Effective Training in Reproductive Health: Course Design and Delivery

Reference Manual

Christina Wegs, MSW, MPH
Katherine Turner, MPH
and Betsy Randall-David, BSN, PhD

Editor: Jill Molloy, MA

Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

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Table of Contents

About Ipas

Ipas is an international nongovernmental organization that has worked for three decades to reduce abortion-related deaths and injuries; increase women's ability to exercise their sexual and reproductive rights; and improve access to reproductive-health services, including safe abortion care. Ipas's global and country programs include training, research, advocacy, distribution of reproductive-health technologies and information dissemination.

About this Manual

This manual is designed to be a resource for individuals who provide training in reproductive health, whether they work with health-care providers, managers, advocates or community members. It is designed to help these individuals strengthen their training and facilitation skills, enabling them to plan and implement more effective training courses and events. The manual:

■ Provides an overview of the concepts and skills that trainers utilize when designing and delivering effective training

■ Promotes a learner-centered, participatory approach based on the principles of adult learning

■ Reviews the concepts and skills that are essential to effective participatory training, including group facilitation, coaching skills and the use of a variety of interactive training methods

■ Guides trainers through the process of planning an effective training course

No matter what audience or content matter will be the focus of a training course, the application of these principles and skills in the design and implementation of training courses helps ensure that the course will be effective in meeting the needs of adult learners.

This resource manual can be used in a number of ways, including:

■ As a reference manual to help trainers refresh and strengthen their skills through self-study

■ As a participant's manual during individualized training and group-based courses for trainers

The document is organized into three sections:

Section 1 provides an introduction to reproductive-health training.

Section 2 outlines the principles of adult learning and provides an overview of effective training and facilitation skills.

Section 3 outlines the principles of course design and walks the reader through the 12 steps of planning effective training courses.

Section 4 provides various resources for trainers, including sample forms and tools that can be used or adapted in training courses.

A note on language

In this manual, the terms participants, learners and audience are used interchangeably; in addition, trainers are sometimes referred to as facilitators.

This participants' manual is intended for use in training of trainers courses, along with its companion document, *Effective training in reproductive health: Course design and delivery (Trainer's manual)*. The trainer's manual includes training activities, detailed instructions for trainers and participant handouts. For more information on ordering the trainer manual or other Ipas publications, send an email to Ipas_Publications@ipas.org or telephone (800) 334-8446 (toll-free in USA) or (919) 918-2085.

Acknowledgments

Section 1: Introduction

Education is not about the filling of a pail, but the lighting of a fire.

—William Butler Yeats

The goal of education and training is to promote the development and growth of individuals, helping them to improve themselves, as well as the societies and systems in which they live and work. Training adults involves partnering with them to help them strengthen the knowledge and skills they already have, and learn new attitudes, knowledge and skills in ways that build upon their previous experience and training.

Training is an essential intervention for improving the quality of and access to reproductive health care. Building the knowledge and skills of health educators and clinicians enables them to provide high-quality health education and services. Training clinic managers and administrators strengthens their ability to build and maintain systems for sustaining high-quality services over time. Providing training to advocates and policymakers builds their skills for advocating for policies that support the equitable provision of high-quality reproductive health care at the community, regional and national levels. Training health-care consumers increases their ability to prevent health problems, to effectively utilize health-care services and to advocate for services that meet the health needs of the communities in which they live.

Training for adult learners comes in many forms. Sometimes training is delivered to groups of learners through workshops and classroom-based courses. Other times, training is delivered through formal and informal activities that learners complete individually or with the support of a trainer or coach. Training may utilize a variety of traditional methods, such as lectures and group discussions or more participatory activities, such as role-plays, case studies and games. Each of these training approaches and methods has strengths and appropriate uses.

Regardless of their audience, purpose or configuration, all effective training courses for adults will share certain characteristics:

- Trainers are skilled facilitators who are able to manage group dynamics and create a supportive environment for learning.

- Trainers understand the learning needs and preferences of adult learners and design courses to meet these needs.

- Trainers are skilled in the use of a variety of participatory training methods that facilitate skills practice and acquisition.

- Trainers are able to design and plan courses that are relevant to and appropriate for the contexts in which learners live and work.

> **What is training?**
>
> *Training refers to structured learning opportunities intended to help learners obtain new information or skills that they will apply immediately in their workplaces and communities. Training may increase participants' knowledge about certain subject areas or provide them with an opportunity to reflect on and change their attitudes. Often, training allows learners to strengthen skills needed to carry out a specific procedure or activity, such as counseling patients, lobbying for policy change, performing a surgical procedure or marketing a product. Effective training allows participants to learn and practice applying new attitudes, knowledge and skills in an environment that is supportive and in a context that is relevant to the life-experiences of learners.*

Training to Improve Performance

For training to be an effective intervention for improving health-care services, it must do more than expose learners to new information. Training must enable learners to improve the ways in which they perform tasks and solve problems in their communities or workplaces. Training can help improve the performance of learners when:

■ **Training increases competency.** Good training will not just expose learners to new knowledge and skills, but will provide opportunities for them to achieve mastery of these knowledge and skills. Trainers can help learners increase their competency by providing a supportive environment for learning, presenting new information and skills in a context that is relevant to learners, and providing learners with opportunities to practice applying new attitudes, knowledge and skills.

■ **Trainees are able to apply improved attitudes, knowledge and skills after they complete a training course.** For training to be truly successful in contributing to change, participants must be able to achieve transfer of training, or the application of their new attitudes, knowledge and skills to real-life situations and tasks. During a course, trainers can help ensure transfer of training in a number of ways, including working with learners to develop concrete strategies and plans for applying their new attitudes, knowledge and skills. Trainers can also help learners create a plan to receive support for applying new attitudes, knowledge and skills in their communities or workplaces.

■ **Trainees maintain improvements over time.** For the impact of training to last, trainees must be able to maintain improvements over time, as well as to update and improve their knowledge and skills. Trainers can help learners maintain and improve their skills after a course by helping them identify opportunities for ongoing training, as well as sources of ongoing support and information, such as professional networks, listservs and newsletters.

Training to Support Systems Change

Real improvements in quality and access to reproductive health-care services involve the transformation of health-care systems. Often, changes are initiated by health-care administrators, providers, community members and advocates. Training courses can help support systems change in a number of ways, including:

■ **Building the skills of participants.** Training can provide learners with the skills to effectively initiate and contribute to positive change, for example, by building their management, advocacy and planning skills.

■ **Building participants' confidence and motivation.** When training provides individuals with an opportunity to enhance their own knowledge, skills and attitudes in a supportive, participatory and comfortable environment, it can help build their confidence and motivation.

■ **Training provides learners with opportunities to strategize about ways to address problems within the systems in which they live**

> ***Transfer of training***
>
> *When learners are able to apply the new attitudes, knowledge and skills they have acquired during a training course, transfer of training has been achieved. (To learn more about designing courses to support the transfer of training, see Planning Step 10.)*

and work. Training activities can provide learners with structured opportunities to identify these problems, strategize about ways to address them, and develop plans for initiating and sustaining change efforts.

The concepts of Paulo Freire, one of the most influential educators in the late-twentieth century, provide a foundation for many of the training methodologies presented in this manual. Freire's concept of empowerment education presents an alternative to the more conventional "banking" method of education, in which passive students' minds are seen as empty vaults which receive deposits of teachers' pre-selected, ready-made knowledge. With empowerment education, knowledge and power are not transferred from teacher to student, but rather are created within a mutual learning process that leads to consciousness raising and action on collective goals.

Empowerment is a consequence of a social action process that promotes the participation of people in groups and communities to learn how to gain control over their lives in order to make personal and societal changes.

(Wallerstein, 1992)

Also critical to the design and delivery of high-quality training is Freire's message that education is not neutral. All trainers and learners are conditioned by their life experiences and societies, and have values, beliefs and prejudices that they bring to a learning environment. Effective trainers must develop an awareness of their own values and beliefs, as well as those of the learners, and critically examine how these affect a learning environment. Trainers also bring their social conditioning into educational curricula they develop. Any training curriculum that ignores racism, sexism, classism, homophobia and other forms of oppression inhibits consciousness raising, blocks creativity, stifles liberating social action and supports the status quo. Empowerment education creates unique opportunities for people to challenge their own and others' beliefs, and to transform themselves and the systems in which they live and work.

The Strategic Use of Training

Training is often an essential intervention to improve reproductive health care, but it is not always the most appropriate or strategic intervention to solve problems with health-care services.

■ **Training is often essential, but rarely sufficient.** Strengthening the knowledge and skills of individuals through training is essential for improving reproductive health care, but training alone cannot improve the quality and accessibility of reproductive health care. Instead, training must be complemented by other interventions to improve the accessibility and quality of care. Skilled, motivated individuals cannot provide high-quality care without supportive policies, adequate resources and functioning logistical systems. Health-care consumers are unable to access health care unless facilities are equitably distributed and services are affordable.

■ **Training may not be the solution, or the whole solution, to problems with health-care services.** Training cannot solve problems that are

unrelated to individual knowledge, skills and attitudes, such as inadequate facilities and supplies, poor information systems, or policy and legal restrictions. Even when training is part of the solution to problems in health-care services, it is most effective when complemented by other interventions to ensure that health-care systems can provide high-quality care.

Planning a strategic training intervention

Careful planning helps ensure that training is used in an efficient and effective manner. When planning training interventions, be sure to:

■ **Conduct a needs assessment:** Like all effective interventions, training should be preceded by a comprehensive needs assessment that identifies current problems and determines their root causes. Needs assessments provide information about many different factors that affect the quality and accessibility of reproductive health care, such as the location and adequacy of facilities; availability of essential supplies and equipment; the skills of health-care staff; knowledge and care-seeking behavior of health-care consumers; and national and local policies and service-delivery guidelines.

■ **Select a strategic mix of interventions:** The results of a needs assessment are used to determine the appropriate intervention(s) to address problems. First, it must be determined whether problems can be effectively addressed through training. If training is determined to be an appropriate intervention, the next step is to design an effective training course that will help learners address their gaps in knowledge, attitudes and skills, while working within the resource and time constraints identified by the needs assessment. (For more information about designing an effective training course, see Section 2 of this manual.)

■ **Implement interventions in an integrated way:** Training is most effective when complemented by other interventions that facilitate the implementation and maintenance of new skills. For example, clinical training may be preceded by a clinic upgrade or changes in service-delivery guidelines. Training may also be accompanied by supervisory visits that support transfer of skills to the workplace, as well as maintenance of skills over time.

■ **Monitor and evaluate interventions:** Training interventions should be monitored and evaluated to see how they have affected the performance of participants and how well they have addressed the problems. Evaluation helps determine which types of interventions are most effective, thus providing information that can be used to create subsequent interventions. Successful training interventions can serve as models for the establishment or reorganization of training systems at the district, state and national levels.

(Intrah/PRIME II Project and JHPIEGO, 2002; JHPIEGO, 1997a)

Case study: *Strategic use of training contributes to sustainable improvements in postabortion care services in Peru*

A hospital in Peru implemented a series of integrated interventions that produced lasting change in the quality of health-care services. This innovative approach consisted of a cluster of training and systems interventions intended to address issues that adversely impacted quality of care. Needs assessment, implementation and monitoring efforts were conducted in collaboration with program managers and hospital leadership, which engendered a sense of project ownership and ensured a high level of sustainability. This partnership with clinic administrators and managers, along with strategic investments in training and service-delivery reorganization, has contributed to sustainable change. Nearly five years after the initial intervention, improvements in the quality of health care have been maintained.

Baseline/needs assessment: As mentioned above, a needs assessment was conducted in participation with program managers and administrators. Assessment at baseline revealed that women experienced costly and unnecessary delays in receiving care, had poor access to family-planning services and that several aspects of quality of care needed improvement. This assessment identified a variety of issues that adversely affected provider performance and the quality of postabortion care (PAC) services, including poorly organized services, inefficient billing procedures, gaps in the clinical skills of providers, poor patient-provider interaction and the routine use of sharp curettage for uterine evacuation.

Selection of strategic mix of interventions: To address these issues, the project team selected a "cluster" of strategic service-delivery interventions to increase the efficiency and quality of services, including:

- *Interventions to integrate MVA into routine PAC*
- *Reorganization of PAC services to integrate family-planning counseling and method delivery into routine PAC*
- *Establishment of outpatient PAC services in an emergency room to decrease the length of patient stay, decreasing costs for both women and the facility*
- *Decreases in patient fees and streamlining of billing practices*

These interventions were complemented by training intended to improve the skills of service providers and managers, including:

- ***Training of trainers:*** *Two training-of-trainers courses were conducted, helping to establish a cadre of highly skilled instructors who provided training on PAC preservice education and modeled correct implementation of health services to new providers.*
- ***Clinical training of providers in PAC with MVA:*** *Physicians and midwives were trained together, strengthening their skills, as well as fostering interdisciplinary respect and partnership.*

- **Whole-site training:** *All hospital staff participated in training, including clerical and security staff. This whole-staff training facilitated the identification and resolution of non-clinical issues that had been persistent barriers to the implementation of PAC, including discriminatory treatment of women seeking care for incomplete abortions and billing practices that contributed to long patient waiting times. This whole-site training also helped build a sense of teamwork and fostered a wider sense of ownership of PAC services.*

- **Capacity building of managers or supervisors:** *Through collaboration with the research team on needs assessment, implementation and monitoring of interventions, managers and supervisors built their capacity to perform ongoing monitoring of the intervention.*

Sustainable implementation

A number of factors helped ensure the success of the interventions, as well as the maintenance of improvements over time:

- *Strong administrative and clinical leadership and support for change*

- *Follow-up with providers to support implementation of skills*

- *Effective supervision by hospital administrators, managers and supervisors to maintain improvements in the performance of clinical and administrative staff*

- *Reorganization of services to create new standard practices for provision of care and to reinforce improvements*

- *Collection and sharing of quality-of-care and cost-effectiveness data by researchers to gain ongoing support from administrators*

- *Quality family-planning services offered through other departments in the hospital*

- *Reliable supply of essential gynecological medical supplies and equipment*

Supervision, monitoring and evaluation:

- *Program managers monitored performance indicators*

- *An assessment conducted one year post-intervention demonstrated significant improvement in quality and cost of care.*

- *Without a subsequent intervention, these improvements in PAC have been maintained for almost five years after the initial intervention.*

(Benson and Huapaya, 2002)

Section 2: Principles and Skills for Effective Training in Reproductive Health

Training to improve the accessibility and quality of reproductive health care involves working with many different kinds of learners and a wide variety of training topics. Reproductive-health training courses may be designed to:

■ Help health-care providers identify the ways in which personal beliefs and biases adversely impact the services they provide, and to develop strategies for managing personal biases

■ Improve the clinical skills of physicians, nurses and community health workers

■ Strengthen the ability of health-care workers, managers and administrators to monitor the quality of health-care services

■ Increase policymakers' understanding of the impact of policies and service-delivery guidelines on women's health

■ Increase the ability of community members to develop and implement effective strategies to advocate for the provision of services to meet their health needs

■ Strengthen the ability of medical distributors and salespeople to communicate effectively with health-care administrators and providers

■ Increase young adults' understanding of their sexual and reproductive health and help them build skills for exercising their sexual and reproductive rights, including negotiating safer sex

■ Increase health workers' understanding of gender and the complex relationship between gender and health

No matter the audience or purpose of a training course, all effective training is designed to meet the unique needs and preferences of adult learners and is delivered by trainers with strong communication and facilitation skills. This section provides an overview of the skills and principles of adult learning, as well as the skills essential to delivering effective training, including facilitation, communication, coaching and the management of groups.

Adult learning principles

What is learning?

Learning involves more than exposure to new ideas and ways of solving problems and doing things. Rather, learning involves changes in knowledge, attitudes and behaviors.

Participants in training courses have learned when they:

■ Integrate and apply new information

■ Change their perceptions, feelings or values

■ Improve the way they perform old tasks

Effective trainers help adults learn by creating a safe environment for experimentation and practice with new information and skills. Learning and practicing with new knowledge and skills often involves making and correcting mistakes. This process can be difficult for adults, as they are often accustomed to feeling competent and demonstrating competence to their peers. One of the most important ways in which trainers can help create a safe and supportive learning environment for adults is to foster opportunities for them to act as co-trainers by sharing their experiences and skills with other participants. Effective trainers also construct activities that help learners achieve mastery of new information and skills throughout a course, as well as providing constructive, positive feedback to learners throughout a course.

■ Demonstrate the ability to perform new tasks

There are certain fundamental principles of learning that apply to all training courses, no matter the audience or purpose of the course.

■ Learning is largely an associative process through which participants relate new information to what is already known.

■ Learning is enhanced when participants are able to practice applying new attitudes, knowledge and skills.

■ Learning by understanding promotes better retention than learning by memorization.

■ Repetition increases the retention of new knowledge.

■ Changes are unlikely to take place unless the learner is motivated to learn.

(Solter, 1997)

Characteristics of adult learners

Malcolm Knowles, commonly referred to as the father of adult learning, popularized andragogy, or the art and science of adult learning. Knowles refuted the belief that learning is primarily a function of youth. Instead, adults continue to learn new information and skills throughout their lives.

Adults learn differently from children, and effective training courses for adults are designed to meet their unique learning needs and styles. Effective education with adults…

…**is participatory**. Adults learn best when they are actively involved in the learning process. They are more likely to learn and retain new information when training creates opportunities for them to practice applying their new knowledge and skills.

…**is supportive.** Adults are most likely to learn in an environment that is supportive, in which learners receive positive reinforcement, such as praise and encouragement, instead of negative reinforcement, such as criticism.

> *"Facts learned in youth have become insufficient and, in many instances, actually untrue; and skills learned in youth have become outmoded by new technologies."*
>
> *–Malcolm Knowles*

….**builds on the experience of learners.** Effective training provides adults an opportunity to build on existing perspectives, knowledge and skills and to share these with fellow learners. Valuing the existing experience of learners not only helps them to feel comfortable experimenting with new knowledge and skills, but is also effective in helping them link what they have learned to real-life contexts.

…**is relevant.** Adults respond best to learning opportunities that offer them the chance to learn information and skills that are relevant to the contexts of their workplaces and communities. They are also likely to respond best to training that helps them build knowledge and skills that they will apply immediately. Often, adults seek training opportunities when they assume new tasks

and roles. By contrast, adult learners are usually not motivated to use time and resources for training that they perceive as irrelevant to the tasks they regularly complete as part of their work and community lives.

Adults learn best when...	The role of the trainer is to...
They feel valued and respected for the experiences and perspectives they bring to the training situation.	Elicit and affirm learners' experiences and perspectives.
The learning experience is active and not passive.	Actively engage learners in their learning experience.
The learning experience fulfills their immediate needs.	Identify learners' needs and design training content and methods that meet these needs and are directly relevant to learners' experiences.
They accept responsibility for their own learning.	Establish and enforce group norms that create an environment of individual and group responsibility for learning.
Their learning is self-directed and meaningful to them.	Involve learners in deciding on the content that will be covered during the training.
Their learning experience addresses ideas, feelings and actions.	Use multiple training methods that elicit knowledge, attitudes and skills.
New material is related to what learners already know.	Use training methods that enable learners to integrate new material and establish a relationship with existing information.
The learning environment is conducive to learning.	Take measures to assure that the physical and social environment (training space) is safe, comfortable and enjoyable.
Learning is reinforced.	Use a variety of activities to facilitate learning similar concepts through different means and ensure prompt, reinforcing feedback.
Learning is applied immediately.	Provide opportunities for learners to apply the new information and skills they have learned.
Learning occurs in small groups.	Use small-group training methods that encourage learners to explore feelings, attitudes and skills with other learners.
The trainer values their contributions as both a learner and a teacher.	Encourage learners to share their expertise and experiences with the trainer and other learners.

(Adapted from Robinson, 1994)

Training tip:
Reducing resistance to change

Adult learners often resist learning if it involves replacing comfortable, established attitudes or ways of doing things. Trainers can reduce learners' resistance to change in a number of ways, including:

■ Allowing learners as much choice as possible in selecting what they will learn

■ Illustrating the ways in which applying new knowledge, attitudes and skills can benefit learners

■ Reinforcing new learning by providing structured activities in which learners practice applying what they have learned

(Solter, 1997)

Experiencing

Doing an exercise or
activity together or drawing
on a shared experience

"Doing"

Applying

Developing an action plan
for applying insights and
skills gained from the
previous two phases

"Taking Action"

Processing

Sharing observations
and feelings about
the experience

"Reflecting"

Generalizing

Examining the meaning of
the experience, comparing it to
other experiences, identifying
general principles or patterns

"Deriving Meaning"

(Adapted from Pfeiffer and Ballew, 1991)

…fosters opportunities for self-directed learning. Adult learners are accustomed to taking responsibility for their own decisions and actions, including choosing what they want to learn. They learn best when they are treated as active participants in the learning process and when trainers help them move from the role of dependant learners to self-directed learners.

The adult learning cycle

Helping adults reflect on and change their attitudes or learn and retain new knowledge and skills involves more than just exposing learners to new information. Adults learn through a process in which they analyze and apply this information to their own lives. Effective training activities guide participants through each step of the learning process.

The adult learning process consists of four phases:

Phase 1: Learners experience new information. The role of the trainer is to structure the activity by setting objectives, clarifying group norms and giving directions and time limits. The trainer presents information in a stimulating manner, using visual aids and actively involving learners by asking questions and facilitating discussion. **Possible training methods to use during phase one:** group brainstorm, case studies, field visits, film/video.

Phase 2: Learners process new information. The role of the trainer is to facilitate learners' reflections on what they learned in phase one and how they reacted to the information. The trainer facilitates learners' sharing of their ideas and reactions with each other. P**ossible training methods to use during phase two:** small-group discussion, small-group presentations.

Phase 3: Learners generalize the experience. The role of the trainer is to guide learners to derive meaning from their reactions to the new information. It is crucial for the trainer to be knowledgeable about the topic and its broader context. Trainers should resist providing answers for learners, and instead facilitate learners drawing their own conclusions. **Possible training methods to use during phase three:** large-group discussion, demonstration, individual reflection through writing.

Training tip: Use the adult learning process to facilitate effective learning

To enhance adult learning, it is recommended that trainers design activities that move learners through this four-part cycle **at least once every four hours.** The trainer's role is to understand what occurs at each phase and facilitate the learner through each phase of the process.

Retention and recall

Information retention refers to taking in and storing what has been learned, while information recall involves retrieving this information for use at a later time. Learners may understand concepts presented to them and retain that information for a short period of time, but not be able to recall the information at a later date. There are several steps that trainers can take to enhance learners' long-term retention and recall of information:

- Summarize important information at the beginning and end of a session.
- Review important concepts with learners, rather than only presenting ideas once.
- Show connections or associations between different concepts.
- Create learning exercises that engage multiple senses – touch, taste, smell, sight and hearing.
- Add movement to learning exercises so that physical gestures become associated with concepts or ideas.
- Use humor as a tool to help learners remember concepts, as well as to reduce tension or boredom.
- Emphasize key words and phrases to point out important information and emphasize main points.
- Use creative devices and visual cues, such as images and symbols, to stimulate learner recall.
- Number or color code concepts that are written on posters or charts.
- Limit periods of concentrated learning to 20-50 minutes or less by providing breaks.

Phase 4: Learners apply the experience to actual work or life situations. The role of the trainer is to help learners relate what they have learned in the training to their everyday work or life situations. The trainer can design activities where learners practice and plan for post-training application. **Possible training methods to use during phase four:** field visits, study tours, action planning, simulated skills practice, practice on actual clients.

Different learning styles

Individual learners have unique ways in which they learn and retain knowledge and skills. Most people can learn through a variety of learning styles, but often they have one preferred style. Because trainers are unlikely to know the individual learning style of each learner in their training audience, it is best to assume that there are people with all learning styles in each group.

People's learning styles can be broadly divided into four categories:

■ **Analyzers**, sometimes referred to as abstract conceptualizers, learn primarily through analyzing new information. They respond best to activities that allow them to relate new information to abstract theories and concepts, and to analyze and organize new material. Lectures, case studies and discussions about theories and research are effective training methods for these learners.

■ **Observers,** also known as reflective observers, earn best while observing others, as well as by reflecting individually on new knowledge and concepts. For these learners, demonstrations, films or videos, and study tours will aid learning.

■ **Experiencers**, sometimes referred to as concrete experiencers, learn best through exercises that provide an opportunity to try out new ideas. They also learn by relating emotionally to people and new ideas. Activities that best enable them to learn are role-plays, simulated practice and other experiential activities.

■ **Innovators**, also called active experimenters, like to take risks, influence others and show that they are able to complete tasks. Trainers can call on these learners to facilitate and report on discussions, showcase skits or role-plays, and lead action planning.

Adult Learning Styles

Experiencers

Learning by experiencing

Attributes: receptive, like experienced-based learning, empathetic, oriented towards peers, make feeling-based judgments, like feedback and discussion, lead with their hearts, see each situation as unique, do not like a theoretical approach, ask "why?"

Learning strengths: learning by experiencing, relating to people, being sensitive to feelings and people

Preferred learning situations: new experiences, games, role-plays, discussion, brainstorming, hands-on

Observers

Learning by reflecting

Attributes: tentative, observe what is going on carefully, use what works, like to get to the point, use plans and timelines, introverted, like practical application, use strategic thinking processes, ask "how does it work?"

Learning strengths: carefully observing before making judgments, viewing issues from different perspectives, looking for the meaning of things

Preferred learning situations: lectures, demonstrations, videos, visual aids, modeling, exhibits, study tours/field trips
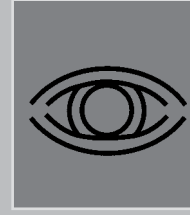
Innovators

Learning by doing

Attributes: like to be doing something, enjoy self-discovery, open to all kinds of possibilities, flexible, risk-takers, extroverts, like to experiment with new things, dislike passive learning, ask "if?"

Learning strengths: showing ability to get things done, taking risks, acting to influence people and events

Preferred learning situations: leadership role in projects, role-plays, skits, action plans, experimental, hands-on exercises.
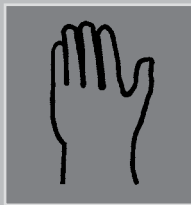
Analyzers

Learning by thinking

Attributes: analytical, use logic, think in sequences, pay attention to details, like certainty, oriented towards symbols and ideas, authority-oriented, prefer impersonal learning, ask "what?"

Learning strengths: logical analysis of ideas, systematic planning, deductive thinking

Preferred learning situations: lectures, case studies, reading, journaling, visualization, symbolic art
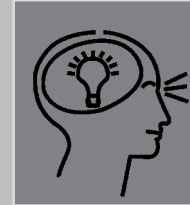
Facilitation and Communication Skills of Effective Trainers

As discussed in the previous section, adults learn best when they are actively engaged in the learning process and are able to build on their existing experience and skills. Effective trainers help adults learn by creating a supportive and collaborative environment for learning and by providing structured, participatory opportunities for learners to learn and practice new attitudes, knowledge and skills.

Roles of an Interactive Trainer

Effective trainers lead, facilitate and mentor learners throughout a training course, rather than providing instruction to a passive group of learners.

As effective leaders, trainers:

■ Create a safe, respectful and collaborative atmosphere for learners

■ Help learners define excellence

■ Are knowledgeable about subjects being discussed

■ Are decisive when decisions need to be made

■ Believe that everyone, including the leader, has something to learn

■ Support the empowerment of learners

■ Model group norms and enforce them when necessary

As effective mentors, trainers:

■ Encourage and inspire the group

■ Instill confidence and enthusiasm in learners

■ Act as role models

■ Think and act in inventive, creative ways to help keep participants engaged in learning

■ Support ongoing learning even after the official training has ended

As effective facilitators, trainers:

■ Practice good communication skills, including both listening and sharing

■ Facilitate effective group interaction and communication

■ Mediate disagreements and generate resolutions

■ Facilitate adherence to group norms

■ Encourage independent learning and discovery

Characteristics of effective trainers

Effective trainers:

- **Know their subject matter.** They have researched their topic and are well informed and perceived as credible by learners.

- **Take the time to get to know their audience.** They demonstrate respect for and listen to the learners. They call learners by name, if possible.

- **Are nonjudgmental.** They validate everyone's experience and their right to their own perspective. They respect differences of opinion and life choices.

- **Are culturally sensitive.** They are aware that their views and beliefs are shaped by their cultural background, just as the perspectives of learners are shaped by their own culture and life experiences.

- **Are self-aware.** They recognize their own biases and act in a professional manner when their "hot buttons" are pushed.

- **Are inclusive.** They encourage all learners to share their experiences and contribute to the group-learning process in their unique ways.

- **Are lively, enthusiastic and original.** They use humor, contrasts, metaphors and suspense. They keep their listeners interested and challenge their thinking.

- **Use a variety of vocal qualities.** They vary their pitch, speaking rate and volume. They avoid speaking in monotones.

- **Use "body language" effectively.** Their body posture, gestures and facial expressions are natural and meaningful, reinforcing their subject matter.

- **Make their remarks clear and easy to remember.** They present one idea at a time and show relationships between ideas. They summarize when necessary.

- **Illustrate their points.** They use examples, charts, and visual and audio aids to illustrate subject matter

- **Understand group dynamics and are comfortable managing groups.** They are comfortable with conflict resolution.

- **Are flexible.** They read and interpret learners' responses — verbal and nonverbal — and adapt training plans to meet their needs. They are "in charge" without being overly controlling.

- **Are open to new ideas and perspectives.** They are aware that they do not know all the answers. They recognize that they can learn from course participants, as well as offering them new knowledge or perspectives.

- **Are compassionate.** They understand that the topics addressed during training may have an emotional impact on learners. They are empathetic and understanding about learners' emotional reactions.

- **Are receptive to feedback.** They encourage co-trainers and learners to give feedback, both informally and through formal evaluation. When they receive negative feedback about their performance, they critically analyze this feedback instead of becoming defensive.

- **Continuously work to improve their performance.** Even the most experienced trainers can improve their training skills. Effective trainers seek out opportunities to learn new skills and use negative feedback as an opportunity to improve.

