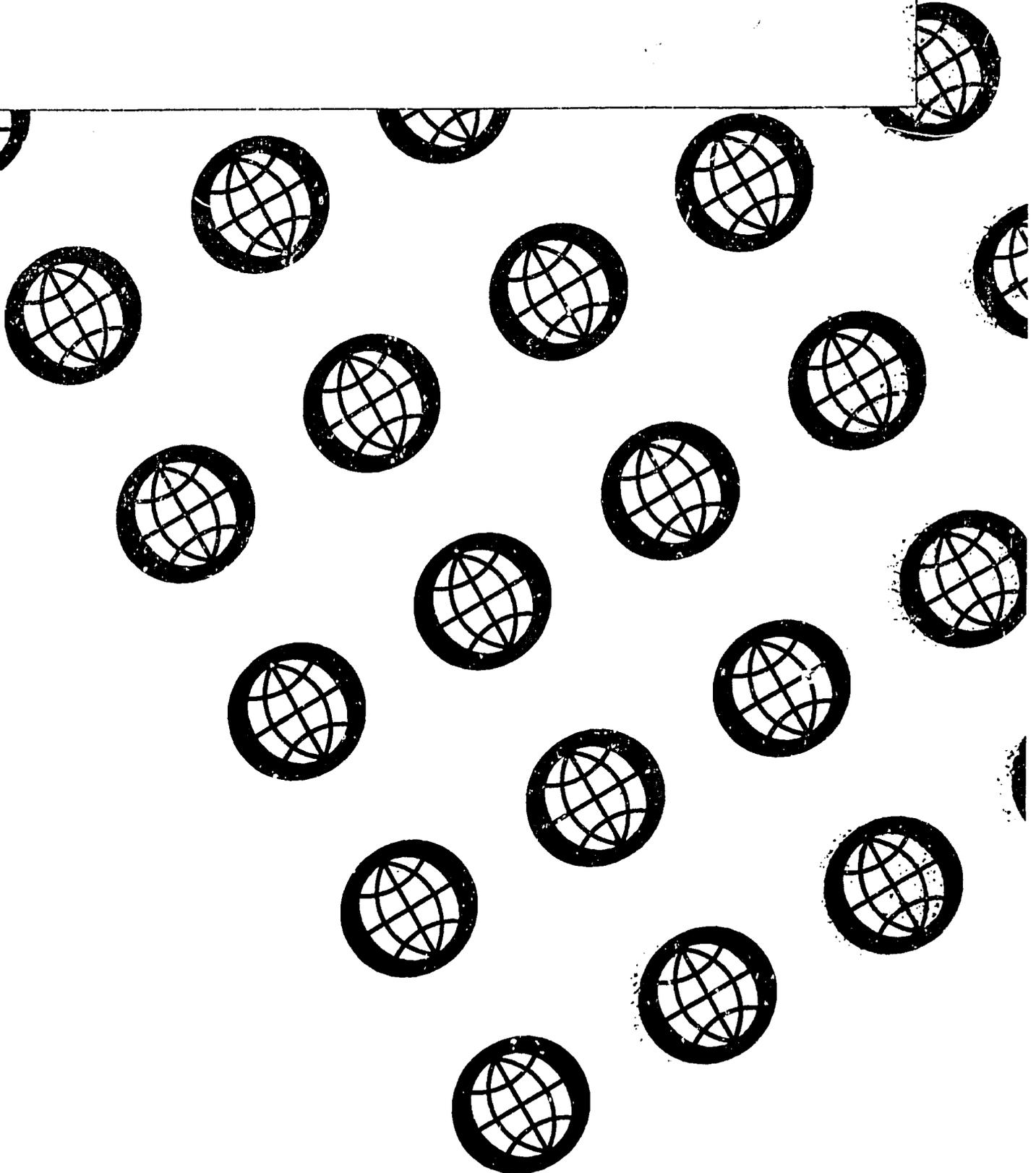


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Approach to Training



APPROACH TO TRAINING

As the number of health professionals required to deliver reproductive health services increases during the next decade, there will be a corresponding need to train trainers and service providers more cost-effectively and in less time. To accomplish this will require a different approach to clinical training as well as the appropriate use of new educational technologies.

