



# Competency-Based Training



পরিবার পরিকল্পনা অধিদপ্তর



Government of the People's Republic of Bangladesh

**DGHS**

Directorate General of Health Services

Ministry of Health and Family Welfare





## MODULE 5

# Delivering the Training

**SESSION 5-1**

# Introduction to Competency- Based Training

# Learning Objectives



1. Define “competency-based training” and other commonly used capacity building concepts.
2. Describe the relationship between family planning job description and training/capacity building needs of the FP providers.
3. Describe common CBT approaches.

# Common Concepts Used in CBT

Describing the following terms in relation to CBT:

- Learning
- Training
- Competence
- Performance
- Quality

# Meaning of “Competence”

**Competence:** Ability to do something successfully and efficiently, according to set standards

A competent person has the required:

- Knowledge that they can apply
- Skills that they perform according to set standards
- Positive attitude for the job

# Meanings of Basic Concepts in Training

**Learning:** Acquisition of knowledge, skills, and attitude change through self study, experience, or being taught

**Training:** The action of teaching a person to perform a skill according to standards or type of behavior

**Transfer of learning:** Ensuring that all the knowledge and skills acquired are applied on the job, resulting in higher-level performance and quality of services provided

## Meanings of Basic Concepts in Training

**Performance:** Tasks or activities that individuals, teams, or organizations carry out, and the accomplishments or results of those tasks

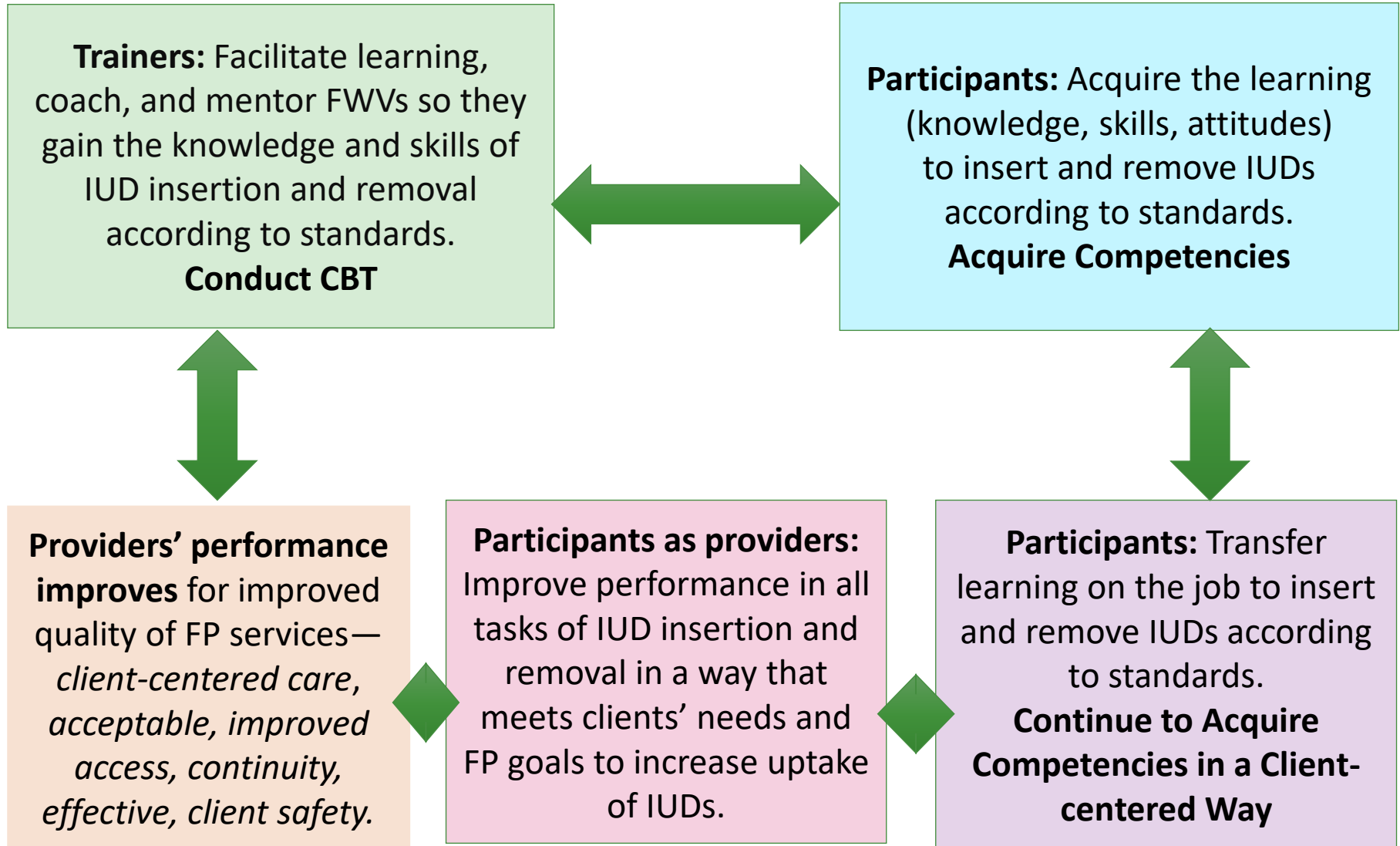
- Performance is observed in: *Quality, Quantity, Timeliness, and Cost-efficiency*

