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## TRAINING HEALTH WORKERS



## **EDITORIAL NOTE:**

The present issue of CONTACT sets out in manual form some of the basic principles of training health workers for primary health care. We invite you to read our condensed version of Ann Voigt's manual and, for those involved in or responsible for health training or health services, to see how it could be applied or adapted to suit your own situation.

The manual has a precise focus: the teaching of technical skills and knowledge to one category of health personnel, the village health worker. No explicit attempt is made to generalize these principles to the training of other categories or levels of health personnel. We hope to be able to do that in future issues of CONTACT.

As far as the PHC worker is concerned, another question that deserves careful study is training for a role that may go far beyond the perfor-

mance of purely technical functions. One view is that the PHC worker is an agent for change in his/her community, whose role it is to enable people to take control of and responsibility for the various factors which determine their health. Far more than technical knowledge, skills and attitudes are needed to play such a role. To enable workers to assume this role therefore requires different kinds of training methods and approaches. For example, it is important that the training methods allow trainees to become aware of and responsible for the attitudes that condition the way they do their work and, if necessary, to transform these through shared experience and reflection.

The topic of health education/training is very broad. In a series of CONTACTs over the next period, we hope to be able to cover some of the principal facets of this topic, which is of vital interest to all concerned with health care.

**The drawing on the cover and all the other drawings** in this issue of CONTACT are by David Werner and appear in his and Bill Bower's book *Helping Health Workers Learn*. The Editorial Committee would like to take this opportunity to thank David for the *carte blanche* he has given us to use his drawings. We do so frequently because they so often illustrate exactly the point we hope to make.

# HEALTH-WORKER TRAINING COURSE

by L. Ann Voigt\*

This text is a condensed version of the original.

Training cannot solve all the problems which might prevent health workers from doing a good job. Other service conditions can seriously handicap health workers. These are lack of medicines, logistical support, record and referral systems or service plans, or the inaccessibility (financial, geographical or cultural) of the service to the population. In such situations, training cannot really help and dealing with these problems is, clearly, outside the scope of a training course.

Training can help in situations like these:

- If health workers have not learned how to do correctly some or all of the tasks that make up their jobs.
- If new tasks are added to their duties.
- If work methods, equipment or materials have been changed.
- If health workers rarely use a skill and need to be reminded of it.

Health workers' motivation and attitudes also affect how they do their work. They may do a task badly because they don't have enough time, are bored or resentful, or nervous because you are watching them. Providing enough time and/or additional help, changing a job description, giving more praise or other recognition of work well done, can help. These types of solutions do relate to training and are discussed in this course.

## ON-THE-JOB TRAINING

Supervisors can train people while they are at work. A routine visit to a health facility is a good time to teach a new task or to correct performance problems identified during the visit. Special plans should be made to do this. Routine supervisory visits should be scheduled in advance and you should stay with health workers long enough to observe them during a whole work session and to answer questions and discuss problems afterwards.

\* Ms L. Ann Voigt is a Nurse Educator in the US Department of Health & Human Services of the US Public Health Service. She developed this teaching module for the Combatting Childhood Communicable Disease Project of the Department. Materials adapted from David Werner/Bill Bowestet book *Helping Health Workers Learn*, and Frank Abbott's book *Teaching For Better Learning* have been included in the module.

## 1. Identify Training Problems

When you identify a work problem at the facility, ask yourself:

- Can it be corrected by training? \*
- If so, is it best solved by individual or group training? (Does it concern only one worker, several members of or an entire health team?)

## 2. Determine the Best Time for Training

It is not good to interrupt health workers to talk about each problem when you see it. Make a list of the problems observed and wait until the clinic session is over and the patients have gone home. An exception is if there are few patients and you can comment without disrupting or causing embarrassment, or if you see a potentially life-threatening problem.

## 3. Determine the Best Way of Training

Health workers tend to receive a lot of blame and little praise. Start by recognizing and praising work that has been well done. Assure them that you are there to support them. Listen to them! Let them identify their problems first and then discuss problems you have identified. Remember that the main purpose of your visit is to strengthen their work.

If the problem is specific to a team or several members of it, a review session for that team might be called for. If the problem concerns an individual health worker, talk with him/her after clinic. Praise what has been done well. Describe what was done incorrectly or not at all. Describe and demonstrate how to do the task correctly. Have the worker repeat the task. You can also teach by helping during clinic. As you work, staff members will observe your correct technique. After clinic, you may need to review points for them. Take care not to take over their duties however.

### EXERCISE A

During a supervisory visit to a health centre, you observe staff weighing babies. You note that the scale is not correctly balanced. None of the staff are checking the scale before each weighing to see that it balances on zero. As supervisor, what do you do?

\* See the list of situations in which training can help on page 1.

## FORMAL TRAINING CLASSES

Sometimes training cannot be done during a supervisory visit. A training session or workshop may be necessary.

### 1. Select Trainees, Trainers and Training Site

#### a. Trainees

The persons selected for training may be experienced health workers who will be performing additional tasks, or are taking more responsibility. They may be newly-hired persons who have had no previous experience and/or training in health-related work.

In primary health care, the aim is for health workers to come from, and be responsible to, the community. Therefore, trainers should discuss the health worker's job with representatives of the community, e.g., the village health committee. This will help the community to choose the right person or people to receive training.