Communication and Facilitation: Essential Skills for Effective Training

In order to work effectively with adult learners, trainers need to be adept at communication. Skilled trainers use verbal and nonverbal communication to demonstrate interest in and respect for the contributions of learners. They are also able to interpret nonverbal cues that learners provide about their comfort and satisfaction with training, and adjust activities to help meet learners' needs.

Effective trainers also have strong facilitation skills which they use to create opportunities for learners to participate and contribute to learning, as well as manage tension and conflict within training groups to maintain a positive and productive learning environment. They acknowledge the value of different perspectives within the training group, while being able to diplomatically test and challenge learners' assumptions and prejudices. They are skilled at providing productive, positive feedback to learners, as well as being able to respond non-defensively to feedback from learners.

Effective nonverbal communication

People often communicate their thoughts and feelings without speaking a word. A trainer's physical posture, facial expressions and gestures express his or her thoughts and feelings as much as his words do.

Certain types of nonverbal communication, or "body language," encourage open communication and facilitate learning. Types of nonverbal communication that trainers can use to facilitate learning include:

■ Maintaining appropriate eye contact with learners

■ Showing interest in what is being said, for example, by nodding their heads or smiling

■ Standing in front of learners without placing any barriers, such as a desk or podium, between themselves and learners

■ Standing in relaxed, yet confident postures

■ Demonstrating enthusiasm about the topic by moving around the room and gesturing

■ Avoiding distracting movements, such as tapping their feet, pacing back and forth, or passing out handouts while someone is speaking

Effective trainers will also pay attention to the nonverbal communication of their learners. For example, a person's body language may indicate that they are uncomfortable discussing a certain topic or are bored or distracted during a training course.

Effective verbal communication

The style and tone with which someone delivers and elicits information can communicate as much to the listener as the words that are being spoken. A trainer's verbal communication style should capture the interest of learners, as well as convey the trainer's interest in what learners have to contribute to the conversation. They can help participants to maintain interest by:

■ Varying the pitch, tone and volume of their voice, as well as by speaking clearly

■ Encouraging questions and letting learners answer each other's questions

■ Emphasizing important points by speaking slowly and summarizing at the end of an important point

■ Avoiding the repitition of phrases, such as, "Do you understand?" or "Is that clear?"

■ Making smooth transitions from one topic to another and making connections between various topics, whenever possible

■ Giving clear directions so that learners are not confused about what is expected of them; posting written directions in a visible place, whenever possible

■ Using language that is easily understood and is culturally acceptable to the learners

Closed and open-ended questions

Closed-ended questions are questions that elicit short answers, often "yes" or "no." They can be used to check in with the group, for example, to find out whether or not they understand the material or are ready to move to the next topic. Closed questions can also be useful when the trainer is trying to uncover specific information or make a point.

By asking open-ended questions, trainers can elicit in-depth responses, thus engaging learners more fully in discussions and activities. Open-ended questions begin with "how," "what," "when" and "tell me about." They do not have a "yes" or "no" answer. When trainers find that their questions are not eliciting the depth of responses that they desire, they should examine their communication style to determine whether they are using open- or closed-ended questions.

> **Examples of closed-ended questions:**
>
> "Is the meaning of that word clear?"
>
> "Do the practitioners in your facility mainly use surgical techniques?"
>
> **Examples of open-ended questions:**
>
> "What skills are you hoping to learn during this training session?"
>
> "Tell me some possible reasons why this problem is occurring."

Paraphrasing

Paraphrasing, or restating what someone has said to you, is an effective way to make sure that you and the speaker understand each other. It also shows that you are listening carefully to what is being said. If you have misunderstood, speakers have an opportunity to clarify the point they were trying to communicate.

Giving and receiving feedback

The process of giving and receiving feedback involves giving learners information about their performance, as well as listening receptively to their suggestions.

Giving feedback includes providing learners with information about what they do well, in addition to identifying aspects of their performance that need improvement and offering realistic suggestions for helping them improve their performance. To help learners accept and use feedback to help them improve their performance, it should be given in a respectful way that highlights the positive and provides concrete suggestions for improvement.

Feedback is most constructive when:

- It is specific. Feedback is most useful when it helps learners identify specific behaviors that they do well or need to improve, as well as specific changes they need to make in their behavior.

- It is directed towards a behavior that the learner can realistically change. Feedback is not helpful when it focuses on issues such as a learners' accent or the sound of their voice.

- It is timely. Feedback is most useful when it is given during or immediately after a learner practices a new skill or procedure.

- It is delivered using "I" statements. Trainers should use their own observations and suggestions when delivering feedback to learners. ("I" statements include: "I think…," "I noticed…," "I observed…")

- It is descriptive, not judgmental. Feedback should describe the consequences of learners' behavior, rather than judging learners' skills or intentions.

Example of constructive feedback:

"When you asked the client if she had any questions, I noticed that you were filling out her chart and were not looking at her. Perhaps if you stopped filling out the chart and made eye contact with her, she would feel more comfortable asking questions."

Example of judgmental, non-specific feedback that is not helpful to learners:

"You ignored the client because you were too focused on filling out the chart. She probably thought you didn't even care if she had any questions."

Trainers must also be skilled in asking for and receiving feedback from both learners and other trainers. When trainers solicit feedback, they should listen carefully to suggestions and thank both learners and fellow trainers for their opinions. By doing this, trainers show that they value others' perspectives and are willing to examine and improve their own performance.

To receive feedback, trainers should:

■ Ask for specific and descriptive feedback

■ Ask clarifying questions to understand the feedback

■ Accept feedback. Do not defend or justify behavior. Listen to the feedback and thank learners or fellow trainers for sharing their perspectives. At a later time, reflect on the feedback and use relevant feedback as information to improve performance.

Key training techniques: Coaching

Coaching is an essential skill for trainers who work with reproductive-health issues. It is both an approach to training and a specific activity that is carried out by trainers. Coaching consists of using a combination of active listening, questioning, positive feedback and problem-solving techniques to help learners develop new clinical skills. Through coaching, knowledge is transferred from the trainer to the learner in a manner that builds learners' self-esteem, as well as their skill set.

Transfer of information takes place in three phases of coaching. In the first phase, the clinical trainer performs the skill while the learner observes the demonstration. During the second phase, the learner practices the skill while the trainer provides supervision and support. In the final phase, the trainer evaluates the level of competency with which the learner can perform the skill. By taking a three-phase approach to learning, the coaching process ensures that participants can perform new skills with a high level of competency.

The coaching process: Three phases			
	Demonstration	**Practice**	**Evaluation**
Trainer	Explains and demonstrates the skill	Coaches and supervises the learner	Assesses the learner's level of competency
Learner	Observes the demonstration	Practices skill on models and performs skill on clients	Performs skill according to standardized procedure

(Adapted from Sullivan et al., 1998)

Uses of coaching:

■ Provide learners with an explanation and demonstration of skills to be learned

■ Transfer skill set from trainer to learner

■ Teach effective problem-solving skills

■ Provide learners an opportunity to practice new skills while receiving support and feedback

■ Convey immediate feedback to learners on their performance of new skills

■ Assess learners' level of competency

■ Provide positive feedback and suggestions for improvement

Effective Learning in Groups

Stages of training-group dynamics

When people are brought together for a common purpose, such as a training or workshop, the group typically goes through a series of predictable patterns of interpersonal dynamics. An effective trainer can anticipate and recognize these patterns and tailor courses to accommodate them, thus providing a flexible, supportive and successful learning environment.

The learning experience in a group can be viewed as a continuum, with participants moving from feelings of apprehension to a final sense of achievement, as they acquire new skills and prepare to apply them in their home environment. Although the continuum can be broken into several stages, the middle stages overlap and have no clear beginning or end.

Stage 1: Apprehension

During the brief first portion of a course, trainers and learners define the objectives of the training, how they will be attained and what the roles of the trainers and the learners will be.

At the beginning of a course, learners are both nervous and excited. They are looking forward to the training, but may be experiencing some anxiety about other members of the group, why they have been selected to participate in the course and what will be expected of them during and after the training. At this stage, trainers should watch the group closely to evaluate the needs and expectations of the learners, as well as potential group dynamics that may emerge during the training course. It is up to the trainer to provide the context, objectives and tone of the training.

Stage 2: Cohesion

As the learners and trainers establish group norms, they become more familiar and comfortable with each other and begin forming interpersonal relationships. Learners begin to relax as their roles become established and clear. Training activities allow them to acquire new skills, get to know and respect the other learners and the trainers, and begin to coalesce as a group. Trainers begin to coach participants more than direct them, intervening when necessary, and acknowledging the group as it begins to accept responsibility for its own learning. Both learners and trainers become satisfied as new skills are learned and control of the group is transferred from the trainers to the group. The length of this stage will vary depending on the capability of the trainers in working with diverse and sometimes dissatisfied learners, and on how quickly the group learns new skills.

Stage 3: Creation

By this stage, the group is functioning as a team. Trainers and learners are communicating well, recognizing the strengths of each member and acknowledging the contributions that each brings to the team. Learners have integrated their new skills by applying them in group work and practice sessions. Learners and trainers now treat each other as colleagues. All acknowledge the contributions that everyone has made to make the course successful.

Stage 4: Achievement

At this point, learners have completed their final practice sessions and presentations. They have learned to give and receive effective feedback in a positive manner. Learners recognize their own accomplishments and are ready to return to their usual settings with new skills to offer.

Stage 5: Closure

Learners and trainers alike may experience ambivalence about the end of the training, experiencing achievement and, at the same time, a sense of loss at the ending of the course. Learners make follow-up plans to use their new skills with the assistance of the trainers, when appropriate. Trainers review any items that were set aside for discussion and use a special activity to create a sense of closure for the training.

Training tip: Introducing a new topic to a training group

The first few minutes of each section of a training course are crucial to setting the tone for learning. Each learner in a training group may be approaching each new topic with a different frame of mind: some learners may be very interested in a particular topic, while others are distracted or have little interest in the topic. To ensure that effective learning takes place within a group, each new topic should be preceded by an introduction that:

■ Captures the interest of the entire group and prepares learners for the information to follow

■ Makes learners aware of the trainer's expectations

■ Helps foster a positive training climate

Some effective techniques for introducing new topics include:

■ Reviewing the session objectives. Introducing the topic by a simple restatement of the objectives keeps the learners aware of what is expected of them.

■ Asking a series of questions about the topic. An effective trainer will recognize when learners have prior knowledge concerning the course content and encourage their contributions. The trainer can begin a session by asking a few key questions, allowing learners to respond, discussing answers and comments, and then moving into the body of the presentation.

■ Relating the topic to previously covered content. When a number of sections are to be covered, relate each section to subjects that were covered previously. This ensures that learners understand the continuity of the modules and how each relates to the overall topic. Wherever possible, link topics so that the concluding review or summary of one presentation can introduce the next topic.

■ Sharing a personal experience. There are times when the trainer can share a personal experience to create interest, emphasize a point or help illustrate the way that the topic relates to real-life situations. Learners enjoy hearing these stories, as long as they relate to the topic, are succinct and are appropriate.

After the introduction, the trainer may deliver content using a variety of training methods (See Planning Step 8). Throughout the presentation, questioning techniques can be used to encourage interaction and maintain learner interest. Finally, the trainer should conclude the presentation with a summary of the key points or steps.

Creating a productive learning environment for groups

Throughout a course, trainers can take several concrete steps to help ensure that group learning is productive and positive.

Help learners understand what to expect during a training course

Emotional safety is essential in creating a positive learning environment. For learners to feel comfortable in a new training situation they need to know what to expect from the training and what is expected of them as learners. To ensure these conditions, the trainer should review the following with learners:

■ The goals and objectives of the training

■ An overview of the agenda, including start and finish times, as well as times for breaks and meals, if appropriate

■ The trainer's role during the training (for example, as a facilitator rather than a speaker or presenter)

■ The learners' role during the training (for example, as active contributors to group discussions and activities). The trainer should emphasize that the learners have a lot of wisdom to share with the group, and that everyone will be greatly enriched if people participate fully in the training activities

■ Where they can take care of their basic needs (for example, location of restrooms, telephones, and places to obtain food and drink)

Create group norms

Ground rules, also called group norms, are guidelines that help create a safe environment and enable tasks to be accomplished efficiently. Creating ground rules at the beginning of a training course helps to avoid potentially disruptive dynamics within a training group.

It is preferable for a training group to develop their own ground rules that reflect what is important for them to feel safe. However, if there is limited time, the trainer can suggest a set of ground rules and then ask the group for any additional ones. For example, in professional audiences it may be important to add the ground rule "put all cell phones and pagers on vibrate or turn them off." The trainer should address any learner concerns about the ground rules and then ask for people to follow them throughout the training. As a group develops their set of ground rules, the trainer writes them down and then posts them in a visible place so that all learners can see them. The trainer then refers to them, if necessary, during the training.

Examples of ground rules include:

■ Honor everyone's input regardless of educational degrees, professional or community status, or personal experiences with the topic

■ Value each person's unique opinions and perspectives

■ Agree to disagree, but do so respectfully

■ Speak one at a time; allow each person time to talk

■ Start and end on time; come back from breaks promptly

■ Keep personal comments that are shared during the training confidential

■ Support those who may have anxiety talking about emotionally difficult topics

■ Take risks; step outside your comfort zone

■ Speak for yourself, not other people (for example, use "I" statements rather than "everybody" or "other people")

■ Take charge of your own learning (for example, take necessary breaks or ask for clarification)

■ Have fun even though the topic is a serious one

■ Ask questions

■ Feel free to "pass" when discussing a certain topic

Create a system for putting aside comments, concerns or questions that will not be immediately addressed during a training course

Often learners bring up important issues that are slightly off the topic being discussed during a training session or course. Creating a system for recording these comments ensures that learners' contributions are acknowledged and valued, while preventing these comments from derailing a course. Many trainers create a written list of these topics, which is placed in a visible spot and updated throughout a course. This list is often called a "parking lot." Trainers explain the purpose of this list to learners at the beginning of a course, add learners' comments to the list as appropriate, and take time at the end of a course to briefly address each topic.

Create a physical environment that is conducive to learning

The physical arrangement of the furniture and learners within the room will affect the interaction and communication that occurs among members of a training group. Plan the physical arrangement of the room to accommodate the selected training methods. For example, a session using anatomic models will need an arrangement that allows one or more learners to work on each model comfortably. A group discussion, however, will require learners to be able to see and talk to each other easily. See the following for a selection of different room arrangements and the benefits and drawbacks of each arrangement.

● = Trainers

X = Learners

Circle seating

X   X

X   X

X   ●

X   X
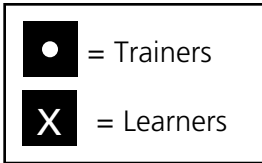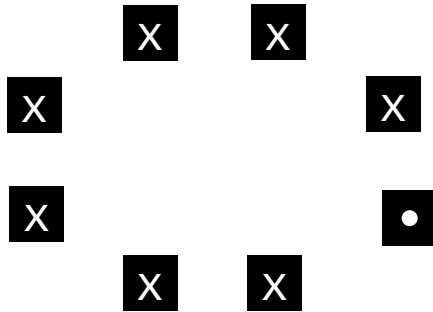
Benefits (+)
- Stimulates interaction
- Promotes equality between trainer and group members

Drawbacks (-)
- Visual aids difficult to use
- More difficult if large number of learners
- No room to write; materials must be balanced on laps

"U" – shape seating

●

X   X

X   X

X   X

X X X X X
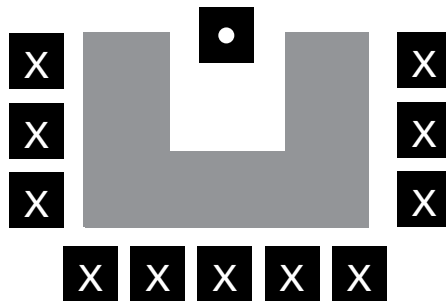
Benefits (+)
- Leader more easily becomes part of group
- Facilitates communication

Drawbacks (-)
- Learners at extremes may be distant from each other, hampering communication
- Takes time to arrange furniture

Workshop clusters

X   X   X   X

X   X   X

X   X

●
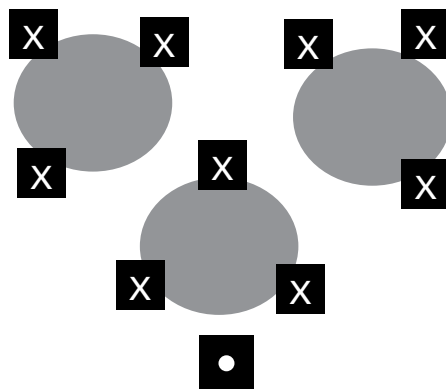
Benefits (+)
- Promotes freedom for learners
- Learners can generate good discussion and diverse communication
- Offers lots of learner working space
- Can accommodate large groups

Drawbacks (-)
- Takes lots of space
- Visuals can be difficult to see

Standard classroom seating

●

X   X   X

X   X   X
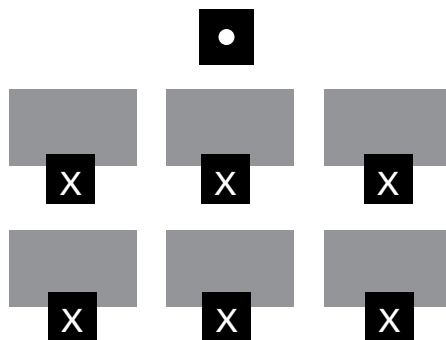
Benefits (+)
- Easy to set up — rented facilities often set up this way
- Can accommodate large groups

Drawbacks (-)
- Learners cannot easily have discussion or see one another
- Trainers are clearly set apart from the group
- Visuals may be difficult to see

Managing difficult situations

Experienced trainers know that the best way to manage difficult situations is to prepare for them, but even the best trainer cannot plan for every contingency. Many problems arise due to unplanned events, mistakes or challenging learners. The trainer's ability to be creative and flexible helps them repsond to new new challenges as they arise during a course. When presented with a challenging situation, trainers should analyze and learn from their experience. Over time, the trainer will become skilled at solving difficult situations calmly and appropriately, while modeling excellent trainer skills to learners.

These are some general guidelines for managing difficult situations that might arise during a training course:

■ When faced with a decision that affects a whole group of learners, the correct response is the one that benefits the highest number of people in the group.

■ Patterns of interpersonal dynamics develop during every training course or event. A skilled trainer will notice these patterns and intervene if they are disruptive to learning. For example, a male participant in a training course may repeatedly interrupt female participants when they are making comments. The appropriate response is to diplomatically intervene by reminding the learners about group norms prohibiting interruptions, and then enforce this norm, if necessary.

■ When the trainer is challenged or repeatedly interrupted by a learner, it is best to refrain from responding directly. The trainer should acknowledge the learner, turn the question over to the group, and/or speak to the learner on a break about the disruptive behavior.

(JHPIEGO, 2000)

Managing sensitive topics in groups

In any training environment, a topic can easily arise and create conflict or discomfort for a trainer, as well as for learners. Topics can become sensitive when people voice strong and differing opinions and are not able to resolve their differences. The social, cultural and political context of the training and the composition of the audience have a large impact on which topics are sensitive. Trainers may be able to anticipate which topics could be sensitive because of the material being covered or the audience participating in the training, but topics that create discomfort among participants can arise unexpectedly, and learners may not always voice their discomfort.

A trainer may choose to deliberately introduce a sensitive topic for a variety of reasons, including challenging learners to question their beliefs, helping learners gain an appreciation for differing opinions or giving learners an opportunity to practice handling difficult situations with others. The manner in which a trainer handles a sensitive topic can determine whether the experience becomes a constructive learning opportunity or disruptive to the group's learn-

ing process. The potential for sensitive topics to disrupt the effective group process underscores the need for a trainer to set group norms or ground rules with learners in the beginning of a training course.

When a topic arises and creates discomfort or tension for participants, a trainer has a number of ways in which to handle the situation. The trainer may first assess whether or not there is the potential for a constructive learning opportunity. If the trainer determines that there is not a hidden learning opportunity, then she or he needs to make a transition to a less sensitive subject without seeming to ignore or trivialize the topic. If there is the potential for learning, then the trainer may choose to guide the participants into a structured activity where they are able to process their feelings, understand different viewpoints more fully and come to some kind of resolution about group differences. The trainer should exercise strong group-facilitation skills to include all opinions, regardless of learners' differing abilities to communicate them, keep the discussion constructive, and create a natural, unforced resolution, while still acknowledging individual differences that remain.

There are a number of ways in which trainers can manage group dynamics when a participant raises a sensitive topic, including transitioning to another topic, changing the subject or using the topic to create a learning opportunity. Below are some concrete examples of how a trainer might employ these strategies.

Example 1: Managing sensitive topics: Changing the subject

Learner 1: "Anyone who supports abortion rights is a murderer."

Learner 2: "Every woman has the right to decide whether or not to continue her pregnancy."

Trainer: "I can hear from your statements that you both have strong opinions on this topic. My guess is that other people here have strong feelings also. While I'm sure we could have a lively discussion about this, I'm afraid that if we do, we won't have time to finish our planned activities and meet our objectives. I'd like to propose that we move on to our next activity, and if people want to talk with either of you further about this, they can meet with you after the training ends this evening."

Example 2: Managing sensitive topics: Changing the subject

Learner 1: "Women shouldn't be allowed to serve in public office."

Learner 2: "Women are half of the population and should comprise half of our elected officials."

Trainer: "We have time to hear from two more people in the audience. Let's hear from someone who supports the first statement and then from someone who supports the second. After that we'll need to move on to our next activity so that we can stay on schedule."

Example 3: Managing sensitive topics: Creating a learning opportunity

Learner 1: "Anyone who supports abortion rights is a murderer."

Learner 2: "Every woman has the right to decide whether or not to continue her pregnancy."

Trainer: "I can hear from your statements that you both have strong opinions on this topic. My guess is that other people here have strong feelings also. We have 25 more minutes scheduled for this part of our agenda. I'd like to propose an impromptu activity. Everyone take out a blank piece of paper and write down the strongest opinion you hold on abortion, leaving space underneath. I'll collect the papers, mix them up and then hand them back out. In pairs, read and discuss the opinions on your papers and try to agree on one reason why someone might hold this opinion and one reason why someone might hold an opposing opinion. When we're done, we'll have a few minutes to discuss our responses as a large group. We probably won't be able to come to any kind of group consensus on the topic, but we may deepen our understanding of other people's viewpoints."

Example 4: Managing sensitive topics: Creating a learning opportunity

Learner 1: "Women shouldn't be allowed to serve in public office."

Learner 2: "Women are half of the population and should comprise half of our elected officials."

Trainer: "It sounds like we have different opinions in the audience about this topic. I'm going to ask you to vote: either to spend 15 more minutes on this topic or move on to our next activity. If the majority wants to spend more time on this topic, I'd like to suggest a debate. We'll randomly divide into two groups: one in favor of women in public office and one against. Each group will have four minutes to brainstorm all of the reasons for or against women in office. Then we'll switch lists and each group will have three minutes to argue the opposing viewpoint persuasively. We'll then discuss as a large group which arguments were the most persuasive and caused us to challenge our own beliefs. We probably won't be able to come to any kind of group consensus on the topic, but we may challenge our opinions and understand other people's better."

Working with challenging learners

In most training groups there are learners whose behavior poses challenges to a smooth and effective training process.

Listed below are some different types of challenging learners and some suggested ways to work effectively with them. These strategies may vary depending on what behaviors are considered culturally appropriate in different countries and settings.

Types of challenging learners	Why are they challenging?	Ways to work effectively with this type of learner
"Know-it-alls"	• May actually have a lot of information about the topic, but still could benefit from the experiences and perspectives of others.	• Acknowledge that they are a wealth of information. • Approach them during a break and ask for their assistance in answering a specific question. At the same time, express that you want to encourage everyone to participate and enlist their help in doing so.
"I'm only here because I have to be"	• May have been required to attend the workshop, yet have no particular interest in the topic.	• Acknowledge that you know that some of the learners are present because they have to be. • Ask for their assistance in making this a meaningful experience. • Ask specifically, "How can I make this workshop helpful to you?"
"Naysayers"	• May be prejudiced. • Won't accept yours or other learners' points of view. • Unwilling to negotiate or compromise their position. • Often disruptive and create discomfort for the group.	• Do not put them down or make them feel isolated. Keep them involved, if possible. • Throw their views to the group by questions or examples. Try to get the group to bring them around. • Say that time is short and you would be glad to discuss their issues with them individually. • Ask them to accept the views of the group or the trainer for the moment.
"Talkers"	• May be "eager beavers" or show-offs. • May be exceptionally well informed and anxious to show it or just naturally wordy. • May need to be heard because they are still working through difficult emotional issues. • May take time away from other learners.	• Do not be belittling or sarcastic — you may need their help later. • Slow them down with some difficult question or task, such as group leader. • Interrupt tactfully with something like, "That's an interesting point…now let's see what the rest of the group thinks of it." • In general, let the group take care of them as much as possible. • Avoid eye contact. • Give them a role. • State that one of your roles is to keep people on time. • Quick interruption — move nearby and put your hand on his or her shoulder. • Paraphrase what they say and move on. • Acknowledge that their stories are important, and you and others would love to hear them later or after the workshop.

Types of challenging learners	Why are they challenging?	Ways to work effectively with this type of learner
"Inaccurate commentators"	• Come up with comments that are obviously incorrect.	• Say, "Thank you for giving me a chance to clear up that point." • Say, "I see your point, but can we look at it this way…" • Don't ever put them down or make them feel stupid. Must be handled positively and delicately. • Ask if others have the same belief. • Acknowledge what they have offered as a common myth or commonly misunderstood concept.
"Clashers"	• Two or more learners strongly disagree or bring personalities into the discussion. This can divide your group into factions.	• Emphasize points of agreement, minimize points of disagreement. • Point out how the argument has been productive in illustrating certain points. • Draw attention to objectives and ground rules of the session, cut across the argument with a direct question about the topic. • Bring a less argumentative learner into the discussion. • Keep your cool. Ask that personalities be omitted or that arguments be productive and directed toward topic definition or resolution. • Stay neutral. • Stick to the topic. • Acknowledge emotionality of topic.
"Side conversationalists"	• Have conversations with their neighbors that may or may not be related to the topic, but are distracting to other learners or to you.	• Do not embarrass them. • Call them by name; ask an easy question. • Call them by name, then restate the last opinion expressed or last remark made by group, and ask their opinion of it. • If you are in the habit of moving around the room, saunter over and stand casually behind them. This should make their conversation obvious to them and the group. • Ask the group to add "no side conversations" to the list of ground rules.
"Questioners"	• May be genuinely curious. • May be testing you by putting you on the spot. • May have an opinion, but lack the confidence to express it.	• Acknowledge that they seem to have a lot of questions about a particular topic. • If the questions seem like legitimate attempts to gain content information that other members of the group already know, tell them that you will be happy to work with them later to fill in the gaps, or put the question on the parking lot. • Reframe or refocus by sending the questions back to the questioner • Establish a buddy system (for example, ask for volunteers who would be willing to meet with them).
"Ramblers"	• Talk about everything but the topic. • Use inappropriate or far-fetched examples from their own experiences.	• When they stop for a breath, thank them, refocus attention by restating relevant points and move on. • Smile, tell them that their points are interesting, apply them to the discussion, if you can, and indicate in a friendly manner that the group is getting a bit off the subject.

Types of challenging learners	Why are they challenging?	Ways to work effectively with this type of learner
"Shy and timids"	• May feel timid or insecure. • May be bored or indifferent.	• Try to arouse their interest by asking them an easy, direct question. Talk to them on a personal basis with the group looking on. • Ask questions of the person next to them, and then ask them to respond to that person's answer.
"Off-based commentators"	• Are not rambling, but make comments that are not relevant to discussion. • May confuse other learners.	• Say, "How would you relate this to the discussion at hand?" • Say, "It sounds like what you are saying is…" and then rephrase. Then clarify, "Is that a fair statement of your point?" • Set aside the comment or question for later discussion. • Reframe or refocus onto the topic. • Explain where the learners' comments fit into curriculum.
"Arguers"	• Have combative personalities. • May not want to be at the workshop. • May be upset by personal or family health issues. • May upset other learners.	• Keep your own temper firmly in check. Do not let the group get excited either. • Honestly try to find merit in one of their points, or get the group to do it, and then move on to something else. Say, "That was a good point" or "We've heard a lot from [person's name]; who else has some ideas?" • If facts are misstated, ask the group for their thoughts; let them make the corrections. • As a last resort, talk with them in private, find out what's going on and ask for their cooperation. Say, "Let's talk during the break. How can we be on the same team?" • Give them a role.
"Gripers"	• Have a pet peeve with you, the group, the subject, the health-care system, etc.	• Indicate that you'll discuss the problem with them later in private. • Throw the issue back to the group. Have a member of the group answer them. • Indicate time pressures and emphasize the need to move on.
"Emotionals"	• Become very emotional during training. • May be needing lots of support. • May upset other learners.	• Offer support by saying, "It seems like you're feeling very upset right now." • Make sure they feel free to leave the room if they find it is necessary to take care of themselves. • Allow other learners to comfort them. • Encourage them to talk with you or others during breaks or at the end of the workshop.

(Adapted from CSAP, 1994)

What if….?

Trainers often find themselves in challenging situations that could not be avoided through careful planning or preparation. When an unexpected challenge arises, Effective trainers think creatively and act decisively to prevent the situation from disrupting the training course.

What if…

…the electricity goes out?

- Move training to another facility
- Move outdoors or to an area with natural light
- Lead learners in activities that are not dependent on audiovisuals
- When possible, during the event-planning stage, devise backup activities for teaching each topic without electricity

…your co-trainer gets sick the day of the training?

- Before the training always try to review both your role and the role of your co-trainer
- Try to find a substitute
- Tell the learners the situation and identify another time to cover those materials
- Refer the learners to other materials that cover the topic
- Involve learners by having them research and present sections of the co-trainers' material

…only half of the learners have arrived when the training is supposed to start?