For the past three years at JHPIEGO we have been working on a **competency-based** approach to clinical training that focuses on learning by seeing and doing. The objective is to equip health professionals with the knowledge and skills needed to carry out their clinical duties more safely and efficiently. Key features of this approach include:

- Basing training on adult learning principles which means that it is interactive, relevant and practical
- Teaching a standardized method of performing clinical procedures
- Using behavior modification (modeling) to facilitate training
- Developing skills by using anatomic models (i.e., the humanistic training method) and the coaching method of clinical training
- Evaluating how well the trainee performs a skill or activity rather than how much he/she has learned.

Since 1990 we have been introducing this training approach gradually into selected host country clinical training projects. To date, it has resulted in trainer and service

provider training activities which have been well-received wherever they have been tried. Moreover, when training is competency-based, humanistic and incorporates adult learning principles, participants learn skills in less time, at less cost and with fewer clients needed for training purposes.

WHAT IS COMPETENCY-BASED TRAINING?

The goal of clinical training in reproductive health must be to assist health workers to perform their jobs competently. No matter how effective training is in conveying information, influencing attitudes and judgment, or stimulating thought, it will have failed if participants are unable to perform the tasks assigned to them.

Competency-based training (CBT) is distinctly different from traditional educational processes. **CBT is learning by seeing and doing.** It is based on social learning theory which states that when conditions are ideal, a person learns **most rapidly and effectively** from watching someone perform (model) the task or activity. More traditional forms of instruction, on the other hand, attempt to educate the health care worker by providing a broad array of knowledge from which the worker later can select what is needed, according to the given situation.

Unlike the traditional model, CBT provides health workers with those competencies vital to the successful performance of their jobs. While traditional forms of training place great value on evaluation of what information the participant has **learned**, CBT emphasizes evaluation of how the

participant performs (i.e., a combination of knowledge, attitudes and, most importantly, skills).

The CBT approach we have developed is based on adult learning principles, which means it is participatory, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor. Finally, and most importantly, it stresses the importance of cost-effective use of resources and application of relevant educational technologies.

To successfully accomplish CBT, the clinical procedure to be taught must first be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safest way to teach and learn it - this process is called **standardization**. Once a procedure, such as IUD insertion, has been standardized, competency-based learning guides and checklists can be developed for use in training and performance evaluation (see below).

Use of the Humanistic Method for Clinical Skills Training

The use of more humane (humanistic) teaching techniques is as essential to clinical training as informed choice is to family planning service delivery. Moreover, when used effectively, training with models facilitates learning and shortens training time. Therefore, their effective use is an important factor in improving the quality of clinical skills training.

The humanistic approach relies heavily on the use of anatomic models, which closely simulate the human body, and other teaching aids such as slide sets and videotapes. In

this way, the participant is able to attain **skill acquisition** and **skill competency** prior to working in the clinical setting.

Terms Used to Describe Levels of Clinical Skill Performance

Skill Acquisition: Knows tasks and sequence to perform the required skill but needs supervision

Skill Competency: Able to perform the required skill with some supervision

Skill Proficiency: Able to perform the required skill efficiently and without supervision

For example, before a participant attempts a clinical procedure with a client, two learning activities should occur: and appropriate training slide sets and/or videotapes.

- The required skills and client interactions **should be demonstrated several times** using an anatomic model
- The required skills and client interactions **should be practiced repeatedly** under supervision using the model and actual instruments in a simulated setting which closely replicates the real situation.

Only when **skill competency** and some degree of **skill proficiency** have been demonstrated should the participant have his/her first contact with a client.

