Module 6

Module 6

Sub module 1: **Developing a training programme**

Session objectives At the end of the training session, trainees will be able to:

Identify the needs of a training group

Demonstrate knowledge of the steps involved in planning a training course

Adapt the Part I VCT training package to accommodate different training needs

Time to complete sub module 30 minutes

Training materials PowerPoint presentation **(PPT34)**

Handout **(HO34)**

Question box

Content Part I - training of VCT counsellors

Training needs analysis–possible indications for a training need, information to collect for a training needs analysis, methods for collecting information

Steps for planning a training - situation analysis, task analysis, curriculum design

Specific suggestions for adaptations to Part I programme

Example of a 5-day programme

Session instructions

1. Lecture with PowerPoint presentation **(PPT34)**.
2. *Activity:* Brainstorm.
   - There is one large group activity integrated into the PPT lecture–slide 6. Conduct this activity as it appears within the presentation
   - *Slide 6* asks the trainees "How might you know that training is needed? What might be some indicators of the need for training? BRAINSTORM"
   - Follow this activity with the lecture by reviewing the possible indications for a training need and noting that the group has discussed many of those listed. Talk in more detail about those issues that have not been raised by the group

3. *Slide 13* prompts trainees to review a sample training needs questionnaire in **HO34**. Follow this review with a brief large group discussion about the questionnaire. Answer any questions.
4. Final slide – *Slide 19* states "Question and answer time/Discussion time – What specific questions or concerns do you have about adapting the programme? Offer ideas and suggestions to co-trainees." In the time remaining at the end of the session facilitate an open discussion in the large group that can address specific trainee situations.
5. Ask the group if they have any questions and remind them about the "question box".

Module 6

Sub module 1: **Developing a training programme**

Session objectives

At the end of the training session, trainees will be able to:

Consider the needs of a training group

Demonstrate knowledge of the steps involved in
planning a training course

Adapt the Part I VCT training package to accommodate varying training needs

Part I–Training of VCT counsellors

The Part I programme for training of VCT counsellors is a 10-day training programme. The 10-day programme is very comprehensive and is designed to address all VCT training requirements. This programme may be adapted as appropriate to longer or shorter periods of training. Adaptations or modifications to the programme should be based on the outcome of a training needs analysis.

Training needs analysis

This is an activity which determines the categories and numbers of personnel who need to be trained, the content of the training courses, and the length of training required, the materials which need to be developed or acquired and the infrastructure that needs to be put in place to ensure that trainees have the means to do a better job and are maximally utilised.[1]

An indication that training is needed may occur through:
● Complaints from staff
● Complaints from clients
● Poor quality of work
● Errors in work
● High staff turnover
● Conflicts among staff
● Introduction of new tasks
● Introduction of new systems, perceptions and interventions

In conducting a training needs analysis information should be collected in the following areas:
● Job roles
● Job process
● Job problems
● Task(s) to be conducted
● Task frequency
● Task difficulties
● Task importance

Information can be collected through:
- Interviews with staff, management and clients
- Questionnaires with staff, management and clients. A sample training VCT training needs assessment
- Observation
- Performance appraisals
- Client satisfaction surveys
- Testing of staff

Once information has been collected from various sources, it must be examined to determine if training is the appropriate action for the problems identified. To establish a training need it must be identified that there is a gap in knowledge, skills or attitudes.

A sample VCT training needs questionnaire can be found in <u>Appendix 1</u> of this handout.

Steps for planning training

If a gap is identified in knowledge, skills or attitudes then a training course can be developed to address this gap. Various considerations need to be made to plan an appropriate training course.[2, 3]

Situation analysis
- Culture and country in which the training will occur
- Health needs of the client group
- Resources of the health system
- Resources of the specific organisation(s)
- Job descriptions of the staff

Task analysis
- Purpose of the task
- Knowledge required
- Skills required
- Attitudes required
- Levels of experience in performing the task

Curriculum design
- Aims and objectives
- Time available/timetable
- Teaching methods
- Assessment methods
- Session planning
- Evaluation

Specific suggestions for adaptations to Part I programme

Overview of key suggestions for adaptations to Part I programme
- Adapt the programme to reflect identified training needs
- Use a core curriculum
- Select or design activities to address omitted modules

- Select or design case studies to address omitted modules
- Substitute relevant statistics and epidemiological information
- Provide reading material and reference lists to address omitted material or special further needs
- Offer follow-up training programmes to address omitted material or special further needs

To adapt the Part I programme, sessions or modules will need to be added or subtracted and will depend on the outcome required of a completed training needs analysis.