#### b. Trainers

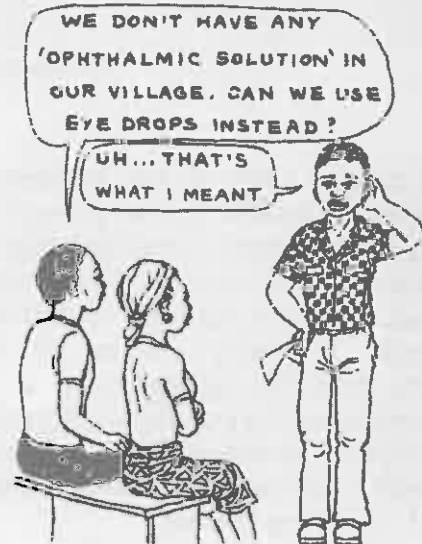
Health workers may be trained by supervisors, professional trainers or health workers like themselves who have received special training, or are more proficient.

In choosing who should do the training, remember that teachers may have a different social and educational background from that of their students and be out of touch with the students' real-life situation and work setting. A person with a similar cultural and social background, who comes from the same or a nearby area and speaks the local language of the trainees will, however, usually provide the best training.

#### Story

A visiting nurse attended a training course for village health workers (VHWs), taught by experienced VHWs. She trained health auxiliaries and thought the village-level instructors could have conducted the course better. So they suggested that she give a demonstration lecture on "Preventing dehydration".

The nurse's lecture was carefully timed: 40 minutes lecture and 10 minutes for questions. She covered viral and bacterial diarrhoeas and electrolyte depletion briefly and expertly, naming the major causes and describing the physiology.



When she finished, she asked trainee after trainee if they understood how to prevent dehydration in a child with diarrhoea. Only two persons had understood her lecture: the two who had studied in secondary school. One of the trainees had made a list of more than 20 words which no one in the village used. He asked her to explain some of them. Each time she tried, she used two or three more words that nobody understood. A village instructor then asked if she could give the lecture again using more simple words and examples from village life. She said she didn't think she could and asked a village instructor to do it for her the next day.

The following morning, the local instructor, instead of starting with a lecture, placed two glasses on the table. The night before, he had put flowers in both glasses. He had added water to one but not the other. He asked the trainees why one flower was limp and the other still fresh. After some discussion, he asked them what happens to a child with diarrhoea. The trainees themselves made the connection between diarrhoea and dehydration, based on this example and their own experience of seeing children sick with diarrhoea.

The local instructor used village names for different parts of the body. He had every trainee make oral rehydration solution (ORS), using containers from nearby homes. By the end of the class, everyone knew how to make ORS and how much ORS the child with diarrhoea needs to drink every day.

The visiting nurse saw that, although the local instructor did not use the detail and terminology she used, the trainees had learned how to prevent dehydration, and had taken an active part in the classes.

Being villagers themselves, the instructors could build on trainees' own knowledge and experience. This technique is very effective and is usually easier for a local person than an outsider.

**c. Training site**

The place selected for training will depend on the type of health worker being trained, the setting in which they will work, the facilities available, and where the trainees can be accommodated.

Trainees need to learn in a situation as similar as possible to that in which they will be working. To train VHWs in a district hospital may be just as inappropriate as training hospital surgeons in the village. They would not be exposed to the type of work they would be doing in the future. Even two workers from the same category would do a job differently in different settings. For example, sterilizing syringes is different in a village without electricity than in a university teaching hospital where electricity and autoclaves are available.

**2. List the Tasks for which Training is Needed**

When you have determined that training is needed for a specific situation, you need to obtain or develop a job description for the individual worker, or group/category of workers.

A good job description should list:

- the tasks to be performed
  - the decisions to be taken
  - the procedures to be followed
  - the information to be collected
  - the activity to be evaluated
- but NOT what the worker needs to know, understand or be aware of.

**a. List the tasks to be done to accomplish the job**

Job descriptions seldom list all of these. Ask the supervisor or health workers what tasks they needed to do to complete the job. List the tasks in the order in which they are done. Also, keep all related tasks together e.g., all immunization tasks.

**Example**

A Public Health Nurse's job description states that one of her jobs is MCH weekly clinics, including immunization outreach clinics. The tasks needed to complete this job are:

- identify target populations
- motivate community members
- schedule clinic
- prepare equipment and cold chain for vaccines
- set up clinic
- provide health education
- screen children
- immunize children
- record immunization
- clean up site
- inform community of return date.

**EXERCISE B**

A newly hired public health nurse in a community hospital must develop a training programme for community health workers (CHWs) who will work in a diarrhoeal disease prevention programme. They worked in two MCH activities previously: immunization and malaria prevention. List all the tasks (two of which are already listed) to be carried out by the CHWs to do the job of "preventing diarrhoeal disease".

1. Encourage breastfeeding.
2. Teach good nutrition.

**3. List the Steps in each Task**

Each task should now be broken down into steps. This describes exactly:

- how the task is done, i.e.,
- what health workers need to know to perform it effectively, and therefore.
- what needs to be taught in training.

As you do this, ask yourself:

- what is the correct technique,
- why do each step, and
- what are the most frequent mistakes in doing this task?