The number of procedures the participant needs to observe, assist with, and perform will vary depending on his/her background, skills and method of training. Competency must be assigned on an individual basis; there is no "magic number" of clinical cases which automatically makes a person

competent. For IUD insertions, for example, WHO advises that most participants should have performed at least 50-60 pelvic examinations and 10 to 15 IUD insertions under supervision before they have the skill and self-confidence to practice alone. **Incorporating the use of anatomic models and other teaching aids, however, can significantly reduce the training time and number of cases needed for skill competency.** In a recent study conducted in Thailand, the traditional method of IUD training was compared to one using the humanistic (models) approach. When models were used, 70% of participants were judged to be competent after just two insertions in actual clients, and 100% by six. By contrast, of the 150 participants taught without the use of models, 50% obtained competency only after an average of 6.5 insertions and 10% did not achieve competency even after 15!

Incorporating this more humane teaching approach is a key step in improving the quality of clinical skills training. Moreover, this approach can improve the cost-effectiveness of training programs. Where there is a lack of potential clients, some training programs can take six to eight weeks! If shorter, they may not provide adequate training. By contrast, where anatomic models are used appropriately for clinical skills training - not simply for demonstration purposes - training can be cut to two weeks or less, a considerable time and cost savings.

Coaching Method of Clinical Training

Coaching is a training technique in which the trainer first explains a procedure or routine and then demonstrates it using an anatomic model or other teaching aid such

as a slide set or videotape. Once the procedure has been satisfactorily demonstrated and discussed, the clinical coach then observes and interacts with the participant to guide him/her in learning the procedure, monitoring his/her progress and helping him/her overcome problems. Only when the participant has demonstrated competence in the simulated situation (e.g., role play for counseling or IUD insertion with the pelvic model) does the participant work with a client. The coaching process continues as the participant moves into the clinical setting to work with clients and does not end until he/she masters the procedure.

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

- **Pre-practice conference** - The trainer and participant meet prior to each practice or clinic session to review the activity or procedure including the steps in the learning guide to be emphasized during the session.
- **Practice** - The trainer observes, coaches and provides feedback to the participant following the steps detailed in the learning guide. The trainer completes the competency-based performance checklist for those steps/tasks observed.
- **Post-practice session** - A feedback session takes place immediately after practice. During this session the trainer refers to the competency-based performance checklist and indicates the strengths of the participant's skills and also offers specific suggestions for improvement.

Assessing Learning and Evaluating Performance

The use of **learning guides** and **competency-based performance checklists** is directly related to the coaching approach. A **learning guide** is a detailed listing of the steps required to perform an activity or procedure such as counseling a client or inserting the Copper T 380A. It is intended for use primarily by the participant to:

- Assist him/her in learning the correct steps and sequence (if necessary) to perform the activity or procedure (**skill acquisition**)
- Measure progressive learning in small steps as he/she gains confidence in his/her ability (**skill competency**)

The trainer also follows this learning guide when demonstrating the activity or procedure, and as noted above, the participant can refer to the learning guide when practicing.

Once the participant has practiced the activity or procedure sufficiently and feels competent, the trainer then uses a **competency-based performance checklist** to evaluate the participant's skill and provide feedback regarding performance. This checklist is an abbreviated version of the steps found in the learning guide.

After the participant is rated as proficient with the model, he/she then begins to work with clients under direct supervision of a trainer/coach. Ultimately, the trainer uses

the competency-based performance checklist a second time to rate the participant's ability when working with clients. Satisfactory performance at this stage in the training indicates that the participant is qualified to perform the activity or procedure without supervision.

In summary, the clinical training approach we have developed is based on a number of key features. **First**, it involves use of behavior modification (modeling) theory to facilitate learning a standardized way of performing the skill or activity. **Second**, it incorporates use of adult learning principles, which means it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor. **Third**, where possible, it relies heavily on the use of models and other teaching aids (i.e., it is humanistic) to enable participants to gain confidence in performing the assigned task or procedure before working with clients. **Fourth**, it must be competency-based. This means that the training focuses on **how well** the participant **performs** the procedure rather than how much has been learned. Finally, and most importantly, this clinical training approach stresses the importance of the cost-effective use of limited resources and the application of relevant educational technologies such as self-paced audio-, video- or computer-based training programs. Using this approach, participants learn in less time, at lower costs and with fewer clients needed for training purposes. **This is the ultimate test of training.**

