These suggestions may give you additional ideas in planning student activities for background to the unit and for practical application of the information.

Suggested Preparation

1. Discussion of methods of learning.
2. Student presentation of papers on principles of learning.
3. Class analysis of student presentations.
4. Review of some examples of self-instructional units.

Suggested Follow-up

1. Preparation of a self-instructional unit.
2. Peer review of the self-instructional unit.
3. Field "tryout" of the self-instructional unit.
4. Revision of the self-instructional unit.
5. Publication of the self-instructional unit.

Pretest

Please make a serious attempt to complete the pretest but do not be discouraged by it. If you can answer all the questions correctly, you do not need to study this booklet. If you can merely understand the terminology used, this probably means you already have a good grasp of the principles of self-instruction. You will find the answers to the pretest at the end of the booklet.

Pretest Instructions

There is only one best answer for each multiple choice question. Please check the answer which in your opinion is best.

Question 1

The first step(s) to be taken in writing self-instructional materials is/are:

- a. Determine the topic.
- b. Decide on the audience.
- c. Select prerequisites.
- d. All of the above.
- e. a and b only.

Question 2

Which of the following are true:

- a. A learning objective is a goal for learning.
- b. A learning objective is something the learner is expected to be able to do after learning.
- c. A learning objective is something a student should know after learning.
- d. All of the above are correct.
- e. a and b only are correct.

Question 3

The essential characteristics of a behavioral objective include all of the following except one. Indicate which one.

- a. A statement of behavior that is observable.
- b. Conditions under which that behavior occurs.
- c. A standard of performance that must be reached.
- d. A method of teaching/learning to be used.
- e. A description of the intended audience.

Question 4

A criterion is:

- a. A standard of performance which can be reached.
- b. Nothing to do with performance.
- c. A description of course content.
- d. A description of a teaching/learning method.
- e. A definition of the knowledge to be acquired.

Question 5

Which of the following are completely stated behavioral objectives. (Please note that there is more than one complete answer to this question).

- a. The student will understand the cause of stigma as given in the hand-out.
- b. After instruction, the student will appreciate the taste of food sold in the cafeteria.

- c. Given a chart of the body the student will correctly label the six common sites of nerve damage in leprosy.
- d. After attending the workshop, the student will be able to write a complete behavioral objective.
- e. After examination of representative cases of leprosy, the student will be able to describe the main features of the disease.

Question 6

Before deciding on content it is important to arrange objectives in:

- a. Alphabetical order.
- b. The order in which the information should be presented.
- c. Descending order of difficulty.
- d. It does not matter what the order objectives are arranged in.
- e. Ascending order of difficulty.

Question 7

Content of a learning package should be divided into sections which occupy:

- a. Not more than one page of text.
- b. One and a-half to two pages of text.
- c. Up to five pages of text.
- d. Up to ten pages of text.
- e. There is no need for limits to be set.

Question 8

Each frame should contain all the following except one. Indicate which one.

- a. Information
- b. Practice
- c. Feedback
- d. Additional experience
- e. Additional information

Question 9

Content sections will usually be based on:

- a. The sub-objectives.
- b. The objectives.
- c. The amount of material needed to cover one sub-objective.
- d. The amount of material intended users can master in one step.
- e. a, b, and c should all be considered.

Question 10

A good writing style will:

- a. Use a variety of words for literary effect.
- b. Be appropriate to the user's reading level.
- c. Be accurate, brief, and clear.
- d. b and c only are correct.
- e. All of the above are correct.

Question 11

Which of the following is true of information:

- a. Give as much information as you can in a small space.

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- b. Give all the information you need to reach the objective.
- c. Give no information except that which is needed to meet the objective.
- d. All of the above are correct.
- e. b and c only are correct.

Question 12

Which of the following is true of illustrations:

- a. Illustrations have no part to play in self-instructional material.
- b. Illustrations are mainly useful to maintain interest.
- c. Charts and tables are not useful.
- d. Illustrations can be efficient and effective means of conveying information.
- e. b and c only are correct.

Question 13

Which of the following is true of practice questions?

- a. They are useful as an aid to student learning.
- b. They help the teacher assist student learning.
- c. They are more helpful to the teachers than the students.
- d. All of the above are correct.
- e. a and b only are correct.

Question 14

Which of the following is true with respect to answers to practice questions?

- a. They should never be given or students will cheat by looking up the answers.
- b. They must always be given so as to provide feedback.
- c. They may cause students to lose confidence and should be omitted.
- d. They should not be put on the same page as the questions.
- e. None of the above is true.

Question 15

Which of the following is true of types of practice questions?

- a. It is best to use only one type of practice question.
- b. Short answer questions are relatively easy to write.
- c. Multiple choice questions are the easiest to write.
- d. b and c only are correct.
- e. None of the above is correct.

Question 16

In writing feedback answers it is important to:

- a. Include all possible correct answers.
- b. Include only the best possible answer.
- c. Give pass mark answers only.
- d. All of the above is true.
- e. b and c only are true.

Question 17

The purpose of a summary is:

- a. To restate all the contents.
- b. To help the student organize the information he has received.
- c. To save intelligent students the bother of reading the whole text.

- d. To help the student recognize and remember crucial information.
- e. b and c only are true.

Question 18

The post-test should include:

- a. Question on all of the objectives and sub-objectives.
- b. Questions which cannot be answered from the text but which will stimulate further study.
- c. No question not already asked in the practice questions.
- d. All of the above are correct.
- e. b and c only are true.

Question 19

Before publication a new module of self-instructional material should be subjected to the following?

- a. A peer review by two or three people expert in this subject and familiar with the method of teaching.
- b. Field tryout with 15 to 20 of the intended users.
- c. A field tryout with at least 50 of the intended users.
- d. a and b only.
- e. a and c only.

Question 20

Which of the following methods are useful for collecting data during a tryout:

- a. Analysis of post-test answers.
- b. A questionnaire given to the students who have used the material.
- c. Interviews with students who have used the material.
- d. None of the above.
- e. All of the above.

Question 21

Which of the following is true of self-instructional method of learning?

- a. It is one of the most thoroughly researched methods of learning in use at present.
- b. Can replace the use of live teachers altogether.
- c. It is not useful for people with low levels of literacy.
- d. All of the above are true.
- e. a and b only are true.

Question 22

All of the following are principles of programmed learning except one. Identify which one.

- a. Small steps in learning without error
- b. Active responses to practice questions
- c. Immediate confirmation of mistakes
- d. Self-pacing of the learning
- e. Records of the learning process

Overview of Components in Self-Instructional Unit (Check List of Review)

- I. Title Sheet
- II. Suggestions to the Instructor
- III. Instructions to the Student
- IV. Table of Contents
- V. Introduction
- VI. Prerequisites and Objectives
- VII. Information Sections
- VIII. Practice Questions and Answers
- IX. Summary
- X. Post-test
- XI. Post-test Answers
- XII. Glossary (If Needed)
- XIII. Bibliography

To the Student

This is a self-instructional unit that covers a specific topic in the area of the preparation of self-instructional units. Since the learning is individualized, you will be able to select the time when you begin the unit and the rate at which you proceed through the unit. The unit is self-contained, i.e. all that you need for the learning experience is provided in this booklet. However, the booklet does suggest additional learning experiences which will help you to build on the information it contains if you wish to do so. Upon completion of the unit, you will be expected to accomplish the objectives covered in the topic, so that it is important that you follow closely the directions below.

Directions

1. Read through the unit in sequence from beginning to end.
2. Read carefully the overall objective and sub-objectives. They will tell you what you are expected to be able to do once you have studied the information in the unit. Sub-objectives also indicate what you will be asked on the test at the end of the unit.
3. Read the information in the introduction.
4. Write your answers to the practice questions at the end of the introduction on a separate sheet of paper. Do this without looking back at the information.
5. After you write your answers, look at the answers given on the next page, in order to check your work.
6. If any of your answers are incorrect, go back and read the information in the introduction again; then make another attempt to answer the same study questions.
Make sure that all your answers are correct before moving on to the next section.
7. Proceed through the entire unit in the same manner.
8. Take the ***post-test*** after you have completed the unit.
9. Check your ***post-test*** answers with your instructor.

Chapter 1

IN THE BEGINNING

As you work through this manual follow the step-by-step process and develop a teaching unit of your own as we go along.

Objective

After studying this chapter you will be able to describe three crucial steps to be taken before beginning work on a S.I. Module.

The first step in writing your own self-instructional unit is to make certain decisions which will define the area in which you will be working.

Begin by DETERMINING YOUR TOPIC. Be sure the topic is narrow enough to be contained in one self-instructional unit. For example the topic "Learning" would be too broad for one unit. You would rather want to consider a specific method of learning such as "Self-Instructional Learning."

Next, decide on the AUDIENCE. Will the unit be written for college students, for instance, high school students, or teachers in training.

Once you have decided on the topic and who the unit will be written for, you should determine PRE-REQUISITE knowledge the student must have before beginning the unit. By stating the prerequisites, you can assume that the student has the necessary background to enable him to study the unit, and you do not need to provide that background information in the unit.

Using the example of self-instruction let us say that our intended audience is a professional or paraprofessional worker with expertise in his profession but no previous training in the preparation of self-instructional material.

Take some time now to write down your own topic, the intended audience and the prerequisites which you feel to be necessary.

Questions

1. The following are the first three steps to be taken in developing self-instructional material. Rewrite them in the correct order:
Decide on the audience
Determine the prerequisites
Determine the topic.
2. How much material should be included in the topic?
3. Fill in the blank:
Prerequisite knowledge is knowledge the student must have before _____

Feedback

1. The correct order for the first three steps in developing self-instructional material is:
 1. Determine the topic
 2. Decide on the audience
 3. Determine prerequisite knowledge.
2. Topics should be small enough to be contained in one reasonably sized self-instructional unit.

3. Prerequisite knowledge is knowledge the student must have before beginning the unit.

Chapter 2

OBJECTIVES

After you have decided what you are going to teach, to whom, and what they should know before they start, you must decide on the **OBJECTIVES OF YOUR TEACHING MATERIAL**. That is what are the goals you wish the students to achieve? This is expressed in terms of what the student is expected to be able to do, after completing the unit.

Objective

After studying this chapter, the reader will be able to state the essential characteristics of a behavioral objective and develop correctly constructed objectives for his own use.

By testing how well the student meets the stated goals, you can evaluate the student's learning. Thus, objectives must be expressed in behavioral terms. The objective will state what the student should be able to **DO** after using the material. An objective which says, "the student should know steps to be taken in preparing self-instructional material", is not an adequate behavioral objective. There is no way to determine whether or not the student knows the information. Correctly stated the objective might say,

The student will be able to name the four parts of a behavioral object.

or

The student will be able to identify, from a given list, the four parts of a behavioral objective.

It is sometimes helpful to write the post-test, or final questions first, and then develop the objectives from these questions. The post-test should reflect the abilities that the student is expected to develop as a result of the learning.

