

TRAINERS' TRAINING MODULE

**ENHANCING THE DIRECTLY OBSERVED TREATMENT, SHORT- COURSE (DOTS)
STRATEGY TO CONTROL TB IN THE PHILIPPINES**



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Module 2: Trainers' Training Enhancing the Directly Observed Treatment Short-Course (DOTS) Strategy to Control TB in the Philippines

Target learners: Physicians who have completed Module 1: Directly Observed Therapy Short-course (DOTS) and who have expressed interest in training DOTS providers. Although not a prerequisite, these target learners are also expected to better appreciate this module if they themselves handle TB patients in their clinical/professional practice.

Design of this module: This self-instructional material is meant to guide trainers who train DOTS providers. With this module comes other basic training components, including an actual one-day seminar-workshop (from 8:00 am to 5:00 pm) and sets of suggested teaching-learning resources in form of Microsoft PowerPoint slides saved in a compact disk with samples of suggested cases for exercises.

Objectives: At the end of this module and its corresponding training program, participants can:

1. Rationalize the need for a training of trainers who are expected to train DOTS providers;
2. Prepare a practical design for a DOTS training program with the essential elements like objectives, organized subject matter, appropriate activities and necessary resources;
3. Discuss the basic components of running a training program for trainers in the context of TB-DOTS;
4. Deliver an effective presentation using relevant materials;
5. Facilitate interactive group sessions effectively and
6. Utilize valid and practical evaluation of the training program.

Rationale of the training program:

The National Tuberculosis Program (NTP) adopted the directly observed treatment short-course (DOTS) strategy as the most efficient way to control TB. Since 1993, the Department of Health (DOH) has been initiating programs for the control of TB through DOTS centers. In year 2000, 45% of smear-positive cases have been included in the program and treatment success was 88 percent (Phil TIPS-APMC-PhilCAT Module 5: DOTS, 2003).

While NTP can already speak of a modest success, it is also recognized that more must be done to completely combat TB in the Philippines. Success rate is only limited to those who seek consult to the DOTS centers. The wider population is still dependent on a combination of consulting private physicians, health and other medical centers and traditional healers (Phil TIPS-APMC-PhilCAT Module 1: The TB Epidemic, 2003). It is for this reason that the Philippine Tuberculosis Initiatives for the Private Sector (PhilTIPS) project has been founded. PhilTIPS is engaged in several projects advancing and promoting initiatives for TB control through DOTS. Its most recent program involves the private physicians training on DOTS so that they too, can become partners and later on DOTS providers. Successful nationwide

implementation of DOTS strategy largely depends on its utilization by health personnel who are seeing TB patients. This means educating physicians and other health care givers on TB-DOTS.

These target physicians and other members of the health care team are generally employed full-time, not younger than 25 years old, and may be married or single. The demographic characteristics of these target learners serve as both the basic strength and weakness of this proposed training program. Jolles (1993) wrote that one of the greatest aspects of working with adults is the abundance of experiences they bring to the training room. The task of the facilitator is to kick off from these experiences of participants to make the program more motivating and relevant especially because professionals are mostly working full-time. When they are asked to leave their work to learn something, it has to be worth the trouble. Franco (1991) explains that training (especially a formal type like the one being proposed in this module) is the appropriate strategy when these conditions are present:

1. When there is a need for a specific skill that does not exist in the present labor or workforce;
2. When there is a need for a specific skill not available in sufficient numbers in the present workforce;
3. When there is a need for a specific standard of skill performance, but workers are not performing to that standard;
4. When there is a change in the technology, methods, or required behaviors, rendering the current skills obsolete.

Training then is especially useful in handling tuberculosis and managing it according to the DOTS strategy. Given the volume of information to be learned, the skills to be acquired and the new perspectives they have to adopt in advocating DOTS, these physicians could only take so much time to learn all of these. Furthermore, a rational strategy is to train the trainers like you who can then work out a multiplier effect and address the large number of physicians, nurses and other health professionals for the basic DOTS workshop.

As content experts in DOTS, you already possess the basic principles behind this framework for controlling tuberculosis. This is the first essential characteristic of an effective trainer. Another important characteristic of a DOTS trainer is the genuine desire to share experience and knowledge with the goal of spreading the use of DOTS in the country. Unless you yourself are truly convinced that DOTS is the way to go, you will have a hard time convincing others to adhere to it.

However not only should you be armed with a comprehensive knowledge of DOTS and TB control, but you should also be effective in transmitting this knowledge and in facilitating learning of trainees. The success of a workshop on this can not be left to chance. Skills in teaching and organizing and managing seminar-workshops are important qualities of a good trainer as well.

If you have had no experience in lecturing or have had difficulty in handling small group discussions, then this module is a good place to start. If on the other hand you have had several exposures on running workshops, then this package will hopefully further hone your skills.

This module aims to prepare those who are already familiar with the DOTS strategy as a planned design to control TB and to train future DOTS providers like fellow doctors, nurses, medical technologists, *barangay* health workers and other members of the local health boards. It introduces participants to the basic features of running a seminar-workshop as well as the foundation skills in establishing competencies among target learners, improving presentation skills and running small group sessions in the context of training them on TB-DOTS.

The main components in running a workshop are:

- Planning
- Implementation
- Evaluation

I. Planning The TB-DOTS Seminar Workshop

Module 1 has practically presented what you need to teach your target learners on the basics of TB-DOTS. Your present task is to communicate this in a one-day seminar-workshop. Planning a seminar-workshop is typical of preparing for any lesson. It requires understanding the characteristics of your learners in terms of their levels of competence, learning styles and backgrounds. Based on this understanding, you decide on the following components of planning:

- A. *Organizational components* (adopted from Jolles, 1993). These should be facilitated for you by the secretariat helping you organize the training.
 1. Ensure the participation of your trainees; confirming their attendance by written or oral communications;
 2. Finalize the venue and schedule of the training including facilities and/or equipment, e.g. multi-media projector, computer, overhead projector, participants' certificates of attendance etc.
 3. Identifying available resource lecturers and arranging their travel to the venue if necessary.

- B. *Instructional design components*
 1. Formulating what your learners need to learn in terms of knowledge, skills and attitudes. You state them in form of training objectives;
 2. Organizing the topics to match the objectives;
 3. Deciding on the appropriate teaching-learning activities and resources to facilitate your presentations

A. Organizational Components

The Philippine Coalition Against Tuberculosis (PhilCAT), in coordination with the Philippine Tuberculosis Initiatives for the Private Sector (PhilTIPS), the Department of Health (DOH), and other concerned agencies are conducting a series of seminars and workshops as part of their nationwide campaign to combat TB through DOTS. The seminar package that goes with this

module is just one of them. Anyone interested conducting the same activity in their own locality is strongly encouraged to keep in touch with these agencies for support. These agencies will help you create a task force or a secretariat for holding these activities.

B. Instructional design components

1. Formulating training objectives

Smith and Ragan (1999) defined objectives as statements of what learners should be able to do when they have completed a segment of instruction, in this case, the training program for DOTS providers. Since the program is a short-term one, it is a must that these objectives are most practical and therefore could best be achieved if stated in the following terms:

1. Desired behaviors that learners should display or demonstrate. Behaviors can be displayed and observed repetitively (Gronlund, 1970). Take the following examples of objectives you covered in module 1:
 - a. Explain the diagnostic criteria for TB used in the NTP
 - b. Demonstrate competence in specimen collection, staining, and interpretation of AFB smear examination on assigned patients
 - c. Prefer DOTS to other approaches in TB management in terms of case finding, treatment, follow-up, and overall set-up.