JHPIEGO CLINICAL TRAINING COURSES

To date, this CBT approach has been applied to the development and field testing of training courses in four subject areas:

- **The Copper T 380A IUD**
- **The Norplant^R Contraceptive System**
- **Management of Sexually Transmitted Genital Tract Infections**
- **Infection Prevention for Family Planning Service Programs**

For each training course there is a training package which is composed of all the materials needed to conduct the course. These materials include, but are not limited to, the following elements:

- A reference manual containing only need-to-know information
- A course handbook containing validated questionnaires and practice (learning) guides which break down the activity

(e.g., counseling or IUD insertion) into its essential components

- Well-designed audio-visuals (slide sets and videotapes) and other teaching aids keyed to the learning guides and information in the reference manual
- Competency-based performance evaluation checklists

To be effective, training must be tied to these elements in ways which facilitate learning and foster mastery of the task or activity. Hence, with each training package a model course schedule and course outline are included as well as supplemental materials for the trainer (the contents of the IUD training package for participants, trainers and training institutions are listed in **Table 1**). Finally, because the printed materials (e.g., the reference manual and course handbook) in these training packages are prepared on an IBM-compatible computer using WordPerfect software, they can be updated easily and adapted for use in different training environments.

Table 1

CONTENTS OF IUD TRAINING PACKAGE

RECIPIENT	MATERIALS
Course Participant	<p>Reference Manual, <i>IUD Guidelines for Family Planning Service Programs</i></p> <p>IUD Course Handbook Model course syllabus, schedule and content outline Pre-course written knowledge questionnaire Pre-course clinical skills assessment Counseling and clinical skills learning guides</p> <p>(1 of each per participant)</p>
Trainer	<p>Reference Manual, <i>IUD Guidelines for Family Planning Service Programs</i></p> <p>IUD Course Handbook</p> <p style="text-align: center;">PLUS</p> <p>Tips for Teaching the Course Pre-course questionnaire answer key Mid-course written knowledge questionnaire and answer key and case study Competency-based performance evaluation (counseling and clinical skills checklist)</p> <p>Supplemental materials provided to the trainer may include:</p> <p style="text-align: center;"><i>Clinical Training Skills Handbook for Reproductive Health Professionals</i> <i>Infection Prevention for Family Planning Service Programs</i> <i>Genital Tract Infection Manual for Family Planning Service Programs</i></p>
Training Institution	<p>Anatomic models pelvic: Zoe^R and Gaumard handheld uterus</p> <p>Videotapes JHPIEGO and IPPF</p> <p>IUD Slide Set (84 annotated slides) covering Performing the screening pelvic exam Loading the Copper T 380A IUD in its sterile package Inserting the Copper T 380A IUD Removing the Copper T 380A IUD and managing problems</p> <p>(Exact numbers of models, videotapes and slide sets will vary according to the program design)</p>

Key Features of Clinical Skills Training Courses

Competency-based training is particularly well-suited for training in surgical contraceptive methods (e.g., IUDs, injectables, Norplant, voluntary sterilization). Because these courses include assessments of each participant's knowledge and clinical skills **prior to and during** training, the course can be adapted to meet both individual and group learning needs. The results of the pre-course assessment focuses training on acquisition of **new** information and skills. Use of the skill-based learning guides allows participants to chart their progress and pinpoint areas for improvement. By the time participant performance is evaluated at the end of the course, every participant should be able to perform every procedure or activity correctly.

This adaptability also permits **course length** to be adjusted to the specific participant audience. As an example, JHPIEGO has developed two IUD training courses. The **standard** course is 10 to 12 days long and intended for health professionals with no prior IUD experience. By contrast, the **accelerated** course is five to six days long and designed for health professionals with prior IUD experience, needing to update or standardize their IUD skills. A comparison of these two courses is summarized in **Table 2**.