In general, with limited time and special groups, core modules should be included and activities and case studies should be selected that will highlight the issues specific to the objectives of the training, e.g. PMTCT, vulnerable populations, etc. Relevant and up-to-date statistics and epidemiological information should also be provided to emphasise the importance of the area the training is focusing on, e.g. transmission risk behaviours in youth.

In shorter programmes, activities and case studies can be developed to incorporate the issues that may have been omitted by the removal of particular modules, e.g. in a shortened training programme targeted at the prison system, issues around pregnancy can be incorporated by using cases of males returning to their wives.

Reading material and/or follow-up training programmes could also be offered to address the content omitted from a shorter training programme.

Example of a five-day programme
An example of a 5-day curriculum incorporating the core modules is provided below. With careful selection of activities and case studies this shorter programme could be used in a variety of contexts.

DAY ONE

Introduction and orientation	Module 1, Sub module 1
Epidemiology and implications for VCT	Module 1, Sub module 2
Overview of HIV	Module 1, Sub module 3
Introduction to HIV testing	Module 1, Sub module 4
Role of VCT in HIV prevention and care	Module 1, Sub module 5

DAY TWO

Orientation to counselling	Module 2, Sub module 1
Counsellor values and attitudes	Module 2, Sub module 2
Counselling microskills	Module 2, Sub module 3

DAY THREE

Behaviour change communication

• HIV transmission	Module 2, Sub module 4.1
• Models of behaviour change	Module 2, Sub module 4.2
• Problem solving	Module 2, Sub module 4.3

DAY FOUR

Pre-HIV test counselling	Module 2, Sub module 5.3
Occupational exposures and standard (universal) precautions	Module 2, Sub module 5.5

DAY FIVE

Prevention of mother-to-child transmission (PMTCT)	Module 3, Sub module 5
Post-HIV test counselling	Module 2, Sub module 6
Evaluation and closing activities	

References

1   WHO social mobilisation and training. http://www.who.int/ctd/humres/needs.htm
2   Kroehnert G. Basic training for trainers: A handbook for new trainers. (2nd Edition). Sydney, Australia. McGraw-Hill Book Company. 1995
3   WHO/WPRO health sector development focus 2: Human resources development. http://www.wpro.who.int/themes_focuses/theme3/focus2/themes3_focus2.asp

Appendix 1 - Sample questionnaire
Data collection for training needs analysis

Name of organisation:

Service description

Current number of clients

Projected client number per unit[1]

Client mix
Individuals presenting for VCT

Couples presenting for VCT

Targeted VCT client needs
Please indicate current and projected client mix

	Current %	Projected %
Pregnant women		
Children (0-12 years)		
IDU		
MSM		
Sex worker		
Mobile population[2]		
Young people (12-24 years)		

Current or proposed service issues

Current or proposed VCT service structure	☐
	☐
Integrated into existing health facility	☐
Free standing	☐
Mobile/outreach	☐
Persons in custodial care (e.g. prison)	☐

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[1] Per unit measure e.g. day, month or annual
[2] Moves around the country or across borders e.g. long distance truck drivers, migrant, itinerant workers, refugees

Trainee profile – Staff counsellors to be trained

Medical doctors ☐
Nurses ☐
Psychologists ☐
Social workers ☐

Other (specify) _____

Are proposed trainees designated to work full time as VCT counsellors or will they have other duties, e.g. clinical nursing duties?

All full time ☐   All mixed duties ☐   Some mixed duties/some full time ☐

Prior HIV training
No. of persons with prior HIV training to be trained

Provide a brief description of the training staff has undertaken.