- Ask people who are there if they know of some reason the others might not be present. In cases where delays are unavoidable, such as when traffic is extremely bad or an earlier meeting ran late, you may wish to wait 15 to 20 minutes before starting
- Cultural differences regarding time are common, and it may be the norm in this culture to arrive late to events
- Be sure to reach agreement with the complete group on norms regarding beginning and ending times for the training sessions

…the training materials have not arrived?

- Let the learners know, and provide materials to them at a later time
- Always carry at least one copy of the training materials and manual with you, enabling you to make copies, if necessary
- Develop activities that can be completed without printed materials
- Use the flipchart to write important points and instructions for activities
- Involve the learners by asking them to present training topics in creative ways

Section 3. Designing Effective Training Courses for Reproductive Health

Effective courses are those that use a mix of approaches, methods and materials that:

■ Meet the needs and expectations of learners

■ Facilitate the realization of course objectives

■ Are relevant to and appropriate for the contexts in which learners live and work

Training refers to structured learning opportunities intended to help learners obtain new information or skills that they will apply immediately in their workplaces and communities. Training may increase participants' knowledge about certain subject areas, provide them with an opportunity to reflect on and change their attitudes or strengthen their skills carrying out a specific procedure or activity. Effective training allows participants to learn and practice applying new attitudes, knowledge and skills in an environment that is supportive and in a context that is relevant to the life experience of learners.

Because each group of learners has different needs, training comes in many shapes and forms. Sometimes training is delivered to groups of learners through workshops and formal courses. Other times, training is delivered through learning activities that individuals complete by themselves or with the support of a trainer or coach. Training may utilize a variety of traditional methods, such as lectures and group discussions, or more participatory activities, such as role-plays, case studies and games. Each of these training approaches and methods has its own strengths and appropriate uses.

The process of designing effective courses involves the selection of training approaches, methods and materials that best help learners to meet course objectives, while working within time and resource constraints. There are 12 essential steps for planning an effective course:

■ Defining the needs of participants

■ Defining training objectives

■ Selecting the appropriate training approach

■ Selecting the right trainer(s)

■ Selecting an appropriate training site(s)

■ Determining the length of training

■ Selecting training methods

■ Selecting and adapting training media and materials

■ Preparing a plan for the transfer of training

■ Preparing a plan for evaluation

■ Developing a course agenda and arranging course logistics

Completing each of these steps when planning a training course helps ensure that trainers succeed in designing courses that are effective and efficient, and contribute to lasting, positive change.

Characteristics of effective training courses

Regardless of the purpose or intended audience, all effective training courses share certain characteristics. In an effective training course:

- Trainers and participants understand the purpose of the course

- Trainers and participants understand exactly what learners are expected to do at the end of the course

- The course content and methods enable learners to meet the objectives of the course

- Training builds on the existing skills and experience of participants

- New knowledge and skills are presented in a context that is meaningful and relevant to learners

- Participants are actively engaged in the learning process

- Training utilizes an effective mix of training methods to meet the needs of different learning styles and accomplish learning objectives

- Learners have the opportunity to practice applying new knowledge and skills

- Learners receive constructive feedback on their performance

- Participants have enough time to meet the objectives of the course

- Trainers accept feedback from participants and use this feedback to make improvements to the training course

- Training is evaluated to measure the extent to which trainers and learners met the course objectives

12 Steps for planning a training course: Checklist

1. Define the purpose of the training: Why are you conducting the training?

2. Define the needs of participants: Who are the learners? What skills and experience do they already have? What are their learning needs?

3. Define training objectives: What do you want the learners to be able to do at the end of the course?

4. Select the appropriate training approach: Should training be conducted in groups, individually or through a combination of both approaches?

5. Select trainers: Who are the most appropriate people to provide training on this content, with this audience and using this approach?

6. Select training site: Where is the most appropriate place to conduct this training course?

7. Determine the length of the training: How long should your training course be?

8. Select training methods: What mix of methods will help meet learners' needs?

9. Select and adapt training media and materials: What mix of training media will best meet the needs of this group of learners?

10. Prepare plan for transfer of training: How will you help learners apply their new knowledge and skills when they leave the training?

11. Prepare plan for evaluation: How will you know if the training was effective?

12. Develop the training course plan: Plan the agenda, prepare the materials and arrange the logistics.

1. Define the Purpose of the Course

Why are you conducting the training?

The first step to developing an effective training course is defining the purpose of the course. Training courses may be held for a variety of reasons:

■ To respond to documented or perceived gaps in knowledge and skills

■ To improve learners' attitudes

■ To offer motivated learners an opportunity to learn or update new skills and knowledge

■ As part of routine training programs and professional accreditation, such as academic and professional training

Understanding the situation, opportunity or problem that calls for training helps trainers define broad goals and begin defining which participants, training objectives and activities will help contribute to the realization of this goal.

Training tip: Is training the answer?

Training may not be the solution, or not the entire solution, to problems with individual behavior or performance or system failures as root causes.

Sometimes a training course or event is organized in response to a problem that cannot be solved through training. For example, a clinic manager may organize a training course for health-care workers to address concerns about the low numbers of clients who are receiving contraceptive methods. The manager expects that training will help increase the provision of contraceptive services because she assumes that the decline in provision of contraceptive methods is related to problems with providers' knowledge, skills or attitudes. It is possible that the decline is due to other factors, such as an unreliable supply of contraceptives or clients' lack of awareness about the availability of services — in which case, training the health-care workers will not solve the problem. It is also possible that the problem is partially related to gaps in knowledge and skills. In this case, the problem can be addressed to some extent through training, but other interventions will also be needed to fully resolve the problem.

While trainers may not have control over decisions about whether or not to organize a training course or event, there are several key questions every trainer should ask to ensure that training is used effectively to help solve problems:

■ What information indicates that there is a need for change?

■ What are the root causes of the problem: is the problem caused by individual attitudes, system failures, or gaps in knowledge or skills?

■ What role, if any, will training play in addressing the problem?

■ What are other interventions and changes that will help address the problem?

■ Should these interventions be used instead of training or in addition to training?

2. Determine the Needs of Participants

Who are the learners? What skills and experience do they already have? What are their learning needs?

Effective training courses and events are tailored to participants' needs. In order to design appropriate activities and materials for a course, trainers need information about the number of participants attending; their educational, cultural and professional backgrounds; their existing knowledge, attitudes and skills; their expectations for the training event; and their learning needs. This information can be gathered through formal and informal needs assessments prior to and at the beginning of a training course.

What should trainers learn about participants before designing a training course?

Before trainers begin to design courses and events, they must gather as much information as possible about the background and learning needs of the participants. Questions that trainers should ask include:

■ **How many learners will participate?**

This information is critical in planning for design and logistics of the course, including the selection of appropriate teaching methods, materials and seating arrangements. Training methods such as coaching and demonstrations are most appropriate for small groups of learners, while methods such as lecture, film and brainstorming are more suited to larger groups. Larger groups can be divided into smaller groups if there are enough trainers and adequate space.

■ **What are the social and cultural backgrounds of the learners?**

Learners' life experiences, values and cultural beliefs play a critical role in their acceptance or rejection of various issues related to reproductive health. Learning about participants' experiences, beliefs and values will assist the trainer in designing activities that utilize references and examples that are relevant and meaningful.

■ **What are the educational and professional backgrounds of the learners?**

Information about the professional training of participants, as well as the strengths and gaps in their knowledge and skills, provides trainers with invaluable information for planning effective training. Understanding the existing skills and experience of participants allows trainers to design activities that effectively build upon these existing strengths to establish new knowledge and skills. Information about gaps in participants' experience allows trainers to focus time and energy on introducing new skills and knowledge to target these gaps. Trainers also must assess learners' level of literacy to design appropriate training activities and materials. Materials for participants with lower levels of literacy should be largely pictorial, with simple, clear images and basic language.

■ **Why are the learners participating in the training?**

Understanding learners' motivations and expectations for the training helps trainers to design courses and events that build on learners' previous training, meet their expectations and are satisfying to them.

■ **How will learners apply what they learn during the training?**

Trainers need to know how learners will use their new skills and knowledge in their workplace or community. Using specific examples that illustrate how new skills and knowledge can be applied in learners' real-life context reinforces the relevance of the material covered in the training course.

■ **Are there any factors that might affect group dynamics during the training?**

Determining if there will be participants with different levels of social and professional status participating in the same training will help trainers prepare for potentially disruptive interpersonal dynamics that may affect the training. For example, providers with different levels of training and status may not be accustomed to training in teams. Participants may be from different ethnic or political groups that have experienced historical conflict. Information about the composition of the training group helps trainers design activities to maximize comfort and participation.

How to assess learners' needs

To most effectively customize a training course for a specific group of participants, trainers should conduct a formal or informal assessment of learner needs, experiences and expectations before a course begins. Trainers can then use this information to tailor the course to the groups' particular needs. Sometimes trainers are unable to collect this information from learners before the course and must rely on learner assessment at the beginning of a course. Whether or not the needs of learners have been assessed prior to the design of a training course, skilled trainers employ informal assessments of participants' learning and satisfaction throughout a course, so that they can respond to current, emerging and changing needs.

Methods for assessing learners' needs

Timing of assessment	Method
Before the training	Speak with learners before the course.
	Send learners a written questionnaire. Create simple mechanisms to encourage participants to return their questionnaires, such as providing them with an addressed, stamped envelope or a fax number. (For sample needs assessment form, see Appendix 2)
	Speak to other trainers who have worked with the same group.
	Speak to participants' supervisors or others who are familiar with their background and experience.
	Conduct observations of participants on the job, or conduct interviews with participants' clients
At the beginning of the training	Ask learners to complete a short written assessment at the beginning of the training to assess their skills, experience and expectations of the course.
	Start the training course with an "icebreaker" (introductory activity) that allows participants to share their experience and expectations with the group. (For sample exercises, see Appendices 3.1, 3.3 and 3.4)
During the training	Use energizers as "on-the-spot" assessments of participant learning. (For sample exercise, see Appendix 4.2)
	Use learning activities to provide information about comprehension and assimilation of new material.

Training tip:

Strategic selection of participants to achieve maximum impact

Careful selection of training participants facilitates the success of training courses and events. Criteria for participant selection should be based on the goals of the course. Criteria for selecting individual participants may include:

■ Learner motivation: When learners are personally motivated to learn new skills and knowledge, and are willing to assess and perhaps change their attitudes, they are very likely to benefit from training. Motivated learners also often become effective advocates for new practices and help influence the practice of others.

■ Previous experience/skills: Training in new knowledge and skills always builds upon learners' previous experience and skills. Often, specific knowledge and skill sets are required for successful mastery of new skills. When this is the case, trainers should establish that certain knowledge and skill sets are prerequisites for participation in the training course.

■ Professional training: Often training is designed to meet the needs of specific types of professional learners, such as policymakers, nurses or community health workers.

■ Professional or community status: Often participants are selected on the basis of their ability to influence the practices of others in their communities or in the institutions and organizations in which they work.

Learners may be selected not only according to individual characteristics, but also according to characteristics of the communities, institutions and organizations in which they work:

■ Location of community/institution: Selecting participants from strategically located communities and institutions helps target training interventions where they are most needed or most effective. For example, if one of the goals of training is to increase access to skilled providers in rural areas, trainers should focus on selecting providers from rural health posts.

■ Community/institutional support for training: Learners from communities, institutions and organizations that are supportive of their participation in training are more likely to be able to implement their new skills and knowledge. Even when learners successfully acquire new skills and knowledge, they may never be able to implement them if there is poor managerial, peer and community support for new ways of thinking or working.

■ Professional affiliation: Participants may be selected because their affiliation with certain organizations, institutions or systems will advance broader goals. For example, teaching faculty may be selected because of their ability to train large numbers of future professionals. Staff from certain organizations may be invited to participate because of a desire to involve their agencies in the intervention.

Case study: An innovative training course designed to meet the needs of private physicians in Kenya

In 1997, Kisumu Medical and Education Trust, working with the support of Family Planning Assistance International, launched a project to expand access to reproductive-health services by recruiting and training private physicians in a range of repro- ductive-health services, including the use of MVA for incomplete abortion and postabortion fami- ly-planning services.

Peter Barker, Panos Photos

A needs assessment revealed that many private physicians were already performing safe PAC services, but the high cost of these services made them inaccessible to many women. It also indicated a need to strengthen PAC knowledge and skills, especially those related to the use of MVA and postabortion family planning.

Group-based training at a central training site was selected as the most appro- priate approach to update the skills of existing providers.

■ *Thirty-five private physicians were brought to a central site to participate in a five-day training workshop. Selection criteria for physicians included their willingness to update their facilities to meet predetermined stan- dards for high-quality PAC service delivery.*

■ *Training focused on acquisition of knowledge and skills essential to the provision of high-quality PAC services, including adoption of protocols for the provision of contraceptive methods and the identification of emergency back-up facilities to which physicians could refer women for life-saving care.*

■ *Training also included content intended to sensitize providers to the cost barriers encountered by many women who sought PAC services; by the end of the training, participants agreed to lower costs for poor women to facilitate better access to their services.*

■ *To facilitate support for these updated skills at the physicians' practice sites, physician training was complemented by on-site training for nurses and nurse-aides in PAC support services.*

A project evaluation undertaken a year after implementation showed that par- ticipants continued to utilize the skills they had acquired during training and that many providers had adopted the use of a "sliding" fee scale to increase poorer women's access to services.

(Rogo et al., 1998)

3. Define Training Objectives

What do you want the learners to know and be able to do at the end of the course?

Once trainers have identified the purpose of the course, and they understand the needs and expectations of the learners, they can begin defining the specific objectives of the course. Defining objectives involves specifying the changes in knowledge, skills and attitudes that learners are expected to demonstrate at the end of the training. Clearly defined objectives help learners understand what is expected of them. In addition, clear objectives enable trainers to select appropriate content, methods and materials to assist learners in meeting their goals. Most importantly, specifying the results that are expected by the end of the training provides a measure against which the effectiveness of a course can be assessed.

Writing goals and objectives

Training objectives are statements describing the specific outcomes that training courses are intended to achieve. Writing clear goals and objectives helps trainers articulate exactly what they want the participants to do by the end of the training course.

> **SMART learning objectives are...**
>
> **Specific**
>
> **Measurable**
>
> **Achievement-based**
>
> **Realistic**
>
> **Time-bound**
>
> *SMART objectives clearly articulate the results a training course is expected to achieve, the way in which the achievement of these results will be measured and the timeframe in which learners are expected to achieve them.*

Goals:

Goals are broad, general statements of what one hopes to accomplish as a result of the training. An example of a goal might be:

> *"Increased awareness of the importance of providing reproductive-health services to women."*

Objectives:

Objectives should describe in very precise terms desired changes in knowledge, attitudes, skills or behaviors. Usually they are written in the following manner:

> *"By the end of this training (session), learners will be able to _____." The word that follows "to" should be an action verb. A list of action verbs to use in writing objectives is on the following page. Writing objectives in this way helps trainers stay focused on the ways in which participants will demonstrate their improved attitudes and abilities to apply new knowledge and skills.*

For objectives to be helpful in determining training effectiveness, they should be measurable (for example, "List five infection-prevention methods" or "Name three barriers to implementing infection-prevention strategies in learner's clinical setting").

Designing training courses to meet objectives

Different methods and activities help learners achieve different kinds of objectives. When trainers are selecting methods and designing activities to meet different kinds of learning objectives, they should keep the following guidelines in mind:

Knowledge: To most effectively help participants learn and retain facts and information, trainers should:

- focus on only the information that learners need

- build on learners' experience

- use participatory methods to actively engage learners

- use visual aids and handouts to reinforce new information

- review and summarize new information often

- evaluate learners' new knowledge using formal and informal methods

Attitudes: To most effectively create opportunities for participants to reflect on their attitudes and to integrate new information and perspectives into their attitudes and values, trainers should provide:

- information

- examples and models

- direct experience

- opportunity for discussion

- role-playing exercises

Skills: To most effectively help learners build and strengthen cognitive and manual skills, including their ability to complete specific tasks and apply concepts, trainers should:

- describe the skill

- demonstrate the skill

- create opportunities for learners to practice the skill

- verify that the skill is being completed correctly

(Solter, 1997)

Writing effective training objectives: List of verbs

Fact objectives:

◆ Define   ◆ List   ◆ Recall

◆ Name   ◆ Repeat   ◆ Recognize

◆ Record   ◆ State   ◆ Label

Understanding or comprehension objectives:

◆ Discuss   ◆ Identify   ◆ Express

◆ Describe   ◆ Translate   ◆ Convert

◆ Explain   ◆ Restate   ◆ Estimate

Application objectives:

◆ Compute   ◆ Operate   ◆ Apply

◆ Demonstrate   ◆ Perform   ◆ Use

◆ Illustrate   ◆ Interpret   ◆ Practice

Analysis objectives:

◆ Solve   ◆ Distinguish   ◆ Differentiate

◆ Compare   ◆ Contrast   ◆ Categorize

◆ Appraise   ◆ Classify   ◆ Critique

Synthesis objectives:

◆ Synthesize   ◆ Diagnose   ◆ Propose

◆ Design   ◆ Manage   ◆ Hypothesize

◆ Summarize   ◆ Plan   ◆ Formulate

Attitudinal objectives:

◆ Show sensitivity   ◆ Accept responsibility   ◆ Be willing to assist

◆ Respect opinions   ◆ Demonstrate commitment

Skill objectives:

◆ Perform   ◆ Compute   ◆ Operate

◆ Demonstrate   ◆ Teach   ◆ Complete

◆ Show   ◆ Role-play   ◆ Design

◆ Conduct   ◆ Take   ◆ Do

(Adapted from Swift, 1997)

Key training techniques: Values clarification exercises

Values clarification exercises allow learners to examine how their personal judgments and behaviors influence their treatment of patients seeking reproductive-health services. Learners may find that some of their personal values are very clear to them and can easily be expressed to others. They may also uncover more deeply held values that they were not aware of as they participate in the clarification exercises.

Because personal values are influenced by life experiences and can change over time, learners' values may change through their interactions with patients. Although it can be a challenge for providers not to form judgments and opinions about patients based on their own personal values, a nonjudgmental approach is essential to providing high-quality care and earning the trust of patients. By engaging in a values clarification process, learners will be better able to identify moments when their personal judgments are affecting their professional interactions.

Case study: *Values clarification and transformation*

Giselle Wulfsohn, Panos Pictures

In Bolivia and South Africa, NGOs have offered training to help health workers confront their unwillingness to become involved in abortion-related care. The training explores negative attitudes about abortion and about women who seek abortion. It helps health workers recognize their biases, identify the negative impact these biases might have on the quality of care women receive, and develop strategies for managing these biases in order to offer nonjudgmental care.

(Hord, 2001)

4. Select the Appropriate Training Approaches

Should training be conducted in groups, individually or through a combination of both approaches?

Training can be delivered through group-based training approaches, individualized training approaches, or a mix of both. Both group-based and individual training approaches have their strengths and weaknesses, and each is more appropriate for certain contexts than others. Often the most effective training courses combine group-based with individual-based training to maximize the benefits of both approaches.

Costs and benefits of group- and individual-based training

Group-based training refers to training activities during which groups of learners are trained together, for example, classroom training or workshops at conferences, clinical service-delivery sites or in communities. Group-based training can be held either at central locations or within learners' communities or worksites. This approach requires that learners participate in training at specific times and locations. Learning in groups offers many benefits, including facilitating peer learning and exchange. Taking learners away from their daily life and work responsibilities can help them focus on training and facilitates the acquisition of new knowledge and skills. Training in groups is efficient, as large number of learners can be trained at once, reducing the "per capita" cost of trainers.

Group-based training approaches also have limitations. Training courses conducted in groups can be disruptive to learners' lives and work. Even when learners participate in group-based training in their communities or at their worksites, they are unable to complete their daily work responsibilities while they are engaged in training. Often the cost of the training space, as well as participants' food, lodging and travel expenses, can be high.

Individualized learning approaches, which include self-guided learning, as well as trainer facilitated or supervised activities, allow learners greater flexibility in determining the location and timing of training than group-based approaches. Individualized approaches also allow participants to receive instruction that is tailored to meet their specific learning needs. However, individualized learning does not facilitate the exchange of ideas and experience between peers. Examples of individualized instruction are one-on-one clinical instruction or practice, including residency training; supportive supervision; structured on-the-job training; coaching; and mentoring.

■ Individualized instruction with a trainer or mentor allows learners to receive intensive training tailored for their specific learning needs. Training with a mentor in the workplace or a community setting is very effective in helping learners both acquire and apply skills in a real-life context, but trainers' costs for individualized coaching can be very high, and supervisors may not have the skills or time necessary to offer this type of training to their employees.

■ Self-guided study is an effective way to learn certain knowledge and skills, but offers learners no opportunities to receive support and coaching from trainers or other learners. On its own, self-guided study is not considered to

> **Training tip:**
> **Use self-study activities to complement other types of training**
>
> Self-study activities can be effective in helping learners complete certain learning objectives prior to either group-based training or individualized training or coaching. Activities that can be successfully completed through self-study include the acquisition of new knowledge and self-assessment of current knowledge and attitudes.
>
> Pre-course activities help learners prepare for the training, as well as provide trainers with information about the real-life problems and issues that learners face. Completing activities before a course also allows learners to use their time with trainers to focus on supervised practice, guided learning and peer learning. Engaging in self-guided study following participation in trainer-led activities can help learners retain knowledge and skills.

be an adequate training intervention for teaching technical skills that require supervised practice, such as medical or complicated technical procedures. Examples of self-guided study include computer-assisted learning; distance learning using written, video or audio media; and internet-based courses.

How to select training approaches

When selecting a learning approach, consider training goals and objectives, as well as the context in which participants live and work, including resource and time constraints.

- Will learners benefit from peer exchange and learning?

- Can learners acquire these knowledge or skills exclusively or partly through self-study?

- How long can learners be taken away from daily life and work responsibilities to participate in training?

Once trainers have determined what they want to accomplish through their training course, they need to determine the most effective way to reach their learners. Often, the most effective training courses mix group- and individual-based training approaches, allowing learners to benefit from the strengths of both of these approaches, maximizing both course efficiency and impact.

Case study: Computer-assisted learning increases efficiency and effectiveness of training course in Zimbabwe

A pilot test of modified computer-assisted learning (CAL) for intrauterine devices was conducted in May 1996 at the Mpilo School of Midwifery in Bulawayo, Zimbabwe. The goal of the pilot was to determine the acceptability of CAL by assessing how 38 midwifery students, tutors and nurses with no previous computer experience responded to the computer-based learning. Learners were allowed to complete the CAL on their own and at their own pace. Knowledge assessment was measured via pre- and post-tests of 35 multiple-choice questions; scores increased significantly on the post-test.

The pilot study revealed that the use of CAL maximizes the crucial yet scarce time that trainers and learners have to spend together. Use of the computer allows learners to independently acquire foundational knowledge at their own pace. Then trainers and learners can capitalize on the limited time they have together by focusing on activities that require more intensive interaction, such as skills practice.

(JHPIEGO, 1997b)

Key training techniques: Individualized learning approaches

Supportive supervision

Supportive or facilitative supervision is an individualized learning method which uses a nontraditional, collaborative approach to supervision that emphasizes open communication and collaborative problem-solving between supervisors and employees. In this model, supervisors provide ongoing support to their staff to help them deliver high-quality care. Supportive supervision can be used to help health-care providers and other reproductive-health professionals acquire and practice new skills. For facilitative supervision to be effective, supervisors themselves must have a high level of competence in terms of technical, supervisory and communication skills. The ongoing support and supervision provided through this approach helps learners to implement and maintain skills over time.

(Ben Salem and Beattie, 1996)

Computer-assisted learning

Computer-assisted learning refers to training that utilizes specially designed software to help participants acquire and apply new knowledge and cognitive skills. Computer-assisted learning is most effective when it uses several forms of media and facilitates learner participation through the use of interactive activities. Often, computer-based courses are supplemented by group-based or individualized instruction with a trainer or coach. *(See Case study: Computer-assisted learning increases efficiency and effectiveness of training course in Zimbabwe on previous page.)*

Structured on-the-job training

Structured on-the-job training is an individualized learning approach that allows learners to acquire work-related knowledge and skills without leaving their worksites. Participants in on-the-job training courses complete self-paced learning activities, as well as receive coaching to help them master and apply new knowledge and skills. This learning approach is very effective in ensuring the transfer of training to the job, as new knowledge and skills are immediately applied to work performance. This approach is often used to help health-care providers acquire new skills, as learners based at clinical sites usually have access to adequate caseloads for skills practice.

When using structured on-the-job training for clinical training, trainers should ensure that providers demonstrate skills proficiently on models, before they begin practicing on actual patients.

Case study: <u>*Gender or Sex: Who Cares?*</u> *Using a group-based training approach to work with adolescents on sexual and reproductive rights*

Gender or Sex: Who Cares? is a curriculum designed to help empower adolescents to exercise their sexual and reproductive rights. It is based on the premise that when young people learn to recognize how gender-based roles and norms can decrease their choices, they can also learn how to challenge and change these norms, and thereby resist situations that put them at risk.
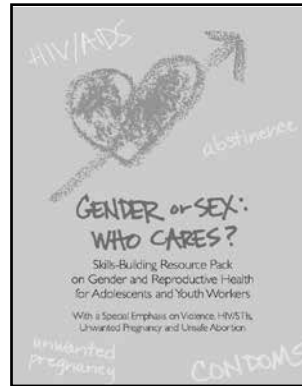
The curriculum comprises participatory exercises through which adolescents learn how to differentiate between biological sex and socially constructed gender, as well as to examine ways in which gender biases may adversely affect their sexual and reproductive health. Adolescents are then asked to think about how individuals might deal with sexual and reproductive health problems, such as sexual violence, HIV and other sexually transmitted infections (STIs), and unwanted pregnancy and its consequences. The curriculum is designed for implementation in group-based workshops, providing adolescents with a safe and supportive environment in which they can examine these issues, as well as develop and discuss coping strategies.

(de Bruyn and France, 2001)

5. Select Trainers

Who are the most appropriate people to provide training on this content, with this audience and using this approach?

A crucial factor in ensuring the success of a course is the selection of appropriate trainers for the training topic(s) and target audience. The most effective trainers are knowledgeable about their subject areas, as well as being skilled facilitators who are comfortable with and experienced in using interactive training methods. (For more information about the characteristics of skilled trainers and facilitators, refer to Section 2, Principles and Skills for Effective Training in Reproductive Health.)

How to select an appropriate trainer for your course
When selecting a trainer to facilitate a training course, consider the following factors:

■ Is this trainer knowledgeable about his or her subject area?

■ Does the trainer use an appropriate mix of interactive training methods?

■ Does the trainer have experience working with the training approach that the planners have selected?

■ Does the trainer have experience working with this target audience?

■ Does the trainer support and promote the mission of the planners' agency?

■ Will the learners be comfortable with this trainer and consider him or her to be credible?

Training tip:
Select a trainer who is a good match for your learners

It is important to select a trainer who learners will perceive as credible and with whom they will be comfortable. Many people prefer getting new information from their peers, and value trainers who are similar to them, yet more advanced in terms of social and professional status. In some cultures and settings, people value getting new information from authorities and will not respond well to trainers who are perceived as peers.

One strategy for ensuring that the expectations of different learners will be met is to employ a training team whose members are as diverse as possible in terms of gender, cultural and ethnic background, and professional affiliation. Working with diverse training teams helps ensure that every learner will have the chance to work with a trainer with whom they are comfortable. In addition, diverse training teams can model cooperative and respectful working relationships between individuals with different backgrounds.

The best way to assess trainers' skills is to observe them facilitating a training course. Community partners and organizations can also provide referrals to trainers with whom they have had positive experiences, either as learners or co-trainers. Remember that someone can be an expert is his or her field and still not be an effective trainer.

Training tip:
Use guest trainers to provide a range of expertise and experience

Using guest trainers is an effective way to ensure that learners are provided with trainers who are knowledgeable about the range of topics covered in a training course. Often, training courses are facilitated by a team of lead trainers, as well as a series of guest trainers who facilitate brief sections of the training that focus on their areas of expertise. These guest trainers might provide specialized technical expertise in legal issues or medical procedures, or may have relevant personal experiences to share with learners, such as experiences with seeking or using reproductive-health services.

Case study: Content area experts as co-trainers in Mexico City

In Mexico City, physicians, nurses and social workers in public hospitals participated in workshops to increase their understanding of the complex psychosocial, medical and legal needs of survivors of sexual violence, as well as to

introduce them to a comprehensive model of care for survivors. The workshops were intended to increase providers' sensitivity to survivors' need for humane, woman-centered treatment. They also sought to provide concrete recommendations for components of high-quality medical and psychological care. In addition, the workshops included a detailed explanation of the legal indications for

abortion and outlined medical professionals' obligations to provide abortion-related care for victims of sexual violence. To provide high-quality information on this wide range of topics, the training team included facilitators and guest speakers who were subject-area experts, including attorneys, psychologists and forensic experts. This approach lent credibility to the training and allowed the training team to draw upon a wide range of experience and expertise.

Training tip:
Effective training in teams

There are many advantages to training in teams of two or more people. Including several co-trainers increases the effectiveness of training by:

■ Exposing learners to a variety of training styles, which helps maintain their interest

■ Reducing trainer fatigue by allowing trainers to share demanding tasks

■ Allowing learners to benefit from the skills and expertise of different trainers

■ Increasing the quality of training by allowing co-trainers to problem-solve together, as well as to provide constructive feedback to each other throughout a course

Working effectively in teams requires that co-trainers establish and maintain respectful, collaborative working relationships and that they enter into new training courses with clearly defined roles and shared expectations about how to conduct training and resolve difficult situations that may arise during training. In order to ensure that co-training is most effective, training teams should:

■ Communicate before the course to decide how they will manage potentially disruptive situations that arise during a training course, including:
  • how to intervene if a trainer forgets an important point during an exercise
  • how to manage participants who dominate discussions
  • how to respond to participants who upset others by making negative comments
  • how they will warn each other if the pace of training is too fast or too slow
  • how they will alert each other when a presentation or exercise is running over its scheduled time

■ Identify before the course any different perspectives they have on issues that will be addressed during the training and establish a way to communicate about these differences of opinion without confusing participants. For example, if one trainer believes that abstinence is the best way to avoid HIV/STIs, while another favors education to help ensure correct and consistent use of condoms, they should ensure that participants understand that there are different options for prevention and that they are not competing to promote their views.