After identifying the most important steps which make up a task, decide which ones the health workers already know how to do, and which ones they need to learn to do. You will only need to train them to do the steps they don't already know how to do.

**a. Obtain information**

To write the task description, select the most appropriate sources of information. Several should be used since each has advantages and disadvantages. Some appropriate sources are identified below.

Source of information	Advantages	Disadvantages
Your own experience	If you have had experience in the tasks to be analyzed, you are certainly the most <i>convenient</i> information source.	You may have had neither enough, nor the right experience. Your work could have been under different conditions than those under which the trainees will be working. Your method may not necessarily be the best one.
Discussions with health workers and specialists generally regarded as being good at their jobs.	You will be told what is practical and feasible in the field. You will also gain the experience of several persons. You can obtain responses that describe the specific actions, decisions and communications involved in the task.	The health workers may not be using the best techniques because they may not have had recent appropriate training. They may also have developed poor habits after training.

Source of information	Advantages	Disadvantages
Observation of health workers regarded by coworkers as good at the job.	Most workers try to do a better job when they are being watched.	Workers may be very competent but still unskilled at the particular task whose performance you are watching. The circumstances at the time may be atypical. You may not be watching, or be aware of every step being performed.
Manuals and textbooks	Many tasks are described in medical textbooks, teaching manuals or guidelines issued by the Ministry of Health or WHO. Use these to fill any gaps in your own experience, and the information collected from other sources.	These are written for many levels of training. Skills can be described in too little or too much detail. They are written for use in many countries and under many circumstances.

When talking with health workers or specialists, ask for specific information. Say, for example, "Imagine that you are a health worker. If I tell you that I have been coughing a lot, what is the first thing you would do?" The answer might be, "I would start by taking a history." This is too vague, so you should ask, "Yes, but what would you actually say to me?". The answer might then be, "When did your cough start?", and so on.

When watching workers do their tasks, make notes. When the task is completed, ask why actions for which you see no reason were done. Watch other workers doing the same tasks. If two or three others follow similar patterns, stop your observation.

#### b. List steps

Convert the information you have collected into an organized list, with the steps in the order in which they occur.

##### Example

In the job described on page 5, "conduct immunization outreach sessions", one of the tasks listed was "immunize children". The steps in this task, in performance order are:

- Remove vial of vaccine from cold box.
- Clean top of vial with alcohol.
- Draw up correct vaccine and dose in sterile syringe.
- Position child so he/she cannot move.
- Clean injection site with alcohol.
- Inject vaccine.
- Return vial to cold box.
- Place syringe and needle in pot for cleaning.

#### EXERCISE C

Below is a list of tasks necessary to complete the CHWs job in a diarrhoea prevention programme:

1. Encourage breastfeeding.
2. Teach good nutrition.

3. Teach basic hygiene for individuals, families, households.
4. Encourage development of safe water supply and storage.
5. Teach mothers to mix and give ORS to children with diarrhoea.

Make a list of the 8 steps necessary to carry out task no. 5. The first two are:

1. Select place for teaching.
2. Persuade mothers to gather for lessons.

#### 4. Develop Learning Objectives

Learning objectives describe what the trainee should be able to do at the end of a learning session. The evaluation of the trainees when they have completed their courses will be based on these objectives, so they should be clearly stated. To prepare objectives:

State actions that can be measured or observed. For example, a health worker may need to be able to *recognize* the child with dehydration. But you, the trainer, cannot see whether recognition takes place unless the trainee names or identifies what he/she has recognized. So, a good learning objective for this would be: "*Identify* the following signs of dehydration when you see them on a patient or in a photograph: sunken fontanelle, poor skin, swelling under skin and dry mouth."

State how and where trainees must be able to perform an activity. This will vary according to what they are being taught. For example, depending on the task, trainees may have to perform it:

- using household utensils
- in an environment similar to a health centre
- in a community without a midwife.

Describe the standards for acceptable performance. These tell the trainees how well and at what level you want them to perform.

A standard can refer to manner ("in a friendly tone of voice"), accuracy ("to the nearest centimetre"), speed ("within 5 minutes"), completeness ("so that all spaces on the form are complete") and frequency ("5 times"). Required standards should be clearly described and trainees informed where the tasks are to be performed, e.g., in the classroom, simulated situation or on the job.

Once learning objectives have been developed, list the *knowledge, skills and attitudes* the trainees need to accomplish the objectives and perform the task correctly. Review the list of steps in each task. What knowledge, skills and attitudes are needed to perform each step effectively? Knowledge is the facts the health

worker needs to know to carry out the job. Skills may be manual (i.e., use of hands in effectively using equipment or performing a task), verbal, arithmetical, decision-making or communication skills. Attitudes are shaped by first-hand experience, and sharing others' experiences. They are more difficult to teach, but spread when experiences are shared within a team and community.

**Example**

Task: Immunize children	
Steps	Knowledge/skills/attitudes
1. Remove vial of vaccine from cold box.	-
2. Draw up correct vaccine & dose in sterile syringe.	Know dose for each vaccine.
3. Position child so he/she cannot move.	Be friendly, reassuring.
4. Inject vaccine.	Use correct technique for injection.
5. Return vial to cold box.	Know temperature for maintaining vaccine potency.
6. Place syringe & needle in pot for cleaning.	-

**EXERCISE D**

Review the steps in the task "teach mothers to mix and give ORS (Exercise C) List the information, skills and attitudes needed to perform these steps.