Steps in Developing Clinical Training Programs

The key to successful clinical training is transference: assisting health professionals who are experts learn how to transfer their

knowledge and skills effectively. Once they become accomplished clinical trainers they also need to know how to organize, conduct and evaluate training programs. To achieve this requires several basic developmental steps and usually involves JHPIEGO assistance in:

- Assessing in-country training needs
- Course development (adapting training materials) and training trainers in the how to use the materials
- Co-teaching the initial course (consultants and in-country trainers)
- Conducting echo courses (in-country trainers only)
- Follow-up evaluation to:
 - Assess performance of course graduates in their home institution
 - Observe trainers in action
 - Revise training materials (if necessary)

Not unexpectedly, in order to implement this type of training program, the number of steps needed and the sequence in which they are undertaken will vary somewhat from country to country. In our experience thus far the variation has not been that great.

Table 2

JHPIEGO IUD MODEL TRAINING COURSES

The Standard IUD Training Course (10 days/2 weeks). This training format differs from many current courses because it emphasizes the use of pelvic models and other teaching aids for skills acquisition and skill competency prior to actually working with clients.

The Accelerated IUD Training Course (5 days/1 week). This course should be used more selectively (i.e., in situations where health care providers are highly motivated to do independent study prior to attending this course and acquire new skills in a minimum time).

Health care providers completing either course are expected to have similar competencies in counseling, client assessment, pelvic examination, IUD insertion skills and program management, and will be equivalent to those recommended by WHO¹. It is anticipated that participants trained in either of these IUD courses will be more competent because they will have more opportunity for practice. A comparison of the course characteristics is listed below.

<p style="text-align: center;">STANDARD 10-12 days/2 weeks</p>	<p style="text-align: center;">ACCELERATED 5-6 days/1 week</p>
<p>No pre-training requirements.</p>	<p>Prior to the formal training course, the trainee studies the educational material (reference manual <i>IUD Guidelines for Family Planning Service Programs</i>) and completes a written pre-course knowledge assessment, scoring above 70% to qualify.</p>
<p>At the training site, a pre-course knowledge questionnaire is completed to determine individual and group learning needs. A limited clinical skills assessment is conducted which covers:</p> <ul style="list-style-type: none"> • counseling skills • pelvic examination skills (models) 	<p>At the training site, the pre-course skills assessment covers:</p> <ul style="list-style-type: none"> • counseling skills • pelvic examination skills (models) • IUD insertion/removal technique (models)
<p>Formal training activities focus on classroom discussions, demonstrations, practice with and extensive direct experience in counseling, client assessment, IUD insertion/removal, infection prevention and clinic management.</p>	<p>Training activities focus on improving skills (IUD insertion/removal) including counseling (role play and volunteers) with formal classroom work tailored to participant's needs.</p>
<p>Competency-based Assessment Components:</p> <ul style="list-style-type: none"> • Pre- and mid-course questionnaires • Case studies • Counseling and clinical skills learning guides • Competency-based performance evaluation • Course evaluation by trainees 	<p>Competency-based Assessment Components:</p> <ul style="list-style-type: none"> • Mid-course questionnaire • Case studies • Counseling and clinical skills learning guides • Competency-based performance evaluation • Course evaluation by trainees

¹ WHO advises that potential providers need to perform 50-60 pelvic examinations and 10-15 IUD insertions before they have sufficient competency and self-confidence to practice alone.

TRAINING TRAINERS

The need to train trainers in this new approach has necessitated development of training skills materials that reflect our evolving educational philosophy. In early 1993, JHPIEGO will publish **Training Skills Manual for Reproductive Health Professionals**. The primary purposes of the manual are to:

- Standardize the participatory and humanistic training skills required of reproductive health trainers
- Identify and present the essential clinical training skills required of reproductive health trainers
- Identify and present the essential classroom presentation skills required of reproductive health trainers
- Identify and present the learning guides and performance evaluation instruments needed to assess competency

- Present the trainer with a model for the design, delivery, and evaluation of training
- Serve as the reference manual for standardized training-of-trainer programs

The manual focuses on eleven essential responsibility areas for trainers, each of which is the basis for a module, as listed in **Table 3**. Most of the modules have been field-tested in Kenya, the Philippines and Thailand.