✍ How about encircling the actual behavior that learners are expected to show as evidence that each of the objectives above has been achieved?

When one can explain the diagnostic criteria for TB (in item a), demonstrate competence in specimen collection (item b) and prefer DOTS to other approaches (in item c), you, as the facilitator, have a clear sign that they have acquired competency.

2. Learner's performance rather than facilitator's performance. Take a look at the three examples cited under item 1. Notice that they are stated from the perspective of the learners and not the facilitators'. Learners should "explain", "demonstrate" or "prefer"; they are competencies that participants would acquire when facilitators "teach" or "present" module 1. Presenting objectives in terms of what learners should display makes the whole process a real learner-centered exercise. It is also consistent with being competency-based and giving learners the adult status that they deserve.

In summary, then, the requisites of stating objectives are:

1. They require verbs, e.g., explain, demonstrate, adhere, etc.
2. They are stated in form of competencies in terms of knowledge (objective 1), skills (objective 2) and attitudes (objective 3).

Even if the various competencies expected of your learners have already been explicitly stated in module 1, you may still need to decide to formulate your own objectives so you can adapt to the needs of your learners who may be various health professionals who will be playing different roles in the program. Hence, we encourage you to spend sometime trying to formulate your own objectives.

Exercise 1 (Please refer your answers to page 20 for feedback)

1. If you have a group of *barangay* health workers (BHWs) in the TB-DOTS seminar-workshop with varying educational and socio-economic backgrounds, how will you phrase the objective “explain the diagnostic criteria for TB used in the NTP”?
2. In the case of physicians in another workshop who seem to be resistant to DOTS, how will you adjust the third objective on “prefer DOTS to other approaches in TB management in terms of case finding, treatment, follow-up, and overall set-up”?

2. Organizing subject matter

We began with the formulation of objectives because then the appropriate subject matter can be determined. As objective 1 indicates above, lessons should deal with DOTS and its standardized diagnostic criteria. Objective 2 means that the topic should include the acid-fast bacilli test, how sputum is collected, stained and interpreted. Objective 3 deals with the advantages of DOTS over other management strategies in terms of case finding, treatment, follow-up and overall set-up. This means such lessons would have to be based on competencies and not on textbooks alone. This gives you the chance to integrate topics ranging from one medical discipline to another.

Review the following outline of topics specifically for objective 1: “explain the diagnostic criteria for TB used in the NTP”:

1. Location of the lesion
 - a. Pulmonary TB (PTB)
 - b. Extra pulmonary TB
2. Result of the sputum smear examination
 - a. Smear positive
 - b. Smear negative

3. Types of TB cases
 - a. New cases
 - b. Relapse
 - c. Failure
 - d. Return after default
 - e. Transfer-in
 - f. Others

Note that the objective “to explain” covers three major components and therefore requires that each would be elaborated in the module. It is only through this elaboration with a corresponding set of exercises for practice that the learners could later on explain the diagnostic criteria. Aside from the objectives, the composition of the participants and their roles in the TB-DOTS program are also important considerations in the organization of subject matter. For instance, all types of participants will find the diagnostic criteria a must-know, a basic concept in the TB-DOTS program. But you don’t expect the midwives and *barangay* health workers to appreciate the treatment aspect in the same way that the physicians will appreciate it. The latter are the ones making the diagnosis and are therefore responsible in planning out the treatment. Midwives or the BHWs may be the treatment partners. Therefore, in the organization of subject matter, trainers still have a lot to focus on or highlight in their actual seminar. This task may sometimes make them deviate from what the basic TB-DOTS module contains. At this point, we challenge you to outline the possible topics for objectives 2 and 3. Refer to actual module 1 for correct topics for feedback. Find out how similar or different your outline is from the ones listed and discussed in module 1.

3. Selecting the appropriate teaching-learning strategies

After setting the objectives and outlining the subject matter for the seminar-workshop, the next job of the facilitator is to choose from among the repertoire of teaching-learning activities the appropriate one for a given session. Remember that your targets are adult learners who bring with them their previous experiences and preferences on what to learn. The choice of activities should have limited lectures and plenty of interactive sessions and workshops (Jolles, 1993). The key to this principle is getting the participants to be actively involved. For this reason, an outline of the more common teaching-learning strategies is provided below for you to choose from.

Basic strategies in running small groups

In a short-term training set-up, practical applications of skills can best be practiced and experienced in form of small group activities. The most basic strategies are presented in the table below including their respective uses. You are encouraged to master each of them so you will know when each could be used. Again, although the Basic DOTS Workshop contains suggested small group activities, you may need to modify these to suit the situation.

**Table 1. Common strategies in running small groups
(adopted from Crosby, J. (1996) and Applbaum, et al (1974).**

Strategy	When applicable	General recommended procedure
1. Brainstorming	To generate ideas and creative solutions to problems	<ol style="list-style-type: none"> 1. Present the groups with a topic, issue, or problem to discuss 2. Group members present their general ideas about the topic. Facilitator writes all answers on the board. All answers are taken and no one should pass judgment on any contributions. Members are allowed to pass if they do not have a contribution at one time. 3. Members review the ideas generated, clarify, and group them according to different areas. 4. Evaluate ideas and summarize.
2. Role play	To explore communication issues and check on attitudes of learners	<ol style="list-style-type: none"> 1. Facilitator presents to each of the groups the scenario/s they should role-play. Make sure that all members understand what the scenario is. 2. Give each group around 5 minutes to collect their acts but not to make a detailed script. The idea is to present the natural setting so rehearsals are not necessary. 3. Let the group role play while another group serves as process observer. 4. Debriefing. The groups are gathered again to discuss the various insights noted during the play; the facilitators and process observers share their feedback then the players contribute theirs after. Focus of debriefing should be on the scenario. 5. De-role. This is an essential stage to allow the role players be released from their emotionally draining assignments.
3. Buzz groups	To generate ideas and creative solutions to problems from smaller groups of people	<ol style="list-style-type: none"> 1. Smaller groups of 4 to 5 members are formed to discuss a given scenario, issue or problem 2. These smaller groups generate ideas and/or solutions to the problem just like in brainstorming. However, these buzz groups are given only around 5 minutes to discuss. 3. After the time is up, the buzz groups present their answers to the facilitator who then presents it during the plenary. 4. All contributions therefore come from smaller groups and are better representations of each member's contribution yet they remain anonymous since the facilitator is the only one who is aware of the sources. 5. The groups clarify and organize the answers just like in brainstorming.
4. Small group discussions (SGD)	To generate ideas; make creative solutions to problems; promote active interaction among members and maintain the group	<ol style="list-style-type: none"> 1. Facilitator presents the topics or scenarios for SGD; Group members present their ideas on the topic/scenario according to their personal and professional perspectives. They could be a combination of lay and content experts but the facilitators should allow enough time for each to contribute. Facilitator summarizes and/or synthesizes. She/he may sometimes assign a member to do so.
5. Panel discussion	To share information, solve problems, illuminate ideas for the audience, promote active interaction among members and maintain the group	<ol style="list-style-type: none"> 1. The chairman opens the discussion with a question or statement of the topic. 2. Chair introduces the panelists. 3. Chair draws the panelists into informal conversation on the topic. 4. Panelists discuss the topic; chair restates, clarifies, summarizes, and provides transitions as needed. 5. Questions are solicited from audience (optional forum). 6. The chair summarizes the discussion.