Task: Teach mothers to mix and give ORS	
Steps	Knowledge/skills/attitudes
1. Select place for teaching.	
2. Persuade mothers to gather for lessons.	
3. Collect ingredients & equipment.	
4. Inform mothers of time & place.	
5. Teach signs & symptoms of dehydration.	
6. Mix sugar & salt in water.	
7. Watch each mother mix solution.	
8. Visit homes for repeat demonstrations.	

**EXERCISE E**

**STORY:**

Joe, a new instructor, was teaching health workers about sanitation. The health workers were to work in three villages to help villagers

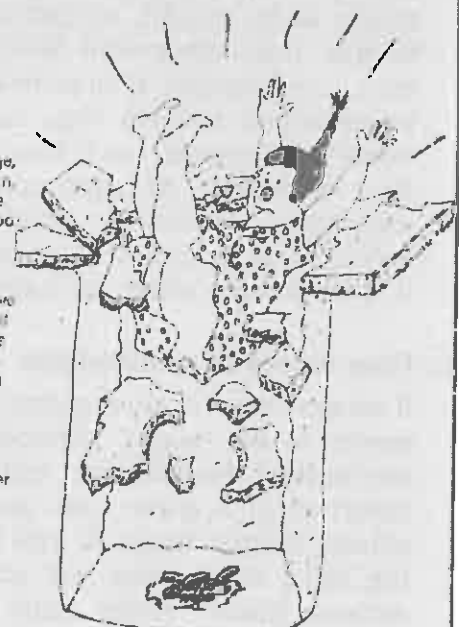
build latrines. Joe explained the importance of latrines, how deep to dig them, and how far they should be from houses and water sources. He showed drawings of different ways to build latrines, and took the trainees to see two "model latrines" with concrete platforms. He advised them to "set objectives" for the number of families they hoped would have latrines after one year.

At the end of the course, Joe gave the health workers an examination that included questions such as: "How far should a latrine be from a well?" and "Why is a concrete platform better than wood?" Everyone answered the questions correctly, and Joe was pleased.

But when the trainees started working in their assigned villages, they ran into difficulties. Mary found that the villagers disliked the idea of latrines because they "smell bad." She did not know how to deal with that. Frank persuaded seven families to build latrines. To keep them a safe distance from the community water supply, the latrines were built somewhat away from the village. But people seldom used it. It was too far to walk every time they needed it, they said.

John persuaded the chief of the village to set an example for his people. John, himself, directed the construction to demonstrate to the people how easy it could be. Cement proved to be a bit more expensive than John had anticipated, however, so he cut back on the amount he used in the slab, and made up the difference with some grayish soil he had found just outside the village. And the reinforcing wire mesh hadn't arrived by the time they were ready to pour the slab for the platform, so they went ahead without it. He was never entirely clear on the reason for using it, anyway; everyone knew how strong concrete was. When the latrine was built, everyone came to see it. There was excited comment, people were pleased.

That night the chief's wife, a large, overweight woman, entered the latrine. Her weight was too much for a slab that didn't have enough cement in the concrete to give it full strength, and no reinforcing wire to hold it together. It gave way. When John heard the news, he was reminded that he had some urgent business in another village, a considerable distance away. He left immediately.



Clearly, Joe's teaching about how to motivate community people to build and use latrines was not enough. If you were Joe's supervisor, what suggestions would you make to him before he gives the training again? Make a list.

Unfortunately, teachers often waste time teaching unnecessary knowledge and skills. For each point that you teach, ask yourself:

- What would happen to the trainee's ability to do the task if this item were NOT taught?
- How will this information increase the trainee's skills?
- Could this time be better used to teach something more important, or the same thing more effectively?
- What has gone wrong in practice that could be prevented by teaching different skills or better understanding?

## 5. Develop Training Plans

A training plan is a written description of the learning activities for any given task. It includes one or several lesson plans. Each lesson plan covers the following aspects:

### a. What will be taught

The lists of tasks, steps, objectives and knowledge/skills/attitudes that you have now established constitute the content of the training.

### b. How to teach the lesson(s) (training methods)

The training methods depend on what needs to be taught, certain administrative factors (e.g., classroom facilities, finance, etc.), and certain characteristics of both trainees and trainers (e.g., culture, educational background, etc.). (See Section 6 on the selection of appropriate training methods.) Activities which make the trainees use the information, not just repeat it, ensure more effective learning.

### c. How time will be scheduled

If several lessons are required to cover what needs to be taught, schedule lessons of appropriate length and content. Plan to teach all of a given task and, if possible, closely related tasks, in one lesson. Teach the skills the trainee will use first in the earliest lesson. Make each lesson short enough so that neither you nor the trainees become too tired. Lectures, reading or ac-

tivities that require more concentration should be scheduled for the morning. The afternoon, when students are getting tired, is a good time for active discussion, role play, demonstrations, etc. Build integration of different tasks, and the links between knowledge, skills and attitudes, into your teaching. Allow time for trainees to reflect together on their experience.