**Quality:** Process or service that conforms to specified requirements, standards, and expectations

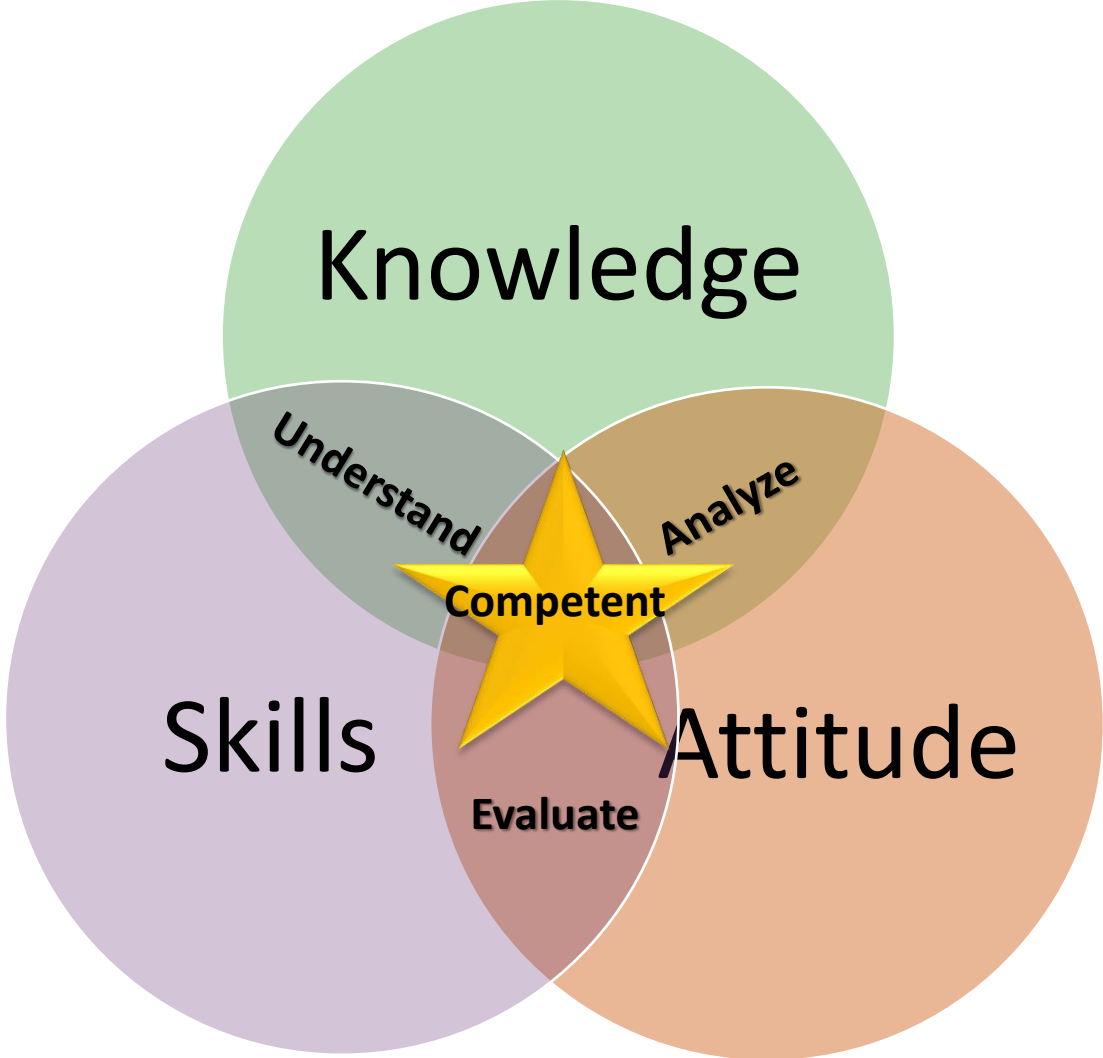
- Its components include: *Acceptable, Accessible, Affordable, People Centered, Equitable, Effective, Efficient, and Safe*



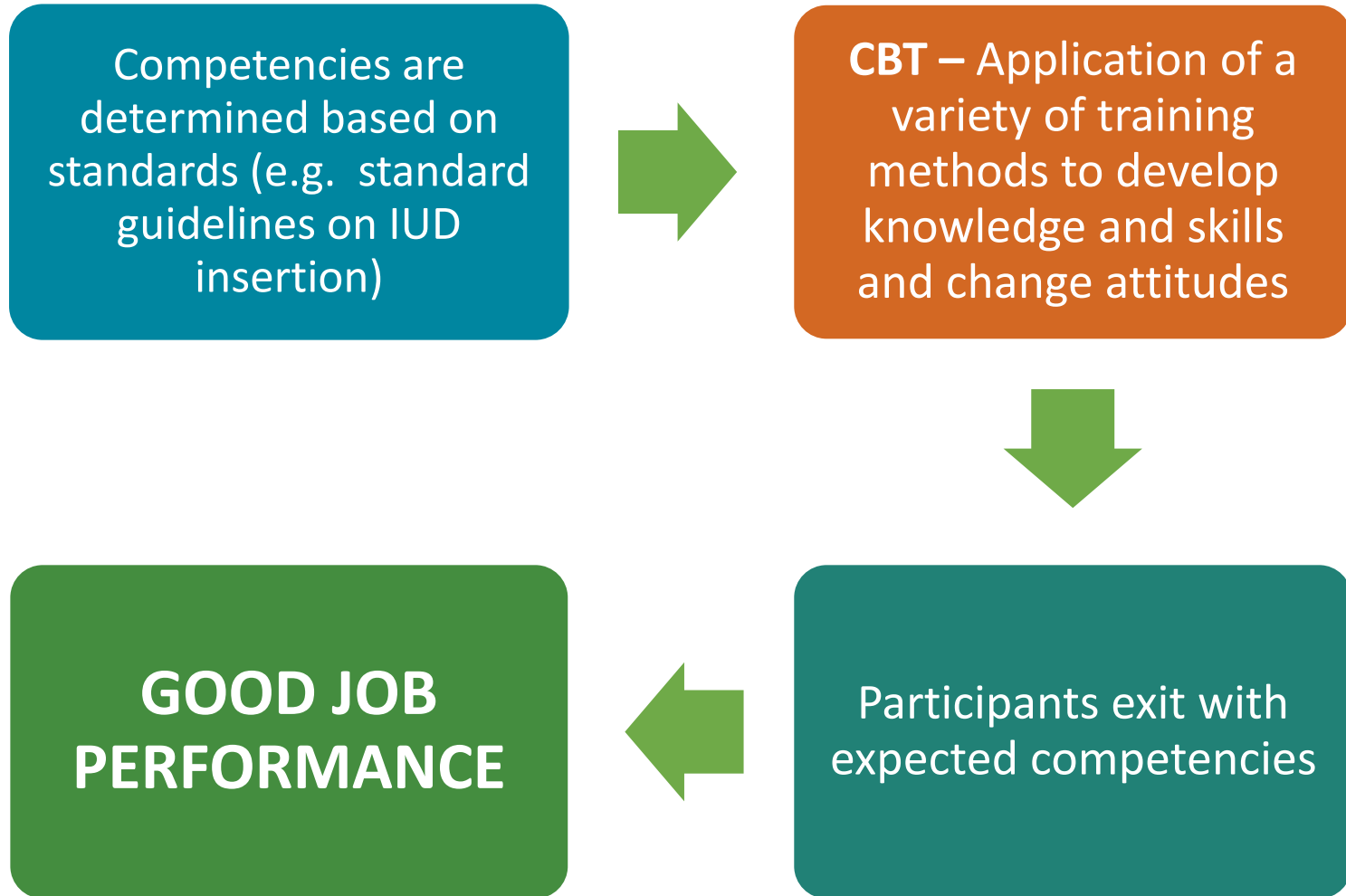
# Example of Application of Basic Concepts