Exercise 2 (Please refer your answers to page 20 for feedback)

1. In case detection exercises, what small group strategy do you think would be exciting and appropriate for a group of *barangay* health workers? Explain your answers.
2. In the determination of standardized treatment regimen, how do you propose a mixed group of MDs and non-MDs should go over the many classifications and their respective treatment regimen?

II. DOTS Seminar–Workshop Implementation

Modules I and II practically contain everything that you need in your training of the trainers seminar-workshop. These resources should be complemented with the trainer’s ability to handle the participants during the workshop itself. To be able to do so, a basic understanding of the principles of group dynamics is important. Even if the workshop runs for only one day, the group goes through different stages of group formation (adapted from Forsyth, 1983). These are:

1. *Forming*: the stage when groups have just been formed for a particular reason, in this case, a group of participants has been formed for the task of learning about TB-DOTS. In the course of training, smaller sub-groups are formed for specific tasks. There are no hard and fast rules on how groups should be formed but generally they are arranged in number, professions, geographic representation, and etc. to ensure homogeneity or heterogeneity depending on the tasks to be done.
2. *Storming*: the stage when the participants in the group come into conflict with each other. It is natural for people to discuss, argue, misunderstand each other and even quarrel with each other. Group conflicts can be healthy signs of active interactions and dynamism. Small group activities can in fact be planned to create a challenging atmosphere and healthy competition among the participants. What facilitators should watch out for are instances when storming gets out of hand and escalates into a real and violent encounter among members.
3. *Norming*: the stage when the members of the groups have already developed a unique social structure, an unseen framework that holds the group members together and partially accounts for irregularities in their behaviors. At this stage, the groups have adjusted to each other’s gears and developed a set of acceptable and unacceptable patterns of behavior while with the group.
4. *Performing*: the stage when the group has agreed to do their task/s and there are clear procedures on how the individual members are going to participate. In this stage, the members are working with their group mates.
5. *Mourning*: The stages when the members have already finished the task assigned and express the feeling of regret that the group would soon have to split. Even one-day seminar-workshops reach this stage when the members particularly liked the activities they did together. During this particular stage, it is usual to see members exchanging contact numbers, addresses and even set dates for their next meeting.

Roles

As organizers of the workshop, you will play various roles during the program. If you happen to be the primary resource person, then you have to be ready to switch to any of the following roles, namely (Mencias, 1989):

Teacher: you are expected to communicate effectively the materials to be covered, provide content and identify different areas of interest for the participants;

Synthesizer: in the process of preparing or completing your presentations, you should abstract and condense the most relevant information;

Facilitator: you are expected to set the climate for the various sessions of the program, organize all the pertinent resources, and help participants to clarify the purposes of the program for them;

Mediator: when the groups get into conflicts that could not be resolved by the members themselves; you are also expected to encourage and guide them through the various stages of group development.

The first two roles are related to your being a content expert while the last two are concerned with the process of maintaining the group and developing it as a functional unit. Later in this module, you will be presented different scenarios where you switch from one role to another.

Just as organizers have various roles during the training program, members or participants have also important roles to play. Being aware of these would help you to trouble shoot more effectively as the need arises. Group members switch from the group task roles, the group building and maintenance roles and various individual roles discussed briefly below (Adapted from Crosby, 1996 and Mencias, 1989).

1. **Group task roles:** these are roles related to the task of selecting, defining, and solving a problem pertinent to the task of the group. Members play any of the following roles pertinent to group task roles:
 - a. *Initiator:* one who proposes goals and tasks to start action within a group; develops plans on how to proceed and focuses attention to the task.
 - b. *Information seeker:* one who asks for facts and other information from other members of the group.
 - c. *Information giver:* compliments the information seeker. He/she offers relevant information to help the group proceed with its task.
 - d. *Opinion seeker/giver:* these are similar to items b and c except that they refer to those who offer/express opinions, ideas, beliefs or feelings to further help the group proceed to the task.
 - e. *Elaborator:* is the one who clarifies, interprets ideas, clears confusions, defines necessary terms, gives examples, makes generalizations and indicates alternative and possible consequences of group actions or decisions.
 - f. *Evaluator:* examines practicality and workability of ideas, alternative solutions and applies them to the real situations to see how they will work; compares group decisions and accomplishments with group standards and goals.

2. **Group building and maintenance roles:** these are pertinent to the functioning of the group and participation, help to strengthen, regulate, and perpetuate group-centered attitudes and behaviors. Among the roles that members perform to build and maintain the group are:
 - a. *Harmonizer:* persuades members to analyze their differences constructively, searches for common elements in conflicts, tries to reconcile disagreements, ease tensions, and increases enjoyment of group members;
 - b. *Gate keeper:* keeps communication channels open, facilitates participation of others, suggests procedures for discussing group members;
 - c. *Encourager:* offers compromises when one's ideas or status is involved in a conflict, yields status, admits errors, disciplines oneself to maintain group cohesion;
 - d. *Standard setter:* is the one who expresses group standards and goals to make members aware of the direction of work and progress toward the goal.
 - e. *Group observer:* shares observations about the way the group is working, expresses ideas about the progress of the group interactions among members.

3. **Individual roles:** in the course of group activities, some persons still display negative behaviors and both members and facilitators should be able to manage them. These roles are:
 - a. *Aggressor:* deflates the status of other members by expressing disapproval of their values, acts on feelings by attacking group of problems or by joking aggressively;
 - b. *Blocker:* one who tends to be stubborn, attempts to maintain or bring back issues after group has reported or passed them;
 - c. *Self-confessor:* uses group as audience for expressions of personal, non-group-oriented feelings, insights and concerns;
 - d. *Dominator:* tries to assert authority or superiority, gives directions authoritatively, imposes opinions, interrupts contributions of others;
 - e. *Withdrawer:* acts indifferently or passively, resorts to day dreaming, doodling, whispering to others or wandering from the subject;
 - f. *Special interest pleader:* speaks for some underdog such as the "grass roots community," the "women," "labor," usually disguising his own prejudices in stereotypes that fit his own individual need.

For a one-day seminar-workshop, why do we need to know all these stages of group formation and roles of trainers and trainees?

Training sessions are always a collection of spontaneous acts from various individuals. In gathering a diverse group such as PhilCAT trainers, fellows from the Philippine College of Chest Physicians, general practitioners, nurses, midwives, etc., one should expect a collection of different persons with equally diverse idiosyncrasies. Remember we only have one whole day for the training and facilitators should be ready to deal with all these personalities at one time! Knowledge of how group interaction is crucial in creating and maintaining an atmosphere that is most conducive to learning. Awareness of the roles being played consciously or unconsciously by the participants will enable you to respond to their individual as well as group needs adequately, guide them effectively, expound on issues clearly or appropriately redirect the discussion to the task at hand.

Basic presentation skills

Presentation of any subject matter is essentially teaching. This is a collection of several skills that you have to activate and comfortably blend for your learners. In this module, it is not enough that you know DOTS; it is essential that you can also communicate DOTS to others to the point of making them train other health care providers for DOTS. This is the reason you have to seriously prepare for your presentations. In this module, you are like sales people who must be able to sell their products fast. The key to this is your presentation.