Knowledgeable faculty and trainers, equipped with modern training skills, are vital to the development and promotion of competency-based training programs in reproductive health.

This manual will assist reproductive health trainers in using a **participatory and humanistic** approach in the design, delivery, and evaluation of clinical training.

Table 3

TRAINING SKILLS MANUAL MODULES

Training Skills Manual for Reproductive Health Professionals	
Course Design	
<i>Module 1</i> Conducting a Needs Assessment and Task Analysis	<i>Module 7</i> Facilitating Brainstorming, Discussions, Case Studies and Role Plays
<i>Module 2</i> Designing the Training Course	<i>Module 8</i> Developing Training Skills
<i>Module 3</i> Designing Course Training Materials	Training Evaluation
Instructional Delivery	<i>Module 9</i> Developing and Using Knowledge-Based Tests
<i>Module 4</i> Using Audio-Visuals	<i>Module 10</i> Developing and Using Competency-Based Assessments
<i>Module 5</i> Creating a Positive Training Climate	<i>Module 11</i> Evaluating Training
<i>Module 6</i> Presenting Illustrated Lectures	

JHPIEGO TRAINING MATERIALS

Item	Languages	Content
<i>IUD</i>		
<ul style="list-style-type: none"> ● IUD Course Handbook 	English	<p>This handbook outlines a standard two-week training course for clinicians (physicians, nurses and midwives) in IUD (specifically the Copper T380A) insertion and removal, including counseling, client assessment and management of side effects and other health problems. IUD clinical skills training combines use of pelvic models and other teaching aids to facilitate skills acquisition and competency, minimize risk to clients and decrease training time and costs. The model course outline and learning objectives are keyed to the information provided in the reference manual. Also included are pre- and post-training knowledge and skills assessments, detailed learning guides to help participants learn and measure their progress, and competency-based knowledge questionnaire and skills checklists for performance evaluation.</p>
<ul style="list-style-type: none"> ● IUD Reference Manual "IUD Guidelines for Family Planning Service Programs" 	English, French, Spanish	<p>This manual provides clinicians (nurses, midwives and physicians) essential information on how to safely use IUDs, specifically the Copper T 380A IUD. The material is arranged sequentially, according to the usual way in which clients are cared for - starting with general counseling and ending with management of side effects and serious health problems. Moreover, it is provided in concise sections for ease in learning and recall.</p>
<ul style="list-style-type: none"> ● IUD Training Video "Insertion and Removal of the Copper T 380A IUD (a teaching video)" 	English, French, Spanish	<p>This 19-minute video demonstrates a safe and gentle technique for insertion and removal of the Copper T 380A IUD. Highlighted are: performance of the pelvic exam including screening for sexually transmitted genital tract infections (GTIs), loading the IUD in the sterile package, uterine sounding, and use of the withdrawal technique in inserting the Copper T 380A IUD. Also featured are removal of the IUD and management of side effects and other health problems.</p>
<ul style="list-style-type: none"> ● IUD Teaching Slide Set "Copper T 380A IUD Insertion and Removal" 	English, French, Spanish and Portuguese	<p>This annotated slide set consists of 84 slides designed to accompany JHPIEGO's IUD training courses for clinicians (physicians, nurses and midwives). Using a pelvic model, the slides provide step-by-step instructions for performing the screening pelvic exam, loading the TCu-380A IUD in the sterile package, inserting the IUD using a safe and gentle insertion technique, removing the IUD, and management of common problems (missing IUD strings etc.). Additional features illustrated are: screening for GTIs and recommended infection prevention practices.</p>