# Meanings of Basic Concepts in Training



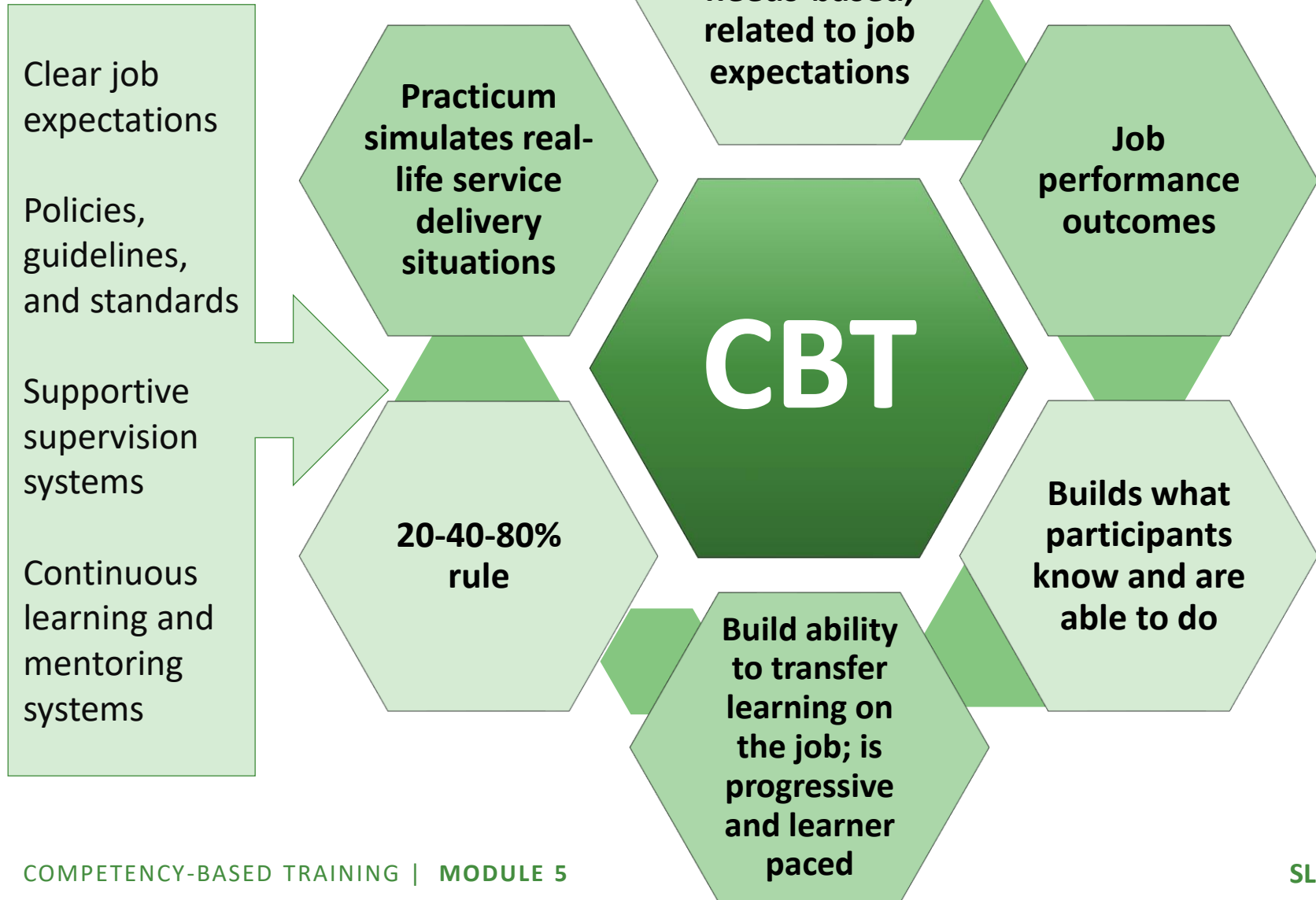
# Relationship between CBT and Job Performance



# CBT Approaches

- Face-to-face traditional classroom training with skills acquisition in skills labs
- Distance learning – online or paper based
- Self-guided learning – online, paper based
- Peer-supported learning
- Low-dose, high-frequency training
- Structured on-the-job instruction
- Blended – combination of various approaches

# Characteristics of CBT



# Key Points

- FP is a “doing job” so trainers train providers to “perform” (i.e., to provide FP services according to standards).
- Competence consists of skills that are applied to perform tasks according to standards and with the right attitude.
- CBT is learner focused and job-expectation focused.
- Competent providers learn continuously on the job by practicing.



# Questions?

SESSION 5-2

# Using Competency-Based Training Methods



# Learning Objectives



1. Match CBT methods and learning domains.
2. Identify at least 3 of the commonly used training methods to improve knowledge, attitudes, and skills.
3. List the key elements of training session delivery.
4. Demonstrate ability to use CBT methods to train on FP topics.

# CBT Methods

- Roleplay
- Case Study
- Demonstration and Return Demonstration
- Games
- Mini Lecture/Presentation
- Guided Skills Practice
- Group Discussion
- Small Group Work
- Brainstorm
- Simulation

# CBT Methods and Learning Domains

CBT Method	Name of Learning Domain
Mini lecture / video	
Case Studies	
Roleplay	
Demonstration	
Small Group Work	
Discussion / Brainstorming	
Values Clarification	

# Tips for Delivering Sessions

**Be prepared** – it boosts confidence and adds credibility.

- Make your own notes in your own words.
- What questions will you ask? At what stage? How?
- What examples will you share? When?
- When will you use examples, energizers, etc.?

**Use simple clear language** – big words are hard to understand and might make you seem arrogant or superior—*speak to be understood not just to be heard.*

**Change voice tone** – avoid being monotonous.

**Display confidence, enthusiasm, and energy.**

# Tips for Delivering Sessions

**Be engaging** – remember adult learners are a pleasure to facilitate – they have experience, prior knowledge and want to contribute

**Address participants by name** – shows respect and that you know them

**Build on and use their contributions** – refer to their work as a group, from small groups, or as individuals

- “Like you all said -----”
- “Like Group 2 mentioned -----”
- “As Kamal Bhai shared -----”

# Tips for Delivering Sessions

**Affirm/praise and acknowledge** – not just technical contributions but behaviors such as timekeeping. *Adult learners appreciate affirmation and recognition.*

**Move around the room** – and listen actively when a participant is speaking

**Maintain eye contact, encourage** – nodding, “Hmm,” “Say more,” “Can you give an example?”

**Be a role model** – in dress code, timekeeping, energy level, honesty, integrity, and respectful interpersonal relationships with clients, providers, other trainers, etc.