Regardless of teaching-learning strategies one adopts, presenters make use of four basic delivery skills: motivating, explaining, questioning, and at the heart of these, facilitating. Learning begins with a motivated learner (Gagne, 1974): one who deliberately focuses attention to the subject matter to be learned and is intrinsically interested to achieve competence in the topic. Motivation should not just be established in the trainees at the beginning of the program. This should pervade your presentations so that they persist in learning TB-DOTS for relevant use later rather than just for novelty. Turney, et al (1974) enumerated some practical ways to arouse motivation that might appeal to your target learners:

1. *Social motives*: such as the desire to affiliate with or be recognized in a group, appeals to all types of learners. We think that most of your trainees would relish the idea of being associated with the country's top authority on TB management. Why? Because these people all strongly adhere to TB-DOTS in their actual clinical practice. You yourself might have started in your advocacy for TB-DOTS through these colleagues who used to be your mentors.
2. *Pursuit for competence*: you certainly would not want to settle with just learning the tip of the iceberg as far as TB-DOTS is concerned. This pursuit of competence should be reason for you as trainer to master the content of Basic TB-DOTS from

beginning (epidemiology) until the end (management). Be as creative as possible in doing the same for your trainees.

3. *Conceptual conflict*: this strategy includes citing phenomena violating existing beliefs, doubts, seemingly irreconcilable demands and contradictions. As cited in Exercise 2, you might need to address trainees who are not initially supportive of TB-DOTS. You could certainly begin your motivation strategies from the conceptual conflicts the trainees themselves would like to pursue!

As soon as you can say trainees are motivated and set to learn, your actual presentation may proceed. During this main event, the most important presentation skill is explaining. To explain is to attempt to give understanding to another and understanding is the creation of new connections in the minds of the learner (Brown and Manogue, 2001). Explaining is more than just telling or describing; it requires teachers to present the subject matter in such a way that it is connected with a previous learning, then fill in any gap between this student's experience and the new phenomenon learned (Turney, et al, 1974). The key words then are "filling the gap between," "interdependence between" and "seeing connections." Basic skills pertinent to explaining are clarity of language, use of appropriate examples and logical organization. While you have module 1 as reference for all of these requisites, your personal touch would add a unique flavor to the training.

Integral to the presentation that is also used spontaneously during explaining is questioning. Effective teachers and facilitators pose questions for several reasons, e.g., to arouse learner's interest and curiosity, to determine the flow of learner's thinking, provide the learners a time to reflect or develop critical thinking. When faced with questions about a case, students recall knowledge and then translate and interpret this knowledge into a decision. Throughout the whole process, questions asked by the faculty and students help to evaluate the accuracy of their assessments, knowledge base, level of comprehension, application of principles and analysis of data (Wink, 1993). When questions are also well paced, structured, and placed, they become part of an effective strategy in teaching. Well-paced and structured questions are those that vary in levels, i.e. from those requiring trainees to recall basic information to those that will make them evaluate and synthesize given scenarios. Well-placed questions are those that serve specific purposes and are asked at different points in the session like asking rhetorical questions to give pausing and rest for both trainers and trainees, or those that will structure or connect one concept to another.

Both questioning and explaining are basic skills that depend highly on the degree of personal internalization of presenters of the topics they are delivering. The higher the degree of internalization, the better they must be able to synthesize and simplify complex topics for specific purposes and audiences.

Basic facilitation skills

As mentioned earlier, the heart of these three basic presentation skills is facilitating. More than anyone else in the group, facilitators should be able to demonstrate competent handling of group activities even as members play various roles at a given time including the negative individual roles. Ortigas (1990) enumerated the following basic characteristics that Filipino facilitators find very useful in handling groups:

1. *Active listening*: a good facilitator actively listens from learners' verbal and non-verbal statements of facts, beliefs, feelings or attitudes
2. *Reflecting back*: after listening, the facilitator reflects back and may ask learners questions like "As I understand, you seem to mean..." etc.
3. *Clarifying*: sometimes, facilitators need to clarify learners' questions and comments for the group to benefit from. This is a special skill to use to encourage participation and free expressions of ideas and concerns.
4. *Linking*: Remember that basic to explaining is linking. This is also basic to facilitating to summarize ramblings and long narrations from dominators and aggressors, to redirect the discussion when it is going off key and to create an atmosphere that each member's contribution, no matter how trivial, is important for the group.
5. *Conveying acceptance*: is a skill particularly necessary for Filipino groups since they tend to be sensitive to judgment and evaluation, and react to these defensively. Facilitators are expected to convey acceptance in words, attitudes, and behavior. Verbalization should be descriptive rather than prescriptive, objective and not judgmental.
6. *Achieving humanness*: this role requires the facilitator to address the concerns of the members of the group as human beings. This implies appreciating people's humanness, their strengths, weaknesses, and potentials. The facilitator's warmth and openness in the group would set the overall atmosphere and would encourage the members to participate actively during the training.

On the other hand, you should expect the unexpected. Here are some of the usual "surprises" during the training.

Exercise 3 (Please refer your answers to page 20 for feedback)

1. In your seminar-workshop, you broke down a group of 50 participants into 5 groups to prepare for a presentation on basic DOTS. The groups were further instructed that they are at liberty to choose a particular DOTS component for their presentation plan. During the course of the group activity, you noticed two members obviously not supporting DOTS: one asserts the opinion that sputum examination is inferior compared with chest x-ray and the other one appears to enjoy discriminating the non-MD members of the group. The leader who volunteered to facilitate has given you signal to come and lend help. What would you do?
2. In the same grouping, another facilitator expressed difficulty dealing with a member who proudly made a stand that DOTS would not work in his place of practice for several reasons that he cited. This member came into conflict with a staunch supporter of DOTS and the argument developed into a heated one. With these members, the group could not progress with the task. What would you do?

3. How will your presentation plan on one DOTS component vary when your trainees in one seminar-workshop is a combination of midwives, private general practitioners and municipal health officers? Present your plans with complete objectives, topic outlines and program of activities.

III. Evaluating the DOTS Seminar–Workshop

Evaluation in this module consists of two major parts: determining if target learners have achieved the competencies initially set and based on this, also determine the efficacy of the way the seminar-workshop has been run. This task is made easier in this module as it began with the end in mind: learning objectives. These same targets would be the same measures that can be done to ascertain if learners have indeed learned and that the format of the seminar-workshop worked.

Let us recall the objectives of module 2 as follows: At the end of this module and its corresponding training program, participants can already:

1. Rationalize the need for a training of trainers who are expected to train DOTS providers;
2. Prepare a practical design for a DOTS training program with the essential elements like objectives, organized subject matter, appropriate activities and necessary resources;
3. Discuss the basic components of running a training program for trainers in the context of TB-DOTS;
4. Deliver an effective presentation using relevant materials
5. Facilitate interactive group sessions effectively
6. Make valid and practical evaluation of the training program

In consistency with these objectives, remember that this module also includes the appropriate subject matter, learning resources and general activities. How these components are actually carried out by the trainers and consequently received by the trainees determines how well the program was administered and run. Hence, in designing the summative evaluation of this training program, both the trainees and the trainers serve as the most appropriate sources of feedback.

This would more strongly establish the reliability of the evaluation results and guide the organizers and resource persons accordingly. The final feedback form that addresses these two concerns is presented below. The different objectives are broken down into activities and respondents are requested to indicate their ratings on each.

The summative evaluation is preferred since the program would be run in just one-day and evaluating it while being implemented for modification and process improvement (the nature of formative evaluation) are simply no longer feasible. Summative evaluation is in order when it is done at the end of the program and when it is intended for decision-making that would be done later. Decision-making in this regard would entail deciding on the next seminar-workshops, what they would include, contain, etc. This last exercise in the program would likewise provide

valuable data for the organizers and the major agencies involved, e.g. PhilCAT and Phil TIPS for their future tracking of TB-DOTS projects and research activities. The data to be obtained in this evaluation would substantiate any moves for sustaining any other future initiatives for TB control.