■ Give the current trainers their full attention even when they are not facilitating. It is disruptive for both trainers and learners when a co-trainer engages in distracting behaviors such as writing, whispering or leaving the training room during a session.

■ Set aside time at the end of each day to discuss any issues or concerns that arose during the training sessions and make necessary adjustments to the next days' agenda. (For examples of co-trainer debriefing questions, see Appendix 10.)

(de Bruyn and France, 2001)

6. Select the Training Site

What is the most appropriate place to conduct this training course?

The sites used for training courses should be convenient and accessible to learners and conducive to the learning process. The careful selection of a training site helps ensure that learners have the resources they need to successfully complete all training activities and promotes their comfort and satisfaction with the course.

Assessing a potential training site

Whenever possible, trainers should visit potential training sites to ensure that they select a site that offers resources conducive to learning, as well as to plan for any specific challenges posed by a site. When a site visit is impractical, trainers can consult with staff at the facility or with others who are familiar with the facility to assess the physical resources that will be available for the training. When selecting a site, trainers should consider the following:

■ Size of the space: Is it adequate for the number of learners in the training? Is there sufficient space to complete all of the training activities? Are there areas available for small-group work?

■ Availability of equipment and supplies: Are all the necessary supplies and equipment for training activities available at the site, or will they need to be rented or purchased? (Examples: tables, chairs, chalkboard, chalk, flipcharts, markers, audiovisual equipment)

■ Availability of electricity and telephones: If trainers are bringing their own computers or audiovisual equipment, is the electricity at the site compatible with the electronic equipment? Are backup power sources available if needed? Are telephones available for participant use? Can participants be reached in case of emergency?

■ Resources for meals/breaks: Will the facility provide refreshments for participants? Will meals be provided?

Key training techniques: Whole-site training

Whole-site training is an innovative training approach in which training is provided at a service-delivery site, rather than at a centralized training site. This approach allows for the participation of large numbers of staff — including managers, providers, cashiers and security staff — and facilitates team building. Clinical skills of providers are upgraded while other skills deficits and systems problems are addressed, such as poor supervisory systems and inefficient billing or accounting systems. Due to its holistic nature, this approach facilitates not only skills upgrade, but also the transformation of health-care delivery systems. Managers and supervisors play a key role in needs assessment, implementation of training and other interventions, as well as monitoring and evaluation of anticipated improvements, engendering a great deal of sustainability. The successful implementation of whole-site training requires significant investments in time and planning, but improvements in services are likely to be maintained over time.

(Bradley et al., 1998)

Selecting a clinical training site: Special considerations

Is there an adequate caseload?

Determine the caseload available at the site for the clinical procedure being taught. There should be sufficient clients to provide all participants with adequate opportunities to practice what they have learned. If no single site has adequate clients to accommodate all the participants, an alternative must be provided in the training plan. Learners may need to return to the site at another time, or trainers may need to divide participants into smaller groups that can go to other sites. A clinical trainer skilled in the clinical procedure being taught must be present at each clinical site every time a clinic practice session takes place.

Will a clinical training hinder the provision of services at the site?

Learners should be able to take part in clinical training without sacrificing the quality of services at the training site. Trainers and participants should not interfere with client flow and provider service provision. The training plan should accommodate this aspect of clinical learning at the site.

Are all essential supplies and equipment available at the site?

A clinical site must have enough supplies readily available to allow the clinical training to take place while continuing to provide regular services to clients. Trainers may need to provide part or all of the supplies needed for the clinical training. The trainer should determine the need for supplemental supplies in advance so that supplies can be procured prior to the training.

Is the site already providing appropriate services?

Clinical staff at the site should model correct service provision to participants and assist them as they practice.

Is the site similar to those in which the participants work?

If the clinical training site is similar to participants' work places, learners are able to practice applying new skills using the resources that they will have in their real work environments, increasing the chances they will be able to put their new skills into practice in their own work sites.

(McInerney et al., 2001; JHPIEGO, 2001)

Case study: Training midwives to improve access to postabortion care in Ghana

In 1996, Ghana's National Safe Motherhood Task Force, including the Ministry of Health, identified specific activities to integrate PAC into national reproductive-health training and services, including the decentralization of PAC services through training professional midwives to perform safe, comprehensive PAC services. Between 1996 and 1998, an interagency team composed of representatives from the Ghanaian Ministry of Health, the Ghana Registered Midwives Association (GRMA) and Ipas conducted an operations research project to assess the feasibility and effectiveness of PAC training for midwives. The intervention also included community education activities that were carried out by the midwives themselves.

Baseline/needs assessment: In two geographic districts selected as intervention districts, the project team conducted a baseline assessment of the facilities where 40 midwives worked. The results of this assessment revealed that infrastructure, supplies and equipment at all sites were adequate for the provision of PAC services, but that there were deficiencies in knowledge and skills related to PAC that could be addressed through training. Comparable baseline information was collected from midwives and facilities in two control districts, which did not receive any intervention during the course of this project.

Selection of an intervention: Once it was determined that training could improve midwives' ability to perform PAC services, the project team designed a series of training interventions to address the needs identified through the baseline assessment. These interventions were designed specifically for the settings and contexts in which the midwives worked and lived, including maternity-care homes and clinics in community-based rural and semi-urban settings.

■ *From the two intervention districts, a total of 40 midwives from public hospitals, public health centers and private maternity homes were selected to participate in the training. These midwives were trained to stabilize women with abortion complications, treat women with incomplete abortion using manual vacuum aspiration, and refer women with severe complications to the nearest higher-level facility, as well as to offer postabortion family-planning counseling and services.*

■ *Four doctors from district hospitals who supervised the PAC services offered by midwives, as well as back-stopping their services, also participated in the training course. The interdisciplinary nature of the training was intended to strengthen referral links among different sectors and levels of care.*

■ *Training consisted of four intensive one-week sessions, each attended by 10-12 participants, which were complemented by monitoring and support visits, conducted by head trainers (a physician and a midwife), to midwives at their worksites. This training and support system minimized the amount of time midwives needed to be away from their work sites.*

Training midwives to achieve increased access to care for women

As is the case in many countries, women in Ghana historically have had limited access to emergency treatment for abortion complications. In the past, only hospital-based physicians were trained and authorized to offer postabortion care. The majority of these physicians practice in urban facilities that are not readily accessible to a high percentage of Ghanaians, especially those living in rural areas. In contrast, registered midwives practice in a wide range of facilities in both urban and rural areas, including private maternity homes and primary-level health centers. Midwives are the only professional health-care providers available to many women. Over time, many midwives have been trained and have expanded their roles to offer a wide range of health services to women, including family-planning counseling and the stabilization and treatment of women experiencing obstetric emergencies. In 1996, recognizing the central role that midwives play in offering health care to women, the Ghanaian Ministry of Health officially defined midwives as appropriate providers of postabortion care, paving the way for projects to train and equip midwives to offer these essential health services.

■ *Midwives who participated in the training sessions were encouraged to initiate community-education activities aimed at decreasing stigma associated with abortion and PAC and increasing people's understanding of the warning signs and symptoms of abortion complications, as well as the need for women to seek prompt medical treatment in such a situation.*

Sustainable Implementation:

■ *During the training sessions and for two years following the training, two Ghanaian members of the project team (a physician and a midwife who served as master trainers) provided ongoing supportive supervision to the midwives at their worksites. These visits facilitated transfer of training skills to the workplace by providing midwives with opportunities for supervised practice within their work environment and helped them address any questions or issues that hindered the implementation of their newly acquired skills.*

Training consisted of four intensive one-week sessions which were complemented by monitoring and support visits to midwives at their worksites. This training and support system minimized the amount of time midwives needed to be away from their work sites.

■ *A year after the initial series of training courses, midwives participated in a "refresher" course to allow trainees to share experiences and update their skills. This course was also an opportunity for the training team to assess trainees' mastery of skills and address any remaining problems related to their ability to provide PAC services.*

■ *Upon returning to their communities after training, the majority (81%) of midwives initiated health-education activities that focused on both increasing knowledge about unsafe abortion as well as raising awareness about the new PAC services that these midwives were offering. These community education activities were implemented with very limited financial support (less than $1,000) and nominal technical assistance.*

Supervision, monitoring and evaluation:

■ *Ongoing visits to midwives' worksites allowed the project team to carefully monitor implementation of services.*

■ *A post-intervention assessment was conducted following the completion of the training course and at seven to eight months post-training. The immediate post-training assessment showed an increase in knowledge about PAC among trainees, with a slight decrease in knowledge at seven to eight months post-training. The same assessment was administered to midwives in the control group, showing lower levels of knowledge about PAC service delivery throughout the project period, relative to trained midwives.*

■ *Evaluation of services revealed that trained midwives were providing PAC, including the provision of emergency-care services with MVA. None of the midwives in the control group were providing these services.*

■ *Although the health-education component of this intervention was not formally evaluated, midwives reported that they felt comfortable initiating education activities in their communities after training and perceived that these activities had contributed to increased community awareness of the issue of unsafe abortion, as well as midwives' increased visibility in the communities they served. Midwives also reported an increased demand for their services: during the two years following the training course, midwives who had previously not provided PAC reported that they had provided services to more than 200 women.*

(Billings et al., 1999; Baird et al., 2000)

7. Determine the Length of the Training Course

How long can — and should — the training course be?

The length and timing of training courses have an impact on their effectiveness. Effective training courses provide learners with sufficient time to learn, practice and apply the new attitudes, knowledge and skills that are the focus of the course. Effectiveness and learner satisfaction are adversely affected when courses are poorly timed or take more time than participants are willing or able to spend in training.

Factors to consider when determining the length of a course

Trainers often underestimate the amount of time that learners need to reflect on new attitudes, assimilate new information and practice new skills. If learners feel rushed, they may not learn or retain the new information or skills, or be able to complete training activities successfully. When determining the length of time needed to successfully complete a training course, trainers should assess:

■ Time needed to successfully meet training objectives: Successful training courses are long enough to allow learners to successfully complete the training activities that will enable them to meet course objectives.

■ The availability of participants: As mentioned previously, there are often restrictions on the amount of time that learners can spend engaged in training activities.

Training tip: Coping with time constraints

In an ideal world, trainers would be able to design courses to meet the needs of different learners without worrying about time constraints. In the real world, most trainers do not have this luxury. Restricted budgets often limit the length of training courses and participants may be unable or unwilling to spend large amounts of time in training courses. Here are some key principles to keep in mind when coping with time and resource constraints while planning a training course:

■ Be realistic: Do not try to cover too many topics during a short period of time. Too much information or activities that are rushed will overwhelm participants rather than helping them learn.

■ Focus on limited, specific objectives: Design training activities to meet the stated course objectives. During a training course, use resources and time efficiently by developing activities that enable participants to achieve mastery over a limited amount of knowledge and skill-sets, rather than covering several topics in a superficial way.

■ Ensure effectiveness by using an appropriate mix of training methods: Resist the temptation to "save time" by eliminating interactive training methods and relying too much on lectures. While lectures are often less time consuming than participatory activities, learners are much less likely to retain new information through didactic methods, rather than through activities that actively engage them in learning. Time is not saved if participants cannot meet their learning goals.

■ Link course to additional training and learning opportunities: If participants have learning needs which cannot be addressed during the training event or course, create opportunities for learners to receive additional training, either through follow-up courses, individualized self-study or supervised on-the-job learning.

8. Select Training Methods

What mix of methods will help meet the needs of all your learners?

An essential element of delivering effective training courses is the use of an appropriate mix of participatory training techniques. While designing activities that utilize a variety of training methods requires investments in time and effort, these investments are ultimately worthwhile, as they contribute to learner satisfaction, as well as help-ing ensure that learners realize the course objectives.

Using participatory techniques

Effective trainers are able to use a variety of participatory methods that provide learners with the opportunity to learn and practice new attitudes, knowl-edge and skills. Using participatory methods enables trainers to:

■ **Maintain the interest of learners:** Training courses that use a variety of train-ing methods and actively involve participants in learning are more likely to main-tain learners' interest, helping them stay engaged in the learning process.

■ **Meet the needs of participants with different learning styles:** Because par-ticipants have different learning styles, they respond differently to various types of learning methods. Mixing methods helps ensure that each participant has the opportunity to participate in activities that are effective in meeting their learning needs.

■ **Facilitate the participation of all learners:** Using a mix of interactive methods provides all learners with opportunities to actively contribute to a training course and helps prevent more outgoing participants from dominating a course. For example, participants who are not comfortable asking questions during a lecture presentation may feel comfortable discussing these questions with their peers in a small group. In addition, many learners are uncomfortable speaking spontane-ously before a large group, but are able to effectively share their ideas and expe-riences through activities that allow them the opportunity to reflect and prepare their comments before they present them to other learners.

■ **Enhance participants' learning:** Learners' ability to retain and recall essen-tial information may be increased when they learn the material using participatory methods, such as role-plays and case stud-ies, as compared to more passive methods, such as a one-way lecture and reading.

■ **Help learners to achieve different learning objectives:** Different types of methods are appropriate for realizing dif-ferent types of objectives. Effective train-ers select and mix training methods that are most likely to help learners achieve the objectives of a course.

Training Methods, Ways of Engaging and Learning Outcomes

Ways of engaging	Types of training methods	Examples of possible learning outcomes
See	Read View images (e.g. Read publication, view posters)	Recall State Define Name List Label
Hear	Listen without visuals (e.g. listen to the radio or a recording)	
See and hear	Watch audiovisual (e.g. Watch a film, attend a lecture with visuals)	Describe Discuss Illustrate Explain
See, hear and say	Give a talk Participate in a discussion Analyze and discuss case studies	Analyze Formulate Synthesize Summarize Differentiate Apply Interpret Critique
See, hear, say and do	Create Design Model a simulated experience Perform the actual experience (e.g. Develop materials, conduct a role play, complete a clinical practicum)	Demonstate Perform Conduct Design

Adapted from Dale, Edgar. (1946, 1954, 1969). *Audiovisual methods in teaching.* New York: Dryden.

This chart provides descriptions of some of the most common training methods. It also indicates which learning objectives each training method can help learners meet and lists the learning styles that each training method complements.

Overview of training methods

Training method	Description	Knowledge	Attitude	Skill	Learning style
Lecture only	Verbal presentation of information, theories and principles; often supplemented by audiovisuals and question and answer.	X			Analyzers Observers
Small-group discussion	Interactive process of sharing information, ideas and experiences related to a learning objective, often to solve a problem.	X	X		Experiencers
Brainstorming	An activity to spontaneously generate a creative list of ideas, thoughts, problems or solutions around a particular theme or topic without regard to application of these ideas.	X	X		Experiencers
Case study	Participants are asked to read, study and react to a realistic scenario that focuses on a specific issue, topic or problem.	X	X		Analyzers
Demonstration, modeling	A presentation of the method or steps taken to correctly complete a procedure, clinical task or other activity.	X		X	Observers
Role-play	Participants play out roles in a simulated situation related to the training objectives; often followed by discussion and analysis.	X	X	X	Experiencers Analyzers
Question and answer	Questions are asked or invited, and then answered by a trainer or content expert.	X			Observers
Field trip	Travel to another location to observe an operational facility or other venue outside the classroom that is relevant to the content of a training session.	X			Innovators Experiencers

Training method	Description	Knowledge	Attitude	Skill	Learning style
Practicum	Guided and/or supervised practical application of new knowledge, skills or attitudes in a setting outside of the classroom. Practice may be guided by the trainer, a supervisor in the workplace or conducted independently using a study guide.	X	X	X	Innovators Experiencers
Assignment	A method of direct study by a group of participants or an individual in which an assigned task is performed outside the classroom setting.	X	X	X	Innovators Experiencers
Game	Learning activity that is intended to be fun. Usually has rules and sometimes is competitive, but the purpose relates to the training objectives.	X	X		Experiencers
Individual tutorial	Individual study of information by a trainee under the instruction of a tutor or trainer to supplement other training methods.	X		X	Innovators Experiencers
Panel discussion	Presentations made by content experts or lay people with life experience relevant to training topics. Often followed by discussion and/or question and answer.	X	X		Observers
Videos, films, visual aids, exhibits	Visual media used to stimulate thought, present an object or process that cannot be shown directly, and increase understanding related to the training content.	X			Observers Analyzers
Coaching	The trainer explains procedures or routines, demonstrates tasks, and models the correct performance of a skill or activity. The trainer observes and interacts with participants while they practice the task, providing	X	X	X	Innovators Experiencers

(Adapted from Solter, 1997; CEDPA, 1995; JHPIEGO, 2000)

More in-depth descriptions of these training methods, including the advantages and disadvantages of each method and suggestions for effective implementation, can be found in Appendix 6.

Key training techniques: Model-based training

Model-based training is a very effective way of helping learners acquire new clinical skills. Model-based training uses a mix of demonstration and coaching methods to provide learners with hands-on experience with a new clinical skill. The technique involves providing learners with an opportunity to observe trainers performing an activity, such as an IUD insertion, and then practice the same activity themselves.

Model-based training is a crucial component of clinical training. To acquire competency in clinical skills, it is essential for learners to have sufficient opportunities for "hands-on" practice. The achievement of true competency with clinical skills requires learners to have the opportunity to practice these skills on real patients. However, relying exclusively on actual patients for this hands-on practice has several drawbacks. Clinical training sites may have insufficient caseloads to ensure that each student has sufficient opportunities to practice new skills. Relying exclusively on clients for practice opportunities also prevents several learners from practicing simultaneously, limits practice to a clinical setting and increases the duration of the training. In addition, allowing providers with less advanced clinical techniques to perform procedures on clients increases the potential risk of complications or discomfort for clients.

The use of anatomic models as part of clinical training helps address these concerns. By using models for demonstration and practice, learners can perform new skills as many times as necessary until they reach a level of proficiency that is high enough to allow them to practice on patients. Several learners can practice on models at one time and trainers can stop them at any point to provide feedback or instruction. Once learners demonstrate competency in applying a new skill using models, they can move on to practice with real patients.

The success of model-based training depends on the degree to which the anatomic models and learning environment sufficiently mimic the real experience. To be effective, learners must be provided with:

■ realistic anatomic models and sufficient practice time

■ knowledge of how models differ from an actual human

■ a setting that closely resembles the one in which they will work

■ a trainer who is as proficient with a model as with a real client

(Adapted from McInerney et al., 2001; Sullivan, et al., 1998)

> When using anatomical models for clinical practice, trainers should coach learners, providing verbal reassurance and gentle corrections. This kind of interaction and feedback between trainer and learner is most appropriate during practice with a model, because actual clients may not be comfortable with such conversation during their procedure.

A study focusing on clinical training for midwives in Thailand reveals a number of significant benefits associated with the use of anatomic models:

■ Learners in a clinical family-planning program achieve competency more quickly when they practice on anatomic models before practicing on clients.

■ By using models to increase learners' levels of competency, there is a reduced risk of complications due to poor technique when learners later practice on clients.

■ Previous practice on models makes learners more confident and relaxed when they provide services to their first real clients.

■ Using anatomic models significantly reduces the number of clients needed for training purposes, making it possible to train new providers in settings with low client loads.

■ Model-based training is shorter in duration and does not require a clinic setting, resulting in time and cost savings for providers and facilities.

■ Model-based learning focuses on competency, not on the number of actual procedures a learner has performed, regardless of their skill level.

(Ajello et al., 1994)

Selecting training methods

Selecting training methods involves determining the specific activities in which the learners will participate to achieve the learning objectives. The methods that the trainer chooses should relate directly to the learning objectives, build on learners' current knowledge and skills, and be consistent with the time and facilities that are available for training.

When selecting training methods and planning training activities, remember to:

■ Build in opportunities to practice skills: Activities that teach new knowledge and skills should be accompanied by structured opportunities for learners to practice and apply these skills.

■ Build in opportunities for feedback from trainers and other learners: Providing immediate and constructive feedback to learners about their performance helps them correct problems and improve performance, as well as providing positive reinforcement for new knowledge and skills that they have mastered. Structure activities to allow time for constructive feedback from trainers and fellow learners.

Training tip:
Remember the adult learning cycle when selecting training methods

For activities to be most effective in helping learners acquire and apply new knowledge and skills, they should be developed with the adult learning cycle in mind. Learning objectives that involve learning facts and increasing understanding might pertain to the "experiencing" part of the cycle, while objectives that require analysis and synthesis of information might pertain to the "processing" and "generalizing" parts of the cycle. Objectives that involve employing new knowledge might pertain to the "application" stage of the learning cycle. Use activities to move learners through all four stages of the adult learning cycle at least once every four hours during the training course.

Experiencing
"Doing"

Processing
"Reflecting"

Generalizing
"Deriving Meaning"

Applying
"Taking Action"
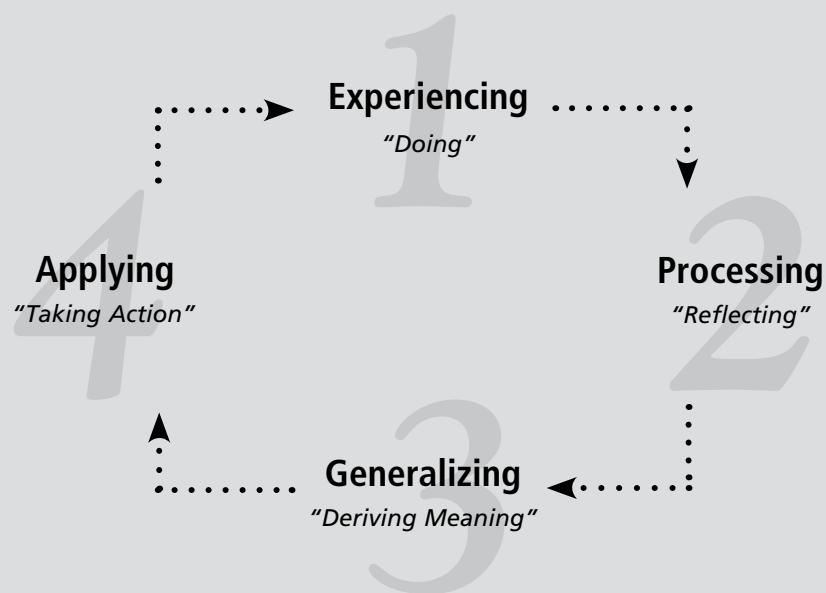
9. Select and Adapt Appropriate Training Materials

What mix of training materials will best meet the needs of this group of learners?

Using an appropriate mix of training materials helps ensure the success of training courses by reinforcing new concepts and skills during a course, as well as providing materials for learners to refer to after the course has ended. For training materials to be effective, they must be selected and adapted to meet the needs of different learners, as well as containing appropriate content and an effective mix of formats that support the realization of course objectives.

Oscar Cantarero

Types of training materials

Throughout a training course, participatory activities are often complemented by audiovisual materials, sometimes called training media. These materials are essential to effective instruction. Their primary purposes are:

■ To support explanations of new knowledge and concepts by illustrating, demonstrating and emphasizing key concepts

■ To help maintain learner interest by increasing sensory appeal, adding variety to the instructional approach and saving time

■ To help meet the needs of learners with different learning styles

■ To reinforce the information covered during a training course

Five characteristics of effective training media:

■ Simple: easy to understand, uncomplicated, emphasizes main points

■ Accurate: key facts and figures, current information that is properly referenced

■ Manageable: easy to operate and manipulate, simple, neat and practical

■ Colorful: maintains visual interest by using complementary and contrasting colors (however, too much color is distracting)

Training media include…

■ Handouts

■ Flipcharts and flipchart paper

■ Photographs

■ Overhead transparencies and a projector

■ 35 mm slides and projectors

■ Computer-generated presentations (for example, PowerPoint) using computers and LCD or other projectors

■ Audiotapes and a tape player or recorder

■ Videotapes and a tape player

Effective training courses also provide participants with reference materials, which provide in-depth information on the concepts which were covered during a course and resource materials to which learners can refer both during and after a training course. Reference materials serve a number of purposes, including:

■ To provide background information about topics which are covered during a course

■ To provide additional resources for learners who wish to learn more about the topics covered in a course

■ To increase knowledge/skills retention by providing a user-friendly information source to which learners can refer after a course has ended

■ To promote the transfer of learning by providing guidelines and resources for the implementation of new knowledge and skills

Often learners in a training course are provided with participant manuals that include all the handouts and exercises that they will use during a course, as well as serving as a reference manual once the course has ended.

Selecting training materials

When selecting and adapting training materials, trainers should consider a variety of factors including:

■ **Content:** Training materials should reflect and reinforce the information, concepts and skills that are covered during training activities. Information in the materials should be as complete, accurate and up-to-date as possible.

■ **Literacy:** Effective training materials are adapted to match learners' educational experiences and literacy levels. When language and images in training materials are too complicated for learners, the materials are not effective they neither reinforce the content of the training course nor providing learners with tools they can refer to when applying new skills and knowledge in their communities or workplace.

■ **Professional experience/training:** Materials should use language, concepts and examples to reflect the experience of learners with different professional and community affiliations, taking into consideration their knowledge bases and the terminology they use to describe their work. Adapt materials to reflect the ways in which learners describe themselves, their lives and their work.

■ **Appeal to different learning styles:** To appeal to learners with different learning styles, materials should include a mix of formats and

images, such as pictures for visual learners and case studies to conceptualize the concepts and skills taught during a training course.

■ **Cultural and political context:** Language and content of materials should be adapted to suit the cultural and political context in which learners live and work. Whenever possible, use local terminology to describe the concepts covered in the course. For example, in some contexts the use of contraceptive devices is conceptualized and labeled as "birth spacing" instead of as "family planning." Using local language and concepts increases the acceptability of new knowledge and skills by presenting them in a way that is relevant to the everyday lives of participants.

■ **Practicality:** Both during and after a training course, learners use training materials as reference guides and/or job aides, returning to the materials to refresh their memories about the content covered by the course. Trainers should select materials that are durable and simple, helping ensure that they will continue to be useful to learners long after the course has ended. (For more information about job aides, see planning step 12, Planning for the Transfer of Training.)

Reviewing and adapting training curricula
Curricula are sets of activities and training materials that have been designed to meet a specific set of educational objectives. Curricula are often designed for courses of a specific length of time and for the training needs of a specific group of learners. Trainers often use all or portions of existing curricula when developing their own training courses.

When selecting a curriculum for adaptation, trainers should carefully review it to determine whether it includes the entire range of content, training activities and methods needed to help learners accomplish the objectives of the training. If a set of materials has been designed for a longer course that has been planned, assess whether it can be modified for use in a shorter time frame without compromising its integrity.

When shortening a curriculum, be sure to select a sufficient number of activities to meet learning objectives using a variety of training techniques that will meet the learning styles of all learners in the training group. When adapting materials for use in different cultural or geographic settings, be sure to change names, situations and cultural references in case studies and role-play scripts to match the setting. Training materials should also be reviewed and updated to ensure the completeness and accuracy of information, appropriate use of language and terminology, and effective use of different formats and illustrations.

If appropriate training materials are not available to meet some or all of the needs of learners, trainers may choose to develop their own curriulum. When designing a curriculum, review the objectives of the training course and information about the needs and strengths of learners, then develop a set of training activities and materials to help learners realize course objectives.

Training tip:

Adapting materials for learners with limited literacy skills

For training materials to be useful to lower literacy learners during and after a training course, trainers should develop or adapt materials that use simple language and images to reinforce the main concepts and skills that are the focus of the training.

■ Focus on essential information. Provide learners with materials that reinforce the key concepts covered during the course.

■ Present ideas in a logical order. Information in training materials should present ideas and concepts in a logical order, allowing learners to build on concepts taught early in the course. Materials intended to help learners complete a task should provide step-by-step instructions.

■ Use simple and consistent language. As often as possible, use words that are already in learners' vocabularies, instead of introducing a lot of new terminology. Avoid jargon and technical vocabulary. Limit the number of new terms introduced in the materials and use these terms consistently.

■ Limit the use of abbreviations. Do not assume that learners will be familiar with abbreviations or will have the language skills to understand the concepts represented by abbreviations.

■ Use short, precise sentences. Avoid long explanations and examples.

■ Summarize and review new information and concepts.

■ Use illustrations to help reinforce key concepts and information, add variety, and reduce the amount of text.

■ Use pictures that are visually simple and are not cluttered with unnecessary information. Be careful to include visual references that are culturally familiar to learners.

10. Prepare Plan for Transfer of Training

How will you help learners apply their new knowledge and skills after the training?

For training to be truly successful in contributing to change, participants must be able to use and apply their new attitudes, knowledge and skills to real-life situations and tasks. Even when participants are successful in meeting all the objectives of a course, if they are unable to satisfactorily utilize their new knowledge or skills after they have been trained, then the training course will not help contribute to positive change. Trainers must focus their energies on enabling the transfer of learning, as well as designing activities to facilitate the acquisition of new attitudes, knowledge and skills.

Barriers to transfer of training

Even when learners successfully meet all training objectives during a course, new attitudes, knowledge and skills are often not applied after the end of the course. What are some of the reasons that good training fails to produce change?

- Learners are not motivated to make changes in their behavior

- Learners do not receive feedback about their performance

- Learners do not receive support for using new knowledge and skills

- Learners encounter resistance when they try to initiate changes in their communities or workplaces

- Learners do not have the supplies or equipment to implement their new skills

- "The force of habit"- Learners are uncomfortable with performing in a new way and revert to their habitual ways of doing things

- Learners do not maintain knowledge and skills over time

> **What is transfer of training?**
>
> When learners are able to apply the new attitudes, knowledge and skills they have acquired during a training course, transfer of training has been achieved.