# Steps in Session Delivery

- **Introduce the session topic and objectives.**
  - Describe relevance to the training and link with previous sessions.
- **Follow the session plan correctly.**
- **Use your notes.**
- **Use training materials correctly and appropriately**
  - Avoid reading PowerPoint presentations and flipcharts, etc.
  - Ensure everyone can see.
  - Distribute handouts as mentioned in the session plan.

## Steps in Session Delivery

- **Pause to allow for questions** and check that everyone understands before proceeding to next activity
  - Better to pause and say *“what did I just say?, what are we learning? “Am I being clear do you all understand”*.
- **Transition smoothly** from one activity to the next, it helps participants to look forward
  - Connect the dots.



# Steps in Session Delivery

## At the end of a session:

- Give time for reflections, generalizations, and application.
- Summarize key learnings and application.
- Review objectives and the extent to which they have met.
- Link the session to the next session (what learning from this session will be applied to the next session?)
  - *“We just learned about tips and steps in session delivery. In the next session we will apply these tips by practice delivering a session.”*

**Objective:** Practice using CBT methods

**Instructions:**

- Pick a folded paper with a CBT method from the bowl. This will be the CBT method your group will work on.
- Decide on an FP topic to teach based on the CBT method you picked.
- Prepare to share:
  - Present and/or demonstrate how you would use the CBT method
  - Why you chose the FP topic for the assigned CBT method
- Use Handout 5B as reference
- You have:
  - ~20 minutes to prepare
  - 10 minutes to present and/or demonstrate use of the method

# Key Messages

- Trainers should be prepared and confident.
- Allow opportunities for participation.
- Be learner focused.
- Repetition is a good way to enhance learning.



# Questions?



## MODULE 6

# Practicum Training

**SESSION 6-1**

# Selecting and Preparing for Practicum Training

# Learning Objectives



1. Explain the importance of practicum training.
2. Describe the skills development process and the role of trainers during the process.
3. Identify the 2 main types of practicum training for service providers.
4. Describe how to use FP Clinical Skills Checklist in a classroom simulation.
5. Explain how to select and prepare practicum training sites.

# What are practicums important?

- FP service provision is a “doing job” and the aim of CBT is to develop the knowledge and skills that will enable FP providers to **perform according to standards** on the job.
- Therefore, CBT for capacity development of FP providers must ensure that providers have opportunities to practice during the training.



# Process of Skills Development

## AQUISITION

Gaining skills in performing tasks  
Needs demonstration and return demonstration and guided skills practice

## COMPETENCY

Ability to apply knowledge and perform skills according to standards without guidance  
Needs continued practice to gain confidence and maintain skills

## PROFICIENCY

Can perform skills independently and with confidence  
Can demonstrate the skill according to standards

# Ways of Conducting Practicum Training

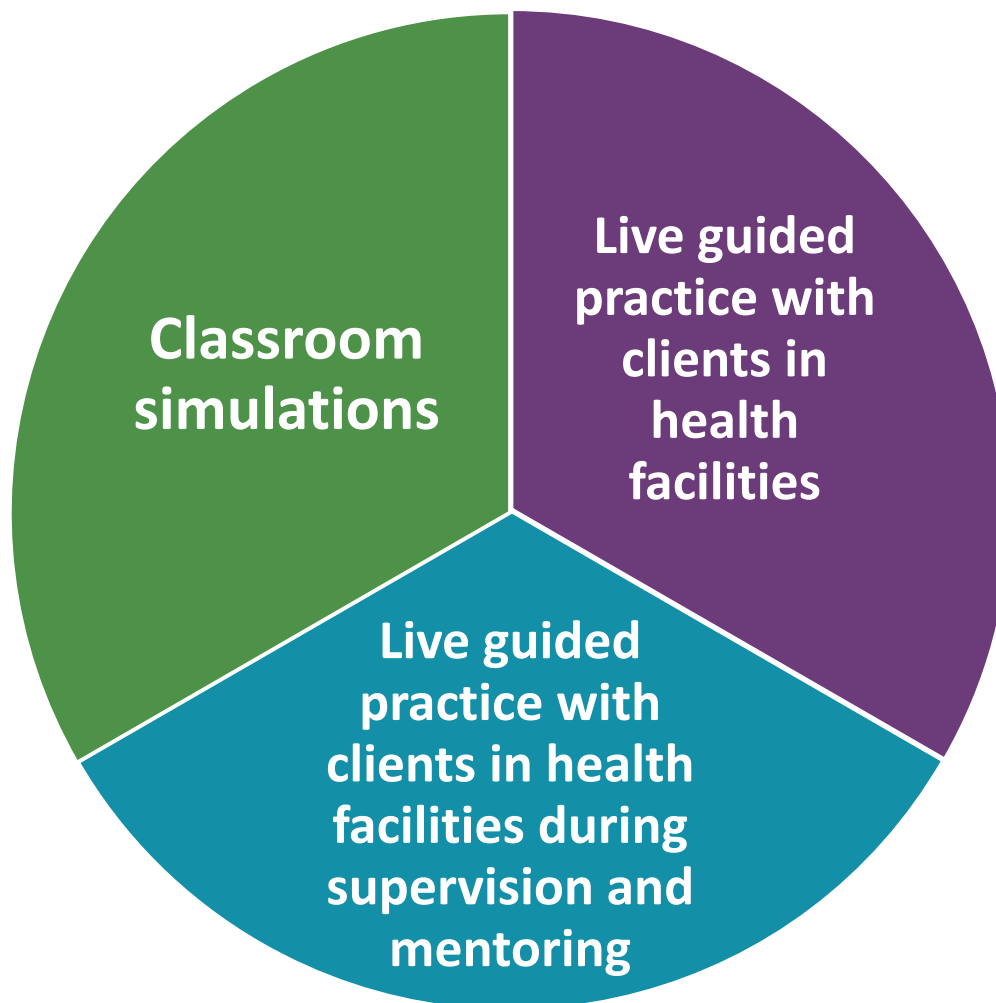
## Simulation in classroom and skills labs:

- This is as near to the real situation as possible, but using dummies and with participants playing role of clients
- Using case studies based on real situations

## Clinic practice:

- Real practice with clients—**must be guided** by a competent FP clinical facilitator/trainer or service providers with mentoring skills
- Participants must have demonstrated competence in simulations before practicing on clients
- Competent to function independently without close guidance

# Ways of Conducting Practicum Training



# Advantages & Disadvantage of Classroom & Clinic Practice

Advantages	Disadvantages
<b>Classroom Simulations/Skills Lab</b>	
Allows repeated practice in a safe environment	Requires equipped laboratories with enough anatomical models, clinical instruments, etc.
Builds confidence and familiarity it is “human-centered”	Some participants may not transition quickly to practice on clients
<b>Clinic Practice with Real Clients</b>	
Prepares participants for real work environment and treating real clients	Requires fully equipped facilities with adequate space, equipment, supplies, commodities, and client load
More effective	Requires much closer guidance as some procedures can compromise client safety
Builds confidence to be competent	Learning can create long waiting time and long provider client interaction time

**Objective:** Identify criteria for selecting practicum sites

**Instructions:**

- **Groups 1 and 4:** Criteria for selecting a practicum site
  - **Group 1:** Conducting training for FWAs
  - **Group 4:** Training of MOs in implant insertion and tubectomy
  - List on flipchart criteria/considerations for selecting each site
- **Groups 2 and 3:** Preparing a practicum training site
  - **Group 2:** Preparing practicum training site to train MOs on tubectomy and implant insertion
  - **Group 3:** Preparing practicum training site to train FWAs
  - List on flipchart steps to prepare each site
- You have 15 minutes to prepare.