Suggested feedback form to evaluate the program

Kindly accomplish this form before you leave the seminar room and return to any member of the secretariat. You may write additional comments at the back page. Thank you!

Please use the scale below to rate the following program components:

- 1 – Very satisfactory
- 2 – Satisfactory
- 3 – Fair
- 4 - Needs improvement

Activity	Content Covered	Effectivity of resource person/s	Appropriateness of strategy/ies used	Remarks
Arrival and registration				
Opening and orientation				
Mobilizing professionals in TB control				
DOTS review				
Basic presentation skills				
Workshop on preparing for presentations				
Plenary				
Running small group sessions				
Panel discussion on Experiences in running DOTS workshops				
Sustainability of DOTS training programs				
Logistics components: 1. Date 2. Venue 3. Meals and snacks 4. Accommodation 5. Travel time 6. Training materials 7. Staff 8. Others (please specify)				

Overall rating and recommendations (please explain): _____

Suggested seminar-workshop format to run**Training of trainers on TB-DOTS**

Time	Activity
8:00-8:30	Arrival and Registration
8:30-9:00	Opening remarks Orientation to the TOT workshop Expectation setting
9:00-9:45	DOTS review
9:45-10:45	Organizing and planning for TB-DOTS
10:45-11:00	Break
11:00-12:30	Workshop: Preparing for presentations
12:30-1:30	Lunch
1:30-2:30	Plenary: presentation of Workshop outputs
2:30-3:00	The DOH Experience in conducting DOTS Training
3:00-3:15	Break
3:15-3:45	Experience in conducting DOTS training programs for private physicians
3:45-4:15	Sustainability of Training of Trainers
4:15-5:00	Open forum Closing ceremony

Suggested answers to Exercise 1

1. BHWs with varying educational and socioeconomic backgrounds may require you to deliver instructions in the vernacular and approach the subject matter the simplest way possible. This may mean breaking down of the competency of “explaining” into enumerating first and then explaining later. The former may not necessarily be achieved unless there is already mastery of each of the prerequisite concepts. You may need to adjust your first competency as:
 - a. *Matukoy kung saan naroon ang bukol na pinagsimjlan ng TB lesion* (Identify the exact location of the TB lesion);
 - b. Distinguish the different types of treatment categories

The objective to “explain the diagnostic criteria for TB used in the National Tuberculosis Program” could very well serve as your general objective where items “a” and “b” belong.

2. Physicians have a reputation of being authoritative on matters related to health. If participants seem resistant to DOTS because they have their own treatment regimen that is also evidence-based, you need not argue with them. But you can certainly break down the task into a simpler one first then later proceed with the prescribed DOTS regimen:
 - a. Compare current evidences on treatment regimens used by private physicians and DOTS in terms of efficacy and adverse events.
 - b. Cite actual cases of patients classified under DOTS who were cured because of its regimen
 - c. Prefer DOTS to other approaches in TB management

Suggested answers to Exercise 2

1. *Barangay* health workers are the front liners in terms of actually witnessing the ingestion of the drug. Before they are allowed to be DOTS partners, they should be able to detect the appropriate cases. They would enjoy presenting the various scenarios in a role-play.
2. Engage them in a small group discussion. You may assign a different treatment regimen for each of the groups. Let the groups choose a rapporteur to present each of their findings.

Suggested answers to Exercise 3

We advise you to sit in with the group and observe the proceedings. Your presence would hopefully caution the members to mind their group manners because you, the “authority” are already with them. If during the course of the activity, the “chest x-ray fanatic” remains an unreasonable opinion giver, you could attempt to challenge him/her to choose to present the DOTS component on sputum examination, explaining its strengths and weaknesses compared with the chest x-ray. Challenge him/her to present the lessons using recent evidences. In short, you yourself or another member of the group, through your indirect

coaching, could be a harmonizer and try to accommodate the opinion giver without necessarily embarrassing him/her.

The other one is clearly an aggressor. Don't be surprised that adult and mature physicians would behave this way in the presence of other colleagues. If this character persists despite your presence, check or rebuke him/her for oppressive remarks. The training program should never be taken as opportunity to abuse or oppress the members of the group. On the other hand, you should also try to exert more and obvious efforts to call the non-MDs in the group (generally the withdrawers) to be more active and assertive. Ask them to probe, explain further, compliment them for good things they say, provide favorable feedback. Through the combination of rebuking the aggressor and inspiring the "victims," you can serve as the mediator.

The two members in this second group are playing their group task roles while portraying their individual roles. They are both opinion givers and self-confessors. Of course your bias is to favor the one who supports DOTS but you cannot totally ignore the one who is against it. Since the two have already engaged in an argument, you do not need to begin with sitting in to observe. You can call for an instant break for this group and try to diffuse the issue. During the break, ask the two to separate and cool off. Offer them additional beverages while trying to convince them to behave according to the task assigned. If it is impossible for the two to settle amicably, by all means, separate them!

The topics and case resources in modules 1 and 2 are already appropriate for this heterogeneous group. We suggest that you just adjust the depth of discussion to the basic TB-DOTS to accommodate the non-MDs. During the group activities however, the midwives, private GPs and municipal health officers may form one group each to have a more focused interaction.

References Cited

- Appelbaum, R. L., Bodaken, E. M., Sereno, K. K., and Anatol, K. W. E. (1974). The process of group communication. Chicago: Science Research Associates.
- Brown, G. and Manogue, M. (2001). AMEE medical education guide number 22: Refreshing lecturing: a guide for lecturers. *Medical Teacher*. 23 (3), 231-244.
- Crosby, J. (1996). AMEE Medical Education Guide Number 8: Learning in small groups. *Medical Teacher*. 18 (3), 189-202.
- Franco, E. A., editor. (1991). *A How-to-book-for-trainers and teachers*. Makati City: Center for Development Management and Productivity and the Franco Institute.
- Forsyth, D. R. (1983). *An introduction to group dynamics*. California: Brooks/Cole Publishing Company.
- Gagne, R. M. (1974). *Essentials of learning for instruction*. California: Holt, Rinehart and Winston, Inc.
- Gelula, M. (1997). Working with slides and transparencies for presentations. *Journal of Surgery and Neurology*. 47, 308-312.
- Gronlund, N. E. (1970). *Stating Behavioral Objectives for Classroom Instruction*. Ontario: Collier-MacMillan, Co.
- Jolles, R. L. (1993). *How to run seminars and workshops*. New York: John Wiley and Sons, Inc.
- Mager, R. F. (1962). *Preparing Instructional Objectives*. California: Fearon Publisher.
- Mencias, C. F. (1989). *Small Group Learning. Self-instructional material in health professions education*. Manila: National Teacher Training Center for the Health Professions, University of the Philippines Manila.
- Philippine Tuberculosis Initiatives for the Private Sector-Association of Philippine Medical Colleges-Philippine Coalition Against Tuberculosis. (2003). *Module 5: Directly Observed Treatment Short-Course*. Pasig City: Chemonics International, Inc.
- Philippine Tuberculosis Initiatives for the Private Sector-Association of Philippine Medical Colleges-Philippine Coalition Against Tuberculosis. (2003). *Module 1: The TB Epidemic*. Pasig City: Chemonics International, Inc.
- Smith, P. L. and Ragan, T. J. (1999). *Instructional Design*. New Jersey: Prentice hall, Inc.
- Turney, C., Cairns, L. G., Hatton, N., Owens, L. C. and Williams, G. (1974). *Sydney Micro Skills Series 2*. Sydney: Sydney University Press.
- Wink, D. M. (1993). Using questioning as a teaching strategy. *Nurse Educator*. 18 (5), 11-15.