If one of these post-test questions asked "What is the definition of a behavioral objective?" Then you should have an objective which states "The student will be able to list the four elements of behavioral objective." (The use of the word **GIVE**, rather than **KNOW**).

The essential characteristics of a behavioral objective are:

1. The intended audience or user.
2. An "action verb" which identifies an **OBSERVABLE BEHAVIOR**, such as "define", "list", "identify", "construct".
3. A description of the **CONDITIONS** under which the behavior is to occur, for instance, "Given a case study", "given a list of . . .", "using clinical methods".
4. A **DEGREE** or **STANDARD** for acceptable performance, such as "with 90% accuracy", "within 10 minutes . . ." If no degree is given, 100% accuracy is assumed.

To illustrate, let us break down the objective stated for this manual:

After studying the manual, the reader will be able to follow the prescribed form to develop self-instructional teaching material, given appropriate expertise in the content area.

Audience : The reader.

Behavior : Develop self-instructional teaching material.

Conditions : Appropriate expertise in the content area.

Degree : Follow the prescribed form.

Some practice with behavioral objectives will help clarify their use:

Indicate which of the following are properly stated behavioral objectives.

- a. After completion of this unit, the student will understand principles of self-instruction.
- b. After completion of this unit, the student will be able to list 5 principles of self-instruction.
- c. The student will know two types of self-instructional material.

To see if you have made the right choice, fill in the components below:

Audience :
Behavior :
Conditions :
Degree :

If you chose statement (b) you were correct. Its components are:

Audience : The student
Behavior : List
Conditions : Upon completion of this unit
Degree : 5 principles

If you had trouble identifying the correctly stated objective, review the explanation given once again.

Try picking out which of the following are correctly written objectives:

- a. The student will know uses of self-instructional material.
- b. After instruction the student will describe in writing the construction of a single section in a self-instructional module using the form prescribed in this manual.
- c. After studying this manual the student will be able to identify correctly stated behavioral objectives.
- d. Given a self-instructional module the student will be able to appreciate the usefulness of this form of learning.
- e. Given this manual the student will review the characteristics of self-instructional material at the end of the semester.
- f. After studying the manual the student will be able to correctly decide whether or not a given self-instructional module is complete given the necessary technical expertise.
- g. The student will label the diagram on page 10.

Correct Answers

- b. **B**ehavior : describe in writing.
Conditions : after instruction.
Degree : form prescribed.
- c. **B**ehavior : identify.
Conditions : after studying the manual.
Degree : correctly stated.
- f. **B**ehavior : decide.
Conditions : given the necessary expertise.
Degree : complete.

Note the incorrect answers:

- a. "know" is not an observable behavior.
- d. "appreciate" is not an observable behavior.

- e. "review" is not an observable behavior.
- g. The conditions for this behavior are not stated.

Now try writing an objective for your own topic.

Identify the following parts of your objective:

- A**udience :
- B**ehavior :
- C**onditions :
- D**egree :

If you could not identify all the parts, rewrite the objective until you can.

It is important to point out that behavioral objectives are very helpful in determining higher levels of understanding, which involve applying the information, not just recalling facts, an objective may ask a student to "solve a problem", "evaluate", "compare", "design", "create", and so forth. Here are some examples of these types of objectives:

- 1) Given a self-instructional module the student will be able to assess whether the module is appropriately constructed or not.
- 2) After determining the reading level of a group of students the learning manager will be able to design appropriate learning material for them.
- 3) The student will be able to compare effectiveness of different methods of learning.

Overall Objective of Your Instructional Unit

This overall objective will state generally what the student will be able to do after studying the unit (this does not necessarily have to be described fully in behavioral terms though it is useful if you can do this).

Prerequisites

Before beginning this unit the student should have reviewed the principles of learning and be able to list the main methods of learning in use, their characteristics and applicability.

Overall Objective

After studying this manual, the reader will be able to follow the prescribed form to develop self-instructional material given the necessary technical expertise in the content area.

Sub-Objectives

Upon completion of this unit, the learner will be able to:

1. Describe three crucial steps to be taken before beginning work on a self-instructional module.
2. State the essential characteristics of a behavioral objective and develop correctly constructed objectives.
3. Develop content material appropriate for each objective and divide the material into sections of suitable size for learning.
4. Define "frame", by listing and by describing the three types of material included in a frame.
5. Write information sections in an appropriate style, and insure that each section contains sufficient information and relevant and appropriate visual aids, to enable the student to achieve the objective for that section.
6. Describe five types of practice questions, construct appropriate practice questions for the learner's own use.

7. Define "feedback" and prepare suitable feedback material for the learner's own module.
8. Outline the uses of a summary and prepare an appropriate post-test. Prepare a summary of the learner's module. List the essential content of this manual in an organized way.
9. Prepare a bibliography, introduction and appropriate instructions on the use of the module for learners and teachers.
10. Undertake content validation and revision.

Practice Questions

Please note that each of the multiple choice questions has only one correct answer. Use the answer which you believe to be the best answer.

1. Which of the following is true:
 - a. A learning objective is a goal for learning.
 - b. A learning objective states the expected performance of the learner.
 - c. A learning objective is something a student should know after learning.
 - d. All of the above are correct.
 - e. a and b only are correct.
2. Define, in your own words, behaviorally stated objective.
3. Essential characteristics of a behaviorally stated objective include:
 - a. A statement of behavior that is observable.
 - b. Conditions under which the behavior occurs.
 - c. A standard of performance that must be reached.
 - d. All of the above.
 - e. a and b only are correct.
4. A criterion is:
 - a. A standard of performance which can and must be reached.
 - b. Nothing to do with performance.
 - c. A description of acceptable performance.
 - d. None of the above.
 - e. a and c only are correct.
5. Complete the following:
An appropriate post-test will reflect _____
6. State in your own words why it may be useful to prepare a post-test early in the construction of the module.
7. Which of the following is a complete behavioral objective?
 - a. The student will understand the uses of self-instructional material as given in this manual.
 - b. The student will appreciate the style of writing used in the manual.
 - c. Given this manual the student will correctly identify behaviorally stated objectives when he sees them.
 - d. After reading the manual, the student will be able to write a complete behavioral objective.

Feedback

1. e
2. A behavioral objective describes exactly what the learner should be able to do after the learning

- experinece.
3. d
 4. a
 5. An appropriate post-test will reflect what the learner should be able to do after the learning experience.
 6. To ensure that the content really does make it possible for the learner to complete the post-test correctly and achieve the stated objective.
 7. c

Chapter 3

CONTENT OUTLINE

Objective

The objective of this chapter is to develop content material appropriate for each objective and divide the material into sections of suitable size for learning.

The content outline is the first step in planning, before you begin writing informations sections. Make sure the objectives are arranged in sequence according to the order in which the information should be presented. Then make notes on what information must be discussed to enable an objective to be reached.

Now decide how the contents can be divided. Each objective may require a separate section; or several objectives may be accomplished in one section.

Each information section should be about $1\frac{1}{2}$ – 2 pages long, giving the student an opportunity to **master the content a little at a time**. However, the criteria for division will most often rely on the sub-topics. For example, a discussion of content information would be in a separate section from a discussion of practice questions.

Below is the content outline for the first four sections of this unit.

1. Introduction
 - a. Advantages of self-instruction
 - b. Uses of self-instruction
 - c. The history of this unit
2. In the Beginning
 - a. Choice of topic
 - b. Audience
 - c. Prerequisites
 - d. An example
3. Objectives
 - a. Definition
 - b. Examples
 - c. Characteristics
 - d. Exercises
 - e. Overview of the objectives of this unit
4. Content Outline
 - a. Arrange content objectives in sequence
 - b. Make notes of information needed
 - c. Divide contents into sections
 - d. Establish criteria for selection of sections

Using the objectives you have written, make a rough content outline for your own unit, noting

what information will be discussed and how it can be divided.

Practice Questions

1. Before deciding on content arrange objectives in:
 - a. alphabetical order
 - b. the order in which the information should be presented
 - c. put the most difficult objective first
 - d. it does not matter what order you arrange objectives in
 - e. b and c only are correct
2. Content should be divided into sections which occupy:
 - a. not more than one page
 - b. one and a half to two pages
 - c. up to five pages
 - d. up to 10 pages
 - e. there is no need to set limits to the size of the sections

Feedback

1. Objectives should be arranged in the order in which the information should be presented. You will know from your previous experience in education that this should be a logical order. A logical order may be from "simple" to "complex", from "known" to "unknown", from "particular example" to "general principle".
2. b is the correct answer — varied to some extent. The size of the section will depend upon the subject matter and the competency of the student. But one and a half to two pages is appropriate for most purposes and most students.

Chapter 4

FRAMING

Objective

Define "frame": List and describe the three types of material included in a frame.

Definition

A frame is a set of instructional material sufficient to enable the reader to meet one sub-objective or acquire understanding of a single concept.

Divisions

Each frame has the following divisions:

- a. information
 - b. practice
 - c. feedback
-
- a. The information segment of a frame should include all the information the reader needs to reach the objective.
 - b. The practice segment of the frame gives the student an opportunity to demonstrate the

behavior defined in the objective.

- c. The feedback section enables the student to confirm whether his behavior adequately demonstrates that he has reached the objective or not.

Frames frequently include suggestions for additional experiences. These are recommendations for further learning through practice, discussion, field work or other learning tasks such as reading from books or articles or listening to audio tape or viewing video tape or film. These experiences are intended to reinforce the learning which has been begun through the frame.

Practice Questions

1. Define frame.
2. List of three main parts of a frame.
3. State the purpose of practice.
4. State the purpose of additional experiences and list at least three possible additional experiences..

Feedback

1. The definition of a frame should at least include the information that it is intended to contain all that is needed to enable the student to meet the sub-objective.
2. The main parts of a frame are:
 - a. Information
 - b. Practice
 - c. Feedback
3. The purpose of practice is to give the student an opportunity to demonstrate the behavior described in the objective.
4. The purpose of additional experience is to reinforce learning and so induce overlearning. Overlearning is known to be of great help in retention. Additional possible learning experiences might include: reading books, review of magazine articles, listening to audio tape, discussion of material with colleagues, looking at film or video.

Chapter 5

WRITING THE INFORMATION SECTIONS

Objective

The reader will be able to write information sections in an appropriate style and insure that each section contains sufficient information, and appropriate visual aids, to enable the student to reach the objective for that section.

If your content outline is carefully planned, writing the information sections is only a matter of expanding on the topics. When actually writing the sections, it will be helpful to keep in mind these elements:

- a. Writing Style — Make sure your writing is **clear** and **concise**. Most importantly be sure it is written on a **level appropriate** for the intended students. Do not use a vocabulary or scientific terms which will not be understood by the reader, unless they are essential to convey meaning, in which case they should be explained in the text or defined in a glossary. Try to use a conversational style of writing. Write as you would speak to a learner sitting down with you for an informal conversation.