Course design to facilitate the transfer of training

Trainers can design training activities and materials that help support the transfer of training and assist learners in applying their new knowledge and skills after training.

- **Design exercises and materials that are relevant to the context in which learners live and work**. Use specific examples and case studies that illustrate how new skills and knowledge can be applied in the real-life context of the learners to reinforce the relevance of the material covered in the training course.

■ **Train people in teams.** Whenever possible, include several participants from the same community or workplace in a training course. A team of trained individuals is more likely to be successful in introducing new perspectives and techniques in their home communities or workplaces than a single trainee.

■ **Help learners develop strategies and plans for utilizing new skills and knowledge after training.** Throughout the course, provide learners with opportunities to discuss barriers to using their new knowledge and skills in their communities or workplaces. Before learners leave the training course, provide structured activities through which learners develop plans for applying their new knowledge and skills, such as action plans. In these plans, learners can identify potential barriers to the transfer of training and develop strategies for overcoming these barriers.

■ **Provide learners with simple, relevant reference materials.** Provide learners with materials to which they can refer after the course, including reference manuals and job aids. Effective materials will reinforce the content covered during the course, provide learners with resources for additional learning and act as simple prompts for learners as they complete new procedures and tasks.

■ **Make a plan for follow-up:** Establish a mechanism for communicating with learners after the course, either by phone, e-mail or through site visits. Communicating with learners after a course allows trainers to get feedback about the quality and relevance of the training. Post-training communication also allows trainers to identify problems that learners are having in implementing their new knowledge and help them develop solutions to these problems.

■ **Help learners establish sources of ongoing support and information:** Learners will be more likely to implement their new knowledge and skills if they receive support from colleagues and supervisors. Assist learners in establishing formal and informal support networks with other course participants and colleagues through which they can receive support and information, including strategies for overcoming problems.

Training tip:

Training tip: Use job aids to support transfer of training to the job

A job aid is a tool that contains information about how to complete a task or procedure. The job aid is used while the task is being performed and guides the user through the process of completing the task or procedure correctly. Job aides include checklists and flowcharts that prompt the user to complete each step of a process in a sequential order, and decision trees that guide the user through a decision-making process and provide information.

Job aids do not replace training or experience in completing tasks, but help users complete tasks correctly and completely. Job aids help ensure transfer of training by reinforcing new ways of making decisions or completing tasks. They can provide guidance on completing tasks that are complicated, or refresh the learner's memory about tasks that are performed infrequently.

Examples of job aids include:

■ A flowchart that guides clinicians through decisionmaking about clinical diagnosis and care

■ A decision tree that a counselor uses to guide the process of helping a woman select a contraceptive method that is appropriate for her needs

■ A worksheet to help program managers complete an annual budget

■ A materials planning checklist that trainers use to remind them about all the different materials, equipment and supplies that they need to compile for a training course

For job aids to be effective, they should be:

■ Visually simple: Complicated charts and graphs are ineffective at helping users to complete a task and will either be abandoned or lead to errors in performance.

■ Contain only essential information: Job aids that contain too much information or information that is not relevant to the task at hand will confuse, rather than help, the user.

■ Practical: Job aids should be designed to be accessible to learners at the moment in which they will be performing a task or making a decision. For example, charts and graphs that hang on the wall in the area in which a task is performed provide easy-to-access information to users. Heavy manuals that contain the same information are less likely to be used by learners to complete a task.

■ Durable: Because job aids are used by learners while they complete tasks and procedures, they are subject to a great deal of "wear and tear." Invest in durable materials when constructing job aids to ensure that they will be useful tools for learners for a long period of time.

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*Case study: Job aids to help ob-gyns provide consistent,
high-quality care in Peru*

In Peru, the Ministry of Health provides ob-gyns with "A Guide to the Treatment of Obstetric Emergencies," which includes essential information about the diagnosis and management of obstetric emergencies and flowcharts to guide clinical decisionmaking. The guides are small, spiral-bound notebooks that fit into clinicians' lab-coat pockets, making them easy to carry throughout the day. The notebooks are bound with plastic-coated cardpaper, ensuring their durability.

CARE Perú et al., 2001

Training tip:

Training tip: Use action plans to help learners plan for applying new knowledge and skills

Action plans are written documents in which learners outline the concrete steps that they will complete after training in order to help them apply new knowledge and skills. When developing action plans, learners identify specific behavioral changes they plan to make, obstacles that they anticipate encountering when making these changes, as well as strategies for overcoming these obstacles. They also identify the co-workers or community partners with whom they need to collaborate to implement all the steps outlined in their action plan. Often, these partners participate in the development of the action plan and formally commit to helping realize the goals set out in the plan.

Effective action plans:

■ Divide activities into discrete steps that are realistic and measurable

■ Identify roles and responsibilities for learners, as well as their community partners, co-workers and supervisors

■ Identify the resources needed to successfully complete all steps

■ Include a specific timeline for completing each step

	ACTION PLAN:			
Learner:	Training course:		Date:	
Actions I will take as a result of this training:				
Anticipated barriers and strategies for overcoming them:				
Action Steps	Person(s) responsible	Resources needed	Timeline for completion	Outcomes/ results
Step 1.				
Step 2.				
Step 3.				
Step 4.				
Step 5.				
Commitment of partners/ support team				
Signature of learner		Date		
Signature of partner(s)		Date		
Signature of partner(s)		Date		

(Adapted from Intrah/PRIME II Project and JHPIEGO, 2002)

11. Prepare Plan for Evaluation

How will you know whether the training was effective?

Evaluating training is essential to assuring the effectiveness of training courses. Through evaluation, trainers can measure the extent to which learners met training objectives and whether participants are able to maintain and implement new knowledge and skills over time. Evaluation can also provide trainers with invaluable information about learner satisfaction and the effectiveness of course design, enabling trainers to improve training courses.

What can evaluation measure?

Evaluation can provide trainers with information about:

■ **Learner satisfaction:** Were learners' expectations and needs met? Were learners satisfied with the performance of the trainers, the materials and the training process in general?

■ **The training process:** Were the training activities conducted effectively and as planned?

■ **The results of training:** By the end of the training course, did learners experience the expected changes in their attitudes, knowledge and skills? To what extent did learners meet the training objectives?

■ **Transfer of training:** Are learners implementing their new attitudes, knowledge and skills after the training? What are some of the barriers that learners encounter when they try to use their new knowledge and skills? Do learners experience problems with the retention of new knowledge and skills over time?

When should trainers conduct evaluation?

Evaluation should be conducted throughout the training course, using both formal and informal methods.

■ Before the course, trainers can use needs assessments and formal pre-tests to assess learners' knowledge, skills and attitudes before the training course. Pre-tests provide "baseline" data to measure changes that result from training.

■ Throughout the course, trainers should use formal and informal methods for assessing whether learners are satisfied and are achieving mastery of new knowledge and skills. During participatory activities, learners provide verbal and nonverbal cues about their satisfaction, as well as information about problems and gaps in their knowledge and skills. When trainers are planning activities that include structured practice of new skills, such as role-plays for counseling or supervised practice completing a new procedure, they should use competency-based checklists to assess learners' competence and provide immediate feedback on areas that need improvement.

- At the end of each day, trainers should solicit feedback from learners about their satisfaction with different activities, including methods used and the flow and pace of training. This information helps trainers make adjustments to course design to better meet learners' needs.

- At the end of the course, trainers should collect feedback from learners about their overall satisfaction with the course and recommendations for improvements. This feedback provides trainers with information that they can use to improve the course.

- At the end of the course, trainers should assess the extent to which learners met the course objectives by using formal evaluation to measure changes in learners' attitudes, knowledge and skills. Often, trainers use post-test evaluation tools to compare learners' performance after the course with baseline information collected before the course.

- After a training course has ended, trainers should follow-up with learners to assess if they have retained improvements in attitudes, knowledge or skills. Follow-up will provide insights into the extent to which learners are able to apply their new knowledge and skills in their communities and workplaces.

What to do with results of evaluation

Results from training evaluations provide information to trainers that they can use to modify their courses to improve their effectiveness and acceptability to learners. Evaluation also provides essential information about whether training achieved its intended results and what additional training and learning opportunities are necessary to help learners achieve desired changes in attitudes, knowledge and behavior. Finally, training evaluation that measures transfer of training may identify the non-training interventions that are required to address barriers to implementation of new knowledge and skills.

Methods for evaluating training courses

Type of evaluation	Timing of evaluation	Suggested methods
Satisfaction of participants: How well participants like the course and how they perceive its value	During the course	Oral feedback from participants using evaluation exercises at end of each day (For sample exercises, see Appendices 9.2, 9.3, 9.4 and 9.5)
		Written participant feedback using evaluation cards and forms (For sample forms, see Appendix 9.1)
		Observed verbal and nonverbal cues about participant satisfaction, shared at daily trainers debriefing sessions
	After the course	Oral feedback using closing exercises (For sample closing exercises, see Appendix 5)
		Written feedback from participants (For sample evaluation forms, see Appendix 12)
Participant learning: Understanding of principles and facts; demonstration of skills and techniques and the ability to apply them	During the course	Trainer observations of participants' mastery of new knowledge and skills
		Knowledge-based assessments, such as questionnaires (For sample assessment tools, see Appendices 11.1 and 11.2)
		Competency-based skills assessments, such as checklists for observations (For sample assessment tools, see Appendix 11.3)
	At the end of the course	Knowledge-based assessments, such as questionnaires (For sample assessment tools, see Appendices 11.1 and 11.2)
		Competency-based skills assessments, such as checklists for observations (For sample assessment tools, see Appendix 11.3)
Transfer of training: Application of new knowledge and skills as measured through changes in learners' performance of tasks and problem solving in the context of their communities and workplaces	After the course	Knowledge-based assessments, such as questionnaires (For sample assessment tools, see Appendices 11.1 and 11.2)
		Competency-based skills assessments, such as checklists for observations (For sample assessment tools, see Appendix 11.3)
		Site visits
		Interviews with participants
		Interviews with community partners, supervisors and other colleagues/coworkers

(Adapted from Sullivan and Gaffikin, 1997)

Key training techniques: Competency-based training

Competency-based training (CBT) is an approach to training that focuses on learners' performance of a new skill. In this approach to training, learners are not assessed as having achieved competency when they practice a task a particular number of times, but instead when they are able to perform the task or skill correctly and comfortably.

Competency-based training has been described as "learning by doing," and emphasizes the importance of applying new information and skills in a real-life context. In CBT, the essential steps of good performance are clearly defined, and learner performance is assessed according to how well he or she completes each step. For example, if learners are being trained to provide counseling, the trainer clearly defines all the essential elements of a good counseling session, shares these with the learner and then assesses the learner's performance as a counselor. The successful performance of the essential elements forms the basis for the trainer's evaluation of the learner.

How long does it take learners to achieve competency?

The amount of practice that trainees require to achieve competency in new skills and procedures varies considerably. Some learners are able to achieve and demonstrate competence in a new skill or task after practicing it just a few times, where others need considerable practice to attain the skills and confidence they need to demonstrate competence. Often, learners who have previous experience and training in skills and procedures similar to those that are being taught will be able to achieve competency in new skills more quickly than those learners for whom the skill is new or unfamiliar. Trainers should consider learners' previous experience and training when scheduling practice sessions and should be sure to adapt these sessions to allow all learners the opportunity to practice new skills until they demonstrate competency.

CBT benefits learners by:

■ Clearly articulating performance expectations to learners, so they understand exactly what is expected of them

■ Offering learners the opportunity to be objectively assessed on their overall performance of new skills

■ Highlighting specific elements of a task or skill that need improvement

■ Enhancing learner recall by focusing on participatory, as opposed to passive, methods of learning

CBT also provides significant benefits to trainers, such as:

■ Allowing trainers to assess whether or not learners are able to achieve acceptable levels of competency when they perform new skills

■ Providing trainers with the opportunity to coach and encourage learners, rather than only instruct or lecture

In preparation for conducting competency-based training, trainers need to:

■ Standardize the steps for performing the activity or skill that is being taught

■ Determine performance standards for skill competency

■ Design educational guides and tools for learners

■ Create objective performance-evaluation instruments

■ Define performance goals for learners

For an example of competency-based assessment tools, see Appendix 11.3.

(McInerney et al., 2001; Sullivan et al., 1998.)

12. Develop the Training Course Plan

Develop course schedule, prepare training materials and arrange course logistics

Once trainers have made strategic decisions about course design, their next step is to plan the logistical details of a course, including developing a schedule of all the activities that will take place during a course, reserving and preparing the training site and preparing all necessary course materials.

Developing a course schedule

A course schedule is a day-by-day description of all the activities in a training course. A course schedule includes information about learning objectives, types of training methods, time allotted to each activity and the resources that trainers will need to complete each activity. The schedule provides an overview of the whole course and includes all the training activities, including breaks and meals and homework or out-of-class assignments that learners will be expected to complete during the course. The schedule serves as a tool for planning the training and works as a guide for trainers during the course itself. It is often shared with participants at the beginning of a course so they can follow the sequence of the activities. (See Appendix 13 for a Sample Course Schedule.)

Developing a course schedule involves determining the order of all the activities in a course, as well as allocating time to complete each activity and creating a list of materials and supplies that trainers will need to complete each activity. A carefully developed course schedule helps trainers ensure that they have sufficient time to complete each activity successfully and helps them keep track of all the materials and supplies they will need throughout the course. When developing a course schedule, trainers need to ensure that:

- The flow of training is logical. Topics should build on each other as the training course progresses. Trainers should use icebreakers to initiate group formation and set the tone of a training event, as well as closing exercises to help them end courses in a way that is satisfying.

- Activities "move" participants through the adult learning cycle. Activities should be selected and arranged to allow learners to experience all four stages of the adult learning cycle, in order to help them most effectively acquire and apply new knowledge and skills.

- Training is designed to maintain learner interest and maximize retention. Trainers should vary the types of learning activities that they conduct throughout the day to maintain learner interest. In addition, trainers should integrate breaks into training plans to maximize learner comfort and maintain learner interest and focus throughout the course.

> **Training tip:** Breaks are essential to enhancing learning
>
> Regular breaks in concentrated learning are critical to helping learners maintain their focus and increase their information recall. After 50 minutes, learners' abilities to retain and recall information significantly declines. Trainers can enhance learning by integrating regular breaks into training sessions in a number of ways, including through the use of snack and meal breaks as well as the use of energizer exercises throughout a course. In addition, trainers should structure long training sessions so that they include a number of different tasks as well as opportunities for physical movement during a session.

Key training techniques:
Icebreakers, energizers and closing exercises

It is important to open and close training sessions in a meaningful way. The initial moments that participants spend together can set the tone for the rest of the session. Just as first impressions are crucial, the conclusion of a training session determines the final impressions that participants will take away with them. The effective use of "icebreaker" and closing exercises helps ensure that training courses begin and end in an effective and productive way. In addition, it is important to integrate energizer activities throughout a training course to help learners maintain energy and interest throughout a course.

Icebreakers are warm-up exercises that allow participants to get to know each other and their trainer at the beginning of a training session. Icebreaker exercises encourage interaction between participants by engaging them in fun, meaningful activities. They also help participants to:

■ Build trust with each other, as well as with their trainer

■ Relax and be spontaneous

■ Overcome shyness and get acquainted

■ Get energized and excited about the training

■ Set a participatory tone for the training

■ Identify the resources and talents each participant has to offer

In addition, icebreakers can help trainers relax and get acquainted with the group they are facilitating. (See Appendix 3 for examples of icebreaker exercises.)

Energizers are activities designed to help learners maintain level of energy and attention throughout a course by breaking up periods of concentrated learning with short, fun activities that usually include physical movement.

Using icebreakers and energizers effectively

Choosing appropriate icebreakers and energizers will depend on a number of considerations, such as:

■ training goals

■ participants' expectations of their role

■ amount of time available

■ culture and atmosphere of the organization

■ trainer's style and preferences

When selecting icebreakers and energizers, consider the desired effect of the icebreaker they are planning to conduct, as well as possible negative outcomes. Trainers should avoid activities that might cause disagreements, rather than building rapport, as well as activities that are likely to provoke embarrassment for shy participants. The learning preferences and style of a trainer may differ greatly from that of the participants. When selecting icebreaker and energizer activities, trainers must consider the characteristics of their learners, as well as the training environment and the program material. To help ensure that an activity is effective and appropriate, test icebreakers and energizers with other trainers before using them during a training session.

(Eitington, 1996)

Energizer activities are often illustrate concepts and ideas that are linked to the content of a training course. (See Appendix 4 for examples of energizer activities.)

Closing exercises are activities intended to create a sense of emotional closure at the end of a training event. At the close of a training session, participants may feel a range of emotions. Some participants may be relieved the session is over, while other may feel a sense of sadness or regret that it is coming to an end. Participants often develop a certain level of intimacy during trainings, particularly when they share details about their lives or discuss sensitive topics. An abrupt ending to a training session where bonds have been formed between participants could lead to a sense that something is unfinished or missing from their experience. In addition, closing exercises help participants articulate what they have accomplished during a training course and how they will apply their new knowledge and skills after the course has ended. To achieve these goals, closing exercises:

■ Ensure sufficient time for a discussion and closing comments so that participants do not feel rushed before they depart

■ Structure discussions or activities that allow participants to assess what they have learned and accomplished

■ Allow time for the trainer and participants to recognize everyone's unique contributions

■ Include opportunities time to create and sharing individual action plans which describe how each participant will be using their new knowledge and skills.

(See Appendix 5 for examples of closing exercises.)

(Eitington, 1996)

Taking care of the logistics

The final step in planning an effective training course involves arranging all of the logistical aspects of the training, including hiring trainers, visiting and reserving the training space, assisting participants with accommodations and transportation, and preparing the training media and materials that will be used during the training event. Experienced trainers have found that initiating planning several months before an event is the best way to ensure that all planning steps are completed satisfactorily. The chart on the following page provides a model timeline outlining some of the essential steps of planning a successful training workshop. Even when trainers choose to utilize individualized learning approaches, careful planning will help ensure that these courses are effective in meeting all the needs of participants.

Training tip:

Preparation and planning pays off!

Trainers often do not allow themselves sufficient time to successfully complete all the planning and logistical steps required for a training event. Investing time and effort before a training event helps ensure that trainers and learners are able to focus on the training activities, rather than being distracted by disruptions and last-minute changes and additions to activities and materials.

Training coordination timeline — Taking care of the logistics

6-8 weeks before the event
- Identify target audience
- Conduct learner assessment, if possible
- Develop detailed training objectives and training curriculum
- Adapt training materials so they are culturally appropriate
- Identify and reserve training site
- Develop contracts and agreements with co-trainers and speakers
- Choose vendor for printing or copying, if applicable
- Make travel arrangements for trainers

4 weeks before the event
- Develop and mail invitations to learners
- Set up learner database for registrations, if applicable
- Meet or confer with co-trainer(s) to coordinate roles and responsibilities

3 weeks before the event
- Order or assemble training supplies
- Reserve audiovisual equipment
- Confirm site reservation
- Develop pre- and post-test
- Develop evaluation form

2 weeks before the event
- Check in with person handling registration re: number of learners, continued availability of the facility, any changes anticipated
- Organize training packets with handouts, agenda, learner roster
- Prepare and assemble audiovisuals (slides, overheads, videos, etc.)

1 week before the event
- Confirm travel reservations, if any
- Confirm audiovisual reservations
- Prepare supplies and materials for training; place in boxes
- Review and rehearse training curriculum

Training event
- Arrive at least 60 minutes prior to scheduled start time
- Place welcome and directional signs in the facility
- Set up room
- Set up and test audiovisual equipment, including microphone
- Check comfort of room (for example, adjust temperature)
- Prepare to register learners and distribute materials
- Conduct pre-tests, if applicable
- Conduct training
- Conduct post-test, if applicable, and evaluation

Immediately after event
- Debrief with co-trainer(s)

1 week after event
- Send thank-you letter to speakers and other key people
- Enter pre- and post-test data, registrations and evaluations into a database, if you have one
- Analyze evaluation data, complete report of training

3-6 months after event
- Track learners to see if they are using the skills they learned, or if they need technical assistance or further training

(Adapted from Swift, 1997)

Appendix 1: Selected Training Resources

1.1 Online Resources for Training in Reproductive Health

American Society for Training and Development (ASTD). 2003. www.astd.org (last accessed 24 January 2003).

The American Society for Training and Development (ASTD), a prominent professional association for trainers, offers resources on workplace learning and performance issues on their website. The ASTD website provides information, research, analysis and practical information derived from its own research, the knowledge and experience of its members, its conferences, expositions, seminars, publications, and the coalitions and partnerships it has built through research and policy work. The website includes sections on training fundamentals, e-learning, evaluation, organizational development and leadership, performance, and consulting. It also contains information about ASTD publications, conferences, education and research, and links to other websites of interest.

JHPIEGO. 2003. Reproductive Health Online (Reproline) www.reproline.jhu.edu A service of JHPIEGO, an affiliate of Johns Hopkins University (last accessed 24 January 2003).

ReproLine is an online resource center that covers a variety of family-planning program issues, including counseling, integrated reproductive-health services, infection prevention, quality of care, and performance improvement through training and supervision. ReproLine includes links to training tools, links to other training and reproductive-health organizations, and a virtual Reading Room with links to training-related articles. The reading room includes archives of the **JHPIEGO Trainer News** newsletter, a monthly e-mail newsletter providing current reproductive-health training news; contraceptive briefs; announcements about interesting programs and activities; and tips about Internet and CD-ROM resources of interest to reproductive-health trainers. Visitors can subscribe to *JHPIEGO Trainer News* through the Reproline website. The site is available in English, French, Portuguese, Russian and Spanish.

PATH. 2003. Reproductive Health Outlook (RHO). www.rho.org/index.html (last accessed 11 Feb 2003).

Reproductive Health Outlook (RHO) is published by Program for Appropriate Technology in Health (PATH). RHO presents key research findings and program information related to a variety of reproductive-health issues, including up-to-date summaries of research findings, program experience, and clinical guidelines related to reproductive health. Information included on the RHO website is regularly updated to ensure that it is accurate, current and that the programmatic implications are appropriate. In the section covering Family Planning Program Issues, the website provides an overview of key issues in training in reproductive health, as well as an annotated bibliography with links to current articles and research findings related to training.

1.2 Selected resource materials for training in reproductive health

Eitington, Julius. 1996. *The winning trainer: Winning ways to involve people in learning*, Third Edition. Houston, Texas, Gulf Publishing.
> This book is a rich resource for activities and techniques to help trainers provide effective participatory training. The book provides hundreds of exercises, games, icebreakers and role-plays, as well as practical tools for trainers, including ready-made handouts, learning instruments and worksheets. The book also contains an appendix with advice on coping with training challenges.

Gordon, Jack, Ron Zemke and Philip Jones, eds. 1988. *Designing and delivering cost-effective training and measuring the results*, Second Edition. Minneapolis, MN, Lakewood Books.
> This book is a compilation of the most useful articles from *TRAINING* magazine. The articles outline best practices for analyzing the causes of problems with performance and designing and delivering training to address them, as well as recommendations for evaluating training. Many of the articles provide step-by-step examples on how to best design training, which methods and media are best in specific situations, and how to respond to the needs of different groups of learners.

Hope, Anne and Sally Timmel. 2001, *Training for transformation: A handbook for community workers,* Book 2. London, ITDG Publishing.
> This is the second book in a four-part series focused on using training to build capacity for participatory community development. The series is designed to be a training program for community leaders in the field, to help them partner with communities and ensure authentic participation in development processes at the grassroots level. Book two focuses on the skills necessary for participatory education. This book concentrates on methods to involve a group actively in training, including group leadership skills, effectively managing group dynamics and fostering participation. The book presents both theories and exercises for developing a spirit of trust and cooperation, as well as the processes of collective decisionmaking, planning and participatory evaluation. All of the approaches and exercises presented have been used in widely in Africa since 1975. This handbook is available in English, Spanish and French and can be purchased from Grailville Bookstore, Loveland, OH 45140, USA.

Intrah/PRIME II Project and JHPIEGO. 2002. *Transfer of learning: A guide for strengthening the performance of health care workers.* Chapel Hill, NC, Intrah.
> The primary purpose of this guide is to share strategies and techniques that ensure support for the transfer of knowledge and skills to improved performance on the job. A brief introduction to performance factors in the transfer of learning is included, as is a case history illustrating performance factors and how to implement some of the ideas shared in the guide. Specific actions for supervisors, trainers, learners and co-workers are outlined. An interactive CD-ROM based on this guide is also available from Intrah/PRIME II. For more information on ordering, visit www.prime2.org.

Kirkpatrick, Donald L. 1998. *Evaluating training programs: The four levels,* Second Edition. San Francisco, CA, Berrett-Koehler Publishers.

This is a "how-to" book designed for practitioners in the training field who plan, implement and evaluate training programs. Principles and guidelines are presented, along with numerous sample survey forms for each step of the process. The book also serves as a reference guide that provides a practical and proven model for increasing training effectiveness through evaluation. Detailed case studies are included.

Pathfinder International. *Comprehensive health and family planning training curriculum.* Watertown, MA, Pathfinder International.

This comprehensive training curriculum in reproductive health has been designed especially for the training of physicians, nurses and midwives by clinical trainers who do not have an extensive training background. Each module contains trainer instructions and participant handouts for a variety of participatory training activities, including case studies, role-plays, discussions, clinical skills practice and exercises for the development of action plans. Each module is designed to meet specific, measurable objectives and includes evaluation tools such as pre- and post-tests measuring knowledge, attitudes and beliefs, as well as competency-based skills assessment checklists. All of the modules are available in hardcopy and electronic form at: http://www.pathfind.org/site/PageServer?pagename=Publications_Training_ Modules (last accessed 10 Feb 2003).

List of Modules:
Module 1: Introduction/Overview
Module 2: Infection Prevention
Module 3: Counseling
Module 4: Combined Oral Contraceptives and Progestin-only Pills
Module 5: Emergency Contraceptive Pills (ECPs)
Module 6: DMPA
Module 7: IUDs
Module 8: Lactational Amenorrhea and Breast Feeding Support
Module 9: Condoms and Spermicides
Module 11: MVA for Treatment of Incomplete Abortion
Module 12: Reproductive Tract Infections
Module 13: Postpartum/Postabortion Contraception
Module 14: Training of Trainers
Module 16: Reproductive Health Services for Adolescents

Sullivan, Rick and Lynne Gaffikin. 1997. *Instructional design skills for reproductive health professionals.* Baltimore, MD, JHPIEGO.

This reference manual provides in-depth guidance for designing clinical training courses, including overviews of the instructional design process, assessing training needs, and developing and using different kinds of training materials such as knowledge- and skills-based evaluation tools.

Sullivan, Rick, Ann Blouse, Noel McIntosh, Lois Schaefer, Elaine Lowry, Gary Bergthold and Ron Magarick. 1998. *Clinical training skills for reproductive health professionals,* Second edition. Baltimore, MD, JHPIEGO.

> This is a reference manual designed to help service providers become effective clinical trainers who can then train other service providers in clinical reproductive-health skills. The manual emphasizes participatory "hands-on" training techniques and activities, including situation responses, role-plays and case studies.

Vella, Jane K. 1989. *Learning to teach: Training of trainers for community development.* Washington, DC, Save the Children Federation and OEF International.

> This book is based on the field experiences of Save the Children and OEF International. It documents these organizations' successful experiences with non-formal education and participatory learning methods. The book provides guidelines for 25 sessions that can be adapted for individual programs and needs, including training in health, agriculture and management. Examples, objectives, materials necessary and facilitator notes are all provided.

USAID, US Department of Health and Human Services; Centers for Disease Control and Prevention. *Communicating about health: A guide for facilitators.* Atlanta, GA, Centers for Disease Control and Prevention.

> This is a training manual designed to help facilitators working in group sessions with health workers to improve their patient education skills. There are directions for 27 sessions, each including the purpose of the session, methods, materials needed, pre-session planning tips, and learning activities. There is information in the manual for both individual and group patient education processes, although most of the manual is designed for individual education. The manual encourages discussion and new ways of thinking about methods of patient education, which the health workers are encouraged to implement and then report back on their experiences.

1.3 Ipas Training Resources

Baird, Traci L., M. Virginia Chambers and Charlotte E. Hord. 1998. *Implementing postabortion care: Technical resources for PAC: Volume 1.* Chapel Hill, NC, Ipas.

> This is the first manual of a three-part series of manuals, all offering approaches to improving postabortion care that can be adapted by providers and managers to fit local situations. In Volume 1, readers learn how to assess the need for postabortion care, plan changes in training and service delivery, implement and monitor new services, and conduct periodic evaluations. Each chapter reviews a different topic, provides a checklist of steps involved, and describes at least one example of a health-care situation from an actual Ipas project.

Baird, Traci L., Laura D. Castleman, Robert E. Gringle and Paul D. Blumenthal. 2002. *Clinician's guide for second-trimester abortion.* Chapel Hill, NC, Ipas.

> This is a clinician's guide, primarily written for physicians, in second-trimester abortion services. It includes protocols for both dilatation and evacuation (D&E) and medical induction abortion with misoprostol, along with detailed guidance for patient assessment, infection prevention, pain management, treatment of complications and monitoring recovery, among other topics. It is appropriate for both high- and low-resource settings.

De Bruyn, Maria and Nadine France. 2001. *Gender or sex, who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers.* Chapel Hill, NC, Ipas.

> This resource pack, which includes a manual, curriculum cards and over-head transparencies/handouts, provides an introduction to the topic of gender and sexual and reproductive health (SRH). The pack aims to complement other SRH materials by providing a participatory tool to differentiate gender from sex and to show how gender affects SRH.

Frankel, Nina. Forthcoming. *Performing uterine evacuation with Ipas manual vacuum aspiration (MVA) instruments.* Chapel Hill, NC, Ipas. (Available August 2003)

> A step-by-step instructional CD-ROM that describes the use of the Ipas double-valve aspirator, Karman flexible cannulae and the Ipas EasyGrip Cannulae® for first-trimester induced abortion, as well as for postabortion care (PAC) indications. An accompanying booklet provides similar information in print form. (Please note: An updated CD with information about the new Ipas MVA Plus® aspirator will be available after the release of that instrument.)