Understanding Small Groups for TB-DOTS Workshops

Understanding Small Groups for TB-DOTS Workshops

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Basic principles in running small group activities

- **Stages of group formation**
- **Basic group processes**
- **Roles of trainers and trainees**
- **SGL strategies**

The life cycle of a group (Tuckman, 1965)

- **Forming**
- **Storming**
- **Norming**
- **Performing**
- **Mourning**

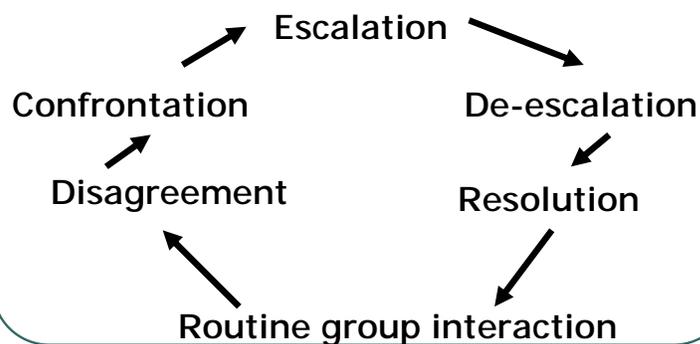
Stages of group formation

Stage	Content	Process
Forming	<ul style="list-style-type: none"> • Orientation to the task 	<ul style="list-style-type: none"> • Testing and dependence

Stages of group formation

Stage	Content	Process
Storming	<ul style="list-style-type: none"> • Emotional response to task demands 	<ul style="list-style-type: none"> • Intra group conflict

Course of conflict in small groups (Forsyth, 1983)



Stages of group formation

Stage	Content	Process
Norming	<ul style="list-style-type: none"> • Open exchange of relevant interpretations 	<ul style="list-style-type: none"> • Development of group cohesion

Stages of group formation

Stage	Content	Process
Performing	<ul style="list-style-type: none"> • Emergence of solutions 	<ul style="list-style-type: none"> • Functional role-relatedness

Stages of group formation

Stage	Content	Process
Mourning	<ul style="list-style-type: none"> • Completion of task and eventual splitting or adjournment of groups 	<ul style="list-style-type: none"> • Saying farewells and exchange of contact address

Roles of people in SGL

- **Trainer**
 - Teacher
 - Synthesizer
 - Facilitator
 - Mediator
- **Members**
 - Group task roles
 - Group building and maintenance roles
 - Individual roles

Group task roles

- Initiator
- Information seeker / giver
- Opinion seeker / giver
- Elaborator
- Summarizer
- Evaluator

Group building and maintenance roles

- Harmonizer
- Gate keeper
- Encourager
- Standard setter
- Encourager
- Group observer

Individual roles

- Aggressor
- Blocker
- Self-confessor
- Dominator
- Withdrawer
- Special interest pleader

Watch video clip

See Annex 1

Useful small group learning strategies for TB-DOTS

- **Brainstorming**
- **Buzz session**
- **Role play**
- **Small group discussions**
- **Panel discussions**

Brainstorming exercise

- **Task: What strategies can your city health department use to promote DOTS among the residents?**



Brainstorming

When to use

To generate ideas and creative solutions to problems

Procedure

1. Present the topic, issue to solve
2. Group members present their ideas. Facilitator writes all answers on the board. All answers are taken and not judged.

Brainstorming

When to use

To generate ideas and creative solutions to problems

Procedure

3. Members review the answers and group them according to areas.
4. Evaluate ideas and summarize.

Buzz groups

- **When to use**

To generate ideas and creative solutions from smaller groups of people

- **Procedure**

1. **Smaller groups of 4-5 members are formed to discuss a problem/issue.**
2. **The buzz groups generate ideas to the problem just like in brainstorming within 5 minutes.**

Buzz groups

- **When to use**

To generate ideas and creative solutions from smaller groups of people

- **Procedure**

3. **After the time, buzz leaders present their answers to the facilitator who then presents them during the plenary.**

Role play

- **When to use**

To explore communication issues and check on attitudes of learners

- **Procedure**

1. **Facilitator presents the scenario/s to all groups.**
2. **Groups are given 5 minutes to collect their acts. No script and rehearsals are needed.**

Role play

- **When to use**

To explore communication issues and check on attitudes of learners

- **Procedure**

3. **Let one group role play while the others are process observers.**
4. **Debrief.**
5. **De-role.**

Small group discussion

- **When to use**

To generate ideas, creative solutions to problems; promote active interaction among members and maintain the group

- **Procedure**

1. **Facilitator presents the topic for SGD**
2. **Group members present their ideas on the topic according to their personal and professional perspectives.**
3. **Facilitator presents a summary or a synthesis.**

Panel discussion

- **When to use**

To share information, solve problems, illuminate ideas for the audience, promote active interaction among members and maintain the group

- **Procedure**

1. **Facilitator opens the session by stating the topic or problem.**
2. **Facilitator introduces all the panelists.**
3. **Panelists engage in a conversational discussion with the facilitator.**

Panel discussion

- **When to use**

To share information, solve problems, illuminate ideas for the audience, promote active interaction among members and maintain the group

- **Procedure**

4. **Facilitator clarifies, establishes links, moderates based on panelists' contributions.**
5. **Optional: Audience asks questions to the panel.**
6. **Facilitator summarizes and synthesizes the proceedings.**

DOTS: the way to go!

Organizing DOTS Workshops and Planning for Presentation

Organizing DOTS Workshops and Planning for Presentation

Melflor A. Atienza, MD, MHPEd, FPCP, FPSG



Basic Questions in Designing Instruction (Mager, 1984)

Where are we going?

How do we get there?

**How do we know
we have arrived?**



Planning: Organizational component

- Ensuring participation
- Preparing venue, facilities
- Identifying resource speakers

Planning: Instructional design component

- Formulating objectives
- Organizing topics
- Deciding on the teaching – learning strategies and resources



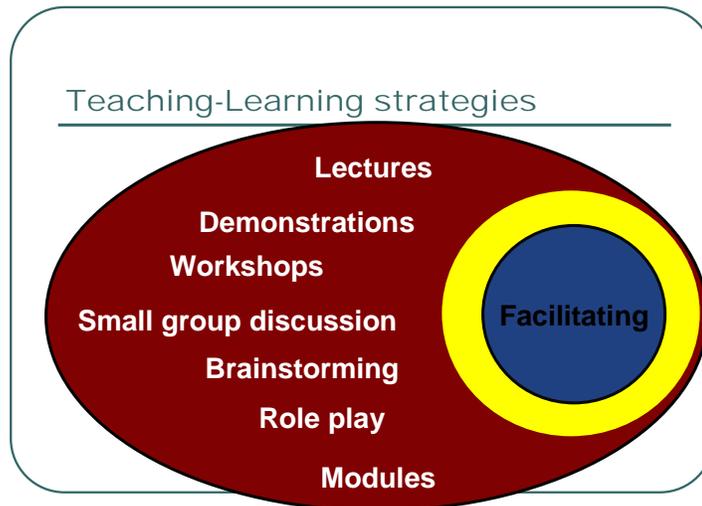
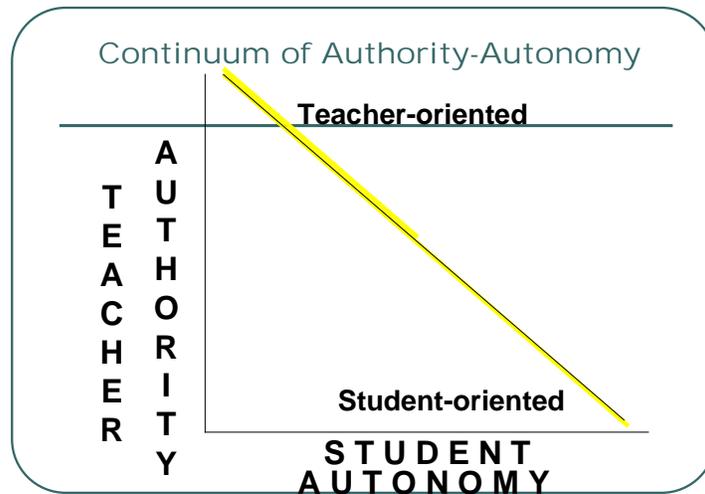
Workshop: as a Teaching-Learning Strategy