- b. Necessary Information — Do not include unnecessary information but do include all information necessary for your learner to reach the objective.
- c. Subheadings — Subheadings, underlining, and bold type can be used for emphasis for organization or to divide topics. Be careful not to overuse this technique or you will defeat your purpose.
- d. Illustrations — While writing consider whether use of illustrations, charts or tables can be effective to clarify or provide examples of the content. This step is often overlooked, but it should not be. Illustrations can be drawn by the author, by an artist, or adapted from another source such as a magazine or textbook. These drawings can be very helpful in promoting understanding. If you find the drawings are not helpful then they should be omitted.

Before continuing take some time to write the first information section for your own unit.

NOTE: You may find when writing your information section that some of them include too much content. At this point you may need to revise your objectives. Too much material in objectives is a common mistake, so do not be discouraged by this finding.

Practice Questions

1. Each section of text should include:
 - a. not more than one sub-objective for each section
 - b. may include several sub-objective in one section
 - c. one sub-objective may require several sections
 - d. a and c only are correct
 - e. b and c only are correct

2. The content sections will usually be based on:
 - a. the sub-objective
 - b. the objective
 - c. the amount of material needed to cover a sub-objective
 - d. the amount of material intended users can master in one step
 - e. a, b, and c should all be considered

3. Writing Style

Complete the following statement. The characteristics of a good writing style include:

A _____	L _____
C _____	C _____

4. Information

Which of the following is correct?

 - a. give as much information as you can in a small space
 - b. give all the information needed to reach the objective
 - c. give no information except what is needed to reach the objective
 - d. all of the above are correct
 - e. b and c only are correct

5. Illustrations

Which of the following is correct?

 - a. illustrations have **no** part to play in self-instructional material
 - b. pictures are a useful part of self-instructional material
 - c. charts and tables are **not** useful

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- d. a and c only are correct
- e. b and c only are correct

Feedback

1. a only is correct — If a sub-objective requires several sections then it should probably be divided into smaller objectives. If several small objectives are small enough to go into one section then they should be combined to form a larger objective.
2. d only is correct — Objectives should be of such a size as to be mastered by the intended users in one step.
3. characteristics of a good writing style include: accuracy, level appropriate for the students, clarity, conciseness or brevity.
4. e only is correct
5. b only is correct

Chapter 6

PRACTICE MAKES PERFECT

Objective

Construct appropriate practice opportunities for each section using a variety of forms.

Well-written practice questions are a key to how well the student learns the information.

Objective and short answer questions are the best for use in self-instructional material. It is relatively easy for both the student and the teacher to assess the correctness of answers to this type of a question. Objective questions include: true/false, multiple choice, matching and “fill in the blank” types of questions. Study the examples given below.

1. True/False
An advantage of self-instructional material is that it allows the learner to go at his own pace.
True/False
The statement should be distinctly true or false. If it is only true/false under certain conditions then those conditions should be defined in the statement.
2. Multiple Choice
Which of the following statements are true in respect to practice questions?
 - a. It is best to use only one type of practice question.
 - b. Short answer questions are relatively easy to write.
 - c. Multiple choice questions are the easiest to write.
 - d. b and c only are correct.
 - e. None of the above is correct.

When writing multiple choice questions, there should be at least three choices. Make sure that all of the choices are reasonable possibilities.

As you probably know there are many different types of multiple choice questions. The above example is of a type of question commonly called “one from five” for obvious reasons. In order to avoid confusing students, it is best to use one type only of multiple choice question in a particular text. You should beware of the possibility that you are testing students in their ability to answer multiple choice questions, rather than in the content of your handbook.

Take a look at the construction of this type of question. The stem of the question clearly presents subject; in this case, the subject is "types of practice questions". This means that the student need only look for the correct answer among the responses. The correct answer should be clearly correct. Incorrect answers should be logical misconceptions.

3. Matching

Match the subjects in Column one with the definitions of content which go along with that term in Column two.

Column 1	Column 2
a. frame	1. audience
b. style of writing	2. accurate
c. objective	3. concise
	4. practice
	5. appropriate level
	6. behavior
	7. information
	8. clear
	9. feedback
	10. condition

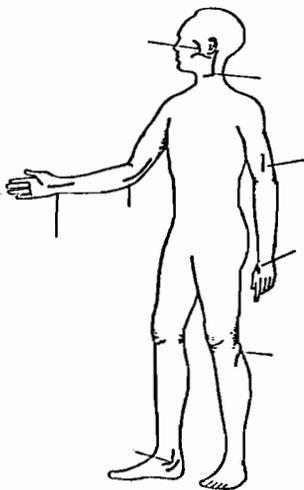
In matching questions, it is best to have the column with the longer descriptions on the left side, and the short answers on the right side. In this way, as with multiple choice questions, the student knows clearly what the question is and can quickly spot the correct answer. Additional incorrect answers may be randomly placed in the right column, further challenging the student to distinguish the correct answer.

4. Fill in the Blank

Give students an opportunity to master _____ a little at a time.

Be careful that the fill in the blank statements do not contain too many blanks. As with all questions, avoid ambiguity. In the written questions below it is difficult to determine what the right answer would be. Give _____ an opportunity to master _____ a little.

5. Complete or label the drawing. (This diagram is taken from a handbook for paramedics on leprosy.)



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6. Short Answers

Describe the information that must be included in a self-instructional unit.

Answer: All information necessary to enable the student to meet the objective of the unit. Please note that it must be possible to answer a short-answer question reasonably completely in a brief statement. The following question would clearly not be suitable for a short answer. Outline the content of a self-instructional module on self-instruction.

Practice Questions

1. Which of the following is true of practice questions?
 - a. They are useful as an aid to student learning.
 - b. They help the teacher assess student learning.
 - c. They are more helpful to the teacher than to the students.
 - d. All of the above are correct.
 - e. a and b only are correct.
2. Which of the following is true of answers to practice questions?
 - a. They should not be given or students will cheat.
 - b. They must always be given to assist students to become proficient.
 - c. They may cause students to lose confidence and should be omitted.
 - d. They should be on the same page as the questions.
 - e. None of the above is true.
3. Which of the following is true of types of practice questions?
 - a. It is best to use only one type of practice question.
 - b. Short answer questions are relatively easy to write.
 - c. Multiple choice questions are the easiest to write.
 - d. b and c only are correct.
 - e. None of the above is correct.
4. Fill in the blanks in the following statements.
 - a. True/False questions must be _____ true or false.
 - b. Multiple choice questions need at least _____ choices.
 - c. Matching type questions may include _____ answers.
 - d. When making fill the blank questions do not include t _____ m _____ blanks.
 - e. In making short answer questions be sure the answer can be _____.
5. Each content area should include at least one practice question. True/False.
6. Which of the following is true of feedback answers?
 - a. Answers should include all possible correct answers.
 - b. Answers should only include the best possible answers.
 - c. False answers should be given.
 - d. None of the above is correct.
 - e. b and c only are correct.

Feedback

1. e only is correct. Practice questions are useful as an aid to the students and to the teachers.
2. b only is correct.
3. e is the correct answer.

4. Part a) “distinctly”, Part b) “three”, Part c) “false”, Part d) “too many”, Part e) “summarized”.
5. true
6. a) only is correct.

Chapter 7

FEEDBACK

A major component of any self-instructional material is feedback — an indication to the learner as to whether his answers are right or wrong and, where appropriate, why the answers are right or wrong.

When writing the questions, be sure it is clear what is being asked. The student should not have to figure out what the question is as well as what the answer is! A variety of questions provides variety for the student. This helps to maintain interest and requires him to use information given in different ways. In the feedback, be sure to include all possible correct answers, even if the question only asks the student to name one or two.

The practice questions must contain at least one and preferably two questions reflecting each of the objectives of the unit. Now let us see how well you can apply this information. Write the practice questions and answers for the information sections you have already written. Then continue with the rest of your information sections.

Practice Questions

1. Define feedback in your own words.
2. Which of the following is true of the use of a variety of questions?
 - a. Variety will confuse the student.
 - b. Variety will maintain interest in the material.
 - c. Try to make clear what is being asked.
 - d. Require the student to use information in different ways.
 - e. Make it difficult to figure out answers.
3. Which of the following should be included in feedback?
 - a. All possible correct answers.
 - b. Only one correct answer to each question.
 - c. Some incorrect answers to test reader alertness.
 - d. A statement of encouragement for right answers.
 - e. A statement of blame for wrong answers.

Feedback

1. Your definition should include the following: Feedback indicates to the learner whether his answers are right or wrong and when appropriate, why the answers are right or wrong.
2. b and c only are correct.
3. a only is correct.

Chapter 8

AT THE END

Objective

After study of Chapter 8 the student will be able to outline the uses of the summary and prepare a post-test.

Summary

A brief summary will aid the student in organizing the content and insuring that he has learned the necessary information. If a concept is mentioned in the summary which the learner does not understand or remember, he can review the information before taking the post-test. The summary should *not* simply restate all of the contents. It should state in a general way the information discussed in the unit. Instead of describing all of the measures for preparing a self-instructional module, one sentence of the summary may read "objectives must be relevant to the work to be done by the users." The student is thus prompted that this is information which he should be able to recall.

Post-test

All of the principles and types of questions discussed in Chapter 6 on practice questions are also appropriate for the post-test. In addition, the student should be asked to *apply the knowledge he has acquired*. Case studies are an excellent way of using the information in the unit in a problem solving situation. This example is based on this unit.

An expert in the field of leprosy has asked you to help him develop a set of self-instructional material for use in teaching village-level workers about this disease.

1. Write short notes on three basic question you will get him to ask himself about his village-level workers.
2. Which of the following are the two first steps for him to take in developing a module.
 - a. Define the objectives
 - b. Prepare a post-test
 - c. Outline his frames
 - d. Outline the content
 - e. Decide on the size of the module
3. How will you help your expert to insure that the content of his module is relevant to his workers.

The entire post-test may be a case study or one or two small case examples may be used in addition to other type of questions.

Most importantly, be sure you have tested all of the objectives in the post-test. Don't forget to include all of the possible answers in the answers you give to the post-test.

Practice Questions

1. Which of the following is true of the purposes of a summary?
 - a. To restate all the contents.
 - b. To help the student "organize" the information contained in the unit.
 - c. To save intelligent students the bother of reading the whole text.
 - d. Help the student recognize and remember crucial information.
 - e. b and d only are correct.

2. Which of the following are true of the matter to be included in a post-test?
 - a. Questions on each and every one of the objectives.
 - b. Questions which cannot be answered from the text but which will stimulate further study.
 - c. No questions not already in the practice questions.
 - d. All of the above are correct.
 - e. b and c only are correct.
3. Fill in the blanks in the following statement:
A case study is a _____ way of helping students _____ their knowledge.

Feedback

1. e only is correct. The purposes of the summary are to help the student organize the information he has received and help the student recognize and remember crucial information.
2. a only is correct.
3. A case study is an excellent way of helping students use their knowledge.

Chapter 9

FINISHING TOUCHES

Objective

After completion of Chapter 9, the student will be able to prepare a bibliography, an introduction and appropriate instructions on the use on the module for learners and teachers.