# Criteria for Selecting Practicum Sites

- Number of clients based on participants' learning objectives and time allocated for practicum:
  - Example: If you have **15** participants and each has to insert minimum **5** IUDs
  - The selected practicum sites should have at least:  $5 \times 15 =$  **45 clients** + at least an **additional 5 clients** for demonstration or accounting for clients who might decline to have a participant practice on them

# Criteria for Selecting Practicum Sites

- Adequate number of FP providers competent and able to instruct/coach participants
  - Demonstrated ability to use FP clinical skills checklist in a classroom simulation
  - Demonstrated quality in service provision
- There are opportunities for demand generation:
  - Integrated MNCH-FP services in same location, organized to facilitate smooth integration
  - FWAs in the area who can mobilize clients and generate demand
- Adequate equipment, supplies, and commodities (*note that the training institute can provide the needed extra supplies*)

# Preparing for Practicum Training

- Preparation should start during the planning phase of the training
- Facilitators should visit the practicum training site and conduct a capacity assessment (use checklist provided)
- Visit again just before the practicum training to reassess readiness for practicum training



# Preparing for Practicum Training

Conduct orientation session with the instructors/field trainers on:

- Participant profile and learning needs; what has been practiced in classroom and simulations
- Where participants are now in the stages of skills learning
- Review each skills checklist to ensure standardization
- Go through feedback skills and the participants' log
- Agree on communication regarding learning and addressing challenges

# Steps in Conducting Practicum Training

## Orientation of participants:

- Staff and their roles in practicum training
- Space organization of services
- Client flow
- In-house practice
- Clinic routines
- Records
- Resources available

# Steps in Conducting Practicum Training

## Learning Needs

- Review each participant's learning needs, their level of skill acquisition during simulations, and the tools they have used

## Creating Opportunities for Learning

- Talk with the rest of the clinic staff to share the practicum objectives for participants
- Generate demand for FP from other MNCH services

# Steps in Conducting Practicum Training

## Respecting Clients

- Do not let participants practice on clients unless they are at least competent
- Practice should be guided until facilitators decide that the participant is consistent in performing according to standards and s/he has been assessed and has qualified
- Client's permission must always be sought for participant to practice (s/he has the right to say NO)

# Steps in Conducting Practicum Training

## Feedback

- Should be based on skills checklist
- Immediate, but not in front of the client (unless there is an error/omission which compromises client safety or rights); finish with client and let him/her go before giving feedback
- Follow the rules of providing feedback

# Monitoring Practicum Training

## Meeting with participants at end of each day of practicum to:

- Review what is going well
- Review challenges they are facing – discuss possible solutions
- Progress towards practicum objectives
- Clarify any technical areas

# Ending the Practicum Training

Meet with facility managers and clinic staff to review:

- What went well with the practicum training?
- What should have been done differently?
- How practicum can be improved next time?
- Participant learning and competency
  - Number of practicum objectives met
  - Level of competency by practicum objective

Ensure that the participant practicum log is complete



# Questions?





## MODULE 7

# Monitoring, Evaluating, Learning, and Reporting Training

**SESSION 7-1**

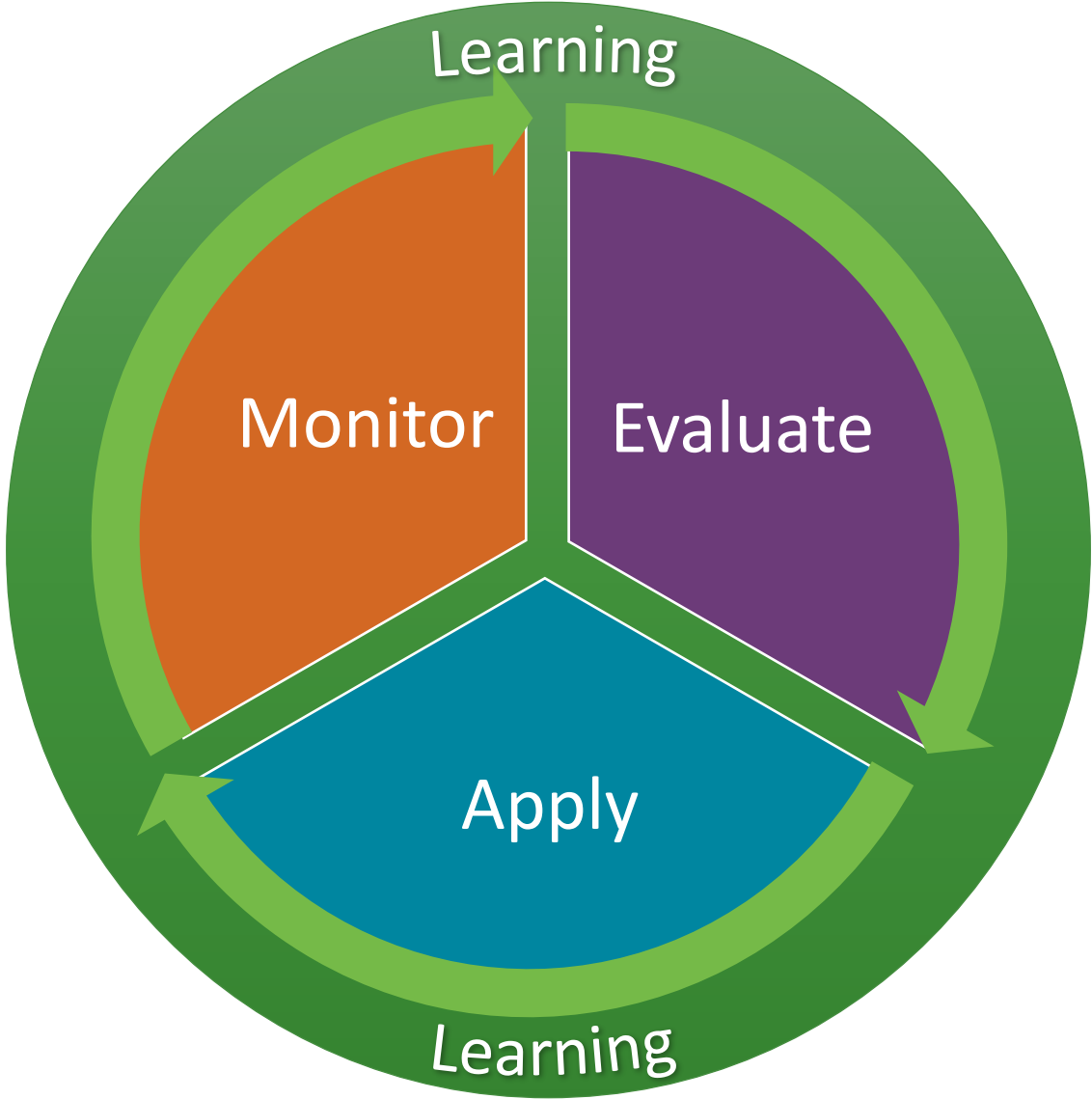
# Monitoring, Evaluating, Learning, and Reporting