Item	Languages	Content
<ul style="list-style-type: none"> ● Pelvic models (ZOE™ and Gaumard) 	N/A	<p>Gaumard: The Gaumard family planning educator is a basic simulator for the demonstration of the introduction and removal of the IUD and diaphragm.</p> <p>ZOE: The ZOE pelvic model assists in the teaching of the bimanual pelvic exam and IUD insertion and removal. Comes with interchangeable normal and abnormal uteri, cervixes and adnexal tumors.</p>
<ul style="list-style-type: none"> ● Handheld uterine model 	N/A	<p>A compact "hand-held" uterus for demonstrating IUD insertion and removal. Clear window permits easy viewing of the IUD.</p>
NORPLANT®		
<ul style="list-style-type: none"> ● Norplant Course Handbook 	English	<p>The standard Norplant insertion/removal training course is three days long and is designed using a team training approach: one clinician (physician, nurse or midwife) and one person whose designated responsibilities include counseling, logistics and program support. Clinical skills training in Norplant insertion/removal combines use of a training arm model and well-designed audio-visual materials and other teaching aids to facilitate skills acquisition and competency, minimize risk to clients and decrease training time and costs. The model course outline and learning objectives are keyed to the information provided in the reference manual. Also included are a pre-training knowledge assessment, detailed learning guides to help participants learn and measure their progress, competency-based post-course knowledge questionnaire and clinical skills checklist for performance evaluation.</p>
<ul style="list-style-type: none"> ● Norplant Reference Manual "Norplant Guidelines for Family Planning Service Programs" 	English, French and Spanish available 1/93.	<p>This manual provides clinicians (physicians, nurses and midwives) essential information on how to safely insert and remove Norplant. The material is arranged sequentially, according to the usual way in which clients are cared for - starting with general counseling and ending with management of side effects and serious health problems. Moreover, it is provided in concise sections for ease in learning and recall.</p>
<ul style="list-style-type: none"> ● Norplant Slide Set 	English and French available 11/92	<p>This annotated slide set depicts Norplant insertion and removal, including removal of capsules that are difficult to palpate, and provides troubleshooting hints for both procedures.</p>
<ul style="list-style-type: none"> ● Norplant Training Video 	English available early 1993.	<p>JHPIEGO will be producing a new training video in conjunction with Lieras which demonstrates the procedure for insertion and removal of Norplant capsules.</p>

Item	Languages	Content
<ul style="list-style-type: none"> • Subdermal Implant Training Model (Norplant Training Arm) 	N/A	<p>The Subdermal Implant Training Model has been developed to help clinicians learn to insert and remove Norplant subdermal contraceptive implants. The model is designed to simulate, as closely as possible, actual implant insertion and removal.</p>
<i>GENITAL TRACT INFECTIONS (GTIS)</i>		
<ul style="list-style-type: none"> • GTI Reference Manual: "Genital Tract Infection Manual for Family Planning Service Programs" 	English and French	<p>This manual is designed to serve as a primary reference for clinicians (physicians, nurses and midwives) learning to manage and diagnose those GTIs frequently encountered in the family planning setting. Because the problem-oriented approach more closely approximates clinical practice, the material in the guidelines is organized by client problem (i.e., vaginal discharge, genital ulcer or abdominal pain) rather than by causative agent (microorganism). Flowcharts are used wherever feasible as step-by-step guides to diagnosis. The appendices contain detailed descriptions of how to perform the diagnostic tests and interpret the results, and a treatment guide.</p>
<ul style="list-style-type: none"> • GTI Teaching Slide Set "Managing Sexually Transmitted Genital Tract Infections (GTIs)" 	English, French, Spanish and Portuguese due early 1993.	<p>Consists of 104 annotated slides divided into four parts:</p> <ul style="list-style-type: none"> A. Gross and Microscopic Lesions. B. Diagnosis of Trichomoniasis, Candidiasis and Bacterial Vaginosis. C. The Diagnosis of Gonorrhea. D. Serologic (RPR) Card Test for the Detection of Syphilis.
<i>MINILAPAROTOMY</i>		
<ul style="list-style-type: none"> • Minilap Course Outline 	English	<p>Project-specific course outlines from Kenya and Zimbabwe are currently available. There are both two-week (in-service) and 1 - 3 month (pre-service) course outlines.</p>
<ul style="list-style-type: none"> • Minilap Teaching Slide Set "Surgical Approach To Minilaparotomy Using Local Anesthesia" 	English, French	<p>The slide set contains 64 slides based on the minilap procedure (as it is performed in Africa). The set is divided into four sections: Pre-operative preparation, pelvic exam and uterine elevator placement, skin prep and local anesthesia, and performing the minilaparotomy procedure.</p>