Your finishing touches will include a bibliography, instructions to the student, suggestions to the student, suggestions to the instructor for preparation and follow-up exercises. It should also include an introduction and a table of contents.

A bibliography should include any materials (books, articles and so forth) which were used as resources in writing the unit. It may also include sources of material for further study.

A standard page of instructions to the user may be written and placed in each unit which you develop. These instructions explain how the student should use the self-instructional unit.

Suggestions for the instructor include activities that can be undertaken before the unit is used and after the students have completed the unit. It may offer topics for review, subjects for discussion, or activities such as actual preparation of self-instructional material. Follow-up activities suggest ways of providing a practical application of the unit. They also include further subjects for study and other educational experiences which will reinforce and extend the learning. The **introduction** may be written at any time. You may prefer to write the introduction before writing the information section. Alternatively you may wish to write the introduction last of all. The introduction should provide a rationale or reason for writing the unit. Refer to the introduction to this manual as an example. It contains a general description of a self-instructional unit, an overview of the manual and an outline of the purpose of the manual. Now that you are familiar with the process of preparing self-instructional material continue with the development of your own unit. NOTE: Refer to the checklist on Page 72 to be sure you have included all the necessary parts in your own unit.

Practice Questions

1. Complete the following statement:
Standard instructions to the student explain _____ the self-instructional unit.
2. List types of activities that the instructor may require the student to undertake before using the unit.
 - 1.
 - 2.
 - 3.
3. List activities which the instructor may require students to carry out after using the unit.
 - 1.
 - 2.
 - 3.
4. The introduction should always be written before writing the rest of the unit. True/False.
5. Which of the following is true of an introduction.
 - a. The introduction provides the reason for writing the module.
 - b. The introduction gives a general description of the module.
 - c. The introduction gives instructions on how to use the module.
 - d. All of the above are true.
 - e. a and b only are true.

Feedback

1. Standard instructions to the student explain the method of using the self-instructional unit.
2. Activities to be done before using the unit may include: 1) Books for review to enable the students to comply with the prerequisites, 2) A subject for discussion, 3) Observations of field work related to the unit.
3. Activities to be done after using the unit include:
 1. Field application of the material in the unit.
 2. Educational experiences which will reinforce the unit.
 3. Other reading which will enable the student to extend the learning begun with the unit.
4. False
5. e only is correct. The introduction to the module should outline the reason for writing the module and a general description of its content.

Chapter 10

CONTENT VALIDATION AND REVISION

Objectives

You have almost completed the development of your own self-instructional unit . . . but you're not finished yet!

You will probably want to have a colleague familiar with the subject matter review the unit. This is called *peer review*. An objective reviewer can identify any omissions, misunderstandings, or offer suggestions. A second opinion always helps.

Then *tryout* the unit with several students, in a situation similar to the way you plan to use the material. Because the material is for the students, their responses are of great importance. From their feedback, you can *revise* the unit to improve student performance.

There are several ways of gathering data during a tryout. A common procedure is to analyze the responses to the practice and post-test questions. If several students missed the same questions, determine whether the question is unclear or the information not adequately explained in the content. Then correct the problem.

A second method is through a "questionnaire". After working through the unit, have the students fill out a sheet which asks questions about clarity, appropriateness, practice questions, use of illustration, length, etc. The students' responses will direct you to where there are problems. A sample questionnaire can be found in the section on evaluation.

"Interviewing" the students may reveal attitudes that would not otherwise be obvious. A student may say he enjoyed working through the unit but thought Section 3 was too long. Maybe he missed a question, reviewed the information but still did not understand the correct answer. This would indicate that the concept was not clearly presented.

Of course, it is likely that students will miss some questions. Thus it is necessary to determine whether a question is missed consistently (indicating a problem), or only occasionally.

Revision

Once you have isolated the areas causing problems, you can make any necessary changes, rewrite questions, add content, for instance. You may want to tryout the unit again before incorporating it into your teaching. Continuous revision will be based on learners needs or revealed by continuing testing and learner feedback.

Congratulations

If you have been keeping up, and writing a self-instructional unit for your own subject area, you are now finished. Well done!

You can use this design to create many more materials of this type. However, in your enthusiasm to create a library of self-instructional materials, do not overlook any of the steps. To ensure that learning takes place nothing should be skipped or given only cursory attention. The consideration for illustrations is just as important as the writing of practice questions, and so on. Take the time to tryout the units and get feedback from the students. Then make any revisions that are required.

You will find the use of well-produced self-instructional materials a learning experience your students will enjoy, and one which will be beneficial to your instruction.

Practice Questions

1. Define in your own words:
 - a. Peer review
 - b. Student tryout

1. Which of the following are included in the stated purpose of peer review?
 - a. Identification of omission.
 - b. Rectification of misunderstandings.
 - c. Correction of spelling mistakes.
 - d. Help with content accuracy.
 - e. An ego boost for the author.

3. Which of the following are true of the types of students to be used for a field tryout?
 - a. Students more experienced than the intended users.
 - b. Students less experienced than the intended users.
 - c. Students with about the same experience as the intended users.
 - d. All of the three types of students is helpful.
 - e. None of the above types of students is helpful.

4. List three methods of collecting data during a tryout.
 1. A _____ the R _____
 2. Q _____
 3. I _____

5. State where you can get further help with the development of self-instructional material.

Feedback

1. Review. Second opinion from a colleague familiar with the topic is able to identify omissions and probable or possible misunderstandings and offer suggestions for improvement. A student tryout is a period field testing on students who are similar to those for whom the material is intended.

2. a, b and d are correct.

3. c only is correct.

4. Three methods of collecting data during a tryout are: 1) An analysis of responses to the practice questions and the post-test. 2) A specially prepared questionnaire. 3) Formal or non-formal Interviews.

5. Further help with the development of self-instructional material can be obtained from the bibliography or from other centers or organizations experienced in the use of self-instructional materials.

Chapter 11

A REVIEW OF SELF INSTRUCTION

It is important to remember that there is no one single "cure all" method of training which applies to every learning situation. However, the characteristics of self-instruction have many advantages.

1. It is learner centered *not* teacher dominated. It is designed with the learner's needs in mind. Too often traditional lecture dominated classroom style training places the trainer in an authoritarian position as "boss". Today's learning tasks cannot be weighted with this unnecessary baggage. The job is to determine what the trainee needs to perform his/her tasks and provide it in as efficient and economical manner as is possible. Most of our learners are adults and should be treated as adults.
2. Programmed learning, self-instruction, auto-tutorial instruction (there are many names for the same learning process) relies a great deal on clearly stated behavioral objectives.
3. These objectives become the basis of the third characteristic of self-instruction which is criterion referenced post-tests as evidence of results.
4. Self-Instructional materials are presented in small (digestible) steps. They are presented in a logical sequence which can be assimilated by the target learners.
5. This method of training is concise. Favorite stories, jokes and anecdotes are omitted. Only essential information is programmed.
6. Another advantage is the fact that the learner proceeds on his/her own speed. Research shows us that slow learners are just as capable as fast learners if given the chance to progress at their own speed.
7. Programmed learning utilizes appropriate educational media. This method is not tied to printed texts alone. The final result of a programmed training unit would be a "package" of materials relevant to the trainee's needs and the local training environment and the content or subject area.
8. The learner is given constant feedback or knowledge of results.
9. Programmed learning allows for response from learners. This involvement is key to the learning process. A programmed text is not merely passively read.
10. Reinforcement in learning is essential and is contained in the programs in the form of encouragement.
11. In health programs *quality control* is also a must. Programmed training assures that all the key elements are included every time.
12. This system is especially cost and time effective when trainees are located in a variety of locations. Geographic dispersment is overcome when motivated trainees learn through self-instruction which is often conducted where they work.
13. When teachers (trainers) are used they can then be free to give individual attention to the trainee's specific needs. This is a more interesting and creative use of the trainer's time and skills than repetitive lectures.

The five steps in preparing programmed training material are:

-
- | | |
|----------|---|
| 1st Step | Sate the objectives: <ul style="list-style-type: none">- in behavioral (observable) terms- with the condition or conditions under which the learner must perform |
|----------|---|

– with the quality of performance expected
 The objectives should also consider the outcomes of learning expected such as:

- The cognitive (knowledge, comprehension, application, analysis, synthesis, and evaluation)
- The affective (attitudes, values, interests, appreciations)
- The psychomotor (skills, abilities, habits)

2nd Step	<p>Write the post-test</p> <ul style="list-style-type: none"> – Each objective should have a corresponding test item or items. – Questions should be of varied types. – Questions should be constructed according to the principles of test construction.
3rd Step	<p>Write the program</p> <ul style="list-style-type: none"> – Present material in several ways (linear, branching, or a combination or modified form). – Use illustrations, charts, slides, when necessary. – Provide enough practice frames for the learner to apply what he had learned. – Check for adequacy, grammar, etc.
4th Step	<p>Try out the program</p> <ul style="list-style-type: none"> – First on a one-to-one basis. Observe reactions specially on difficult parts. – Next to a small group – Then to a big group
5th Step	<p>Revise the program</p> <ul style="list-style-type: none"> – Consider the observations made during the tryout. – More frames may have to be constructed.

Remember, there is no one single method of training which should be used in all times and situations and with every content area. There are number of basic questions which must be asked **before** one proceeds to design training materials. Some of these factors affecting the selection of training techniques and methods are determined by our objectives

- to learn factual information
- to learn principles and relationships
- to follow procedural sequences
- to make decisions and solve problems
- to change behavior
- to perform motor skills
- to develop attitudes, opinions and motivation. *

Other method selection factors revolve around questions regarding:

- size of the learning target (group)
- equipment required
- uses of senses (which one?)
- flexibility of the method/media
- revisability
- initial cost of production
- continuing cost of maintaining training program
- level of learner participation. *

(* Burian and Scandlen, *Media Selection Wheel*, New York, UNICEF.)

Basically, the process of preparing self-instruction is a systematic approach to training. The steps we have outlined should be useful even if you are not preparing self-instructional packages. The following outline of preparing systematic instruction reveals just how similar the two methods really are. Since systematic instruction is the context of self-instruction we present this summary at this time. Please note that individualized instruction is listed here as one of the formats for training. There are many other formats one could list besides these five. This summary is used with permission from the Office of Medical Studies, School of Medicine, University of North Carolina at Chapel Hill.

SYSTEMATIC INSTRUCTION (SUMMARY)

The model for systematic instruction is similar in most instances to the process for planning programmed learning. The first step involves analyzing the **problem**. What does the learner want/need to know, do or feel? Next a consideration of the **context** involves an inventory of the setting with its resources as well as constraints. In order to understand what needs to be done in the learning experience it is important to subtract where the learners are now from where they should be. This equation produces what needs to be done in the instructional process.

A statement of what they will be able to do in terms of performance is the next step which comes about as **objectives** are formulated. These are evaluated by colleagues who are recognized and certified for their competence in the specific subject areas. When the objectives have been validated by these professionals the **tests**, pre- and post-tests, are created.