Learning process

- Motivation
- Apprehending
- Acquisition
- Recall
- Generalization
- Performance
- Feedback

Basic DOTS Course

- Orientation
- Burden of Illness
- NTP, Diagnostic com.
- PPM DOTS
- PhilHealth package
- Diagnosing/Treating Cases
- Next Steps/Feedback



Delivery:

Motivation (Turney et al., 1974)

- As you read the case definitions for TB patients, a lot of people were sighing and looked lost. Most remarks were are a lot of terms to remember and forms use. What will you do?

PURSUIT OF COMPETENCE

Delivery:
Motivation (Turney et al., 1974)

- A lot of the workshop participants are staunch advocates of the current system and are resistant to the idea of using a new copy for case detection. What will you do?

CONCEPTUAL CONFLICT

Delivery:
Motivation (Turney et al., 1974)

- During the orientation to the DOTS workshop, you notice that a lot of the participants, who are supposed to be successful practitioners, are not interested and taking everything you say with apathy. What will you do?

SOCIAL MOTIVE

Delivery:
Motivation (Turney et al., 1974)

- Pursuit of competence
- Conceptual conflict
- Social motive

Delivery:

Explaining (Turney et al., 1974)

- Promoting clarity
- Forming connections
- Using examples
- Making emphasis
- Monitoring feedback

Delivery:

Explaining through instructional media

*Current Status of TB
in the Philippines*

The Burden of Tuberculosis, 2000

1.9 million deaths worldwide

**98% of these deaths in the
developing world**

**8.7 million new cases, 80% in 22
high-burden countries**

(The Philippines included!)

TB in the Philippines

Parameter	1997 NPS	1983 NPS
TB infection: % of population	63.4%	54.5%
Annual Risk of Infection (ARI)	2.3%	2.5%
Smear (+) cases	0.31%	0.66%
Culture (+) cases	0.81%	0.86%
Xray (+) cases	4.2%	4.2%

1997 TB National Prevalence Survey

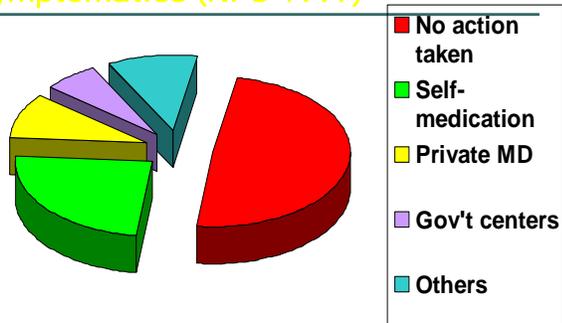
1997 NPS RESULTS

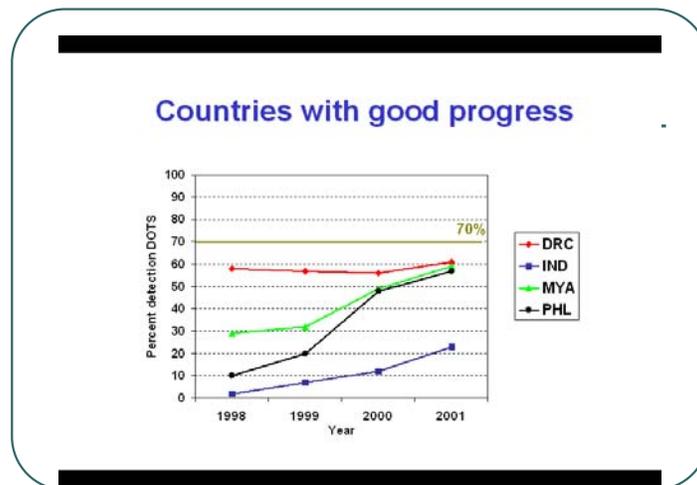
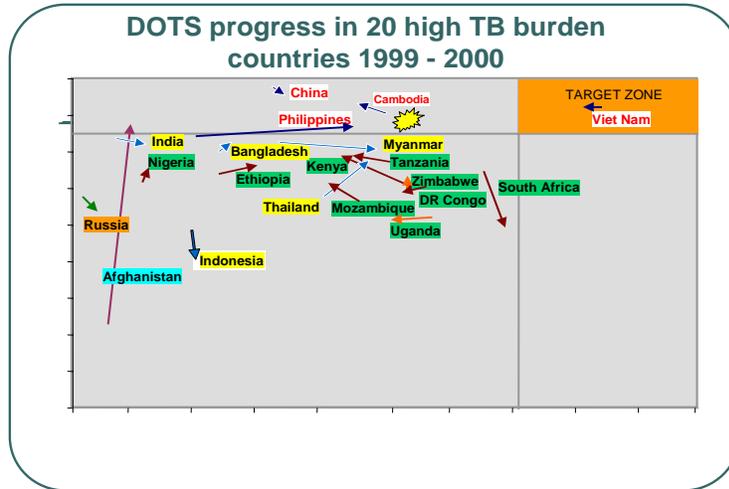
Smear (+)s affect 20 - 59 years old

TB Symptomatics:

- No action taken = 49.1%
- Self-medication = 24.3%
- Government Centers = 6.5%
- Private MDs = 9.6%
- Others = 10.5%