### d. Equipment

List the equipment and supplies needed for teaching each task in the outline lesson plan for that task. When the lesson plan is complete, summarize the list. Is the equipment available from a clinic, training school, etc.? If it must be purchased, is money available? If not, what can be substituted, made by trainees, donated, etc.?

### e. Acceptable standards of performance

List specific performance standards trainees should meet to demonstrate their mastery of a task after training. (See, in section 3 on Learning Objectives, the part on standards.)

### f. Teaching aids

You will need to obtain, adapt and/or develop these. List the aids needed for teaching each task. Aids for the trainer may include notes on what to say, lists of things to look for when observing trainees' practice, equipment checklists, blackboard and chalk. The trainees may need handouts outlining the subject or describing steps to be followed in learning a skill, visual aids such as pictures and posters, audiovisual aids such as role-playing and case presentation, filmstrips, flipcharts and slides. Adapting the latter three to fit the local situation may take less time and money than developing them from scratch. (Sources of audiovisual aids are listed at the end of this article.)

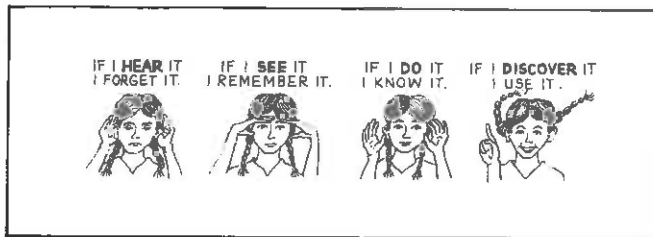
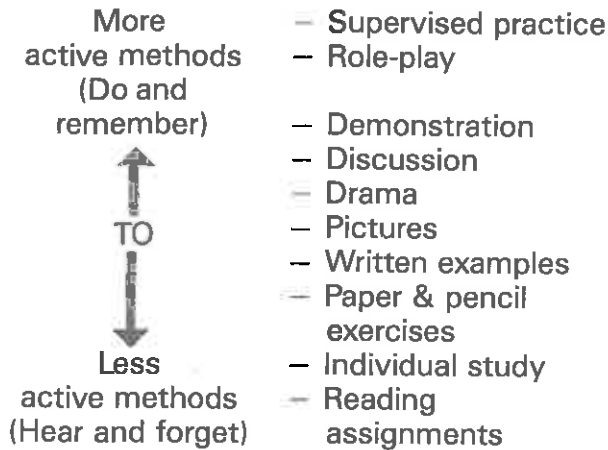
## 6. Select Appropriate Training Methods

Some teachers feel they must do all the talking. This is the way they were taught. Learning and applying new teaching methods is difficult. It is easier to repeat the same lecture year after year. But students learn little if they only listen to lectures. They learn best from performing an activity, i.e., practice. New teaching methods mean more preparation, planning activities which will help trainees use the information taught, and explaining the new methods to the trainees.



### a. Examples of teaching methods

A lesson can be an active or passive experience for students, depending on what teaching methods are used. Methods range from:



- Using trainees' real-life experience (as the village instructors did to teach diarrhoeal dehydration prevention in the story on page 2).

*Skills* may be manual, communication and decision-making skills. Skills involve remembering and applying facts. You can teach skills by using the following methods in sequence:

1. Describe the skill step by step, in words and written handouts, then explain why it is important.
2. Demonstrate it correctly and visibly, explaining what you are doing. Give the trainees a written description of the steps so they can listen and watch instead of taking notes.
3. Provide plenty of time for practice: role-play, projects, job experience, return demonstrations and demonstrations to other trainees.



*Attitudes* are formed by first-hand experience, and by learning from other people's experiences. Although they are difficult to teach, trainees' attitudes can be formed or modified during training. Some of the training methods you can use are:

- to provide examples or models. Teachers are role models. If they are rude, careless or always lecturing or, on the other hand, listen and encourage discussion, trainees will tend to follow their example;
- to provide direct experience. Seeing a child with the after-effects of polio will have more impact than an hour's lecture;
- to provide opportunities for discussion in which trainees trade experiences. A trainee's experience can influence the others; what the teacher says is less im-

### b. Criteria for selecting appropriate training methods.

- Health workers' future professional roles, work setting;
- Their past experiences, culture (including spoken and/or written language, meaningful symbols and images), past learning experiences (whether they are used to learning by watching others, listening to stories, etc.);
- Their personalities (whether shy or outgoing, can accept constructive criticism, etc.);
- The culture and background of the people whom they will be serving in the community;
- Administrative factors such as resources (finance, personnel, time, facilities) or the number of trainees in the group; and
- Whether knowledge, skills or attitudes are being taught.

### c. Methods for teaching knowledge, skills and attitudes

You can transmit *knowledge* by:

- Telling the facts (as in a lecture).
- Referring to relevant manuals and textbooks, specially-prepared slides and posters.

portant and he/she should speak very little in these sessions, providing questions if the discussion seems confused or making a summary that covers the unresolved attitudinal issues;

- to provide role-playing exercises. Attitudes can change if one understands the other's point of view and role-playing fosters this kind of understanding. It can also be used to provide "dry-run" practice with feedback from peers and/or teachers;
- provide information on how behaviour affects health.