# Learning Objectives



1. Describe the monitoring, evaluation, and learning (MEL) cycle.
2. Explain reasons for MEL in training.
3. Describe MEL activities in training.
4. Identify methods and tools for monitoring and evaluating training.
5. List criteria for assessing critical tasks in training and service delivery.
6. Demonstrate ability to write a training report using provided template.

# Monitoring, Evaluating, and Learning Cycle



# Reasons for Monitoring and Evaluating Training

- Plan and design training responsive to learning needs of participants
- Get a baseline to tailor learning needs
- Assess learning progress and whether the objectives are being met
- Assess whether the capacity building achieved its goal
- Plan for continued learning
- Assess the suitability of the learning environment including practicum training
- Assess whether the investment in capacity building is contributing to national goal
- Assess the effectiveness of facilitators

## Objective:

Familiarize yourselves with tools used at each stage of ToT.

## Instructions:

- Group 1: Before and at the start of training
- Group 2: During the training
- Group 3: At the end – last day of training
- Group 4: Follow-up – up to 6-12 months post-training

## Instructions (cont.):

- In your small group discussion agree on methods and tools to be used during your assigned stage of CBT.
- Record method and tools on a flipchart.
- Be ready to present in 10 minutes.

# When to Monitor and Evaluate Training

When?	How?
<b>Before training &amp; at the start of training</b>	<ul style="list-style-type: none"><li>• Training Needs Assessment</li><li>• Pre-test assessment (knowledge, skills, attitudes)</li><li>• Values clarification</li></ul>
<b>During training</b>	<ul style="list-style-type: none"><li>• Q&amp;A</li><li>• Written or oral quizzes</li><li>• Reflection</li><li>• “Where are we?” sessions</li><li>• Skills observations</li></ul>
<b>At the end of training</b>	<ul style="list-style-type: none"><li>• Post-test assessment (knowledge, skills, attitudes)</li><li>• Written training evaluation</li><li>• Verbal feedback</li><li>• Application plans</li></ul>
<b>6-12 months after training and periodically</b>	<ul style="list-style-type: none"><li>• Impact, skills retention</li><li>• Training Needs Assessment</li><li>• Onsite skills observation</li></ul>



# MEL Methods and Tools

## Learning

- Written: Individual pre-/post-test knowledge, skills, and attitudes assessments

## Daily Journaling

- What I learned today.....
- How I will use the learning in my work
- Back home application plans of learning
- Training evaluation
- Quizzes during sessions or at end of sessions, especially when a large volume or complex information was given

# MEL Methods and Tools

## Verbal

- Quizzes
- Feedback to facilitators about the workshop (venue, learning/teaching, materials, etc.)

## Observation

- Participation
- Questions
- Clinical practice using checklists

# Criteria for Critical Tasks

## IN TRAINING:

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The CBT method:

- **Was used appropriately** – the method selected is appropriate for the learning domain (knowledge, skills, attitudes)
- **Was used correctly:** follows all the steps in using the method
- **Observes adult learning principles** (e.g. respect, interactive, builds on what they know, allows for sharing)
- **Monitors learning effectiveness:** participants mention what they learnt and how they will apply

## IN SERVICE DELIVERY:

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- Respects clients':
  - Voluntary informed choice
  - Privacy and confidentiality
  - Right to non-discrimination, dignity
- Does not give client information that might result in discontinuation
  - Not giving return date for methods that need resupply/reinjection
  - Information about side effects and reassuring
  - Method effectiveness
  - How to use client-dependent methods (COCs, condoms, LAM)
- Client Safety
  - Not observing infection prevention practices
  - Trauma – IUD insertion or PM
  - Obvious provider bias, e.g. age related, marital status, or against a method

# MEL Methods and Tools

## What is reporting on training?

- Reporting is giving an account of the inputs, process, and outcomes of training; lessons learned; and challenges

## Why is it important to report?

- To account for the event
- To provide a record to assist in preparation for similar capacity building events
- To avoid duplication (e.g. retraining the same participants in the same trainings)

# What is Reported and Why

	Key areas to be reported	Uses of the information
<b>Participants</b>	<ul style="list-style-type: none"><li>• Who they were (name, designation, place of work, length of service)</li><li>• Any information about attendance</li></ul>	<ul style="list-style-type: none"><li>• Reduce duplication, identify needs for refresher training</li><li>• Financial accountability</li></ul>
<b>Training Title, Objectives</b>	<ul style="list-style-type: none"><li>• Dates, venue of training (attach final schedule)</li><li>• What was the training meant to cover?</li><li>• Which training materials were used?</li><li>• Were the objectives fully met? What helped and why not?</li><li>• What adaptations were made to the training curriculum</li></ul>	<ul style="list-style-type: none"><li>• Reduce duplication</li><li>• Inform future training</li><li>• Determine if duration needs to change</li><li>• Do the objectives need to be modified?</li><li>• Should the curriculum be modified?</li></ul>

# What is Reported and Why

	Key areas to be reported	Uses of the Information
<b>Process</b>	<ul style="list-style-type: none"><li>• Summary of learning activities day by day, training environment, settings</li><li>• Methodology – were any changes made to curriculum? If so, why?</li><li>• Successes and challenges</li><li>• Key learnings/takeaway messages</li></ul>	<ul style="list-style-type: none"><li>• For cascading to follow what worked and make necessary changes</li><li>• Should there be any change in training methods?</li></ul>
<b>Leadership Participation in Opening/Closing</b>	<ul style="list-style-type: none"><li>• Who attended</li><li>• Key messages and expectations shared by them</li></ul>	<ul style="list-style-type: none"><li>• Reflection of leadership commitment and support</li></ul>