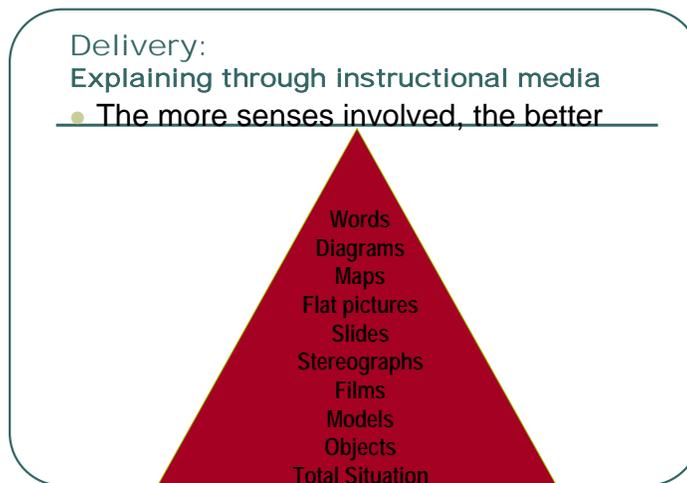
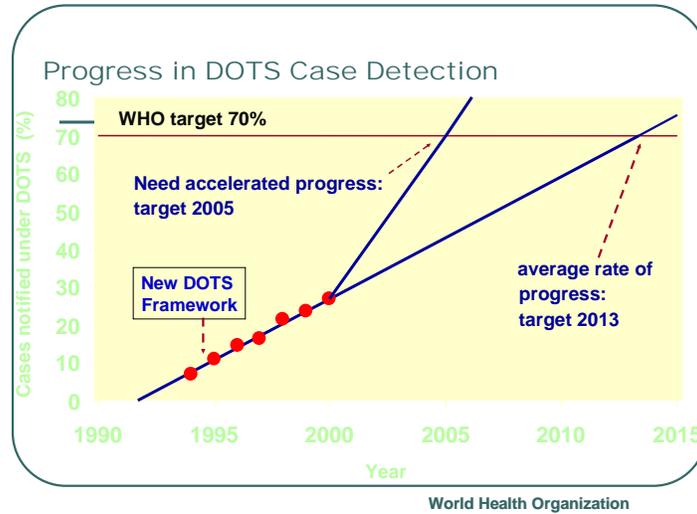
Health Seeking Behavior Among TB Symptomatics (NPS 1997)





Progress in DOTS Case Detection

- At the rate we are going, if the current trend continues, we will be in the target zone by 2013. However, we need to accelerate our effort if we want to achieve this target by 2005. This is the year that the WHO has targeted for the Philippines to reach this goal.



- ### Delivery: Components of Questioning
-
- Varying the level
 - Sequencing
 - Probing
 - Pausing
 - Encouraging student interchange

Delivery: Components of Questioning



Delivery: Components of Facilitating (Ortigas, 1990)

- Active listening
- Reflecting back
- Clarifying
- Linking
- Conveying acceptance
- Achieving humanness

Personality Parade

(Cooper & Heenan, 1980; Jolles, 1990)



The "Snippety Snit"



- "I hate it here!"
- "DOTS will never work."
- **"I am very sorry about the weaknesses of the program."**
- **"I can understand your frustration"**
- **"Let's see how the others feel about it."**
- **"Please elaborate on how you feel it."**

The Quiet trainee

- Sits quietly, does not interact

- "Is there something about what we are doing that is not of interest to you?"
- "Why don't you express your thoughts, you seem displeased."
- "I encourage you to express your opinion. It can influence what we are currently doing."

The "Enlightener"



- "I know all about DOTS..."
- "Perhaps you would like to prepare a presentation and give it this afternoon."
- "Notice your style of participating. Do you think you're more of a talker or a listener? Practice doing the opposite behavior and see."
- "You made interesting comments, now I would like to give others an opportunity to speak."

The "Reliant" trainee



- "Could you do this one for me so I'll know what to do next time."

- "Take a guess as to how it is done."
- "How do you think it should be done?"
- "You will be given time to experiment with answering the questions then we shall be giving feedback later."

Diverse group



- **Adjust to the level of your learners**
- **Address individual needs during breakout sessions**



**Evaluation of the Training of Trainers Workshop
Century Park Hotel Manila
August 18, 2003**

Selection of Participants

Sixty-one participants were pre-registered for the seminar-workshop. These were selected by their respective professional societies to be trained as trainers of future DOTS providers. The intention was to actively involve persons who are already content experts in TB control and Directly Observed Treatment, Short Course strategy to be part of this activity. During the day of the workshop itself, however, there were 92 actual participants in the workshop. It was noted that many of them have not undergone Basic DOTS Workshop and these participants admitted in the evaluation sheets given to them that “they were lost” or they had “difficulty following the lectures” because of their lack of understanding of DOTS. Moreover, many of them have not been oriented as to the nature of the workshop and were expecting to have more background on Basic DOTS which was just one lecture.

Recommendation

It is therefore recommended that future Training of Trainers Workshops be limited to pre-selected participants. These are health professionals who have undergone Basic DOTS Workshop and are interested in giving similar workshops in the future.

Registration

Due to the unexpected number of participants, the registration procedure did not proceed smoothly and many participants did not receive the modules / workshop kit. Some also lost theirs during the breakout sessions.

Recommendation

The number of trainees should be finalized beforehand so that there will be enough materials for all. This will also ensure that there will be no delays in the workshop schedule due to slow registration. The venue can also be chosen to be able to accommodate the size of the group.

Scientific Program

Overall, the seminar-workshop on TOT was evaluated as being very satisfactory to satisfactory, with a mean rating of 1.25 (following the scale: 1 – very satisfactory, 2 – satisfactory, 3 – fair, 4 – needs improvement).

The sessions were also rated as very satisfactory to satisfactory, in terms of comprehensiveness of the content, effectiveness of the resource person, and appropriateness of the strategy used. The workshop as a strategy was appreciated by the participants. However, due to limited time, the plenary session after did not provide enough time for open forum.

Recommendations

As recommended by the participants themselves, more time should have been allotted to workshops and plenary so that there will be more opportunities for interaction. To do this, adjustments have to be made regarding the schedule of other lectures. Below is the proposed revised schedule of the Training of Trainers Workshop.

Time	Activity
8:00-8:30	Arrival and Registration
8:30-9:00	Opening remarks Orientation to the TOT workshop Expectation setting
9:00-9:45	DOTS review
9:45-10:45	Organizing and planning for TB-DOTS
10:45-11:00	Break
11:00-12:30	Workshop: Preparing for presentations
12:30-1:30	Lunch
1:30-2:30	Plenary: presentation of Workshop outputs
2:30-3:00	The DOH Experience in conducting DOTS Training
3:00-3:15	Break
3:15-3:45	Experience in conducting DOTS training programs for private physicians
3:45-4:15	Sustainability of Training of Trainers
4:15-5:00	Open forum Closing ceremony

Resources

As mentioned earlier, many of the walk-in participants did not receive the modules and the Secretariat was not prepared for the number of participants that arrived.

Recommendations

Enough workshop kits should be prepared beforehand. With the adjustments in the time schedule mentioned above, less time will be allotted to lectures on theoretical foundations of teaching and learning. However, since this is basic to those who will become trainers, the revised module should be given to participants at least the day before the workshop.

To encourage them to read beforehand, they can be asked to evaluate the modules as to the relevance to their needs as future trainers and the comprehensiveness of the content. Here is the proposed short evaluation of the module:

Please evaluate the module that you have read using the scale: 1 – strongly agree, 2 – agree, 3 – disagree, 4 – strongly disagree

This module	Rating	Remarks
1. Is written in clear and concise language		
2. Is well-organized		
3. Maintained my interest		
4. Encouraged me to become a trainer of future DOTS providers		
5. Is comprehensive in terms of the basic principles of teaching and learning		
6. Contains exercises that are applicable to my needs		

What is your overall assessment of the module? (1 – excellent, 2 – satisfactory, 3 – fair, 4 – needs improvement) _____

What are your suggestions to improve this module?

It is also recommended that aside from this evaluation, the participants should also be asked to hand in the evaluation of the workshop before giving them their certificates. This will enable the organizers to look at how well they have handled the seminar-workshop and see how it can further be improved.

Logistics

Participants rated the venue, meals, accommodation, travel time and staff as satisfactory. Some noted that the venue was too small and the meals were not nutritious and did not cater to needs of diabetics.

Recommendations

A more appropriate venue can be chosen in the future based on the number and composition of the participants.

ANNEX 1: VIDEO CLIP