Training methods may be used in combination, in a variety of settings. You will not always need to use all methods. For example, people do not always need to be told how to do a task; they can watch it being done and then try themselves. The important thing is to ensure that the learner be given a chance to practise the task, in a setting as much like the job situation as possible. Practice should be repeated until the learner can do the task correctly.

films and "props" for demonstrations, role-playing and practice\*)

- trainees' and trainers' travel to training site and on field visits
- their accomodation
- trainees' and trainers' per diems, and
- contingencies.

### 8. Conduct Training

The preceding sessions cover preparation for training. When you conduct training, you should do the following:

#### a. Organize equipment and teaching aids

Organize the equipment and teaching aids you will use inside and outside the classroom (for lectures, reading assignments, drama and role-playing sessions and supervised practice). Before each lesson, review your checklist to make sure that you have all the equipment and aids you need and that it is in working order.

#### b. Motivate

Get to know trainees individually. Let them

### EXERCISE F

You are planning a lesson for VHWs who will teach mothers to give ORS. Develop a training plan from the task analysis provided in Exercise D, using the worksheet below.

Task: Mix and give ORS					
Work to do (steps)	Knowledge needed	Teaching method	Time needed	Equipment needed	Performance standard required
1.					
2...					
8.					

### 7. Make a Budget

The budget should include the cost of the initial training session(s) plus follow-up activities such as refresher courses and evaluation. Time is needed from when money is requested until it is on hand, so plan budget well in advance. About 10 percent of the total budget will be needed for training the trainers before the course starts. In planning your budget, consider:

- classroom facilities (rent, cleaning, repair)
- classroom equipment (chairs, tables, blackboard, mimeograph machine)
- classroom supplies (pens, pencils, paper)
- teaching aids for use inside and outside the classroom (manuals, posters, charts, slides/

know you care about them. Learn what their goals are. Take time to answer their questions and help them get to know each other. Share information about yourself, especially as it relates to their future jobs and attitudes.

#### c. Explain what you will do in the lesson

Tell the trainees the purpose of the tasks they will learn so they will know in advance what they are trying to achieve. Explain when, where, with whom and approximately how frequently they will need to perform this task on the job. Discuss the dangers of

\* The best "props" are familiar objects which can be borrowed at no cost. Remember that, if the training method is practice in a real-life situation, all the teaching aids, including medical equipment, are already there.

wrong performance. Explain exactly how well you expect them to be able to do the task when the training is over, and describe the practice situation in which they will demonstrate what they have learned.

**d. Give a clear and understandable presentation**

Every lesson should start with situations, ideas or problems already familiar to trainees. Start with their knowledge and experience and build on that. Speak loudly and slowly so everyone can hear and understand you. Use words the trainees know; when using new words, explain them. If you are in a classroom, organize what you write on the blackboard; charts, posters, pictures and flannelgraphs should be large enough for everyone to see. When you present a new idea or treatment methods, use real-life examples. When teaching a new task, demonstrate it: explain what you will do, show how to do it, and explain why you do it the way you do. Show one step at a time. Summarize the main points at the end of the lesson. Keep it short.

**e. Provide individual attention and feedback**

Trainees learn at different speeds and in different ways. Observe each trainee. Allow for individual differences by leaving enough free time for study and practice each day and by using a variety of teaching methods. If some are slower than others, arrange additional practice or extra instruction. Those who are faster can help the slower ones or spend time observing health workers in action.

After practice or evaluation sessions, trainees should be permitted to evaluate their own performance, with your help. Tell trainees what they have done well, what was not done as instructed and suggest improvements. Be specific. For example, you have watched a trainee give an injection to a baby. When he/she is finished, you might say, "You have done a good job. You drew up the vaccine correctly. Your technique in giving the injection was correct. But you should have told the mother to hold the baby like this (demonstrate). She moved too much. Altogether, though, I am proud of your performance." Feedback should encourage the trainee to learn and not give the impression that he/she is not making progress.

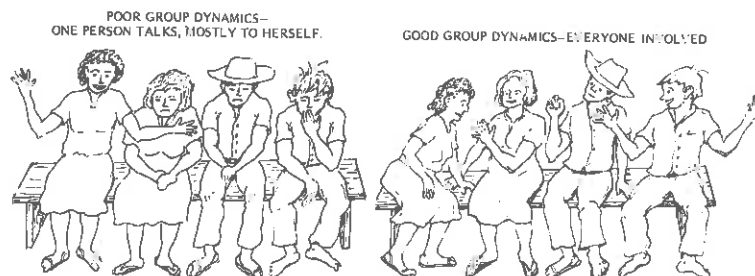
**f. Ensure that trainees are learning**

Find out at the beginning of a lesson whether or not all trainees have the basic knowledge needed for that lesson. During the lesson, find out whether or not the main skills or facts have been learned by all trainees. (See Section 9 on Evaluation.) If not, make arrangements for follow-up.

**g. Promote group interaction**

The first few days of a training course are the most difficult. This is when trainees should get to know each other and learn to work together. From the first day, include activities to meet these needs.

Most people find it easier to listen than to talk, especially when they are with strangers. A few find it easier to talk than to listen and do nearly all the talking. A good trainer finds ways of helping the quiet ones speak out and tells those who are quick to speak that others should be given a chance to speak and share their ideas with the group. Trainees learn more effectively when they are able to speak out *and* listen to others.