Ipas. Forthcoming. *Woman-centered postabortion care: Reference manual.* Chapel Hill, NC, Ipas.

> This manual is intended for providers and professionals in the PAC field. It has thirteen modules covering all aspects of the essential elements of PAC, including up-to-date information on infection prevention, counseling, contraceptive services, the MVA procedure, post-procedure care, follow-up care and monitoring to improve services. Special features of this manual include instructions on use of the Ipas MVA Plus and EasyGrip Cannula, information on special populations such as women with repeated incomplete abortion, adolescents, women living with HIV, women who have experienced violence and others. Each module contains recommendations for community and service provider partnerships specific to that topic.

Ipas. Forthcoming. *Woman-centered postabortion care: Trainer's manual.* Chapel Hill, NC, Ipas.

> This trainer's manual is the companion document to the *Woman-centered postabortion care: Reference manual* and is intended to be used to train PAC providers and professionals. It has the same thirteen modules as the

reference manual, covering the essential elements of postabortion care, including infection prevention, counseling, contraceptive services, the MVA procedure, post-procedure care, follow-up care and monitoring to improve services. In addition, the trainer's manual offers information on how to use the manual, as well as course overview modules. Topics range from training doctors and midlevel clinicians to perform an MVA procedure using the Ipas MVA Plus and EasyGrip Cannula to building counseling skills and raising clinic administrators' capacity to monitor services. This manual includes trainer instructions, activities designed to meet the needs of all adult-learning styles, the training materials and handouts needed for every activity, PowerPoint slides that can be adapted for any setting and competency-based evaluation tools for every module and all skill-based sessions.

Jarrell, Martha, Jose David Ortiz Mariscal and Judith Winkler, eds. 2002. *Training manual for postabortion care: Technical resources for PAC: Volume 2.* Chapel Hill, NC, Ipas.
> This is the second manual in a three-part series offering approaches to improving postabortion care that can be adapted by providers and managers to fit local situations. Volume 2 includes instructional materials for training health professionals in all elements of postabortion care. The manual consists of nine modules that can be used individually to meet specific training needs or as a complete course.

McInerney, Teresa, Traci L. Baird, Alyson G. Hyman, Amanda B. Huber and Merrill Wolf, ed. 2002. *A guide to providing abortion care.* Chapel Hill, NC, Ipas.
> This guide was developed for program managers, clinic managers, health-care providers and policymakers who assess the need for abortion care, plan changes in training and service delivery, implement and review new services, and conduct periodic monitoring and evaluation. The guide includes checklists and tools to provide guidance on topics and aid to program implementers. A list of additional resources is also included.

Otsea, Karen, Janie Benson, Diana Measham, Margaret V. Thorley and Rosalinda Lidh. 1999. *Technical resources for PAC: Monitoring postabortion care: Volume 3.* Chapel Hill, NC, Ipas.
> This is the third manual of a three-part series offering approaches to improving postabortion care that can be adapted by providers and managers to fit local situations. Volume three reviews the rationale for monitoring postabortion care services and includes user-friendly tools including sample monitoring forms. A computer diskette is also included to allow users to customize the forms for specific situations.

Winkler, Judith W. and Robert E. Gringle. 1999. *Postabortion family planning: A two-day curriculum for improving counseling and services.* Chapel Hill, NC, Ipas.
> This curriculum was designed to train providers and other health-care professionals in the knowledge and skills necessary to offer improved postabortion counseling and services.

Ipas. Forthcoming. *Woman-centered abortion care: Reference manual (Working title).* Chapel Hill, NC, Ipas.

Abortion is legal for some indications in almost every country in the world. This manual is designed to train reproductive health-care providers and professionals in the provision of high-quality, safe abortion care. This manual is intended for providers and professionals in the induced abortion field. It has two major sections: one which focuses on the legal, policy and contextual setting of abortion and linkages between abortion care and other sexual- and reproductive-health services, and a clinical care section which includes up-to-date information on infection prevention, counseling, contraceptive services, MVA and medical abortion procedures, follow-up care, management of complications and more. Special features of this manual include instructions for use of the Ipas MVA Plus and EasyGrip Cannula, medical abortion regimens for early abortion, and information on special populations, such as adolescents and women who have experienced violence.

Ipas. Forthcoming. *Woman-centered abortion care: Trainers' manual (Working title).* Chapel Hill, NC, Ipas.

This manual is the companion trainer's manual for the Woman-centered abortion care reference manual and is intended to be used to train providers and professionals in the induced abortion field. Topics range from training medical providers on how to do a manual vacuum aspiration procedure using the Ipas MVA Plus and EasyGrip Cannula to raising awareness among clinic administrators on the importance of monitoring services. This manual includes trainer instructions, activities, worksheets, competency-based evaluation tools and PowerPoint slides that can be adapted for various abortion settings and are designed to apply to all adult-learning styles.

Appendix 2: Needs assessment form

Trainee Needs Assessment
Comprehensive Abortion Care
Training of Trainers (TOT) Course

Biographical information:

Name:

Position/job title:

Length of time working in this position:

Position responsibilities (1 or 2 sentences):

Course expectations:

1. What skills do you want to learn or improve during this course? Please be as specific as possible. For example, "Help me to learn how to coach other staff in my clinic so that I can help them improve their skills," or "I want to be able to choose appropriate games that are linked to learning," or "I would like to learn how to assess trainee skills and then choose appropriate training course content to match their needs."

2. How do you think this training will help you at work?

3. Do you anticipate any difficulties during the course? If so, what?

Training experience:

1. Do you consider yourself a: ___ beginner, ___ intermediate, or ___ advanced trainer. (Check one)

2. How long have you been conducting training of any kind?

3. Have you ever trained others in abortion-care services?   Yes   No   (Circle one)

    If yes, please describe:

    In what specific areas of abortion service?

    How recently?

    If no, why not?

4. Where would you be most likely to train next year? (Check all that apply)

    Pre-service training (medical school)   ___

    In-service training (hospitals, clinics)   ___

    Guest at seminars at hospitals (continuing education)   ___

    One-on-one training/coaching with clinicians   ___

    Other: _____

Training of trainers:

This training of trainers (TOT) will focus on principles and theories of adult education, creative training methods and facilitation techniques. Based on this, please respond to the following questions:

1. What two specific things could you contribute to this TOT?

    1)

    2)

2. What two specific things do you want to take away from this TOT?

    1)

    2)

3. What, if any, concerns do you have about participating in this TOT?

4. Please rate your present level of knowledge and competence by checking (‿) the appropriate number using the following rating scale:

    1 No experience
    2 Insufficient — need supervision
    3 Just competent — still need some coaching
    4 More than competent
    5 Highly competent — can teach others

TOPIC AREA	1	2	3	4	5
Adult learning styles					
Conducting training needs assessments and analyzing the information					
Designing training content to meet the needs of trainees					
Conducting clinical training					
Using participatory training methods (e.g. role-play, brainstorm, case study, etc.)					
Effectively using training aids (e.g. audiovisuals, flipcharts, pelvic models, etc.)					
Designing pre- and post-tests					
Providing feedback to trainees					
Coaching other clinicians on their skills					
Evaluating training courses					

Thank you for completing this form to help us better conduct this course to suit your needs. We look forward to learning and sharing this experience with you! Your co-trainers, _____

Please fax (fax #) or email (email address) this form to _____ by _____

Appendix 3: Icebreakers

3.1 Icebreaker: Hopes and Hesitations

Time: 15 minutes

Purpose: This icebreaker provides an opportunity for learners to identify their expectations for the training, as well as concerns they may have. The activity will allow trainers to acknowledge any expectations that may be beyond the scope of the training and to be sensitive to the concerns that learners have about the training. Furthermore, it is designed so that each learner has the opportunity to have his or her voice heard in the room. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged. Note: when doing this activity, it is a good idea to schedule time at the end of the training for learners to revisit their hopes and hesitations.

Icebreakers are warm-up exercises that allow participants to get to know each other and their trainer at the beginning of a training session. Icebreakers also help build trust between participants and reveal the resources and talents each participant has to offer.

Group size: Any
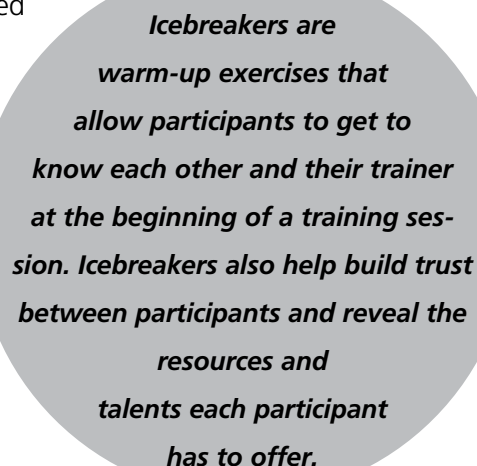
Materials:
- Index cards
- Flipchart paper
- Markers

Steps:

1. Introduce activity as an opportunity to discuss what people hope to get out of the training and what concerns they may have about the training.

2. Pass out index cards. Ask participants to take five minutes to write down their hopes for the training, as well as any hesitations or concerns they may have as they begin this experience.

3. After five minutes, ask for a volunteer to share one or more of his or her hopes and then hesitations. Write these up on two separate pieces of flip-chart paper as each person shares.

Note to trainer: do not judge or evaluate anyone's comments, simply write them up as they are stated.

4. After everyone has contributed, acknowledge that the trainers will do their best to meet the group's expectations, but indicate any hopes that may be beyond the scope of the training.

5. Close by saying that learners should keep their index cards and refer to them at the end of the training as a means of checking in with themselves to see if they have met their goals.

6. Link to next activity.

3.2 Icebreaker: Human Scavenger Hunt

Time: 15-20 minutes

Purpose: This icebreaker provides an opportunity for learners to get to know one another better. Furthermore, it is designed so that each learner has the opportunity to have his or her voice heard in the room. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged. Trainers can create their own categories on the next page that link directly to the training topic or might be more culturally appropriate.

Group size: 10-30

Materials:
■ Scavenger hunt handout
■ Pens/pencils

Steps:

1. Introduce this activity as an opportunity to get to know each other better.

2. Explain to learners that they will be given a worksheet with several statements of things people in the room may have done or experienced in their personal or professional life. They should roam around the room and speak with as many learners as possible to determine if they have ever done any of the listed things. If so, they should sign the worksheet next to the activity they have participated in.

3. Encourage learners to find out more details related to the activities as they wish, but remind them that they also want to try and talk with as many learners as possible during the next ten minutes.

4. Distribute worksheet and allow ten minutes to complete.

5. After ten minutes, bring attention back to the larger group. Go around the room and ask each person to introduce him or herself and say one interesting thing they learned about another member of the group.

6. Link to next activity.

Human Scavenger Hunt Worksheet

1. A person who has not watched TV in the last month_____

2. A person whose birthday is the same month as yours _____

3. A person who is an artist _____

4. A person who has more than six siblings _____

5. A person who can speak three or more languages _____

6. A person not born on this continent _____

7. A person who has planted a tree _____

8. A person who has lived in two different countries _____

9. A person who has three or more children _____

10. A person who is a grandparent _____

11. A person who recently read a good book _____

12. A person who knows sign language _____

13. A person who can cook a dish from another country _____

14. A person who likes to dance _____

15. A person who grows a garden _____

16. A person with a new baby in his or her home _____

17. A person who woke up with a smile this morning _____

3.3 Icebreaker: Assets Mapping

Time: 20 minutes

Purpose: The purpose of this icebreaker is to identify the individual and group assets and needs of the training audience. This activity will also enable learners to get to know one another better. Trainers can tailor the questions specifically to the training topic in order to use the activity as a way to learn more about how learners perceive their own strengths in relation to the training topic, as well as the areas in which they would like to improve.

Group size: 4-15

Materials:
■ Paper
■ Markers
■ Tape

Steps:

1. Introduce this activity as an opportunity to get to know one another better and to learn more about the various skills and strengths that people bring to the group.

2. Give each learner three sheets of paper, tape and a marker.

3. Ask learners to complete the following three statements on the separate sheets of paper.

    ■ One thing I think I am good at…

    ■ One thing others think I am good at…

    ■ One thing I would like to improve on…

If you are focusing this activity on the topic of the training, be sure to make this clear to participants. Note to trainer: Some participants might not think they are good at anything or may be modest about sharing skills. You might have to probe or convince them that there are many types of skills and they are all important.

4. Ask participants to tape their assets and needs on the wall so everyone can see them.

5. Ask for volunteers to group the assets and needs according to patterns, such that the assets and needs compliment each other. Assist volunteers as needed.

6. Discuss the observed patterns and reactions to the activities. Acknowledge that each person brings unique skills, experiences and perspectives to the group. By working together, the members of the training group can learn a lot from each other and address areas that they think need improvement.

7. Link to next activity.

3.4 Icebreaker: Paired Interviews

Time: Depends on number of learners

Purpose: This icebreaker provides an opportunity for learners to get acquainted and practice their interview skills. Learners also have the opportunity to reflect on and share their motivation for participating in the training and their expectations for the training.

Group size: Up to 20

Materials:
- Postcards or playing cards cut in half
  (enough for each participant to get half of a card)
- Scrap paper
- Pens/pencils

Steps:

1. Pass out postcards or playing cards that are cut in half.

2. Instruct learners to find the person who has the other half of their card. (This gets people up and moving around.)

3. When all pairs have matched up, ask them to take turns interviewing each other. Each person will have four minutes to learn the following things about his or her partner:

   - Name

   - How they spend their day (for example, their job)

   - Their interest in or connection to the training topic

   - One hope for the training

   - One interesting thing about them (for example, their hobbies)

4. Tell learners that they will be introducing their partner to the entire group when it reconvenes. Suggest that they may want to take notes on the scrap paper.

5. After four minutes, trainer gives learners a signal to change partners.

6. After eight minutes (or after each person has had a chance to be an interviewer and be interviewed), call entire group back together.

7. Trainer should start the introductions by modeling a succinct introduction of her or his co-trainer.

8. If some learners give lengthy introductions, remind the group that time is limited and it is important to hear from everyone.

9. Assure learners that they will have other opportunities at breaks and meals to network with the other learners.

10. Thank learners for their introductions.

11. Link to next activity.

Appendix 4: Energizers

4.1 Energizer: The Telephone

Time: 15 minutes

Purpose: This exercise provides a structured way for participants to interact with each other while illustrating the importance of good communication.

Energizers are activities designed to help learners maintain energy and attention throughout a course by breaking up periods of concentrated learning with short, fun activities.

Group size: Any

Materials: None

Steps:

1. Participants should sit or stand in a circle.

2. The facilitator quickly whispers a message to one participant. This participant passes the message in a whisper to the next person and so on.

3. The last person shouts out the message.

4. Chances are the final message will be different from the initial message. Here is an example of an initial message: "I ate rice for dinner and then dressed in blue to go dancing." Note how three different activities are blended into this initial statement, a likely cause for confusion when the message is whispered quickly.

4.2 Energizer: Ball Toss Brainstorming

Time: 15 minutes

Purpose: This exercise provides a fun way to initiate the participation of every member of a training group in a brainstorming activity. It can be used before a training session as a "topic lead-in" or after a session as a summarizing or reflecting activity.

Group size: Any

Materials:

■ A small ball

Steps:

1. Announce a topic
   (things associated with a topic, a holiday, the course content, etc.).

2. Then toss around a ball.

3. When someone catches the ball, they shout out something related to the topic and then toss the ball to someone else.

4. Continue the exercise until everyone has had a chance to speak.

Variations: link the exercise to a theme in the training course

■ **Variation 1:** When they catch the ball, each person tells what they think is the most important concept they have learned in the training course. Continue the exercise until everyone has caught the ball at least once and explained an important concept of the material just covered.

■ **Variation 2:** Each person tells one step of a process or concept when the ball is tossed to them. For example, after covering "client assessment," the trainer would start the ball toss by naming the first step in the client assessment process and ask each participant to name the subsequent step when they catch the ball. While participants outline the process, the instructor or learner writes each step on a chalkboard or flipchart.

■ **Variation 3:** Cabbage throw: Before the training, the trainers write key concepts or statements on pieces of paper, and wrap the pieces of paper around each other like a cabbage. When each participant catches the "cabbage" they peel off a piece of paper and read it to the group, discussing each statement, as appropriate. For example, each piece of paper might include a key characteristic of adult learners which the group will briefly discuss as it is read aloud.

4.3 Energizer: This Is Not a Rope

Time: 10-20 minutes

Purpose: The purpose of this energizer activity is to encourage learners to see things from different perspectives and find new ways of looking at familiar objects.

Group size: 5-15

Materials:

■ A 3-4 foot-long rope

Steps:

1. Arrange the group in a circle.
   (With a large group, you may set up several circles.)

2. Explain that the purpose of the activity is for each person to transform the rope into something other than what it is.

3. Give the following instructions:

   ■ When it is your turn, step forward, take the rope and say, "This is not a rope, it is a…" As you name it, demonstrate its new use. For example, you might say, "This is not a rope, it is a snake," and get down on the floor and slither the rope around.

   ■ When you are through with your demonstration, place it on the floor and return to your space.

   ■ Another person then immediately steps in and picks up the rope and says, "This is not a rope, it is a …" and demonstrates its new use.

   ■ We will continue until everyone has had an opportunity to work with the rope. If two people reach for the rope at the same time, the preference goes to the person who hasn't yet participated.

4. Place the rope in the center of the circle and begin activity. Continue until all learners who want to participate have done so or until time is up.

Appendix 5: Closing exercises

5.1 Closing Exercise: One Thing I'll Do

Time: Depends on size of group

Purpose: The purpose of this exercise is to help participants name a specific action they will take as a result of what they have learned during the training. This exercise helps bring closure to the training course, as well as helps participants think about how they will apply what they have learned during the training course.
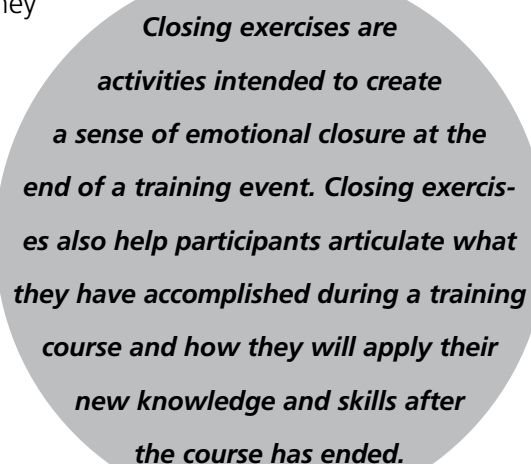
Group size: Unlimited

Materials:

■ None

Steps:

1. Start out by asking participants to take a minute to reflect on the training.

2. Ask participants to form a circle.

3. Ask each participant to say one thing they will do as a result of the training.

4. The trainer should start. Begin with the statement, "One thing I'll do…"

5. Continue around the circle until everyone has shared.

6. Thank participants.

Closing exercises are activities intended to create a sense of emotional closure at the end of a training event. Closing exercises also help participants articulate what they have accomplished during a training course and how they will apply their new knowledge and skills after the course has ended.

5.2 Closing Exercise: Closing Statements

Time: 10-15 minutes

Purpose: This activity serves to bring closure to both the emotional aspects and content of the training.

Group size: Up to 20

Materials:
■ Closing statement handout

Steps:

1. Pass out a Closing Statements Handout (see below) to each learner.

2. Instruct learners to take five to ten minutes to complete the sentences on the handout.

3. After five to ten minutes, ask learners to form a circle.

4. Ask learners to go around the circle and share one of the closing statements out loud.

   Note to trainer: Don't respond to what is shared; model respectful, quiet acceptance of what is offered.

5. Thank participants for sharing.

Closing Statements Handout (Example)

Please complete any of these sentences to summarize your experience of this training event. You will be asked to share one with the group.

I learned…

I feel…

I was surprised…

I'm wondering…

I've re-discovered…

I figured out…

I appreciated…

I felt challenged by…

I'm clearer about…

(Swift, 1997)

Appendix 6: Training methods: Recommendations for effective use

6.1 Presentation/Lecture/Panel Discussions

A presentation or lecture is conducted by the trainer to convey information, theories or principles. These are quick and easy ways to cover content that is new or unfamiliar to learners. Presentations can range from straight lecture to some involvement of the learners through questions and discussion. Presentations depend on the trainer for content more than any other training technique. Sometimes a panel presentation by a group of professionals, community members or patients can provide real-life examples to illustrate didactic material.

Uses:

■ Introduces learners to a new subject

■ Provides an overview or a synthesis

■ Conveys facts or statistics

■ Addresses a large group

Advantages:

■ Covers a lot of material in a short time

■ Effective with large groups

■ Provides context for more practical or hands-on training techniques

■ Gives lecturer or presenter more control than other training situations

Disadvantages:

■ Emphasizes one-way communication

■ Is not experiential in approach

■ Requires that learners take passive role in their learning

■ Requires that lecturer possesses skills as an effective presenter

■ Is not appropriate for changing behavior or for learning skills

■ Limits learner retention unless it is followed up with a more practical technique

Process:

1. Introduce the topic: Tell the learners what information you are going to be sharing with them.

Use an opening that:

■ Explains the purpose of the presentation and why it is important

■ Relates to the topic, situation, learners or speaker

■ Involves and stimulates the audience

■ Creates positive thinking and peaks interest

■ Gets attention, for example, by using:

• Questions	• Unique facts	• Illustrations
• Quotations	• Brief stories	• Jokes (in good taste)
• Compliments	• Subject matter of significance	
• Previews to later subject matter		

2. Present the topic

3. Hold learner attention and interest by:

■ Being enthusiastic, dramatic and/or humorous

■ Using specific examples that:

   • Provide clarity, color and credibility

   • Help a general thought become a specific one

   • Make the impersonal more personal

■ Avoiding jargon

■ Varying the pace

■ Providing opportunities for learner involvement, by:

   • Asking and eliciting questions

   • Acknowledging individuals by name, if possible

   • Asking for learner assistance

■ Using references that show material is aimed at a specific group

■ Using surprises and extras

4. Provide smooth transitions between topics:

■ Link to previous material

■ Bridge or segue to upcoming material

5. Use a closing that:

■ Summarizes the entire activity and emphasizes the key message

■ Makes a meaningful statement

■ Relates to the topic, situation, learners or speaker

■ Ties together the activity as an entity

Variations:

A lecturette is a term used for a brief presentation or lecture, no more than 20 minutes in length. Often these are made more interactive by using a "call and response" format such as interspersing questions to the learners in between lecture points made by the presenter. After learners offer answers, the trainer could then validate the right answers, correct misinformation or wrong answers, and then briefly summarize the take home messages. In this manner, learners are acknowledged for what they already know, yet new and accurate information can be offered by the trainer. This approach emphasizes that learners already know a lot, yet there is still new information to learn from both the trainer(s) and the other learners.

Another variation on the presentation method is a panel discussion. A group of experts present their perspectives to the learners through prepared remarks or spontaneous answers to questions posed by a moderator or facilitator. This approach can be made more interactive by allowing time for learners to ask questions or make comments. A moderator or trainer can model this interaction by asking one or two questions to "prime the pump." Learners can also write their questions on index cards if the size of the training group makes it logistically difficult for learners to ask questions verbally. (National Cancer Institute, 2001)

6.2 Small Group Discussion

A small-group discussion allows learners to share their experiences and ideas or to solve a problem. It exposes learners to a variety of perspectives and experiences as they work together to accomplish the task. Tips on determining group size are included below.

Uses:

- Enables learners to present their ideas in a small group

- Enhances problem solving skills

- Helps learners learn from each other

- Gives learners a greater sense of responsibility in the learning process

- Promotes teamwork

- Clarifies personal values

Advantages:

- Allows learners to develop greater control over their learning

- Encourages learners to be less dependent on the trainer

- Encourages shy or less talkative learners to become involved

- Allows for reinforcement and clarification of lesson through discussion

- Builds group cohesion

- Elicits information from learners

Disadvantages:

- Takes time to move people into groups

- Compromises quality control if a trained facilitator is not in each small group

Process:

1. Arrange the learners in small groups using some of the ideas listed below.

2. Introduce the task that describes what should be discussed in the small group.

3. Tell learners how much time they have.

4. Ask each small group to designate:
   - a discussion facilitator
   - a recorder
   - a person who will present the group's findings to the larger group

Use some of the ideas listed later in this section to make this process more fun and engaging, particularly with community groups.

5. Check to make sure that each group understands the task.

6. Give groups time to discuss.

7. Circulate among the small groups to:
   - Clarify any questions learners may have
   - Make sure that learners are on task
   - Make sure that a few learners are not dominating the discussion

8. Bring all of the small groups together to have a large group discussion.

9. Have the people designated by each group present a summary of their group's findings (this could be a solution to a problem, answers to a question or a summary of the ideas that came out during the discussion).

10. Identify common themes that were apparent in the groups' presentations.

11. Ask the learners what they have learned from the exercise.

12. Ask them how they might use what they have learned.

(CEDPA, 1995)

Determining group size:

- When you have a big group, often there is not enough time for each person to speak, and frequently there will be some who do not feel comfortable speaking in front of groups. In order for everyone to be able to participate, try breaking into smaller groups.

- Small-group discussions after presentations and lectures are an effective method for ensuring that everyone understands the material, as well as providing participants with a way to engage with the material in a more personal way than they do in a large group. Questions that are designed to provide opportunities for learners to reflect on and explain what they have just learned will help them to assimilate and retain new material. These small-group discussions are often followed by "report-back" sessions during which a participant from each group should share the results of their group discussion with the larger group. After all groups have reported back to the larger group, the facilitator can add any key concepts that the group has overlooked.

When determining the appropriate group size, select a size that fits with the nature of the content being discussed. More sensitive topics are often most appropriate for discussions in small groups. It is important to keep in mind that as the group number rises, the process length get longer.

- One-on-one discussions between two learners (dyads) have different advantages than small groups. This type of discussion tends to be more private, so it is great for interviewing, sharing personal information, or practicing certain skills like listening.

■ Small groups of three (triads) have some of the same characteristics of dyads, including privacy and safety. Sometimes when learners have an idea that they are uncomfortable about bringing up with the larger group, a triad is a great place to test it out.

■ Groups consisting of four to six people will bring more diversity to the ideas being discussed. This size is great for planning teams or study groups or in more intricate situations.

(Hope et al., 2001)

Dividing groups and assigning roles:
When facilitating an interactive training, sometimes it is necessary to divide learners into groups and assign them roles. At other times, it may be important to carefully construct the composition of the group. For example, it may be important in an interdisciplinary group to arrange the groups so that all the groups are composed of a variety of people from different levels of the organization or with different roles. At other times, it may be appropriate for a group of people who work in the same facility or geographical location to work together as a small group. If it is appropriate to mix learners, the following are some imaginative ways to divide learners into groups:

■ Deck of cards: the four suits designate the four groups

■ Colored erasers, paper clips, marbles, sticks, rubber bands, etc.: the different colors represent groups

■ Index cards with different stamps on them designating groups

■ Count off: learners count off 1,2,3,4 depending on the number of small groups desired

Selecting a group recorder/reporter:

■ Select any date at random; the person whose birthday is closest to that date becomes the recorder

■ Choose the person who lives closest (or farthest) from the meeting site

■ Choose the person newest (or oldest) to the organization

■ Choose the person with the most sisters/brothers/grandchildren

■ Choose the person who has the longest or shortest hair

(Adapted from CEDPA, 1995)

6.3 Brainstorming

Brainstorming is an activity that generates a list of ideas, thoughts or alternative solutions around a particular topic or problem. It is a technique for which creative thinking is more important than practical thinking. Learners spontaneously present ideas on a given topic, no idea is dismissed or criticized, and anything offered is written down.

The purpose of this technique is for learners to stimulate each other's thinking in order to obtain as many ideas as possible. After the list of ideas is completed, the group clarifies, categorizes or discusses one item at a time, depending on the situation. Brainstorming can stimulate new ideas and new solutions to previously insolvable problems because of the freedom of expression that is encouraged.

Uses:

- Introduce a problem or question
- Form the basis of discussion
- Often used in conjunction with group discussion

Advantages:

- Generates ideas and leads to discussion quickly
- Allows everyone's ideas to be expressed and validated without judgment
- Generates energy to move forward with problem-solving
- Stimulates thought and creativity

Disadvantages:

- Can be difficult to get learners to follow the rules of not diminishing or criticizing the ideas generated during the actual brainstorming activity
- Affords opportunity for learners to get off track and develop a list too broad to guide discussion
- Opens up possibility that learners may feel badly if their idea meets with criticism
- Requires that learners have some background related to the topic

Process:

1. Establish the rules for brainstorming, including the following:

- All ideas will be accepted for the list
- At no time should an idea be discussed or criticized
- Discussion occurs only after the brainstorming session is complete

2. Warm up the group by doing a practice exercise, such as having everyone write down on a piece of scrap paper everything you can do with a ruler. Then go around the room and generate a group list.

3. Announce the topic, problem or question.

4. Write the ideas and suggestions on a flipchart to prevent repetition and keep learners focused on the topic.

   Note: It is helpful for your co-trainer to record the ideas while you call forth the ideas from the group. If there is no co-trainer, a trusted learner can function in this role. Be sure, however, that the learner chosen for this recorder role can keep up with the fast-paced generation of ideas. Nothing impedes the brainstorming process more than a recorder who constantly asks for ideas to be repeated, words to be spelled or acronyms to be explained. Brainstorming can be a fast-paced activity and generally generates a lot of energy and engagement.