# What is Reported and Why

	Key areas to be reported	Uses of the Information
<b>M&amp;E</b>	<ul style="list-style-type: none"> <li>• Pre-/post-test assessment and analysis</li> <li>• Tools used, e.g. journaling,</li> <li>• Key learnings and application from participants' journals</li> <li>• Any skills assessments conducted</li> </ul>	<ul style="list-style-type: none"> <li>• To answer the question: <i>Is the participant ready for on-the-job application of knowledge and skills acquired from the training?</i></li> <li>• Recommendations for follow-up and on-the-job support for further skills development</li> </ul>
	<ul style="list-style-type: none"> <li>• Were the objectives fully met? What helped and why not?</li> </ul>	
	<ul style="list-style-type: none"> <li>• Workshop Evaluation</li> <li>• Venue</li> <li>• Management and logistics</li> <li>• Participant feedback</li> </ul>	<ul style="list-style-type: none"> <li>• To assist/improve future training</li> </ul>



# Questions?





## MODULE 8

# Simulation Practicum

**SESSION 8-1**

# Micro-teaching Practice

# Learning Objectives



1. Explain the importance of practicing session facilitation during a competency-based training.
2. Demonstrate the following through a micro-teaching simulation:
  - Facilitation and co-facilitation skills
  - Application of adult learning principles and gender considerations during training
  - Use of at least one competency-based training method
3. Demonstrate using a training observation checklist and providing feedback.

# Why Practice?

**A training cannot be considered “competency based” unless there is practice during the training.**

Practicums help participants:

- Prepare to apply newly acquired knowledge and skills and to correct the deviations from standard
- Assess own learning and how to apply new knowledge and skills in a learning situation
- Inform follow-up and on-the-job mentoring of participants

Practicums help facilitators:

- Assess the extent to which learning has been effective
- Make modifications to improve future trainings

**Training is an art requiring specific knowledge, skills, and attitudes, and frequent practice is required to retain the skills.**

## Objectives:

- In a simulation, demonstrate ability to:
  - Apply principles of adult learning
  - Plan for session delivery using at least 1 CBT method
  - Co-facilitate a session
  - Use a competency-based checklist
  - Give and receive feedback
- Make suggestions for changes to be made in the draft FP Training Manual for CHWs.

## Instructions:

- Prepare to deliver a 30-minute simulated training session.
- Select the learning CBT method you will use for the learning (not a lecture):
  - Roleplay
  - Case study
  - Small group work
  - Demonstration and return demonstration
- Methods such as discussion, brainstorming, and mini-lecture can only be used with the above methods if necessary and should not take the bulk of the session.
- You have 1 hour to prepare and 30 minutes to deliver the session.
- After, we will give feedback to each group and discuss.

## Observer Instructions:

**If not asked to play the role of a participant in a micro-teaching presentation, you will be an observer:**

- Use the checklist provided to observe and assess the training.
- Be ready to give feedback.
- Apply the rules for giving feedback on:
  - How well prepared the training team was for the session delivery
  - How well they used the CBT method
  - Time management
  - Co-facilitation
  - Use of job aids and other tools and resources

## Resources Available:

- Curricula and Training Materials
- FP Curricula and Manual
- Clinical skills observation checklists of FP Manual
- Job aids (e.g. checklists on gender)
- FP Handbook
- Training equipment – projector, flipcharts, laptop, etc.
- Training Resource Package – has content and methods and how the method is used, plus sample roleplays and case studies <https://www.fptraining.org/>



## Resources Available:

- Anatomical models – pelvic model, arm model
- Counseling Kit Box
- Equipment for infection prevention
- Supplies for injections
- Contraceptive samples
- Sterile gloves

# Key Messages – Continuous Learning

## How to build your capacity for continuous learning:

- Individual reading:
  - Online resources
  - Libraries
  - Handouts
  - Notes
- Seize every opportunity to facilitate and co-facilitate
- Peer-to-peer support
- Use the provided session plans
- Be open to mentoring