The next step is to choose a **format** as to how the curriculum should be organized. There are commonly five major instructional formats:

- 1) The lecture-discussion method.
- 2) Individualized instruction. (Programmed learning falls into this category)
- 3) Small group instruction.
- 4) Seminars.
- 5) Experiential learning.

Media is the next important consideration. How instruction is communicated is often a question with more than one answer. Just one medium is seldom adequate to reach all of the learners in any one group.

Evaluation is answering how successful the learning experience was to the learner and also to the teacher and educational designers. The response in the form of an orderly collection of data is the basis of the **revision** which is the final essential step to systematic instruction.

The production of instructional training materials should be conducted according to a specific plan. Those who master the method of writing self-instruction are better equipped to design other training methods and media.

We no longer need to depend on passive approaches to training. Preparing instructional materials in a self-instructional format can be done by any well motivated trainer who has access to content expertise. These are a variety of training methods available to us today. This is one method which has proven to be helpful in many parts of the world. Good luck as you prepare your self-instructional package. It is easy to make learners fail. It is much harder to help them learn . . . but it is worth all of our effort.

Post-test

You'll notice that this post-test is exactly the same as the pretest which you attempted when you began your study of this module. You should be able to obtain at least 20 correct answers out of the 22 questions in the test. If you have any difficulty with any question, go back to the relevant section of the module. If you still have difficulty after doing this, please write to the authors and assist us to revise the content of the module, and eliminate difficulties.

Post-test Instructions

There is only one best answer for each multiple choice question. Please check the answer, which in your opinion is best.

Question 1

The first step(s) to be taken in writing self-instructional materials is/are:

- a. Determine the topic.
- b. Decide on the audience.
- c. Select prerequisites.
- d. All of the above.
- e. a and b only.

Question 2

Which of the following are true:

- a. A learning objective is a goal for learning.
- b. A learning objective is something the learner is expected to be able to do after learning.
- c. A learning objective is something a student should know after learning.
- d. All of the above are correct.
- e. a and b only are correct.

Question 3

The essential characteristics of a behavioral objective include all of the following except one. Indicate which one.

- a. A statement of behavior that is observable.
- b. Conditions under which that behavior occurs.
- c. A standard of performance that must be reached.
- d. A method of teaching/learning to be used.
- e. A description of the intended audience.

Question 4

A criterion is:

- a. A standard of performance which can be reached.
- b. Nothing to do with performance.
- c. A description of course content.
- d. A description of a teaching/learning method.
- e. A definition of the knowledge to be acquired.

Question 5

Which of the following are completely stated behavioral objectives. (Please note that there is more than one complete answer to this question).

- a. The student will understand the cause of stigma as given in the hand-out.
- b. After instruction, the student will appreciate the taste of food sold in the cafeteria.
- c. Given a chart of the body the student will correctly label the six common sites of nerve

- damage in leprosy.
- d. After attending the workshop, the student will be able to write a complete behavioral objective.
 - e. After examination of representative cases of leprosy, the student will be able to describe the main features of the disease.

Question 6

Before deciding on content it is important to arrange objectives in:

- a. Alphabetical order.
- b. The order in which the information should be presented.
- c. Descending order of difficulty.
- d. It does not matter what the order objectives are arranged in.
- e. Ascending order of difficulty.

Question 7

Content of a learning package should be divided into sections which occupy:

- a. Not more than one page of text.
- b. One and a-half to two pages of text.
- c. Up to five pages of text.
- d. Up to ten pages of text.
- e. There is no need for limits to be set.

Question 8

Each frame should contain all the following except one. Indicate which one.

- a. Information
- b. Practice
- c. Feedback
- d. Additional experience
- e. Additional information

Question 9

Content sections will usually be based on:

- a. The sub-objectives.
- b. The objectives.
- c. The amount of material needed to cover one sub-objective.
- d. The amount of material intended users can master in one step.
- e. a, b, and c should all be considered.

Question 10

A good writing style will:

- a. Use a variety of words for literary effect.
- b. Be appropriate to the user's reading level.
- c. Be accurate, brief, and clear.
- d. b and c only are correct.
- e. All of the above are correct.

Question 11

Which of the following is true of information:

- a. Give as much information as you can in a small space.
- b. Give all the information you need to reach the objective

- c. Give no information except that which is needed to meet the objective.
- d. All of the above are correct.
- e. b and c only are correct.

Question 12

Which of the following is true of illustrations:

- a. Illustrations have no part to play in self-instructional material.
- b. Illustrations are mainly useful to maintain interest.
- c. Charts and tables are not useful.
- d. Illustrations can be efficient and effective means of conveying information.
- e. b and c only are correct.

Question 13

Which of the following is true of practice questions?

- a. They are useful as an aid to student learning.
- b. They help the teacher assist student learning.
- c. They are more helpful to the teachers than the students.
- d. All of the above are correct.
- e. a and b only are correct.

Question 14

Which of the following is true with respect to answers to practice questions?

- a. They should never be given or students will cheat by looking up the answers.
- b. They must always be given so as to provide feedback.
- c. They may cause students to lose confidence and should be omitted.
- d. They should not be put on the same page as the questions.
- e. None of the above is true.

Question 15

Which of the following is true of types of practice questions?

- a. It is best to use only one type of practice question.
- b. Short answer questions are relatively easy to write.
- c. Multiple choice questions are the easiest to write.
- d. b and c only are correct.
- e. None of the above is correct.

Question 16

In writing feedback answers it is important to:

- a. Include all possible correct answers.
- b. Include only the best possible answer.
- c. Give pass mark answers only.
- d. All of the above is true.
- e. b and c only are true.

Question 17

The purpose of a summary is:

- a. To restate all the contents.
- b. To help the student organize the information he has received.
- c. To save intelligent students the bother of reading the whole text.
- d. To help the student recognize and remember crucial information.
- e. b and c only are true.

Question 18

The post-test should include:

- a. Question on all of the objectives and sub-objectives.
- b. Questions which cannot be answered from the text but which will stimulate further study.
- c. No question not already asked in the practice questions.
- d. All of the above are correct.
- e. b and c only are true.

Question 19

Before publication a new module of self-instructional material should be subjected to the following?

- a. A peer review by two or three people expert in this subject and familiar with the method of teaching.
- b. Field tryout with 15 to 20 of the intended users.
- c. A field tryout with at least 50 of the intended users.
- d. a and b only.
- e. a and c only.

Question 20

Which of the following methods are useful for collecting data during a tryout:

- a. Analysis of posttest answers.
- b. A questionnaire given to the students who have used the material.
- c. Interviews with students who have used the material.
- d. None of the above.
- e. All of the above.

Question 21

Which of the following is true of self-instructional method of learning?

- a. It is one of the most thoroughly researched methods of learning in use at present.
- b. Can replace the use of live teachers altogether.
- c. It is not useful for people with low levels of literacy.
- d. All of the above are true.
- e. a and b only are true.

Question 22

All of the following are principles of programmed learning except one. Identify which one.

- a. Small steps in learning without error
- b. Active responses to practice questions
- c. Immediate confirmation of mistakes
- d. Self-pacing of the learning
- e. Records of the learning process

Answers to the pretest/post-test

Question

- 1 d
- 2 e
- 3 d
- 4 e
- 5 c, d and e
- 6 b
- 7 b
- 8 e
- 9 d
- 10 d
- 11 e
- 12 b
- 13 e
- 14 b
- 15 e
- 16 b
- 17 e
- 18 a
- 19 e
- 20 e
- 21 e
- 22 c

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March 1983

Certificate of Participation

MIDEAST REGIONAL ADAPTATION WORKSHOP ALEXANDRIA, EGYPT

This is to certify that _____
of _____ participated
in the Mideast Regional Adaptation Workshop
to develop training materials on women's health
and family planning. The workshop was held
from February 23 - March 7, 1985 at the
Institute for Training and Research in Family Planning
in Alexandria, Egypt.

Dr. Charles Ausherman, Director
Institute for Development Training

Mrs. Salha Awad, Director
Institute for Training and
Research in Family Planning

FOLLOW-UP LETTER TO ALL PARTICIPANTS, BUT NOT SENT
BY ITRFP STAFF

XOY

CAIRMA

Draft of IT RFP to include
modules completed
by typists at IT RFP.
March 16, 1985

Dear Workshop Participant,

We hope ~~you~~ each of you
had a satisfactory time in Cairo
and a safe journey home after we
bid you farewell in Alexandria March 7.

Sorry it was physically impossible to
provide each of you with a copy of
the typed, revised draft of your
work on the modules before you left.

They were proof read twice, once by
IT RFP training officers and again by

Omaima Hamdy. Hopefully, you will

②

find no major errors. If you do find any significant errors, please send those pages marked with corrections to ITRFP. You recall, however, that Omaina Hamdy is conducting another student test of the revised version. This is scheduled for the week of March 17 and will be completed by the time you receive this mailing. The ~~result~~ results will go to Kairia Omran, who will read all modules, from number one right through ~~to~~ the last, for consistency of style, terminology, and

(2)

language. By the end of April, the copy will arrive back in Cairo for final professional typing. Proof reading will be done by an experienced Egyptian who recently translated a large manual for nurses on clinical procedures. You will receive a copy of this final typing sometime in May or June.

The Egyptian field test is scheduled for September. There will be a sample of about 700 nurses working both in urban and rural MOH clinics in Upper, Middle and Lower

③

(Delta) Egypt. A new development is the request by Dr Bermawi, ~~of the~~ ~~Mott, our~~ our speaker on the final day and chief of the Mott family planning program, to conduct a parallel field test of the English version with doctors working in Mott clinics in the same geographic areas as the nurses who will field test your work. By the end of the year we should be able to send you a report on the results of ~~the~~ ^{both} field test. Meanwhile, we will be

④

Corresponding with contacts in your

country about a similar but

country-specific field test. In short,

you will be hearing from us

soon and hope ~~we~~ we will be

working together again.

Finally, let me say a

most sincere thank you for ~~the~~

your hard, dedicated work on

behalf of all the workshop

organizers. The last word was good --

we finished a task which many felt

couldn't be done, and we did it well!

us.

Best to all from all of

Sincerely,
Diana L. Altman

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EGYPTIAN FIELD TEST PROPOSALS

MIDEAST REGIONAL ADAPTATION WORKSHOP

The women's health and family planning Training Course for Health Clinicians was adapted for in-service training of nurses and translated into Arabic at a workshop attended by 19 participants and 6 trainers from six countries. The workshop was based on the positive response to modular self-instruction materials, developed earlier in English by IDT, as information which could fulfill a need for in-service training for health personnel. The twelve day workshop, cosponsored by the Institute for Development Training and the Institute for Training and Research in Family Planning, was held at the ITRFP Alexandria, Egypt, facility between February 23 - March 7, 1985.