5. Allow silence. Give learners time to think.

6. Provide positive feedback to encourage more input from learners (for example, "These are great ideas…").

7. Review written ideas and suggestions periodically to stimulate additional ideas.

8. Conclude brainstorming when no one has any more ideas to add to the list.

9. Review the final list before discussion.

Variation:

A variation to the method described above is to ask each learner to write down his or her thoughts or ideas about the topic on post-it notes. The trainer then collects all the notes and quickly organizes them into categories. The learner group goes over the categories and responses under each one and discusses the similarities, differences, consistencies, inconsistencies and "take-home" messages. (National Cancer Institute, 2001)

6.4 Case Study

A case study is a written description of a hypothetical situation that is used for analysis and discussion. It is a detailed account of a real or hypothetical occurrence (or series of related events involving a problem) that learners might encounter. It is analyzed and discussed, and learners are often asked to arrive at a plan of action to solve the problem. Case studies can help group members learn to develop various alternative solutions to a problem and may help develop analytical and problem-solving skills.

Uses:

■ Synthesizes training material

■ Provides opportunity to discuss common problems in a typical situation

■ Provides a safe opportunity for developing problem-solving skills

■ Promotes group discussion and group problem solving

Advantages:

■ Allows learners to relate to the situation

■ Involves an element of mystery

■ Avoids personal risks by using hypothetical situations

■ Involves learners in an active manner

Disadvantages:

■ Requires a lot of planning time if you need to write case studies yourself

■ Requires careful design of discussion questions

Process:

1. Introduce the case study to learners

2. Give learners time to familiarize themselves with the case

3. Present questions for discussion or the problem to be solved

4. Emphasize that there is not always only one right solution, if appropriate for the specific case

5. Give learners time to solve the problems individually or in small groups

6. Circulate among the small groups to:
   ■ clarify any questions learners may have
   ■ ensure that learners are on task
   ■ ensure that a few learners are not dominating the discussion

7. Bring everyone back together for a larger group discussion

8. Invite learners to present their solutions or answers

9. Discuss all possible solutions or answers

10. Ask the learners what they have learned from the exercise

11. Ask them how the case might be relevant to their own lives

12. Summarize the points made

Tips for developing case studies:
- Develop a case study that is as realistic as possible
- Have clear objectives in mind
- Describe the people in the case study
- Use names, but be sure to indicate that they are not the names of real people
- State their genders, ages, ethnicities and other relevant characteristics
- Describe the specific situation
- Think about the specific issues you want the learners to address
- Avoid giving solutions to the problems raised in the case study
- Avoid making the case study too complex or too simplistic

Some examples of discussion questions that use the adult learning cycle as a model include the following:
- Describe what you see and hear happening in this case study.
- What feelings does the case study evoke in you?
- What are the key issues that are brought to light by this case study?
- What do you think are some of the underlying causes that lead to these issues?
- What are some possible strategies for dealing with these issues?
- How can we each make a difference in addressing these issues?

(National Cancer Institute, 2001)

6.5 Demonstration

A demonstration is a method for showing precisely how a skill, task or technique should be done. The trainer or a skilled learner shows other learners how to successfully perform a given task by demonstrating it, describing each step and explaining the reasons for performing it in a particular way. It is often followed by a practice session in which the learners carry out the activity under the supervision of the trainer. It is basically a visual presentation accompanied by oral discussion in which psychomotor skills are taught. At appropriate points, the demonstrator stresses key points and discusses potential performance problems.

Uses:

■ Shows learners how to perform a skill

■ Clarifies and corrects misconceptions about how to perform a task

■ Shows how learners can improve or develop skills

■ Models a step-by-step approach (for example, how to make a face shield for infection prevention)

Advantages:

■ Provides learning experience based on actual performance

■ Has relevance to the learner's job or personal experience, especially when combined with hands-on practice

■ Illustrates processes, ideas and relationships in a clear and direct manner

■ Requires low development costs

■ Helps learners' focus their attention

■ Involves learners when they try the method themselves

Disadvantages:

■ Requires a lot of planning and practice ahead of time

■ Requires facilities and seating arrangements that are carefully planned so all members of the audience have an unobstructed view of the demonstration

■ Requires enough materials for everyone to try the skill being demonstrated

■ Does not ensure that learners will immediately be able to duplicate the skill being demonstrated after seeing it demonstrated

■ Requires that learners take a passive role during demonstrations. This may cause them to lose interest, particularly during afternoon hours and toward the end of the session

■ Has limited usefulness

Process:

1. Introduce the skill being demonstrated: What is the purpose?

2. Present the materials that are going to be used

3. Demonstrate the skill for learners

4. Repeat the demonstration, explaining each step in detail

5. Invite the learners to ask questions

6. Allow learners to practice the skill themselves

7. Circulate around to each person to:
   - Observe learners as they perform the skill
   - Provide them with constructive feedback

8. Bring learners back into the larger group

9. Discuss how easy or difficult it was for them to perform the skill

10. Summarize the "take home" messages or key points

(National Cancer Institute, 2001)

6.6 Role-Play

Role-play is a technique in which several individuals act out a real-life situation in front of a group. The scenario of the role-play is related to the training topic. There is no script, however, the situation is described in as much detail as appropriate. The learners make up their parts as they act. The role-play is then discussed in relation to the situation or problem under consideration.

Uses:

■ Helps change people's attitudes

■ Enables people to see the consequences of their actions on others

■ Provides an opportunity for learners to see how others might feel or behave in a given situation

■ Provides a safe environment in which learners can explore problems they may feel uncomfortable about discussing in real life

■ Enables learners to explore alternative approaches to dealing with situations.

■ Examines a delicate problem in human relations

■ Explores possible solutions to emotion-laden problems

Advantages:

■ Provides opportunity for stimulating new ideas while having fun

■ Engages the group's attention

■ Simulates the real world

■ Provides a dramatic way of presenting a problem and stimulating a discussion

■ Allows learners to assume the personality of another human being — to think and act as another might

Disadvantages:

■ Requires that learners feel comfortable being in front of a group. Some learners may feel self-conscious or shy, or may fear looking "ridiculous"

■ Requires dyads or triads in which everyone is either acting or observing to address learner reluctance

Process:

1. Prepare the actors so they understand their roles and the situation

2. Set the climate so the observers know what the situation involves

3. Observe the role-play

4. Thank the actors and ask them how they feel about the role-play. Be sure that they get out of their roles and back to their real selves

5. Share the reactions and observations of the observers

6. Establish ground rules for having a group discussion about the role-play
   - ■ Make your comments in a self-oriented manner. Try to express your feelings as you were watching the role-play. For example, "The interaction in the role-play made me feel…"
   - ■ Make descriptive comments about what happened. For example, "I noticed that the woman made eye contact twice with her friend."
   - ■ Try not to interpret the behavior of the players in terms of why they did what they did. If this seems necessary, however, ask the players in an open-ended way rather than projecting your own ideas about their motivations. An example of an open-ended question might be, "I was wondering why you asked the woman her marital status?")

As a group leader, your attitude and direction in this discussion are important. Try to protect the role-players from too much exposure to negative comments, and try to get the observers to put their comments in the form of suggestions on how to improve the handling of the situation. The best way to do this is to set the example yourself. Attempt to be as neutral as possible.

7. Discuss as a group the different reactions to what happened

8. Ask the learners what they have learned

9. Ask the learners how the situation relates to their own lives

10. Summarize the main messages or points

(National Cancer Institute, 2001)

6.7 Question and Answer

Question and answer is a method in which questions are asked or invited and then answered. There are two types of questions:

■ Memory questions: those that test memory or depend on recall only

■ Thought questions: those that make the trainee think, use and apply the knowledge with reasoning and logic

The questions which the trainer asks should:

■ Emphasize reasoning and application of knowledge — not just learning facts

■ Be purposeful and sound

■ Be clearly worded, grammatically correct and within the range of the trainees' knowledge

■ Contain one idea at a time

■ Not suggest the answer

Uses:

■ To refresh the trainees memory before a training session

■ To check on learning

■ To review previous learning (revision and review)

■ To quickly evaluate trainee's ability to connect, recall and analyze facts

Advantages:

■ Allows the trainer the opportunity for on-the-spot assessment of trainees' knowledge and its applications

■ Awakens interest and stimulates thinking

■ Provides an opportunity for organization and interpretation of thoughts for response

■ Provides an opportunity for self-expression

■ Removes learners' doubts as to whether or not their answers are correct

Disadvantages:

■ Participants who are uncomfortable speaking spontaneously/without time to prepare their thoughts may find this exercise challenging, including participants who are not using their native language

Process:

1. The trainer should:

   ■ Have a natural manner

   ■ Address the whole class, but ask only one learner the question

   ■ Allow sufficient time for response

   ■ Quickly reword the question if it is not clear to participants

   ■ Give credit for the right answer

   ■ Encourage the learner to answer and ask questions in return

   ■ Guide the learners without giving clues

   ■ Give the learners the right to disagree through sound reasoning

   ■ Ensure that the learners' answers are correct and meaningful

   ■ When appropriate, and when time permits, trainer can ask probing questions to help participants explore the issues that arise during a question and answer session

2. When answering the learners' questions, the trainer should:

   ■ Be sensitive to the purpose of the question

   ■ Be truthful, avoiding vague answers

   ■ Admit if she or he is not sure of the answer

   Note: Most questions should be planned beforehand and written in brief in the lesson plan. With practice, a trainer develops skills about "what to ask," "when to ask," and "how to ask." (Solter, 1997)

6.8 Field Trips

Field trips involve the physical transportation of learners to a place of interest and value for the purpose of direct observation. The goal is to provide firsthand, real-life experience to the trainees and to demonstrate the application of theory to practice. Field trips are not outings. They are costly and time consuming. Decide carefully, and have clear objectives before planning and conducting any field trips.

Uses:

- To witness a person, a technology or a service in action
- To provide the trainees with an experience which cannot be brought to them

Advantages:

- Puts the student in an active situation
- Develops qualities of observation
- Ensures exposure to real-life situations
- Allows comparison between theory and practice
- Enables students to develop confidence
- Increases diversity and variety in the learning experience
- Lessens need for verbal explanations

Disadvantages:

- Expensive: high personnel, transportation and material costs
- Only small groups can participate; large groups make it a waste of time, money and effort
- Difficult to evaluate the outcome in terms of actual learning
- Requires careful planning

Process:

1. Careful selection of the person or the site to be visited

2. Logistical detail such as transportation and costs should be worked out well in advance. If the trainees have to make certain payments, the amounts and mode of payment should be made known to them well in advance

3. If possible, the trainer should visit the site beforehand

4. The management of the trainees while they are in the field should be planned carefully

5. Trainees should be given a briefing prior to leaving for the field trip

6. Specific things which they should observe need to be explained to the trainees

7. Trainers need to be clear about what they expect the trainees to do and what their responsibilities will be before, during and after the field trip

8. If a written report is expected, the format should be provided to the trainees in advance

(Solter, 1997)

6.9 Practicum

A practicum can be defined as practicing the skills learned in the classroom and/or the demonstration room under supervision. Skill development moves in a sequence from observation, to practical participation, to performance under supervision. The final step is independent performance.

Uses:

Supervised field experience is necessary for learning almost any skill which the worker is going to perform independently, whether a verbal skill or a manual skill.

Advantages:

■ Trainees work in actual situations (active learning situation), dealing with real people and using real tools, instruments or materials

■ Actual skills that help to develop the required levels of competence are performed under the supervision of the trainer

■ Provides an opportunity for the trainee to discover her or his own interests and aptitudes

■ It provides an opportunity for the trainees to handle objects and situations

■ It identifies the need for future supervision

■ It certifies people for independent performance

Disadvantages:

■ Properly planned field experiences require a lot of resources

■ If the group is too large, not enough practice can be obtained by learners to perfect their skills

■ If trainees are practicing their skills without any supervision, the real purpose of field experience is not achieved

Process:

1. Create thorough step-by-step plan

2. Define expected levels of competence

3. Demonstrate and practice with skills in a classroom setting

4. Practice in a real-life situation, with proper guidance

5. Evaluate the levels of competence achieved

Guidelines:

■ The teacher should prepare a list of all the procedures to be learned by the trainee and give a copy to all the trainees

■ The teacher should prepare a checklist for each skill to be learned by the trainee

■ The trainee in turn should prepare a procedure manual. This will be used during practical experience, as well as for evaluation and reference later on

Solter, 1997

6.10 Assignment

A method of direct study where a trainee is given a task to do independently and away from the classroom.

Uses:

■ Problem solving

■ Working on simple and small projects, individually and in groups

■ Extra or additional reading

■ Reinforcing what was learned

■ Preparing for the next unit of instruction

■ Reference work, which involves looking up information and learning to use library facilities

■ Application of knowledge when working on projects

■ Collecting data to be used later

■ Creative work, such as writing essays and making small charts

■ Practicing skills learned in the training session

■ Many other uses depending on the learning objective

Advantages:

■ Promotes independent study habits

■ Encourages self-directed learning

■ A student can set her or his own pace, regardless of the level of other trainees

■ Helps the student realize her or his potential

■ Aids the teacher in evaluating trainees' ability for self direction

Disadvantages:

■ Thorough planning is required by the trainer

■ Creating and correcting assignments is time consuming

■ Too many assignments destroy the student's initiative

■ Unless corrected, returned and discussed, assignments are a waste of time

Process:

1. Assignments should be planned beforehand

2. The trainee should know the exact purpose of the assignment

3. Clear and definite instructions should be given for doing the assignment

4. It should be interesting, meaningful, stimulating and relevant to the course objective, and it should contain a variety of tasks

5. It should not be too easy or too difficult and enough time must be given

6. It should be promptly checked, corrected and returned to the trainees

Solter, 1997

6.11 Games

A game is a learning activity designed as a structured experience—a competitive situation with a winner, in which the learning comes from involvement in the game, including interaction of the participants.

Principal elements of games:

■ Learning goals

■ Clearly defined rules

■ Competition

■ Player interaction/participation

■ Termination point or closure (time, points, etc.)

■ Outcomes (winners and losers are determined)

Uses:

■ To open an activity or program

■ To provide a change of pace during the training

■ To introduce variety into the learning experience

■ To conclude a session or program

Advantages:

■ Heightens awareness, interest and curiosity, thus making participants more receptive to learning

■ Provides participation for everyone

■ Helps participants drop resistance to new learning by immersing them in an active task

■ Has high motivational value because it is fun

■ Emphasizes peer/collaborative training

■ Learning is rapid

■ Allows for risk-taking in a safe atmosphere

■ Can aid skill development

■ Reinforces principles, concepts and techniques previously taught

Disadvantages:

■ Participants may focus on winning and thus overlook training goals

■ Participants may not take the game seriously enough to learn

■ Time may run out before the game is fully processed (discussed and analyzed)

■ Learning may fade unless there is reinforcement on the job

Process:

1. The trainer should be familiar with all aspects of the game

2. Allow enough time for the game, particularly for processing

3. Plan for all pre-game preliminaries (game materials, instruction sheets, flip-charts, pens, etc.)

4. Keep the introduction brief

5. Ensure that written instructions are clear

6. Remember to ask for questions before the signal to start is given

7. Avoid taking away the experience of the participants by over-communicating about it

8. Plan in advance how you will select groups

9. Keep the atmosphere informal

10. Debrief at two levels: analysis of the game and its application to the real world

11. Recognize that although everyone had the same experience, they may perceive it differently.

(Eitington, 1996)

Appendix 7: Using audiovisuals effectively

Listed below are some hints for effectively using the most commonly used training media.

Handouts:

Handouts are supplementary materials that provide a detailed expansion or reiteration of one or more aspects of the presentation.

Hints:

■ Handouts can be your worst distracter during a presentation if distributed while you are speaking. Whenever possible, provide handouts at the end of a presentation unless the audience will use them during the training. In that case, provide the handouts before the presentation to avoid distraction.

■ Reduced-size reproductions of charts or slides used during the presentation can be extremely useful to learners as reference material. Adding brief interpretive statements can remind learners of your key points at a later date.

Flipchart:

A flipchart is a large pad of paper usually on a tripod or stand. It can be used to display previously prepared notes, as well as for recording brainstorming responses.

■ A flipchart pad can provide flexibility for developing and modifying simple sketches, diagrams and statements during the course of a presentation.

■ Color is extremely important. Green, blue and brown should be used primarily for words. Avoid visuals that are one color. Use red, orange or yellow for highlighting only. If you have five- or six-line visuals, use colors to separate them or to group them.

Hints:

■ Maintain the flow of your talk while you write

■ Avoid talking to the board

■ If you prefer, have a co-trainer or learner write while you facilitate group discussion (Be cautious about asking learners to write; some may actually slow down the process by taking a long time to record responses)

■ Stay to the side while writing on a flipchart pad

■ Write largely and neatly

■ Draw a faint outline of a diagram or model in pencil before the presentation to provide guidelines for the marker or chalk

■ Limit the number of words to avoid pages that are too busy and distracting

■ Use bullet points to delineate items on the page

■ Have masking tape available to hang pages up around the room

Overhead Projector:

An overhead projector is one of the most commonly used and most versatile pieces of audiovisual equipment used to project material from a book or a prepared transparency onto a screen.

Hints for designing transparencies:

■ Do not use more than four of five words per line

■ Do not crowd too many lines onto a transparency

■ Design them so they can be read from the back row of the training room

■ Use dark letters on light backgrounds

Hints for using overhead projectors:

■ Before the training begins, locate and check the operation of the on/off switch

■ Place a transparency on the projector before the training to focus it

■ Always have a spare lightbulb, in case the one provided with the overhead projector burns out, and an extension cord

■ Face the learners, not the screen, while talking

■ Allow plenty of time for learners to read what is on the screen and take notes, if appropriate

■ Designate someone to control the room lights.

Slides, LCD projectors and computers (for computer-generated presentations):

Slides are still the most common visual aid used in training. However, many trainers are switching to LCD projectors and computers to project computerized presentations onto a screen. The following information applies to both slides and PowerPoint presentations.

Hints for designing slides or a computer-generated presentation (such as PowerPoint):

■ Keep each screen simple by using bullet points and simple visuals. Each bullet point can be elaborated during the presentation

■ Use a large enough font so that the text can be read from the back row of the training room

■ Use colors and designs that are pleasant, but not distracting for the viewer

■ Use colors that make text stand out on a slide. Use a light color for the text on a dark colored background. Pale yellow on dark blue is best

■ Use animation in PowerPoint presentations sparingly. While it is interesting to have bullet points appear on or cross the screen as you read them, too much animation can be distracting

Hints for using slides:

■ Make sure your slides are placed in the carousel so they project right side up

■ Practice showing your slides before the training

- Practice using the remote control for changing slides
- Practice operating the electronic pointer if you will be using one during your presentation
- Always have a spare bulb and an extension cord with you
- Designate someone to control the room lights

Hints for using an LCD projector and computer:

- If you do not have access to your own slide projector or LCD and portable computer, reserve one for your training
- Make sure the computer is equipped with compatible software to run your presentation (for example, does the computer have PowerPoint?)
- Make sure that your presentation fits onto a diskette, or put it on a zip disk. If a zip diskette is needed, you will need a portable zip drive
- Before the training, do a test run of your presentation to ensure that there are no problems using your diskette in the computer
- **ALWAYS BRING A COPY OF YOUR PRESENTATION ON OVERHEADS JUST IN CASE!**

Examples of effective and ineffective slides/screens from computer presentations might be:

Example of ineffective slides/screens

- Font too small, can't be seen from back of room
- Too many words on the slide/screen
- Not visually pleasing
- Pale yellow text on white background

Example of effective slides/screens

- Large enough font of #18 or more
- Few words on the slide/screen
- Visually pleasing
- Pale yellow text on bright blue background

Videotape Players:

Because the videotape player is extremely versatile, it is rapidly becoming a major tool in presentations.

Hints for Videotape Players:

- Use is limited for large groups of more than 20 learners because multiple monitors or large video projection screens are needed.
- Most equipment is portable, but cumbersome.
- Compatibility of the type and size of the videotape and cassette to the available equipment should be carefully considered.
- Have tapes set at the proper starting point so that only the PLAY button needs to be pushed.

Assembling training materials checklist worksheet

Materials for room setup

- ❏ Music (CD, tapes…)
- ❏ Decorations
- ❏ Toys or other objects learners can use to keep their hands busy
- ❏ Snacks
- ❏ Food service: trays, cups, plates, napkins, utensils, garbage bags

Materials for sign-in

- ❏ Name tags or table tents
- ❏ Registration roster, sign-in sheet
- ❏ Sharp-pointed marker for nametags

Audiovisual equipment

Note: Depends on specific equipment required for the training and on equipment already provided by training site

- ❏ Overhead projector
- ❏ Prepared overheads
- ❏ Blank overheads
- ❏ Overhead markers
- ❏ Overhead cleaner
- ❏ Slide projector
- ❏ Slide carousel
- ❏ Slides
- ❏ LCD projector (for computer presentations)
- ❏ Diskette or zip-diskette with presentation
- ❏ Zip-drive (if necessary)
- ❏ Computer

Miscellaneous materials

- ❏ Masking tape
- ❏ Scissors
- ❏ Colored markers
- ❏ Objects for dividing learners into small groups

- ❏ Pens or pencils for learners
- ❏ Index cards
- ❏ Post-it notes
- ❏ Paperclips

Materials for conducting the session

- ❏ Trainer training plan and notes
- ❏ Flipchart
- ❏ Blank flipchart paper
- ❏ Prepared flipchart pages
- ❏ Notepads for learners
- ❏ Copies of evaluation
- ❏ Handouts (including agenda, list of learners) preferably organized in folders or collated into packets
- ❏ Visuals (specific to the module)
- ❏ Session evaluation forms
- ❏ Certificates of training completion and/or continuing education credit
- ❏ Electronic pointer
- ❏ Extension cords
- ❏ Three-prong plug adapters
- ❏ Extra lightbulbs
- ❏ Extra batteries
- ❏ Microphone (if needed)
- ❏ Portable screen (if needed)

Other training specific items:

- ❏
- ❏
- ❏
- ❏
- ❏
- ❏
- ❏

Appendix 8: Sample job-aid

Pregnancy Checklist

How to be Reasonably Sure a Client is Not Pregnant

If the client answers **YES** to any question, proceed to the first box directly below the **YES** column.

NO		YES
	1. Did you have a baby less than six months ago, have you been fully or nearly fully breastfeeding, **and** had no menstrual period since then?	→
	2. Have you abstained from sexual intercourse since your last menstrual period?	→
	3. Have you had a baby in the last four weeks?	→
	4. Did your last menstrual period start within the past seven days?	→
	5. Have you had a miscarriage or abortion in the last seven days?	→
	6. Have you been using a reliable contraceptive method consistently and correctly?	→

Client answered NO to all of the questions.

↓

Pregnancy cannot be ruled out.

↓

Client should await menses or use pregnancy test.

Client answered YES to at least one question.

↓

Client is free of signs or symptoms of pregnancy.

↓

Provide client with desired method

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Explanation of Checklist to Rule Out Pregnancy

Goal of the Checklist Tool

Family-planning providers should always rule out pregnancy when providing hormonal methods or intrauterine devices (IUDs). However, pregnancy tests may not be available in all clinics or affordable for all clients. In such cases, this checklist serves as an easy-to-use tool for providers to help non-menstruating clients safely initiate their method of choice. This checklist for ruling out pregnancy is based on criteria recognized by the World Health Organization (WHO). Tests of the checklist's effectiveness in family-planning clinics showed that the tool was more than 99 percent effective at ruling out pregnancy.

Using the Checklist

The checklist is used to rule out pregnancy if no tests are available. The provider simply asks the client each of the six questions (or includes them in history-taking). If the client answers "yes" to any one question, and has no signs or symptoms of pregnancy, then she can be safely provided with her method of choice. It is very important that the provider trusts what the client says. For example, if the client says that her menstrual period started within the past seven days, the provider should accept the client's word.

Pregnancy cannot always be ruled out. In these cases, the woman may go for a pregnancy test elsewhere, or use a temporary barrier method while awaiting her menstrual period. If a client who would like to use birth control pills chooses to wait for her menstrual period, she should be given the option of carrying home a cycle of pills to initiate when her menstrual period returns.

Adapting the Checklist

Some programs may choose to adapt the checklist to their own unique situations. For example, since a provider does not need to continue asking questions once a client answers "yes," a program can reorder the checklist questions to reflect locally common reasons that exclude pregnancy. However, programs should take care to ensure that the meaning of the original questions remains unchanged when adapting or translating the checklist.

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Appendix 9: Daily evaluation forms

9.1 Daily Evaluation: Feedback Cards

Time: 5-10 minutes

Purpose: This activity allows participants to give feedback regarding the training/learning experience.

Group size: Any

Materials:
- Colored index cards
  (or other pieces of colored paper)
- Marking pens

Throughout the course, daily evaluations can provide trainers with feedback about how satisfied the learners are with the course, as well as information about learners' comprehension and assimilation of new material. Daily evaluations are completed at the end of the day, providing trainers with information they can use to adjust the course schedule, as well as ways to create closure on the days' training activities.

Steps:

1. Two colors of 3x5 index cards (enough for each participant to receive one of each color)

2. Pass around two stacks of 3x5 index cards. Each stack should be a different color.

3. Ask each participant to take one card of each color.

4. Ask each participant to write, "One thing you really liked or appreciated about this training" on the _____ color card.

5. Ask participants to write, "One thing you wished had been different about this training" on the _____ color card (different color from #3).

6. When all participants have completed the cards, ask that they pass both cards to the front.

7. Thank the participants for their input and assure them that the trainers will carefully consider their feedback.

9.2 Daily Evaluation: Group Review/Group Reflection

Time: 10-15 minutes

Purpose:
These evaluation activities allow learners to reflect on the learning process. Group review focuses attention on what learners are able to recall from the previous day of training, providing trainers with an informal assessment of how much learners have retained. Group reflection focuses on learners' immediate assessment of the present training day. Both activities facilitate a transition from one day to the next and provide an opportunity for trainers to clarify any misconceptions or misunderstandings that the learners have.

Number of participants:
10-25

Materials:
■ Flipchart paper and markers

Steps (Review):
1. Begin by asking learners to share what they felt were the main or key points from the previous training day

2. Write down learners' comments on the flipchart

3. If a learner provides a one-word answer, ask the learner to expand on the point. If the learner has difficulty verbalizing the concept, ask another learner to help

4. Do not spend too long on this activity, it is meant to uncover only the most important themes and not a complete summary of the previous day's session

5. If one learner seems to be having particular difficulty with concepts from the day before, consider talking to that learner individually during a break

6. Save the flipchart for learners to review at the last session. This may help learners visualize what they considered to be the main points learned throughout the workshop

Steps (Reflection)
1. Ask learners to think about their answers to questions about the days or activities/training

2. Ask learners to share their thoughts and responses with the group

3. Possible questions include items such as:
   -What did I like about today?
   -What did I not like about today?
   -What did I learn and experience today that I will be able to use?

(Solter, 1997)

9.3 Daily Evaluation: Pluses and Wishes

Time: 5-10 minutes

Purpose:
This activity provides a mechanism for participants to give feedback regarding the training/learning experience.

Group size: Any

Materials:
■ Flipchart page with a line drawn down the middle. Label one column with "pluses" and the other column with "wishes."

Steps:

1. Ask participants to call out things they liked about the training day and things they wish had been different.

2. Record their comments in the appropriate column on the flipchart exactly as they say them.

3. Do not respond to any of the comments unless you need to ask a clarifying question.

4. Thank the participants for their input and assure them that the trainers will carefully consider their feedback.

9.4 Daily Evaluation: Traffic Lights

Time: 5-10 minutes

Purpose: This activity provides a mechanism for participants to give feedback regarding the training/learning experience.

Group size: Any

Materials:
- Index cards with three traffic lights across the top. One light is red, one is green and one is yellow.
- Pens/pencils
- Training agenda

Steps:

1. Pass out an index card with traffic lights to each participant.

2. Ask participants to reflect on the training.

3. Instruct them to write down under the red light on the index card a part of the training that you should stop using. Under the yellow light, they should write down something about the training that could be changed. Under the green light, they should write things about the training that were a "go" or that went well.

   Note to trainer: Refer participants to the training agenda to remind them of the activities they participated in.

4. Collect participants' cards and assure them that the trainers will carefully consider their feedback.

9.5 Daily Evaluation: What Do You Think?

Time: 5-10 minutes

Purpose: This activity provides a mechanism for participants to give feedback about the training. It can be used repeatedly throughout a training to evaluate specific activities or at the end of the training session to evaluate the overall training. One benefit of this evaluation method is that it can be used with low-literacy groups.

Group size: Any

Materials:

■ Muffin tray (at least 12 slots)

■ Small objects, such as rocks or pieces of candy

■ Labels with words or symbols

Steps:

1. Pre-label a muffin pan such that each row respectively reads either "good," "bad" or "no opinion." Have the columns labeled "Activity 1," "Activity 2," and so on. Have a few muffin spaces filled with candy.

2. After each activity, pass the tray around and ask participants to put a piece of candy in the muffin slot that best describes what they thought of the activity. If the "good" slot ends up with more candy than the "bad" compartment, you know the activity was a success.

Appendix 10: Co-trainer Debriefing Form

Sample co-trainer daily debriefing questions

To improve presentations during a TOT workshop, co-trainers can discuss the following questions during daily debriefing sessions at the end of the day.

At the end of each day, many trainers make time to meet as a group to reflect on the previous days' training. This time provides them with an opportunity to discuss aspects of the training that need improvement and to make adjustments to the training agenda and process for the remaining days of the course.

1. How well did we meet the goals of our workshop sessions today?

2. What did we do today that was not effective?

3. What did we do today that was effective?

4. How well did we handle problems that arose during the workshop today?

5. How well are we working together as co-trainers? Is there anything that we need to improve?

6. Is there anything we would like feedback on during the sessions tomorrow?

Appendix 11: Sample evaluation tools

11.1 Sample Pre- and Post- Test:
Sexual Abuse Truths and Myths Quiz

Directions: Place an X on the line next to Truth if you think the statement is true. Place an X on the line next to Myth if you think the statement is a myth.

1. ___Truth ___Myth   Rape happens only to females.

2. ___Truth ___Myth   Sexual abuse only means rape.

3. ___Truth ___Myth   A person who sexually violates someone else can be a loving person.

4. ___Truth ___Myth   Rape is an act of uncontrollable sexual desire.