An effective trainer learns to be mostly silent and to listen actively. When he/she does speak, he/she shows what was learned while listening and helps draw out ideas, especially from those who say the least. He/she may also build a composite picture, using others' contributions to promote new or more complete understanding.

As group leader, your actions say more than your words. It helps to:

- be friendly,
- laugh with people, never at them,
- sit in a circle with everyone else, not apart or behind a desk,
- dress in the local style, especially if you are a local,
- listen more than you speak and never interrupt,
- protect those who speak slowly or have trouble expressing themselves, from being interrupted, and

- invite constructive criticism, admit your own mistakes and encourage trainees to do the same.

### EXERCISE G

The following feedback would discourage a health worker. Restate it in a way which encourages as well as corrects:

The health worker was being trained to give an injection. The trainer asked for a return demonstration. The worker used the correct technique for assembling the syringe and needle and drawing up the solution. Before giving the injection, he placed his finger on the needle to help guide it. The instructor pointed to the finger and said, "No, that is not correct. Remember, in class, I told you never to touch the end of the needle that goes into the skin."

## 9. Evaluate Training

Evaluation is done to find out:

- if trainees have reached training objectives during, and at the end of the training and how performance can be improved;
- if trainees are able to perform the required tasks on the job;
- what parts of the training need improvement; and
- if the trainer has done his/her job well and how his/her own performance can be improved.

To find out what trainees have and have not learned and how their performance can be improved, evaluation should be done during and at the end of training. Job performance should also be monitored on a continuing basis to make sure trainees are not forgetting how to do any tasks. Evaluation during training is more reliable than evaluation at the end of the training because:

- the worry over one final exam is removed
- motivation to pass is spread over the whole course,
- trainers receive feedback during the course about what standards to expect, and
- they can identify problems and give them special attention before the end of training.

You can use both formal and informal evaluation methods. These include multiple choice and short-answer questions, confrontations with real-life patient-care problems, checklists (each step of a task is checked off as it is done correctly), essays, oral exams, skill performance (including trainee demonstrations), observation and self-assessment. Discuss the trainees' evaluation results with them so that

they know what they have and have not learned well.

Evaluation also helps to show what parts of the training need improvement. If evaluation shows that trainees have not learned a task well, find out which steps of the tasks and, therefore, of the training, are being wrongly done. Reconsider the training objectives, content and methods. Concentrate on rethinking these and redesigning those particular steps before your next training session.

But remember, training does not always enable trainees to do a task. Maybe some of the problems mentioned at the beginning of this module (see page 1) are preventing correct performance. If so, other solutions will have to be found.

### EXERCISE H

Five students took a test in the middle of their training session. It was divided into four parts, covering the main topics of the session so far. The results were:

	Part 1	Part 2	Part 3	Part 4
Trainee a	+	×	×	×
b	+	×	×	+
c	+	+	+	+
d	+	+	×	×
e	+	+	×	+

+ =satisfactory performance    × =not satisfactory

- As trainer, what would these results tell you
- about the overall knowledge of Trainee a)? Trainee c)?
  - about Part 1 of the training? Part 3?
  - about the evaluation test?



In addition to evaluating trainees and the training, you should also evaluate your own teaching performance. To do this, you can:

1. Do a self-evaluation.

Make a checklist of the important aspects of teaching, like:

- coverage of your course objectives and your lesson plan
- communicating clearly and simply
- participation by all trainees
- relating material covered to trainees' experiences
- fairness and friendliness

Here is a list you can use to evaluate yourself, for your students to evaluate your teaching, or for you to evaluate the teaching of others.

**CHECKLIST FOR TEACHERS' SELF-EVALUATION**

Do I:

1. Relate the subject to trainees' experience?
2. Encourage participation by asking questions and presenting problems?
3. Prepare teaching plans and materials in advance?
4. Know the subject adequately?
5. Cover the material that was planned, but leave out what is not important?
6. Speak and write clearly?
7. Give examples or tell stories to illustrate ideas?
8. Emphasize and repeat the most important points?
9. Provide time for practice, study and review?
10. Openly admit mistakes or lack of knowledge?
11. Respond to trainees' errors with positive criticism and patience?
12. Make myself available to trainees for discussion after class?
13. Evaluate whether trainees will be able to use their learning in real-life situations?
14. Obtain feedback from the supervisor regarding trainee's on-the-job performance and his/her supervisor's suggestions for improving the training course.

2. Have yourself evaluated by another trainer.

A training advisor or another trainer can be a silent observer in your class. After the class, you and he/she can discuss the strengths and weaknesses of the class and how it might be improved. If you are part of a team of instructors, you can observe each other's classes and meet regularly each day to discuss your classes. This way, everyone benefits from the suggestions and criticisms.

3. Have trainees evaluate you.

In the typical training situation, evaluation is usually a one-way process. The trainer

judges the trainees. This top-down approach favours the strong and resists change.

If health workers are to help people work towards change, evaluation should be in both directions, not just one. If instructors and trainees all take part in evaluating each other and the course, this helps prepare the health workers to work with people not as bosses or authorities, but as equals.