During the workshop, seven self-instruction modules written in English for a broad audience of health clinicians were adapted specifically as an in-service training curriculum for upgrading skills of nurses practicing in field conditions. Translation into Arabic was simultaneous with the adaptation process. The modules were then pretested with a group of typical nurses graduated from Egyptian Technical Secondary Schools (mid-level training), revised based on the pretest results, and tested a second time with a like group of practicing nurses. The results of the second pretest were very gratifying; almost no additional revisions were needed. The seven modules are being prepared in Cairo for printing in Arabic.

A field test is planned in Egypt as the next phase in the development of training materials in women's health and family planning for the Mideast. The field test will be conducted with a sample of 600 persons representative of the target population working in GOE health clinics in six geographic areas. At the same time the materials are field tested with nurses, the English version will be tested with physicians (English is the language in medical schools) working in the same clinics. Any necessary modifications deemed necessary after this field test will be made prior to final printing. Similar, less extensive field tests are envisioned to tailor the modules to training needs in other Mideast countries. Once the field test, final revision, and printing is completed, the Arabic version of the Training Course for Health Clinicians will be ready for use throughout the Middle East.

Copies : ✓ Lemmi Kungas
 13/3/85 Draft ✓ John Paul / Laila Steno
 ✓ Dr. Bernami
 ✓ Salha Awad
 ✓ Omaima Handi
~~M. K. A. P. Ensan & Sherbini~~
 ✓ N. Sherbini
 ✓ Dr. Mousheia

4 + 0.3

Copies ✓ Lemmi Kungas @ budget / detail
 19/3/85 Draft ✓ Laila Steno "
 ✓ Dr. Bernami @ Sunday budget
 ✓ Mousheia "
 ✓ Omaima Handi (no budget)
 via USAID ✓ M. K. A. P. Ensan (")
 via USAID ✓ Dr. M. M. Mahaw @ Sunday budget

Arabic Sets Modules to:
 5 Effat Ramadan
 3 Effat Kamel
 3 Bernami
 3 IT RFP

To : Lenni Kangas
From : Diana Altman *D&A*
Date : March 20, 1985
Subject: Follow-up plan to Feb 23 - March 7 Workshop to Adapt/translate
Self-Instruction Modules

This will serve to update, expand on, and clarify C.R. Ausherman's earlier memo to you re: Subject: Family Planning and Women's Health Workshop.

The plan to field test the modules adapted / translated at the Feb. '23 - 7 March workshop at the ITRFP, Alexandria, has been considerably refined and detailed during the past week after discussions with Dr. .H. Bermawi and Moushira El Shaffie, Salah Awad, Omaima Hamdi (representing the Egyptian participants at the workshop), Dr. A. Sherbini, and USAID Population Division Staff. The attached proposal and brief summary is an update of an earlier draft proposal (March 13, 1985), which reflects the current thoughts and comments of the above persons.

The field test is the second phase in the development of training materials for nurses and doctors on women's health and family planning. The workshop, Phase I of the development, was based on the positive response to modular self-instruction materials, developed earlier in English by IDT, as information which could fulfill a need for in-service training for health personnel. We trust you agree that the next important step to wide use of these materials is to field test the product of our hard work during the adaptation/translation workshop on a representative sample of MOH nurses and the English version on doctors working in MOH health units.

Summary of
Proposed Field Test of Self-Instruction
Modular Training Course In Women's Health
and Family Planning

Phase II in the development of modular, self-instruction materials on women's health and family planning is a field test with a sample of the target population, working in GOE health clinics. The plan for this second phase is briefly summarized as follows:

- 1) The field test will provide information about the effectiveness of the modules as in-service training materials for TSSN graduates (Arabic Version) and for physicians (English Version) working in MOH health units as well as evaluate the feasibility of the training method in this pilot test.
- 2) Six Governorates have been selected in cooperation with the MOH in which to conduct the field test: Alexandria, Garbyia, Sharkia, Beni Suef, Ismailia and Kena.
- 3) The total sample target is 500: an average of 60 nurses and 25 doctors will be chosen from each of the Governorates. The primary goal in selection of the sample is that individuals represent typical clinic personnel working in MOH health units.
- 4) Individuals working with the MOH Undersecretariats of Basic Health Care and Family Health, Manpower Training, and Supportive Health Services (Nursing), the HEN (Alexandria), HIPH, ITRFP, and IDT will cooperate in this phase. An advisory committee to review the field test plan will be formed from the individuals representing the above plus other

organizations which provide family planning clinic services. Technical support and administration will be provided by ITREP and IDT, the cosponsors of the adaptation/translation workshop (Feb 23 - March 7, 1985, Alexandria). Field test administration in each Governorate will be undertaken by an Administrator (individuals who participated in the workshop) and the HIPH, with the consent of the Governorate Director of Health Services. The final plan will be developed once each Administrator visits the Governorate she or he is responsible for; emphasis will be on a reasonable, simple approach which will least disrupt a clinic's daily routine. The actual field testing with nurses will be conducted by Nurse Supervisors and for doctors as determined most reasonable by the HIPH. Data will be computer analyzed, as feasible, in Egypt for rapid feedback about essential revisions.

- 5) The implementation planning meeting of Administrators will take place in late April. A field test plan will be presented to the Advisory Committee at a late May or early June meeting. Evaluation forms and specifics necessary for training and implementation will be completed during the summer. A training session for Administrators, Nurse Supervisors and other field personnel will be conducted early in September, and the 6 - 8 week field test will commence immediately thereafter. Data will be collected and analyzed by Jan 1986. Necessary revisions to the modules will be made, and all copies fully prepared for final duplication.

13/3/85

Proposed Field Test of Self-Instruction
Modular Training Course In Women's Health
and Family Planning

Seven modules in the self-instruction "Training Course for Health Clinicians" in women's health and family planning were adapted for graduates of Technical Secondary Schools for Nurses (TSSN) and translated from English into Arabic at a workshop coorganized by the Institute for Training and Research in Family Planning (ITRFP) and the Institute for Development Training (IDT) in Alexandria from February 23 through March 7, 1985. Two additional modules will be completed in Arabic and English by mid-1985. The nine modules will be ready for field testing in Arabic (for nurses) and English (for doctors) after September 1, 1985. If the field test demonstrates that the target audience for each language can effectively learn new information from the materials, the modules can be incorporated into the MOH family planning Clinic Refresher Training program as supplemental teaching materials. They would be available as well to other programs and organizations concerned with improving knowledge and skills of similar target audiences.

What Objectives

1. To determine the effectiveness of each module as a teaching tool for improving knowledge about women's health and family planning for selected clinic practitioners working in urban and rural MOH health Clinics (i.e., TSSN trained nurses for Arabic and physicians for English versions)
2. To test the training method on a pilot scale as a model for broad implementation nationwide.

Where The field test will be conducted in seven Governorates selected in cooperation with the MOH Director General for Planning, Dr. Helmy Bermawy, as representative of different geographic areas in Upper, Middle and Lower Egypt: Alexandria, Garbyia, Sharkia, Beni Suef, Ismailia, Kena and N. Sinai. Although some Governorates are more urbanized than others, clinics located in both rural and urban areas will be chosen as test sites in each Governorate whenever possible. The number of clinic test sites within each Governorate will depend on the number of personnel working in a clinic who fall within the target audience, but no more than 10 clinics will be chosen from any one Governorate. In two test sites (Beni Suef and Sharkaia), some clinic Refresher Training has taken place; thus, analysis of the field test results will yield valuable, informal feedback on family planning information already learned by this group of health providers.

Who

The target audience for the field test is divided into two levels of MOH health personnel: a) graduates of the TSSN responsible for MOH and family planning working in health units, and b) physicians assigned to health units. Twenty five nurses will be selected within a Governorate, and a like number of physicians will be asked to participate for a total sample of 700 persons (50 Nurses plus 50 Drs = 100 persons X 7 Governorates). More than one nurse or doctor may be chosen from a clinic to make up the complete sample from a Governorate. In order to generate a more representative, logistically feasible and better weighted sample, however, more than 100 persons may be selected from Governorates which have larger numbers of health units and, correspondingly, fewer than 100 from areas with smaller numbers of clinics. The prime selection criteria is that individuals be representative, as much as possible, of colleagues trained at their level and responsible for similar clinic activities. The goal is to have a module in each language read by approximately 10 persons per Governorate; in most instances each person, nurse or doctor, easily can read two of the modules in the series.

How

Technical inputs include overall planning and coordination, design and analysis of the methodology, administration of the field test, and assistance from an advisory group. An Advisory Committee will be formed consisting of representatives from institutions involved in the field test as well as those organizations which might substantively benefit from the training material in the future. The suggested composition of the Advisory Committee would include Dr. Mustafa Hamami, MOH Undersecretary of Basic Health and Family Health Care, as Chairperson, persons representing the MOH Secretariates (?) of Planning, Manpower Training, _____ (Nursing Division), and Rural Health Services, individuals teaching at the Higher Institute of Nursing (Alexandria), the High Institute of Public Health (Alexandria), ITRFP, IDT, EFPA, & EFC Society. This committee would review and discuss the field test plan and potential of the training materials to help improve MCH and FP care in Egypt. Individuals and organizations directly involved in the field test (i.e. the MOH's division responsible for MCH and FP, HIN, ITRFP, and IDT) would each have a definable role. The MOH'S Director General, Planning, and his staff, who hope to use the modules as supplementary training materials in the Clinic Refresher Training, would be involved at all stages of the field test. Individual consultants from the faculty of the HIN would assume overall responsibility for administering the field test to nurses in a specific Governorates, select and assist in training field personnel, and help evaluate final field test results. ITRFP would organize and conduct

Department 5

a training session at its Alexandria facility for all administrators and field test personnel prior to implementation. It would also help liaise with responsible individuals from the HIN, MOH, and IDT. IDT would serve as the coordinating organization and be responsible for overall planning, production of field test questionnaires, computerization and analysis of data, and provision of evaluation information and reports to all parties cooperating in the field test.

The field test with the 700 person target audience in seven Governorates would take place at the clinics where the target sample works. A trained supervisor would visit nurses in each clinic selected for the test. The same person would leave English modules for doctors to read along with instructions, an evaluation form, and a letter requesting cooperation from, perhaps, the Minister of Health or other high level MOH official. She would explain to nurses the purpose and any details relevant to each person's participation and task in the field test, and administer the pre tests in each Arabic module. The information and post-test sections plus evaluation questionnaires will be left behind for completion by the nurse at her own pace. After a period of one week to 10 days (on a date specified during the initial visit), the supervisor will return for the post-tests and evaluation forms completed by both nurses and doctors. The design and administration of the field test will give priority to the least disruption to a clinic's daily operation, ease of completion by overburdened clinic staff, and logistic simplicity of administration. After the round of clinics in a Governorate, the field test supervisor will provide all information as well as a supervisor's evaluation form to the administrator responsible for the Governorate. Once all field testing is completed, questionnaires and supervisor's evaluation forms will be computerized, as feasible, in Egypt or the U.S.