_____
_____
_____
_____
_____
_____
_____
_____

Other – Please specify.

_____
_____
_____
_____
_____
_____
_____
_____

Service referral agencies – indicate agencies that your service will refer to.

_____
_____
_____
_____
_____
_____
_____
_____

Prior counsellor training

No of persons to be trained with prior counsellor training.

Where trainees have had counsellor training provide a brief description.

_____

_____

_____

_____

_____

_____

_____

_____

Special topics to be incorporated in training.

_____

_____

_____

_____

_____

_____

_____

_____

Language and cultural considerations

Language of trainees (consider facility with both oral and written language.)

_____

Are there special cultural issues to be considered in delivery of training?

_____

Training logistics

Hours all trainees will be available for training.

All day ☐ Mornings only ☐ Afternoons only ☐

Indicate preferred hours: _____ to _____

Number of personnel required to be trained:

Proposed venue for training:

_____

Indicate if trainees will require:

Accommodation ☐
Transport arrangements ☐
Comments

Module 6

Sub module 2: **Introduction to adult learning**

Session objectives		At the end of the training session, trainees will be able to:
		Explain the difference between the way adults and children learn
		Apply the techniques of adult learning to their own training sessions
Time to complete sub module		45 minutes
Training materials		PowerPoint presentation **(PPT35)**
		Activity sheet **(AS30)**
		Handout **(HO35)**
		Question box
Content		The way people learn – adults versus children
		Influences in adult learning
		Motivators and barriers in adult learning
		Adult learning principles

Session instructions

1. Lecture with PowerPoint presentation **(PPT35)**.
2. *Activity:* Questionnaire sheet.
   - Provide each trainee with a copy of the activity sheet **(AS30)** and ask them to complete it
   - The trainer can refer to a copy of **AS30** at the end of this session plan
   - Discuss the responses as a group
3. Ask the group if they have any questions and remind them about the "question box".

Activity (AS30): Questionnaire sheet
The main principles of adult learning are:
1. First and last (recency and primacy)
2. Active learning
3. Over-learning
4. Enjoyment

5. Appropriateness
6. Two-way communication

The following statements illustrate at least one of these principles. Next to each statement write the number of the principle above to which it relates. There may be more than one principle for each answer.

(a) People learn by doing activities, not just listening.

(b) We remember best what we learned last.

(c) Use examples from the workplace or relevant profession of the trainees.

(d) We learn best when we feel included.

(e) Plan activities for your session.

(f) Ask questions and encourage discussion.

(g) Practice new skills.

(h) Say the same thing in a different way.

(i) Provide feedback.

(j) Have fun.

(k) Start the session with the most important points.

Which of the learning principles does this exercise use?

_____

_____

_____

Module 6

Sub module 2: **Introduction to adult learning**

Session objectives

At the end of the training session, trainees will be able to:

Explain the difference between the way adults and children learn

Apply the techniques of adult learning to their own training sessions

Adult learning theory – Difference between child and adult learning

The learning characteristics between children and adults differ greatly. Understanding the differences in terms of how and why adults learn will facilitate trainers in their teaching techniques **(Table 1)**.

Table 1: **comparing learning differences between children and adults**

Characteristics	Children	Adults
Readiness to learn	Determined by biological development	Determined by present roles and problems
Application of learning	In the future	Immediate
Control of learning	Dependant, directed by others	Independent, self-directed
Relevance of learning	Quickly learn isolated facts and concepts	Resistant to learning non-relevant material
Barriers to learning	Few other responsibilities, used to formal learning	Many responsibilities competing for time and energy, anxieties about learning

Malcolm Knowles, a pioneer in the field of adult learning, identified several key characteristics which influence adult learning:[1]

● Adults are **autonomous and self-directed**. Adults will direct their own learning based on their objectives and final goal. As well as providing the course content, trainers need to help create an environment where trainees are encouraged to be involved in the learning process

● Adults have **accumulated life experiences and knowledge.** Current and previous life experiences, such as education level, work experience and family and social history, will influence how adults learn. Learning is more relevant when trainees can draw on their own life experiences and knowledge and relate them to the course contents