Item	Languages	Content
<i>FAMILY PLANNING SERVICES</i>		
<ul style="list-style-type: none"> ● FAMILY PLANNING CLINICAL SERVICE GUIDELINES (prototypic) 	English, Spanish	<p>These guidelines are "prototypic" in that they are designed to be adapted to each country's specific needs. The guidelines are intended for program managers and health care staff and focus on the essential knowledge and skills needed to promote safe family planning service delivery. Because regional differences occur as to what constitutes essential family planning services, who should provide these, and at what level in the health care system they should be provided, it is left up to the users of these guidelines to address these issues.</p>
<i>INFECTION PREVENTION (IP)</i>		
<ul style="list-style-type: none"> ● Infection Prevention Course Handbook 	English	<p>JHPIEGO's standard, five-day course covers the essential infection prevention information and recommended practices for the safe delivery of all types of surgical contraceptive procedures. The eight hour refresher module provides a concise update of essential infection prevention information as well as practical training in selected IP procedures. It is designed for use in short, in-service surgical contraceptive courses (IUDs, VS and Norplant). Included are model course outlines with learning objectives keyed to the reference manual and competency-based pre- and post-training assessments.</p>
<ul style="list-style-type: none"> ● IP Reference Manual: "Infection Prevention for Family Planning Service Programs" 	English, French, Spanish	<p>While intended for use in family planning service programs in developing countries, the infection prevention practices on which these guidelines are based are universally applicable. Their primary objective is to enable administrators, clinic managers and health care professionals to develop uniform infection prevention standards for use in any type or size of family planning service program, regardless of its location. The manual is divided into three sections: Fundamentals of Infection Prevention covers the basic principles and practices of modern infection prevention and the importance and applicability where resources and manpower are limited; Infection Prevention Guidelines includes practical and easy-to-do infection prevention practices for each surgical contraceptive method (male and female surgical sterilization, Norplant[®], IUDs and injectables) currently provided worldwide; and Appendices which contain "how to" instructions on preparing and/or using the recommended procedures as well as advantages and disadvantages of each procedure in given circumstances.</p>

Item	Languages	Content
<ul style="list-style-type: none"> • IP Teaching Slide Set "Infection Prevention Overview and Processing Reusable Gloves" 	English, French, Spanish due early 1993.	The slide set is divided into two sections. The first consists of 50 annotated slides designed to provide an overview of the recommended infection prevention (IP) practices for use in family planning service programs. The second set consists of 24 slides with complete annotations on processing reusable gloves. Both can be used alone or be incorporated into the standard or refresher Infection Prevention Course.

TRAINING SKILLS

<ul style="list-style-type: none"> • Training Skills Reference Manual "Training Skills Manual for Reproductive Health Professionals." 	English and French available 1/93	This manual is intended for use by medical and nursing school faculty and reproductive health trainers who are responsible for designing and teaching training courses and workshops in reproductive health. The manual emphasizes that to be effective, training must be participatory and must use a humanistic approach for clinical skills training. The manual includes components on conducting a needs analysis, curriculum design, teaching skills, developing teaching and clinical training skills, and training evaluation.
<ul style="list-style-type: none"> • Clinical Training Skills (CTS) Handbook (includes the CTS Manual) 	English	<p>The CTS handbook contains an outline for a standard 6-day CTS course, pre- and post course knowledge and skills assessments. The CTS manual focuses on 6 areas for which a trainer is responsible and presents practical "how to" information and techniques for conducting clinical training courses.</p> <p>CTS handbooks for specific clinical skills areas (IUD, Norplant, GTIs) will also be developed in addition to CTS training. These 10-day courses will standardize participants clinical skills, provide a technical information update and allow participants to adapt the appropriate model course outline to their training needs.</p>