When

An advisory committee meeting will be held in late May prior to finalizing plans for methodology and implementation. Plans will be detailed during the summer, and close liaison will be maintained throughout with cooperating individuals and organizations. The training session for administrators and field personnel at the ITRFP can be held in early September. Field testing, which should be scheduled over six - eight weeks, can begin in late September. Computerized data analysis should be available in January 1986.

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Population Subcommittees &
Technology Transfer
263-0144
FP Project
for PLO/T

Attachment "A"

The Institute for Development Training (IDT) specializes in self-instruction modular training techniques. IDT personnel have many years of combined experience in the development of self-instruction materials and have conducted workshops using these techniques for over 15 countries. Its staff have long-term experience in Egypt: the IDT Director is presently assisting the MOH Family Planning Clinic Refresher Training project under an extension of a two year personal services contract, and the Project Director for the Mideast Regional Workshop has consulted for several Egyptian organizations over the past 5 years about family planning programs.

IDT's focus is training in women's health and family planning. The organization is developing a full series of self-instruction materials related to various aspects of women's health care. Modules in the series are being used as training tools in several Asian and African countries, and IDT has been requested to conduct adaptation workshops in additional countries in the near future.

Seven of the modules adapted and translated at the Feb. 23 - March 7, 1985 Regional Workshop organized by IDT are part of the series developed by IDT with private funds and by IDT staff experts in self instruction. Development and translation of two additional modules is being executed by IDT as part of the scope of work of Phase I of their AID cooperative Agreement. The workshop was based on the positive response from representatives of USAID and local health officials in several Mideast countries to IDT's modular self-instruction materials as information which could fulfill a need for in-service training for health personnel.

The next important step to wide use of these materials is to field test the product of the adaptation/translation process on a representative sample of the target audience in each participating country. The MOH of the GOE and other officials have requested that IDT coordinate a field test in Egypt of the Arabic version with TSSN level MOH nurses and the English version with doctors working in MOH health units as Phase II in the development of training materials on women's health and family planning.

change
wording

The plan to field test the self-instruction modules for use as training materials for Egypt has been considerably refined and detailed by IDT after discussions with Drs. H. Bermawi and Moushira El Shaffie of the MOH, Salah Awad of the ITRFP, Omaira Hamdi (representing the Egyptian participants at the workshop), Dr. A. Sherbini, Dean Emeritus of the High Institute of Public Health (Alexandria) and USAID Population Division staff. All parties are ready to move ahead immediately with the Egyptian field test of the training materials both in Arabic and English as the first action in Phase II. IDT has agreed to coordinate all aspects, develop the field test and training materials, and analyze data.

I. OBJECTIVE

To determine the effectiveness of the nine self-instruction modules as in-service training materials for TSSN graduates (Arabic version) and for physicians (English Version) working in MOH health units.

II. SCOPE OF WORK

Phase II in the development of modular, self-instruction materials on women's health and family planning is a field test with a sample of the target population working in GOE health clinics. Work will begin April 15, 1985 and be completed by March 31, 1984. The scope of work for this second phase is as follows:

- a. Develop an implementation plan and arrange for field test personnel and local organizational support. Individuals working with the MOH Undersecretariats of Basic Health Care and Family Health, Manpower Training, and Supportive Health Services (Nursing), the Higher Institute of Nursing (HIN), High Institute of Public Health (HIPH), Institute for Training and Research in Family Planning (ITFP), and Institute for Development Training (IDT) will cooperate in this phase. An advisory committee to review the field test plan will be formed from the individuals representing the above. Technical support and administration will be provided by IDT for the following: coordinate and provide administrative back-up to all aspects; design and implement the field test; develop needed training and test materials; analyze data; and make necessary revisions in the modules. Field test administration in each Governorate will be undertaken by an Administrator (selected from those Egyptian individuals who participated in the workshop and the HIPH). The actual field testing with nurses will be conducted by Nurse Supervisors, and with doctors as determined most feasible by the HIPH.
- b. Arrange an Advisory committee meeting to review the field test plan.
- c. Conduct a training session for Administrators, Nurse Supervisors and other field personnel early in September.
- d. Conduct the field test in both rural and urban MOH health units in six Governorates already selected in cooperation with the MOH: Alexandria, Garbiya, Sharkia, Beni Suef, Ismailia and Kena.

- e. Test the materials in Arabic (nurses), and English (doctors) with a sample target of 500: an average of 60 nurses and 25 doctors will be chosen from each of the Governorates. The primary goal in selection of the sample is that individuals represent typical clinic personnel working in MOH health units.
- f. Computer analyze data, as feasible, in Egypt for rapid feedback about essential revisions.
- g. Make necessary revisions to the modules and prepare them for duplication.

Cable request:

L. Stines
L/R FYI

Send to Gary Cook from L. Kengas

Requesting Amendment to C.A. NEB-0048-A-00-
Cullike ID Title 4120-00

State:

Abbreviated Scope of Work

Estimated Budget

Duration Proposed

Number of people involved*

Funding citation for USAID funds

* Suggest state Martha Arnold (54 days)

Deana Altman^[63 days], Kaira Omar (5 days)

(were all approved) from I.D.T.

Egyptians estimated as B. Handi (15 days)

6-8 administrators [25 days each], Nurse

Supervisors [30 person days x 6 Governorates]

Person days for a computer programmer

and incentives for nurses are extra

in the salaries + incentive costs and

probably should not be included

in the cable

Estimated Budget to
Field Test Nine Modules
in Arabic and English

Salaries and Incentives		\$ 53,435
Egypt: IDT staff, local consultants, field personnel, and test subjects (360 nurses + 150 doctors)	41,735	
US: IDT staff and consultants	11,700	
Transportation		14,000
International	9000	
Local	5000	
Per Diem		12,175
IDT staff: 87 Days average \$71pd	6177	
Other personnel: field travel pd	6000	
ODC		25,100
Communications + courier service	6000	
Secretarial services	2100	
Duplicating	6000	
Materials and supplies	1000	
Computer analysis	10000	
		104,707
Overhead @ 35%		36,648
		\$141,355
TOTAL		



UNITED STATES AGENCY for INTERNATIONAL DEVELOPMENT

CAIRO, EGYPT

May 19, 1985

Dr. Fawzi Gadalla
National Population Council
National Family Planning Project
Dar El Salam (Before El Salam Hospital)
Maadi, Egypt

Dear Dr. Gadallah:

This letter is written to highlight an important project regarding training materials for family planning and health workers in Egypt developed over an extensive period. Dr. Charles Ausherman, Director of the Institute for Development Training (IDT), has coordinated this activity during the last three years. He is in Egypt as part of his continuing consultancy with the MOH Clinic Refresher Training program and I would like to suggest that you meet with him at your convenience.

IDT has developed a modular training course which combines family planning materials from many developing countries including Egypt. This women's health and family planning "Training Course for Health Clinicians" was adapted for in-service training of nurses and translated into Arabic at a workshop attended by 19 participants and 6 trainees from six mid-East countries.

During the workshop (held in Alexandria February 27 - March 7, 1985) seven self-instruction modules written in English for a broad audience of health clinicians were adapted specifically as an in-service training curriculum for upgrading skills of nurses practicing in field conditions. Translation into Arabic was simultaneous with the adaptation process. The modules were then pretested with a group of typical nurses graduated from Egyptian Technical Secondary Schools (mid-level training), revised based on the pretest results, and tested a second time with a like group of practicing nurses. The results of the second pretest were very gratifying; almost no additional revisions were needed. The seven modules are being prepared in Cairo for printing in Arabic. Five of the Arabic modules are completed.

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A field test is planned in Egypt as the next phase in the development of training materials in women's health and family planning. The field test has been designed for a sample of 600 persons representative of the clinical staff working in health clinics in six geographic areas. At the same time the materials are field tested with nurses, the English version will be tested with physicians working in the same clinics. Any modification deemed necessary after this field test will be made prior to final printing. Similar field tests are envisioned to tailor the modules to training needs in other Mideast countries. Once the field test, final revision, and printing is completed, the Arabic version of the "Training Course for Health Clinicians" will be ready for use throughout Egypt and possibly other countries in the Middle East.

In principle USAID would look favorably upon a request to utilize bilateral funds to support IDT in implementing this field test in cooperation with appropriate Egyptian counterpart institutions. Further details are available from Dr. Ausherman. He will call your office this week to seek an appointment with you which I believe you would find useful.

Cordially,



Jenni W. Kangas, Director
Office of Population

Summary of
Proposed Field Test of Self-Instruction
Modular Training Course In Women's Health
and Family Planning

Phase II in the development of modular, self-instruction materials on women's health and family planning is a field test with a sample of the target population working in GOE health clinics. The plan for this second phase is briefly summarized as follows:

- 1) The field test will provide information about the effectiveness of the modules as in-service training materials for TSSN graduates (Arabic Version) and for physicians (English Version) working in MOH health units as well as evaluate the feasibility of the training method in this pilot test.
- 2) Six Governorates have been selected in cooperation with the MOH in which to conduct the field test; Alexandria, Garbiya, Sharkia, Beni Suef, Ismailia and Kena.
- 3) The total sample target is 500: an average of 60 nurses and 25 doctors will be chosen from each of the Governorates. The primary goal in selection of the sample is that individuals represent typical clinic personnel working in MOH health units.
- 4) Individuals working with the MOH, the HIN (Alexandria), ITRFP, and IDT (see attachment) will cooperate in this phase. An Advisory committee to discuss the field test plan will be formed from the individuals representing the above plus other organizations which provide family planning clinic services. Coordination of technical support and administration will be provided by ITRFP and IDT, the cosponsors

of the adaptation/translation workshop (Feb 23-March 7, 1985, Alexandria). Field test implementation in each Governorate will be undertaken by a Coordinator (individuals who participated in the workshop) with the consent of Governorate Director of Health Services. The final plan will be developed once each Coordinator visits the Governorate she or he is responsible for; emphasis will be on a reasonable, simple approach which will least disrupt a clinic's daily routine. The actual field testing with nurses will be conducted by local Supervisors and for doctors by local physicians selected with assistance from the Governorate Director of Health Services. Data will be computer analyzed, as feasible, in Egypt for rapid feedback about essential revisions.

- 5) The implementation planning meeting of Coordinators will take place in month one. A detailed field test plan then will be developed and presented to the Advisory Committee for discussion and support. Evaluation forms and specific documents necessary for training and field implementation will be completed during months two and three. A training session for Coordinators, Nurse and Physician Supervisors and other field personnel will be conducted in month three, and the 6-8 week field test will commence immediately thereafter. Data will be collected and analyzed in months six and seven. Necessary revisions to the modules will be made, and all copies fully prepared for final duplication.

ATTACHMENT: SUMMARY STATEMENT ON IDT

The Institute for Development Training (IDT) specializes in self-instruction modular training techniques. IDT personnel have many years of combined experience in the development and field testing of self-instruction materials, and have conducted workshops using these technique for over 15 countries. Its staff have long-term experience in Egypt: the IDT Director is presently assisting the MOH Family Planning Clinic Refresher Training project under an extension of a two year personal services contract, and the Project Director for the Mideast Regional Workshop has consulted for several Egyptian organizations over the past 5 years about family planning programs.