You can hold a short evaluation discussion at the end of each teaching session. Ask the trainees how they liked the class, what they learned and how it might have been better. At first, it may be hard for them to speak up. But, if you make it very clear that you welcome friendly criticism, trainees can become good evaluators by the end of the course. ■

**References**

- F.R. Abbatt: *Teaching for Better Learning*, AMREF, PO Box 30125, Nairobi, Kenya.  
D. Werner & B. Bower: *Helping Health Workers Learn*, Hesperian Foundation, PO Box 1692, Palo Alto, California 94302, USA.  
World Education: *From the Field*, 215 Park Avenue South, New York, N.Y. 10010, USA.

**Sources of health teaching materials in English**

- Teaching Aids at Low Cost (TALC)  
Box No 49  
St Albans, Herts. AL1 4AX / UK
- World Health Association (WHO)  
Avenue Appia  
CH-1211 Geneva 27, Switzerland
- United Nations Children's Fund (UNICEF)  
Route de Pregny 10  
CH-1292 Chambésy, Switzerland
- International Development Research Centre (IDRC)  
PO Box 8500  
Ottawa, K1G 3H9  
Canada
- World Neighbours  
Overseas Development Materials  
5116 North Portland Avenue  
Oklahoma City, OK 73112  
USA
- Christian Aid  
PO Box No 1  
London SW1W 9BW / UK
- Save the Children Fund  
157 Clapham Road  
London SW9 OPT / UK

OXFAM  
274 Banbury Road  
Oxford OX2 7DZ / UK

Voluntary Health Association of India (VHA)  
G-14 Community Centre  
Safdarjung Development Area  
New Delhi, 110 016  
India

Christian Medical College & Hospital  
Vellore 4  
Madras  
India

African Medical & Research Foundation (AMREF)  
PO Box 30125  
Nairobi  
Kenya

Bureau d'Etudes & de Recherches  
pour la Promotion de la Santé  
B.P. 1977  
Kangu-Mayombe  
Rép. du Zaïre

AKAP  
66 J.P. Rizal Street  
Project 4, Quezon City  
The Philippines

## NEW PUBLICATIONS

Title	Author/Editor	Content	Publi- cation Date	No. PP.	Price	Publisher
<b>Breast Feeding, Fertility and Conception</b>	R.L. Kleinman & P. Senanayake	Practical advice on: - physiology of lactation - lactation & pregnancy interval - advantages of breast feeding - breasts & beauty - bottle feeding - contraception & lactating women	1984	43	US\$ 5.- (£ 1.75 in the UK)	IPPF 18-20 Lower Regent St. London SW1Y 4PW / UK
<b>Planning &amp; Management of Community Projects</b>	D.N. Nturibi (IPPF Africa Region)	Part I: programme development, leadership training & management of group projects. Part II: model of participatory training for various levels of workers.	1983	98	US\$ 8.45 (£ 4.- in the UK)	IPPF (as above)
<b>Our Health, Our Lives</b>	J.C. Pagaduan-Lopez, I.C. Sia & J.Z. Galvez-Tan	Philippines health manual for community workers which aims to "enable people to make correct diagnoses of individual and social sickness and to learn to work effectively for community health".	1982	388		National Ecumenical Health Concerns Com. National Council of Churches/Philippines 879 Epifanio de los Santos Av. Quezon City/Philippines
<b>Aids for Living</b>	A. Darnbrough & M. Skalla	<i>Newsletter</i> on low-cost technologies for prevention of disability & rehabilitation. A forum for practical aids & ideas.			Free for those in developing countries.	AHRTAG 85 Marylebone High St. London W1M 3DE / UK
<b>The Physician's Covenant: Images of the Healer in Medical Ethics</b>	W.F. May	Images of the physician's role throughout the ages; the moral responsibility of the physician in the modern world.	1983	204	US\$ 10.95	Westminster Press Publicity Dept. 925 Chestnut St. Philadelphia, PA10107 USA

## CMC NOTES

### 1984-85 COURSES

Course	School	Date/ Duration	Content	Fees	Information/ Applications
M.Sc. Course in MCH	Tropical Child Health Unit University of London Institute of Child Health	Oct. 1984 Dec. 1985	PHC, MCH with special emphasis on the part communities play in their own health care. For teachers of health auxiliaries in developing countries.		MSc Course Secty. Tropical Child Health Unit Institute of Child Health 30 Guilford St. London WC1N 1EH / UK
Certificate course in child health & nutrition	As above.	6 Aug. - 14 Sept. 1984	For nurses, especially those involved in training. Emphasis on nutrition of young children.	£ 450.-	Mrs. L. Campbell Short Courses Secty. 41 Highfield Rd. Purley, Surrey CR2 2JJ / UK
Diploma course for trainers & supervisors of community rehabilitation workers in developing countries	As above, in conjunction with AHRTAG	Oct. 1984 (9 months)	Detection, diagnosis & management of disability; education of disabled children; economics of disability; communication & management skills.	£ 4500.-	The Secty., Rehabilitation Trainers' Course AHRTAG 85 Marylebone High St. London W1M 3DE / UK
Graduate programme in Epidemiology & Health Planning in Low-Income countries	University of Wales	Oct. 1984 (12 months)	Epidemiology & economics in health planning, bio-statistics, cost-benefit analysis, political economy of health care. For senior health ministry, health programme & voluntary agency officers.		Admissions Secty. Centre for Development Studies University College of Swansea Singleton Park Swansea SA2 8PP / UK

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