# Questions?



## MODULE 9

# Managing Training

**SESSION 9-1**

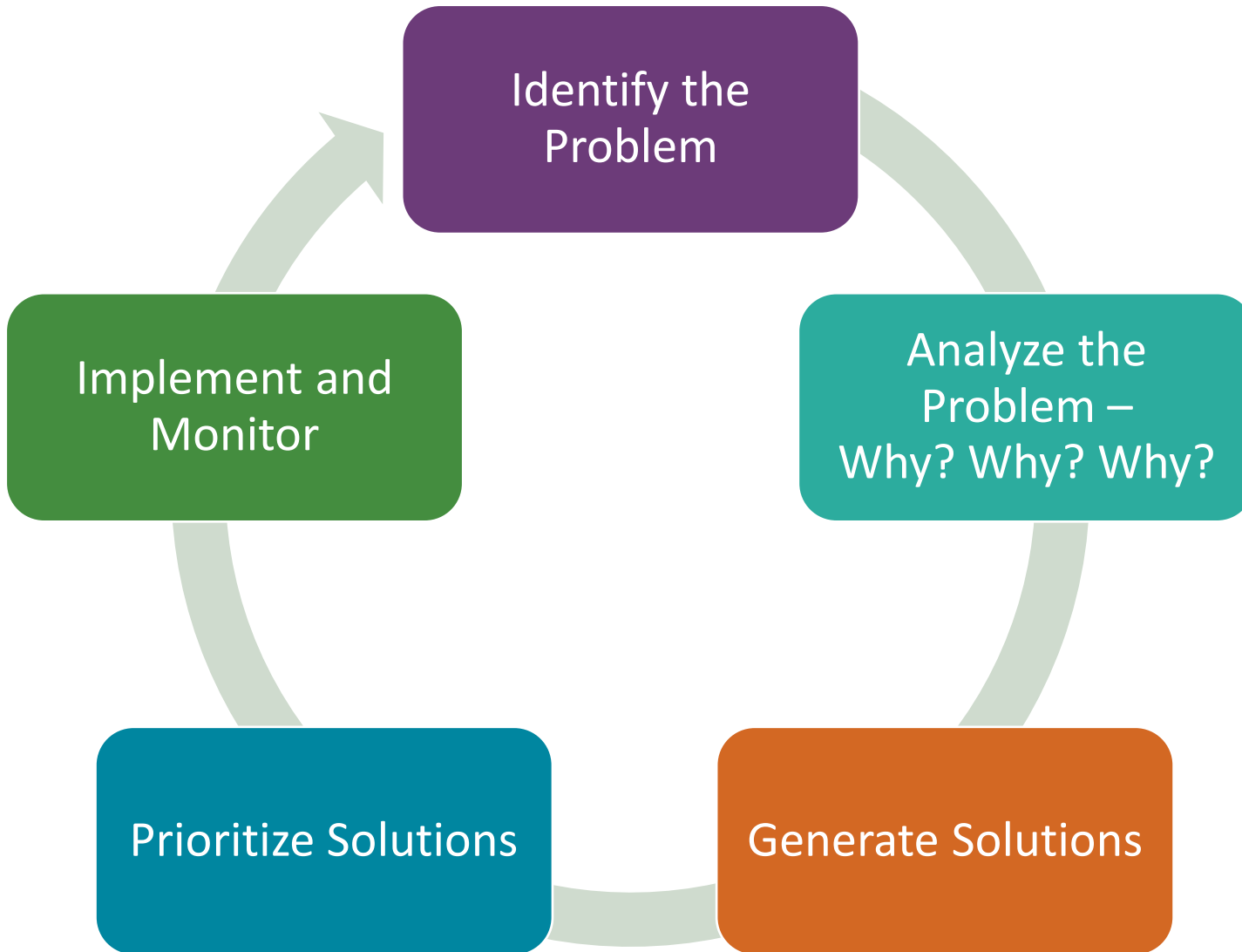
# Managing Training-related Problems

# Learning Objectives



1. Explain the problem-solving process.
2. Describe common training-related problems in the local context.
3. Demonstrate the ability to apply problem-solving skills to manage select training problems.

# Problem-solving Steps



# Example: Applying the Problem-solving Process

## Identify the Problem: (Who? What? How?)

For the last 2 days of training, 6 of the 15 participants have arrived late by an hour to 2 hours and this is affecting the timetable. The other participants want their full breaks—they don't want to use breaks to make up for the latecomers

## Analyze the Problem

***Effect of the problem:*** the training timetable is falling behind and objectives may not be met. The other participants who come on time look annoyed, and one of them even joined the latecomers' group today. This could progress and more participants will come late.



# Example of Application of Problem-solving Process

## Analyze the Problem (cont.)

### Why? – Possible Contributing Factors:

- Issue with transport if the latecomers all live in the same area
- Finding the training boring and not useful/relevant to them
- Generally not good at timekeeping
- Influencing each other to come late

# Example of Application of Problem-solving Process

## Possible Solutions

- Find out from each person his/her reasons for coming late
- Give each individual feedback and remind them of the norms on timekeeping
- Assign them role of timekeeper, leading the morning review exercise, summarizing the day in wrap-up, etc.

## Prioritize the solution that is:

- Agreeable to the trainers, on-time participants, and latecomer participants
- Easy to do with a high chance of effectiveness

## Instructions:

- Read the case study assigned to your group.
- Apply the problem-solving cycle.
- Answer the questions.
- Be ready to make a short (3-minute) presentation to the whole group in 15 minutes.

# Key Messages

- Avoid being judgmental and jumping to conclusions.
- Involve the participants who are internal to the problem:
  - Do they see the problem?
  - Do they realize the problem's effect on the training or on others?
  - What could be contributing to the problem?
  - Ask them to help generate and implement solutions.

**Not every problem is a problem worth solving.**

**Not every problem is larger than it seems.**



# Questions?



## MODULE 10

# Training Follow-up

**SESSION 10-1**

# Training Follow-up after FP Clinical Skills Training

# Learning Objectives



1. Describe training follow-up.
2. Explain the importance of training follow-up.
3. Identify approaches for conducting training follow-up.
4. Demonstrate ability to plan for training follow-up.



# What is Training Follow-up?

Activities that make the link between training and transfer of learning (knowledge, skills and attitudes) on the job.

# Why Conduct Training Follow-up?

## **For newly trained providers:**

- Support transfer of learning on the job to improve performance
- Reinforce skills acquired in training; shift from competent to proficient
- Help address workplace issues that may hinder transfer of learning
- Provide an opportunity for continuous learning through onsite training, on-the-job training, mentorship, or self-directed or peer-supported learning

## **For facilitators, it provides information for:**

- Review of training materials to align with real-world job environment
- Evaluation of training effectiveness in developing providers' skills and in preparation for the real-world job situations
- Identification of learning needs for refresher training

# Approaches to Conducting Follow-up

## **Face-to-face onsite (ideal):**

- Could be during monthly meetings at facilities to identify learning needs

## **Remotely:**

- Use of technology (phone, text messages, WhatsApp, email), as appropriate
  - Identify learning needs for refresher training
- Connect with supervisors to obtain follow-up information from their visits
- Follow-up should use standard tools and information should be:
  - Used to provide supporting supervision, on-the-job mentorship
  - Entered in the Training Management Information System (TMIS)

# Developing a Follow-up Plan

## **Preparing for follow-up begins during the learning activities with:**

- Participants documenting in their journals what they are learning that is important and how they will apply that learning on the job
- Trainers ensuring that participants practice in preparation for transfer of skills on the job

## **At the end of the training, trainers should review:**

- Pre-/post-test assessments
- Any skills assessments
- General performance in classroom (e.g. during roleplay, small group work)

## **Develop a plan that prioritizes participants who need immediate guided skills practice (low performance):**

- Include the specific areas needing extra attention and how participants can continue to do guided skills practice immediately on the job
- Share plan with participant and his/her supervisor

**Objective:** Practice conducting onsite follow-up.

## **Instructions:**

- One person will play the trainer who is conducting follow-up; one person will play the provider who is being observed/followed up on; and one person will play the client.
- You will switch roles so everyone has a chance to play the role of trainer conducting follow-up.
- The “trainer” uses the FP clinical skills checklist to observe the “provider” performing a procedure:
  - Giving injectable contraceptive (Depo) – FWAs
  - Counseling for IUD – FWVs
- The “trainer” completes the follow-up form.
- You have 15 minutes (5 minutes for each round).

# Key Messages

- Follow-up is a critical link between training and transfer of learning on the job.
- Follow-up plans and requests for related resources should be part of the planning for training and resources secured for it.
- Follow-up does not always have to be face-to-face, through at least one face-to-face visit is ideal.
- Supervisors, facility mentors, and trainers should work together to conduct follow-up



# Questions?



## MODULE 11

# ToT Closing



**SESSION 11-1**

# Evaluating the ToT

# Learning Objectives



1. Identify strengths and areas of improvement based on post-test knowledge assessment.
2. Evaluate the training via written feedback.
3. Evaluate the training via verbal feedback.
4. Officially conclude the training.





# Questions?

**SESSION 11-2**

# Official Closing of the Training



# Thank You!



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