IDT's focus is training in women's health and family planning. The organization is developing a full series of self-instruction materials related to various aspects of women's health care. Modules in the series are being used as training tools in several Asian and African countries, and IDT has been requested to conduct adaptation workshops in additional countries in the near future.

Seven of the modules adapted and translated at the Feb. 23 - March 7, 1985 Regional Workshop are part of the series developed over several years by IDT staff experts in self instruction with private funds. Development and translation of two additional modules was executed by IDT as part of the scope of work of Phase I of their AID Cooperative Agreement. The workshop was based on the positive response in early 1984 from representatives of AID and local health officials in several mideast countries to IDT's self-instruction materials as information which could fulfill a need for in-service training for health personnel.

The plan to field test the self-instruction modules for use as training materials for Egypt has been developed by IDT after discussions with ITRFP, representatives of the Egyptian participants at the workshop, personnel from the MOH, and USAID Population Division staff. All parties are ready to move ahead immediately with the Egyptian field test of the training materials both in Arabic and English as Phase II. IDT and ITRFP have agreed to collaborate on the field test as a continuation of their joint efforts with the Regional Workshop.

**Proposed Field Test of Self-Instruction
Modular Training Course In Women's Health
and Family Planning**

The Institute for Development Training (IDT) specializes in self-instruction modular training techniques. IDT personnel have many years of combined experience in the development and field testing of self-instruction materials, and have conducted workshops using these technique for over 15 countries. IDT's focus is training in women's health and family planning. The organization is developing a full series of self-instruction materials related to various aspects of women's health care. Modules in the series are being used as training tools in several Asian and African countries, and IDT has been requested to conduct adaptation workshops in additional countries in the near future.

Seven modules in the IDT self-instruction "Training Course for Health Clinicians" in women's health and family planning were adapted for graduates of Technical Secondary Schools for Nurses (TSSN) and translated from English into Arabic at a workshop coorganized by the Institute for Training and Research in Family Planning (ITRFP) and the Institute for Development Training (IDT) in Alexandria from February 23 through March 7, 1985. Two additional modules were completed by IDT in Arabic and English in mid-1985. The nine modules are ready for field testing in Arabic (for nurses) and English (for doctors). Detailed planning for field testing with a representative sample of TSSN nurse graduates and of doctors working in MOH health units (an approximate 5% sample of nurses and 3% of doctors) can commence by September 1, 1985. Computer analysis of data will be available in May, 1986. If the field test demonstrates that the target audience for each language can effectively learn new information from materials, the modules will be available for immediate incorporation into the Egyptian national program for training doctors and nurses in family planning service delivery. They would be available as well to any private sector programs and organizations concerned with improving knowledge and skills of similar target audiences.

What Objectives

1. To determine the effectiveness of each module as a teaching tool for improving knowledge about women's health and family planning for selected clinic practitioners working in urban and rural MOH health clinics (i.e., TSSN trained nurses for Arabic and physicians for English versions)
2. To test the training method on a pilot scale as a model for broad implementation nationwide.

Where

The field test will be conducted in six Governorates selected as representative of different geographic areas in Upper and Lower Egypt: Alexandria, Garbiya, Sharkia, Beni Suef, Ismailia and Kena. Although some Governorates are more urbanized than other, clinics located in both rural and urban areas will be chosen as test sites in each Governorate whenever possible. The number of clinic test sites within each Governorate will depend on the number of personnel working in a clinic who fall within the target audience, but no more than 15 clinics will be chosen from any one Governorate. In two test sites (Beni Suef and Sharkia), some Clinic Refresher Training has taken place; thus, analysis of the field test results will yield valuable, informal feedback on family planning information already learned by this group of health providers.

Who

The target audience for the field test is divided into two levels of MOH health personnel: a) graduates of TSSN responsible for MOH and family planning working in health units, and b) physicians assigned to health units. On average, sixty nurses will be selected within a Governorate, and approximately twenty five physicians will be asked to participate for a total sample of 500 persons (60 Nurses plus 25 Drs = 85 persons x 6 Governorates). More than one nurse or doctor, when available, will be chosen from a clinic. In order to generate a more representative, logistically feasible and better weighted sample, however, more than 85 persons may be selected from Governorates which have larger numbers of health units and, correspondingly, fewer than 85 from areas with smaller numbers of clinics. The prime selection criteria is that individuals be representative, as much as possible, of colleagues trained at their level and responsible for similar activities. The goal is to have a module in each language read and tested carefully and thoroughly by typical clinic personnel. In most instances each person, nurse or doctor, easily can read two of the modules in the series. In addition to this target sample, the Arabic version of module nine on prevalence evaluation, which is designed for clinic administrators, will be tested with the 18-20 Nurse Supervisors who will act as field personnel in the field test. The English version of the prevalence module will be included in the physician field test.

How

Technical inputs include overall planning and coordination, design of the methodology, administration of the field test, and analysis of data. An Advisory Committee will be formed consisting of representatives of institutions involved in the field test as well as those

organizations which might substantively benefit from the training material in the future. This Committee would discuss the prepared field test plan, share ideas about future potential use in training programs, and lend support to the project. Individuals and organizations directly involved in the field test--individual faculty members from the Higher Institute of Nursing in Alexandria (HIN), ITRFP and IDT--each would have a more defined role. Consultants associated with the HIN (who will come from the same group who represented Egypt as participants in the February 23-March 7 Mideast Regional Workshop) will assume individual responsibility as Coordinator of the field test in a specific Governorate, select and assist in training field personnel, oversee field activities, and help evaluate the final test results. ITRFP will organize and conduct, with IDT assistance, a training session at its Alexandria facility for all Coordinators and field personnel prior to implementation. ITRFP will collaborate with IDT for overall planning and administration. IDT will assume major responsibility for design of field test questionnaires, computerization and analysis of data, and provision of evaluation information and reports to all parties cooperating in the field test.

Prior to implementation, a letter from, perhaps, the Minister of Health or other high level official will be sent to the Director of Health Services in each Governorate to explain the project and request assistance to help identify test clinics, field personnel, and suitable time schedules. The field test with the 500 person target audience in six Governorates will take place at the clinics where the target sample works. A Nurse Supervisor, trained at ITRFP, will visit nurses in each clinic selected for the test. She will explain to nurses the purpose and any details relevant to each person's participation and task in the field test, and administer the pre-tests on each Arabic module. The information sections will be left behind for completion by the nurse at her own pace. After a period of one week to 10 days (on a date specified during the initial visit), the Nurse Supervisor will return to administer the post-tests and evaluation forms. A field test of the English version with doctors will take place in the same Governorates and parallel the design described for nurses. The role of the Nurse Supervisor will be assumed by doctors selected in cooperation with the Governorates' Director of Health Services; these physicians also will receive training at ITRFP in field test administration.

The design and administration of the field test will give priority to the least disruption to a clinic's daily operation, ease of completion by overburdened clinic staff, and logistic simplicity of administration. After the round of clinics in a Governorate, the field test supervisors will provide all information as well as a supervisor's evaluation form to the Coordinator responsible for the Governorate. Once all field testing is completed, pre and post test questionnaires and evaluation forms will be computerized, as feasible, in Egypt or the U.S.

When

Once the project is approved and funded, the Coordinators for the field test will meet at the ITRFP to review objectives and overall plans for coordination, administration, and implementation in the six pre-selected Governorates. After discussing the field test plan and deciding on individual responsibility for test administration in each Governorate, each person will visit the selected test area to gather information in preparation for detailed planning of a feasible and reasonable approach. The Coordinators will gather prior to the Advisory Committee meeting to develop a common plan of action. The Advisory Committee meeting will be held shortly thereafter to discuss the overall plan for implementation. Evaluation forms, a plan for training field personnel, and detailed implementation plans will be developed during the next two months. Close liaison will be maintained throughout with cooperating individuals and organizations. The training session for Coordinators and field personnel at the ITRFP will be held just prior to field launch. Field testing is scheduled over six-eight weeks, and collecting/collating of data should take another six-eight weeks. Computerized data analysis should be available at the end of project month eight. Based on the analysis, only those revisions of the modules considered imperative to their improvement as training materials will be made.

Estimated Budget to
Field Test Nine Modules
in Arabic and English

Salaries and Fees		\$37,685
Egypt: IDT staff and local consultants	\$ 25,985	
US: IDT staff and consultants	11,700	
Transportation		9,500
International	9000	
Local	500	
Per Diem		6,177
IDT staff: 87 Days average \$71pd	6177	
ODC		19,100
Communications + courier service	6000	
Secretarial and other support services (Egypt)	2100	
Materials and supplies	1000	
Computer analysis	10,000	
		<hr/>
		72,462
Overhead @ 35%		25,362
		<hr/>
TOTAL		\$97,824

Salha was to submit separate budget to USAID for her costs.

Somewhere around \$50K of our costs to IT RFP. (eg incentives for Health Unit Nurses, local travel + p.d in, depreciation) + all times related to field test of English @ Drs. in Health Units.



INSTITUTE for DEVELOPMENT TRAINING

P.O. Box 2522, Chapel Hill, North Carolina 27515-2522 U.S.A.

Telephone 919-967-0563 • 919-929-2353

Telex ITT 4943589 IDT CH

June 28, 1985

Advisory Committee:

Moye W. Freymann
Professor, School of
Public Health,
University of North
Carolina at Chapel Hill
Chairperson

Julia J. Henderson
former Sec. General,
International Planned
Parenthood Federation
(IPPF)

Iluminada Rodriguez
Director, Family Life and
Population Program,
Church World Service

George Varky
Consulting Economist,
Center for Population and
Family Health, Columbia
University; UNFPA;
Vellore CMC Board

Jerry Van Sant
Director, Information,
Management and
Computer Applications
Division, Development
Alternatives, Inc.

Charles R. Ausherman,
MSPH, PhD
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Secretary-Treasurer

Martha S. Arnold, MEd
Special Programs Officer

Diana L. Altman, MSPH
Management Associate

Catherine J. Rosebaugh
Administrative Officer

Mr. Gary Cook
NE/TECH/HPN
AID
Department of State
Washington, DC 20523

Dear Gary:

Enclosed are eight modules in Arabic on women's reproductive health care. These modules are the product of the Mideast Regional Workshop. A ninth module on clinic management is still being developed. We thought it might be useful for you to have a copy of these modules.

For your information in case you don't read Arabic, the titles of the modules are as follows:

The Female Reproductive System

The Female Urinary System

Gynecological Examinations

Vaginal Infections and Sexually Transmitted Diseases

Methods of Birth Control

Health Effects of Female Circumcision

Measuring the Prevalence of Contraceptive Use

A Guide to Infection Control in Health Clinics

Thanks for your help with our project.

Sincerely,

Martha

Martha S. Arnold
Special Programs Officer

MSA/cr