● Adults are **goal-oriented**. Adults undertake training for a specific reason or goal which they want to achieve. Trainers need to explain the course contents, course objectives and show how the course will meet the trainees' goals. To do this, trainers need to try to find out the goals of the trainees

- Adults are **relevance-oriented**. Trainees need to see the value of learning something new and how the course contents are applicable to their needs or work activities. Therefore, trainers need to first understand their trainees' goals for the training (as above). Then trainers can ensure that the training is oriented towards their goals and they can feel that the training is relevant to their needs
- Adults are **practical**. Adults want to learn to gain skills for practical application either for their jobs or daily activities. Applying knowledge gained in practically useful ways helps adults develop skills
- Adults **require respect**. Trainers need to recognise that all course members, trainees and facilitators, are adults and have skills and life experience to contribute. All members should be treated as equals and given opportunities to express their thoughts freely in an open and productive learning environment

Other adult learning influences different from children – Personal background

We discussed briefly how adult learning is influenced by accumulated life experiences and knowledge. In other words, adults bring their personal backgrounds to the training situation. Personal background is made up of an adult's whole life history and influences based on personal experiences, socio-economic status, education level and culture. Other personal attributes which can influence adult learning are:

- Family and social background
- Culture
- Religion
- Status
- Beliefs
- Values
- Life experiences
- Sexuality
- Opinions
- Attitudes
- Knowledge
- Expectations

Different experiences in the past can make adults eager to learn or resistant to training.

Motivation and the adult learner: What motivates adults to undertake training?

There can be many reasons why adults may take on additional learning or training activities. The following are six key factors:

1. **Personal advancement:** To gain a qualification in order to achieve a higher job status, to remain competitive in the workforce and to continue professional development.

2. **External expectations:** To achieve a level of success as expected from a person with authority, i.e. an employer, a personal mentor, or family.

3. **Goal-directed:** To achieve a personal goal.

4. **Social welfare:** To acquire skills and competencies which assist in one's ability to serve their community or clients.
5. **Social relationships:** To make new friends or develop professional networks and associations.

6. **Cognitive interest:** To seek new knowledge in an area of interest, to expand and stimulate one's mind or to satisfy curiosity.

How can trainers be effective teachers?

Trainers need to create a stimulating environment and present materials in an interesting way for successful teaching. As we discussed, adult learners take part in learning due to one or more motivating factors. Trainers need to recognise what these might be and use this knowledge when delivering the course.

There are four elements which influence trainees to learn[2]:
1. Motivation
2. Reinforcement
3. Retention
4. Transference

1. Motivation:
Once a trainee has decided to learn (for the reasons we have discussed), the trainer needs to assist the trainee to remain motivated throughout the course in order to help learning. Trainees can be motivated during a course in several ways:
- *A friendly and supportive environment.* An open and friendly learning environment will help to build rapport between the trainer and trainees and among the trainees. This will encourage trainees to participate in activities and exchange information and experiences, and stimulate interest. A fun and energising activity at the start of a training course can help trainees to become acquainted with each other, put them at ease and make them receptive to learning. These are often referred to as 'ice-breakers'. An example of an ice-breaker activity is: Divide the group into pairs and ask them to interview each other for five minutes to find out five things about each other; after they have interviewed each other ask the partner to present their partner to the group and summarise the 5 points they have learnt about them.[3]
- *Correct level of course difficulty.* The course contents need to be set at the right level of difficulty in order to be challenging for the trainees. The challenge needs to complement the level of effort required by the trainees to achieve their goals. If the content is too difficult then trainees are likely to become frustrated and lose interest. If course content is too easy, then trainees will not be stimulated to learn.
- *Feedback.* Trainees require specific feedback throughout the course. Feedback needs to be constructive and relevant in relation to the interests and goals of the trainees.

2. Reinforcement:
Reinforcement or feedback is an important technique for trainers when teaching trainees new skills, behaviours and knowledge. Positive reinforcement increases the probability of learning. This may include asking questions, praising, being warm, and only criticising in a constructive way. Examples of positive feedback statements are "good", "that is correct", "that is a good question", or "that is an excellent example".