5. ___Truth ___Myth   Sexual abuse happens only in lower socioeconomic groups.

6. ___Truth ___Myth   Once someone realizes that she or he is being sexually violated, it is easy to leave the relationship.

7. ___Truth ___Myth   Most rapes are committed by strangers.

8. ___Truth ___Myth   Someone can change another person's sexually violent behavior by changing some of his or her own behaviors.

9. ___Truth ___Myth   It is rape if someone puts his or her fingers inside a woman's vagina against her will.

10. ___Truth ___Myth   An adolescent is less likely to be sexually violated if her or his parents know her or his date (boyfriend/girlfriend).

11. ___Truth ___Myth   People who are sexually abused as children or adolescents are more likely to become sexual abusers as adults.

12. ___Truth ___Myth   Rape can occur within marriage.

13. ___Truth ___Myth   Women ask to be raped when they wear revealing clothing or act flirtatious.

14. ___Truth ___Myth   Alcohol can contribute to sexual assault.

15. ___Truth ___Myth   If a young woman did not fight, she was not really assaulted.

Both during and at the end of training, trainers should use formal and informal evaluation methods to assess changes in participants' knowledge, beliefs and skills. Often, evaluation forms are administered both before and after a training course or session ("pre- and post-tests") to measure changes in participants' knowledge, attitudes and beliefs (see Appendix 11.1- 2). Assessment of participants' skills often includes observation of skills practice, using competency-based checklists as assessment tools (see Appendix 11.3).

Answers to Sexual Abuse Quiz

1. **Myth:** It can also be perpetuated by females against males and by males against males.

2. **Myth:** Sexual abuse includes all forms of sexual coercion (emotional, physical and economic). It may or may not include rape. Any type of unwanted sexual contact is considered sexual abuse.

3. **Truth:** People who are sexually violent can be loving and caring when they are not being violent.

4. **Myth:** Rape is about control and power, not desire. It can sometimes be an angry response to a situation, such as expecting sex and not having that expectation met.

5. **Myth:** Sexual abuse occurs in rural, urban and suburban areas and among all ethnic, racial and socioeconomic groups.

6. **Myth:** By the time a person realizes that she or he is being sexually violated, she or he may already feel committed to the relationship and find it hard to leave.

7. **Myth:** In 84 percent of all rapes, the perpetrator knows the victim. Perpetrators can include a parent, partner, ex-partner, boyfriend, family member, another person in the home, teacher, neighbor, acquaintance or, more rarely, a stranger.

8. **Myth:** The only behavior you can change is your own. You can do specific things that put you in less risky situations, but you cannot control how someone else will act.

9. **Truth:** Though rape laws vary from country to country, rape is commonly defined as the use of physical and/or emotional coercion — or threats to use coercion — to forcibly penetrate a child, adolescent or adult vaginally, orally or anally.

10. **Truth:** It lessens the anonymity and lets the date know that the parents are aware of who their child is dating.

11. **Truth:** Studies show that people who are sexually abused as children are more likely to become abusers themselves unless they receive psychological support to help them deal with the abuse that they experienced.

12. **Truth:** Marital rape is when one spouse forces the other, either by physical or emotional coercion, to have sex.

13. **Myth:** No one asks to be raped. A woman has the right to wear whatever she pleases, and a man has the responsibility to respect that. Dressing attractively and flirting are an invitation for attention and/or admiration, but they are NOT an invitation for rape. Only a rapist is responsible for rape.

14. **Truth:** Drinking affects communication, reasoning skills and self-control. For the attacker, alcohol might reduce inhibitions and lead to acts of violence that would not have happened if he or she were not drinking. Alcohol might also diminish a person's ability to correctly interpret verbal and/or nonverbal cues from a partner about consent for sexual activity. For the victim, alcohol might inhibit his or her ability to fight off an attacker or to act on early warning signs of a high-risk situation.

15. **Myth:** Young women in rape or sexual abuse situations are legitimately afraid either of being injured further or that the abuser/attacker will harm them in some other way. Terror often prevents a young woman from fighting back.

(Senderowitz, et al., 2000)

11.2 Sample Pre- and Post-test: Manual Vacuum Aspiration

Name_____Position_____

City _____ Country_____

Date _____ Pre-Test_____ Post-Test_____

Please read the questions and the possible answers carefully. There is only one correct answer to each question.

1. Manual vacuum aspiration (MVA) is a safer technique for uterine evacuation than dilatation and curettage (D&C) because it:
   a. Is associated with lower risk of complications
   b. Usually requires only local anesthesia
   c. May be provided in many settings, including as an outpatient procedure
   d. All of the above

2. MVA instruments are most often indicated in postabortion care for:
   a. Treatment of ectopic pregnancy, endometrial biopsy and uterine evacuation for incomplete abortion in the first trimester
   b. Treatment of incomplete abortion up to 12 weeks LMP, endometrial biopsy and treatment of incomplete septic abortion
   c. Treatment of ectopic pregnancy, endometrial biopsy and anembryonic pregnancy
   d. Treatment of missed abortion larger than 12 weeks LMP, incomplete abortion and cases of abruptio placentae

3. In the MVA technique, the cannula performs which three basic functions:
   a. Serves as a passageway for vacuumed tissue, stores vacuumed tissue and measures the depth of the cavity
   b. Stores vacuumed tissue, measures the depth of the cavity and gently scrapes the lining of the uterus
   c. Measures the depth of the cavity, serves as a passageway for vacuumed tissue and gently scrapes the lining of the uterus
   d. None of the above

4. Which of the two Ipas syringes has greater capacity for suction?
   a. The double-valve syringe
   b. The single-valve syringe
   c. Neither — suction capacity is the same in both syringes
   d. The double-valve syringe when it is used with the 7-12 mm cannulae

5. Which factors must be considered in selecting the diameter of the cannula for treating incomplete abortion?
   a. Patient's age and LMP
   b. Position of the uterus and degree of cervical dilation
   c. Signs of infection and size of the uterus
   d. Degree of cervical dilation and actual size of the uterus

6. Identify the correct sequence of steps in producing and checking a vacuum:

   a. Place the plunger in the barrel, close the valve buttons, pull the plunger arms back and lock in place, release buttons to check the vacuum

   b. Close the buttons, place the plunger in the barrel, pull the plunger arms back and lock in place, release buttons to check the vacuum

   c. Place the plunger in the barrel, lock the plunger arms in place, close the valve buttons, release buttons to check the vacuum

   d. Pull the plunger arms back and lock in place, close the valve buttons, place the plunger in the barrel, release buttons to check the vacuum

7. Which answer lists in order four of the most important steps in the MVA technique?

   a. Apply paracervical block if necessary, dilate the cervix if required, intro-duce the cannula through the cervical os, move the cannula forward and backward while rotating it

   b. Introduce the cannula through the cervical os, apply paracervical block, create a vacuum in the syringe, dilate the cervix if necessary

   c. Dilate the cervix, introduce the cannula through the cervical os, apply paracervical block, release the tenaculum

   d. Dilate the cervix, create a vacuum in the syringe, apply the tenaculum, rotate the cannula

8. When dilating the cervix with Denniston dilators:

   a. Hold the dilator in the middle with the thumb and index fingers as if it were a dart, introduce it gently as far as the internal orifice, remove it by placing the hand on the top, then introduce the opposite end

   b. Hold the dilator in the middle with the thumb and index fingers as if it were a dart, introduce it gently as far as the internal orifice, remove it by placing both hands on the bottom, then introduce the opposite end

   c. Grasp one end of the dilator firmly and insert the opposite end through the internal orifice; remove it and insert the opposite end

   d. None of the above

9. What signs indicate that the MVA procedure is complete when treating an incomplete abortion?

   a. The syringe is full, the walls of the uterus feel gritty, the cervix closes

   b. Vacuum is lost, bubbles are visible in the cannula, the walls of the uterus feel silky

   c. Foam is visible in the cannula, the walls of the uterus feel and sound gritty, the uterus contracts around the cannula

   d. The syringe is full, vacuum is lost, the walls of the uterus feel and sound gritty

10. What precautions should be taken in using the syringe and the cannulae to perform MVA?

    a. Do not hold the syringe by the arms of the plunger when you are using it

    b. Do not hold the cannula by the end that is introduced into the uterus

    c. If the cannula is disinfected in caustic solutions, verify that it has been rinsed with sterile water before inserting it in the uterus

    d. All of the above

11. If the syringe is full before completing the evacuation, proceed as follows:

    a. Remove the syringe and the cannula, use another prepared syringe

    b. Disconnect the syringe from the cannula, re-establish the vacuum, switch cannula and continue with the procedure

    c. Close valve, disconnect the syringe from the cannula, open valve, empty the contents of the syringe, re-establish the vacuum, reconnect and continue the procedure

    d. Close valve, remove the cannula and the syringe, empty the contents of the syringe, re-establish the vacuum, open valve, reconnect and continue the procedure

12. If the cannula becomes clogged during the procedure:

    a. Remove the cannula with the syringe up to the cervical os so that the release of the vacuum causes the tissue fragment clogging the cannula to pass

    b. Remove the cannula and then remove the tissue fragment with sterile gauze

    c. Both a and b are correct

    d. None of the above

13. Manual vacuum aspiration:

    a. Is always performed in an operating room under general anesthesia

    b. Is generally performed as outpatient surgery using paracervical block

    c. Should always be done as outpatient surgery without anesthesia

    d. Is never performed as outpatient surgery, even if done with local anesthesia

With reference to Ipas's instruments, circle "F" if the statement is false or "T" if it is true:

14. Both the single-valve and the double-valve syringes are made up of: valve(s), plunger, black ring (also called "o- ring") and collar stop ( )

15. Both syringes require a set of adapters for cannulae sizes 6-12 mm. ( )

16. The single-valve syringe is used only for endometrial sampling. ( )

17. The double-valve syringe may be used for endometrial sampling with cannulae of 3, 4 and 5 mm, and also to aspirate retained tissue with cannulae of larger diameter. ( )

18. Cannulae of all sizes can be used to sound the uterus. ( )

Answer Key: Pre- and Post-test: Manual Vacuum Aspiration

1. D

2. B

3. C

4. C

5. D

6. A

7. A

8. A

9. C

10. D

11. C

12. A

13. B

14. T

15. F

16. F

17. T

18. T

11.3 Sample Competency-Based Skills Assessment Checklist

Checklist for Postabortion Family-Planning Counseling Skills
(to be completed by clinical trainer)

Directions: Mark your assessment of the individual in the box to the right of each question.

Place a ✔ in the box marked **Score** if the task was performed **satisfactorily**
Place an X in the box marked **Score** if the task was **not** performed **satisfactorily**
Write the letters **N/O** if you did not observe the individual perform the task

Satisfactory: Performs the task according to standard procedure or guidelines
Unsatisfactory: Does not perform the task according to standard procedure or guidelines
Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ Course Dates _____

Task	Score
INITIAL INTERVIEW	
1. Greets woman respectfully and with kindness.	
2. Assesses whether counseling is appropriate at this time (if not, arranges for her to be counseled at another time).	
3. Ensures necessary privacy.	
4. Obtains biographic information (name, address, etc.).	
5. Asks if she was using contraception before she became pregnant. If she was, finds out if she: • Used the method correctly • Discontinued use • Had any trouble using the method • Has any concerns about the method	
6. Provides general information about family planning.	
7. Explores any attitudes or religious beliefs that either favor or rule out one or more methods.	

Task	Score
8. Gives the woman information about the contraceptive choices available and the risks and benefits for each: • Shows where and how each is used • Explains how the method works and its effectiveness • Explains possible side effects and other health problems • Explains the common side effects	
9. Discusses client's needs, concerns and fears in a thorough and sympathetic manner.	
10. Helps client begin to choose an appropriate method.	
SKILL/ACTIVITY PERFORMED SATISFACTORILY	
CLIENT SCREENING	
1. Screens client carefully to make sure there is no medical condition that would be a problem (completes Client Screening Checklist).	
2. Explains potential side effects and makes sure that each is fully understood.	
3. Performs further evaluation (physical examination), if indicated. (Non-medical counselors must refer client for further evaluation.)	
4. Discusses what to do if the client experiences any side effects or problems.	
5. Provides follow-up visit instructions.	
6. Assures client she can return to the same clinic at any time to receive advice or medical attention.	
7. Asks the client to repeat instructions.	
8. Answers client questions.	

Trainer's Signature_____   Date _____

(Adapted from Sullivan et al., 1995)

Appendix 12: End of training evaluation forms

12.1 End of Training Evaluation Form 1

End of training evaluation forms help to assess participants' satisfaction with the course, as well as solicit feedback about the performance of trainers and strengths and weaknesses of course design.

Name (Optional):

Were the overall workshop objectives met?

Objective 1: To provide clinicians with the knowledge and skills to communicate effectively with women regarding selection of an appropriate family-planning method

_____Yes   _____No

Objective 2: To provide clinicians with the knowledge and skills to provide referrals to appropriate community resources

_____Yes   _____No

If no, please explain and give suggestions for improvement:

I. Training

1. If you could give the trainer one piece of advice on how to improve the training, what would it be?

2. What were some of the training's highlights or parts that you valued most?

3. What did you like least about the training?

4. What other trainings would you like to see offered?

5. What problems or dissatisfaction did you have with the way the program was scheduled?

II. Trainer

1. Presentation styles: Excellent   Good   Poor
   Comments:

2. Trainer's knowledge of the subject: Excellent   Good   Poor
   Comments:

3. Responsiveness to learners: Excellent   Good   Poor
   Comments:

III. Additional comments/suggestions for future training sessions:

12.2 End of Training Evaluation Form 2

Program title:

Name (optional):

The overall purpose of this training was to provide clinicians with the knowledge and skills to communicate effectively with women regarding selection of an appropriate family-planning method and to provide referrals to appropriate community resources.

Please rate the effectiveness of this training by circling your responses below.

	Excellent	Good	Fair	Poor
1. Relevance of this training to the program goals	4	3	2	1
2. The learning environment (facilities)	4	3	2	1
3. Objectives				
Objective 1:				
Objective achieved	4	3	2	1
Relevance of content to objective	4	3	2	1
Objective 2:				
Objective achieved	4	3	2	1
Relevance of content to objective	4	3	2	1
4. Adequate time frame for learning	4	3	2	1
5. Trainer: _____				
Presented the information in a clear and logical manner	4	3	2	1
Used effective teaching methods	4	3	2	1
Demonstrated mastery of the topics	4	3	2	1
Used visuals/handouts that contributed to the presentation	4	3	2	1

12.3 End of Training Evaluation Form Training 1

1. I think this session…

2. During this session I felt…

3. I wonder if this session could have…

4. During this session I learned…

5. I think that others in this group were…

12.4 End of Training Evaluation Form 4

Trainer: _____

	Strongly Agree				Strongly Disagree
The trainer was well prepared	1	2	3	4	5
The trainer spoke in a clear voice and was easily understood	1	2	3	4	5
The trainer was knowledgeable about the topic	1	2	3	4	5
The trainer clearly expressed ideas and information	1	2	3	4	5
The trainer gave the group a chance to ask questions	1	2	3	4	5
The trainer understood the questions asked, and answered them satisfactorily	1	2	3	4	5
The trainer was interesting and engaging	1	2	3	4	5
The activities the trainer used were enjoyable	1	2	3	4	5
The trainer provided information that will be helpful to you when you do trainings	1	2	3	4	5
You would recommend that we use this trainer for future training sessions	1	2	3	4	5

What did you like MOST about this training session?

What did you like LEAST about this training session?

What suggestions do you have for improving this training session?

Appendix 13: Sample training schedule

Sample Course Schedule:
The First Day of a Training of Trainers Workshop

Time	Agenda Item & Purpose	Exercises/Activities	Materials Needed
DAY 1 MONDAY			
8:00 – 8:30 am	Welcome and opening remarks Course background/purpose	Mini-lecture	-PPT Slide: Welcome -Participant packets -Nametags -Table name cards
8:30 – 9:00 am	Icebreaker: Hopes and Hesitations *Purpose: To provide learners with an opportunity to share expectations and concerns about the course, as well as get to know one another and begin building rapport*	Icebreaker: Hopes and Hesitations	-Colored cards -Small prizes
9:00 – 10:00 am	TOT Workshop Overview: Agenda, expectations, set group norms, introduce suggestion box, introduce and name "parking lot," housekeeping, roles and responsibilities (including introducing the task clock and dividing participants into 4 task groups) *Purpose: to review workshop agenda, elicit and incorporate participant's expectations and to orient learners to workshop environment and state roles and responsibilities*	Mini-lecture with Powerpoint presentation Group discussion and brainstorm	-PPT 1: Welcome, introduction, overview -Flipcharts: expectations, parking lot, group norms -Task clock
10:00 – 10:15 am	**TEA BREAK**	**TEA BREAK**	**TEA BREAK**
10:15 – 10:45 am	Adult learning principles *Purpose: to introduce the principles of adult learning, including characteristics of effective training with adults and the adult learning cycle*	Mini-lecture with Powerpoint slides Small group discussion with report back	-Trainer instructions -PPT 2: adult learning principles -Handouts: adult learning principles, adult learning cycle, retention and recall
10:45 – 11:30 am	Learning Styles *Purpose: to illustrate some of the different learning styles of adults and strategize about ways to work effectively with a variety of styles during a training course*	Game Mini-lecture with Powerpoint presentation	-Trainer instructions -Handout: Working with different learning styles

11:30 – 1:30 pm	**LUNCH BREAK** (note: during lunch, trainers should approach Task group one and help them prepare for facilitating the Icebreaker: "This is not a rope")		
1:30 – 1:45 pm	Energizer conducted by Task Group 1 *Purpose: To provide an opportunity for learners to practice thinking creatively as well as to energize participants and build rapport*	Energizer: "This is not a rope"	-Trainer instructions -3-4 foot rope
1:45 – 2:30 pm	Characteristics of Effective Trainers and Facilitators *Purpose: to provide an overview of the role, characteristics and skills of an effective trainer and to allow learners to reflect on the training skills that they would like to improve.*	Individual reflection Interactive lecture with Powerpoint slides	-PPT 3: effective trainer skills -Colored cards - Markers -Tape -Handout: Effective Trainer Skills
2:30-3:25	Skills-practice: Effective facilitation and communication *Purpose: To identify types of effective verbal and non-verbal communication that encourage open communication and facilitate learning. Learners will practice using effective verbal and nonverbal communication as well as giving and receiving constructive feedback.*	Group discussion and brainstorm Trainer-led skit modeling poor communication Small group work in triads: Role-play and structured feedback Report back to group	-Trainer instructions -Flipchart -Markers -Tape -Copies of facilitation skills script -Break-up method for small groups -Facilitation skills observation forms
3:25 – 3:40 pm	**TEA BREAK**	**TEA BREAK**	**TEA BREAK**
3:40 – 4:05 pm	End-of-day reflection 1: Creating a productive learning environment: *Purpose: To identify strategies for creating a learning environment that is emotionally safe and physically comfortable*	Group Discussion and brainstorm	- Flipchart -Markers -Handouts: Creating a productive learning environment; Training room eating Arrangement Handout
4:05-4:20	Homework assignment: 4 task groups *Purpose: to give participants homework to prepare for the task assigned to their group for the next day*	Assign a training task to each group to be completed the following day (Icebreaker, Energizer, Evaluation and Timekeeper)	Trainer instructions for each group
4:20-4:45	Daily evaluation: Feedback cards *Purpose: To assess strengths and weaknesses of day 1*	Individual reflection	Cards of 2 different colors

Bibliography

Ajello, Clayton, Kobchitt Limpaphayom, Lynne Gaffikin, Pisake Lumbiganon and John McGrath. 1994. *The effectiveness of model-based training in accelerating IUD skill acquisition. A study of midwives in Thailand.* Baltimore, MD, JHPIEGO.

Baird, Traci, Debbie Billings and Bechesani Demuyakor. 2000. Community education efforts enhance post-abortion care program in Ghana. *American Journal of Public Health,* 90(4) 631-632.

Baird, Traci L., M. Virginia Chambers and Charlotte E. Hord. 1998. *Implementing postabortion care: Technical resources for PAC: Volume 1.* Chapel Hill, NC, Ipas.

Ben Salem, B. and K. J. Beattie. 1996. Facilitative supervision: A vital link in quality reproductive health service delivery. *AVSC Working Paper #10.* New York, NY, EngenderHealth. Available online at www.engenderhealth.org/pubs/ workpap/wp10/wp_10.html, last accessed 23 July 2001.

Benson, Janie and Victor Huapaya. 2002. *Sustainability of postabortion care in Peru. Final report to the Frontiers Project.* Chapel Hill, NC, Ipas.

Billings, Debbie, Tracy Baird, V. Ankara, Joe Taylor and K. Ababa. 1999. *Training midwives to improve post abortion care in Ghana: Major findings and recommendations from an operations research project.* Chapel Hill, NC, Ipas.

Bradley, Janet, Pamela Fenney Lynam, Joseph C. Dwyer and Grace E. Wambwa. 1998. Whole-site training: A new approach to the organization of training. *AVSC Working Paper #11.* New York, NY, EngenderHealth. Available online www.engenderhealth.org/pubs/workpap/wp11/wp_11.html, last accessed 23 July 2001.

CARE Perú and Peruvian Ministry of Health. 2001. *Guide for Physicians on Emergency Obstetric Care.* Atlanta, GA, CARE.

The Center for Development and Population Activities. 1995. *Training trainers for development.* Washington, DC, CEDPA.

Center for Substance Abuse Prevention. 1994. *Facilitation skills development process training module.* Rockville, MD, CSAP, Substance Abuse and Mental Health Services Administration, Department of Health and Human Resources.

Cram, David. 1988. How to design the ideal training course. In Gordon, Jack, R. Zemke and P. Jones, eds. *Designing and delivering effective training courses and measuring the results.* Minneapolis, MN, Lakewood Books.

de Bruyn, Maria and Nadine France. 2001. *Gender or sex, who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers.* Chapel Hill, NC, Ipas.

Doak, Cecilia C., Leanard G. Doak, and Jane H. Root. 1985. *Teaching patients with low literacy skills.* Philadelphia, PA, J.B. Lippincott Company.

Eitington, Julius E. 1996. *The winning trainer. Winning ways to involve people in learning, Third edition.* Houston, TX, Gulf Publishing Company.

Family Health International. 2002. *Provider checklists for reproductive health services -Reference guide.* Research Triangle Park, NC, Family Health International.

Farrell, Betty, Douglas Huber and Ellen Israel, ed. 2000. Module 9: Condoms and Spermicides. *Comprehensive reproductive health and family planning training curriculum.* Watertown, MA, Pathfinder International.

Fonn, Sharon, Mpefe Ketlhapile and Sanjani Varkey. 2001. *Health workers for choice. Working to improve quality of abortion services.* Braamfontein, Johannesburg, South Africa Institute for Medical Research.

Fort, Alfredo, Jim McCaffery, Marc Luoma, Constance Newman, Fred Rosenweig and Sharon Rudy. 2002.

Intrah performance improvement source document. Chapel Hill, NC, Intrah. Available online at http://www.intrah.org/sst/, last accessed 22 Jan 2003.

Freire, Paulo. 1983. *Pedagogy of the oppressed.* 20th Edition. New York, NY, The Continuum Publishing Corporation.

Heaney, Tom. 1995. Issues in Freirean pedagogy. http://nlu.nl.edu/ace/Resources/Documents/FreireIssues.html (last accessed 23 Jan 2003).

Hord, Charlotte E. 2001. *Making safe abortion accessible: A practical guide for advocates.* Chapel Hill, NC, Ipas.

Hord, Charlotte E. and Makhosazana Xaba. 2002. *Abortion law reform in South Africa: Report of a study tour, May 2001.* Johannesburg, South Africa, Ipas.

Hope, Anne and Sally Timmel. 2001. *Training for transformation: A handbook for community workers.* Book 2. London, ITDG Publishing.

Hyman, Alyson and Phan Bich Thuy. 2002. *Training of trainers to conduct effective training courses.* Unpublished paper presented at the Vietnam Training of Trainers (TOT) to conduct effective training courses, Hanoi, Vietnam.

Intrah/PRIME II Project and JHPIEGO. 2002. *Transfer of learning: A guide for strengthening the performance of health care workers.* Chapel Hill, NC, Intrah.

Ipas. 2003. *Effective training in reproductive health: Course design and delivery: Trainers manual.* Chapel Hill, NC, Ipas. Unpublished.

Jarrell, Martha, Jose David Ortiz Mariscal and Judith Winkler, eds. 2002. *Training manual for postabortion care: Technical resources for PAC: Volume 2.* Chapel Hill, NC, Ipas.

JHPIEGO. 1997a. *Framework for reproductive health training.* http://www.reproline.jhu.edu/english/6read/6training/process/3FS6FRAE.htm (last accessed 9 Oct 2001).

JHPIEGO. 1997b. JHPIEGO *Technical report FCA-28.* Baltimore, MD, JHPIEGO.

JHPIEGO. 2000. *Advanced training skills for reproductive health professionals.* Baltimore, MD, JHPIEGO.

JHPIEGO. 2001. Planning for a training course: Selecting a clinical site for a clinical skills course. *JHPIEGO Trainer News*. Baltimore, MD, JHPIEGO. http://www.reproline.jhu.edu/english/6read/6issues/6jtn/v4/tn12ct-splan3.htm (last accessed 21 Feb 2003).

Johnson, R. and D. Lewison. 1996. *Issues in training for essential maternal health care.* Baltimore, MD, JHPIEGO.

Kirkpatrick, D. 1998. *Evaluating training programs.* San Francisco, CA, Berrett-Koehler Publishers.

Knowles, James C. 1988. *The modern practice of adult education: From pedagogy to andragogy.* Englewood Cliffs, NJ, Cambridge Book Company

Long, P. and N. Kiplinger. 1999. *Making it happen: Using distance learning to improve reproductive health provider performance.* Chapel Hill, NC, Intrah. Available online at www.intrah.org/PDF/DL.pdf, last accessed 30 September 2001.

Magnum, Stephen L. 1988. On-the-job vs. classroom training: Some deciding factors. In Gordon, Jack, R. Zemke and P. Jones, eds. *Designing and delivering effective training courses and measuring the results.* Minneapolis, MN, Lakewood Books.

Marais, Thea. 1996. *Abortion values clarification training manual.* Melrose, South Africa, Planned Parenthood Association of South Africa.

McInerney, Teresa, Traci L. Baird, Alyson G. Hyman, Amanda B. Huber and Merrill Wolf, ed. 2001. *A guide to providing abortion care.* Chapel Hill, NC, Ipas.

MotherCare. 2000. Improving provider performance: An exploration of the literature. *MotherCare Matters,* 9(2). Arlington, VA, John Snow, Inc.

National Cancer Institute. 2001. *Trainer's guide for cancer education.* Rockville, MD, National Institute of Health, National Cancer Institute.

Otsea, Karen, Janie Benson, Diana Measham, Margaret V. Thorley and Rosalinda Lidh. 1999. *Technical resources for PAC: Monitoring postabortion care: Volume 3.* Chapel Hill, NC, Ipas.

Pfeiffer, J.W. and A.C. Ballew, eds. 1991. *Theories and models in applied behavioral science, Vol. 2.* San Diego, CA, Pfeiffer and Company.

Robinson, Russell D. 1994. *An introduction for helping adults learn and change.* West Bend, WI, Omnibook Company.

Rogo, Kama, Solomon Orero and Monica Ogutto. 1998. Preventing unsafe abortion in Western Kenya: An innovative approach through private physicians. *Reproductive Health Matters,* 6(11).

Russell, Susan. 1997. Create effective job aids. *Info-line Issue #9711.* Alexandria, VA, ASTD.

Sanders, Ethan. 1999. Learning technologies. *Info-line Issue #9902.* Alexandria, VA, ASTD.

Senderowitz, Judith, Cathy Solter and Gwyn Hainsworth. 2000. Module 16: Reproductive health services for adolescents. *Comprehensive health and family planning training curriculum.* Watertown, MA, Pathfinder International

Sharpe, Cat, ed. 1989. Course design and development. *Info-line Issue #8905.* Alexandria, VA, ASTD.

Smith, Mark K. 1997. Paulo Freire. http://www.infed.org/thinkers/et-freir.htm (last accessed 23 Jan 2003).

Solter, Cathy. 1997. Module 14: Training of trainers. *Comprehensive reproductive health and family planning training curriculum.* Watertown, MA, Pathfinder International.

Spitzer, Dean R. 1988. Five keys to successful training. In Gordon, Jack, R. Zemke and P. Jones, eds. *Designing and delivering effective training courses and measuring the results.* Minneapolis, MN, Lakewood Books.

Sullivan, Rick, Ron Magarick, Gary Bergthold, Ann Blouse and Noel McIntosh. 1995. *Clinical training skills: A problem-solving reference manual.* Baltimore, MD, JHPIEGO.

Sullivan, Rick and Lynne Gaffikin. 1997. *Instructional design skills for reproductive health professionals.* Baltimore, MD, JHPIEGO.

Sullivan, Rick, Ann Blouse, Noel McIntosh, Lois Schaefer, Elaine Lowry, Gary Bergthold and Ron Magarick. 1998. *Clinical training skills for reproductive health professionals,* Second edition. Baltimore, MD, JHPIEGO.

Swift, Robin, ed. 1997. *The HeART of training: A manual of approaches to teaching about HIV/AIDS.* A joint project of Cooperative Agreement Training Working Group, Special Projects of National Significance Program, HIV/AIDS Bureau, Health Resources and Services Administration. Washington, DC, LTG Associates.

Wallerstein, Nina. 1992. Powerlessness, empowerment and health: Implications for health promotion programs. *American Journal of Health Promotion*, 6(3):197-205.

World Health Organization. 1987. *The community health worker: Working guide, guidelines for training and guidelines for adaptation.* Geneva, WHO.

Zemke, Ron and John Gunkler. 1988. 28 Techniques for transforming training into performance. In Gordon, Jack, R. Zemke and P. Jones, eds. *Designing and delivering effective training courses and measuring the results.* Minneapolis, MN, Lakewood Books.

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