Not all feedback has to be positive but it is generally better to start with the positive before moving to the negative. When providing negative feedback, do this in a constructive way. That is, tell the trainee why they are not doing something correctly and help them to find the correct way. Try not to

give negative feedback in front of the rest of the group as this may make the trainee resistant to learning.

3. Retention:

A key focus for trainers is to ensure that the trainees have learnt and retained the information taught. Trainees need to be able to understand the lesson, learn the new concepts, be able to see its relevance and be able to apply the information learned.

Trainers need to provide simulating learning materials and enough course exercises and practice opportunities to assist retention of the information. The course learning experience greatly influences how much trainees retain. The hierarchy listed below demonstrates the value of using a variety of presentation and participation techniques.

Trainees retain information through[4]:
- 20% of what they **hear**
- 30% of what they **see**
- 50% of what they **see** and **hear**
- 70% of what they **see, hear** and **say**
- 90% of what they **see, hear, say** and **do**

A workshop or training session should offer information in a variety of ways, including verbal information (hear), demonstrations or visual aids (see), open discussion (say) and practical activities (do). The combination of all four increases retention levels.

Some teaching tools are:
- **Hear:** telling a relevant story or experience, lecturing
- **See:** videos, charts, slides, performing demonstrations
- **Say:** open discussion session, question and answer, feedback
- **Do:** case studies, games, role plays

4. Transference:

Transference is when trainees have the ability to apply or practice what they have learnt in a new setting. Successful transference occurs when there has been retention of information learnt.

Adult learning principles[5]

There are some key adult learning principles to keep in mind whenever you are delivering training to adults.

1. First and last

This summarises two principles – primacy and recency. *Primacy* refers to the fact that the things we learn first are those we learn best. This means that what trainers do or teach first is important. So it is good to include important points at the beginning of the session. The trainer can then explain these points throughout the session. Primacy also means that when demonstrating, trainees must be shown the correct way the first time. Do not start with a demonstration of how not to do something as it can be hard to "un-learn" incorrect behaviour.

Recency refers to the fact that the things we learn last are those we remember the best. This means it is important to always summarise the information throughout the presentation and at the end of the session. Then trainees will leave the session with the most important points in their mind. Keep each session fairly short.

Principle	First and last
Meaning	Things learned first are learned best. It is difficult to 'unlearn' wrong information or skills. What is learned last and is fresh in memory, is remembered best.
Practical use	Preview important points at beginning. First impressions are important. Ensure accuracy first time. Close the session with a summary of the most important points; provide regular review of information; have short sessions or summarise often.

2. Active learning

Active learning refers to the fact that we learn more when we are actively involved. Teaching methods that include trainee participation are the most appropriate for adult learning.[6] We discussed earlier that people retain 90% of what they see, hear, say and do. For example, when teaching about how to conduct a pre-HIV test counselling session, the trainees are more likely to learn the skills by role-playing and case studies. It would be difficult for them to apply pre-test counselling skills in their workplace based only on the information provided in a lecture without any practice. The use of active learning also helps to ensure that the trainees remain awake and interested throughout the day. It is also helpful to ask questions throughout the session to keep the trainees involved and to check their understanding.

Principle	Active learning
Meaning	People learn best if they are actively involved.
Practical use	Plan activities for trainees. If possible give hands-on experience.

3. Over-learning

Over-learning refers to the fact that we learn things better if we repeat or 'over-learn' them. If trainees practise what is being taught they are more likely to be able to use the information later. This means that information is not just learnt as a concept but can also be applied in practice. Over-learning does not necessarily mean that information is repeated exactly the same each time – the trainer should use different ways to repeat and emphasise the same information. Asking questions, summarising information and providing a variety of practical exercises encourages over-learning.

Principle	Over-learning
Meaning	Practice beyond the point of mastery leads to greater retention of learning and the ability to apply what is learnt.
Practical use	Use questions, summaries, examples and exercises to repeat information. Let trainees perform exercises themselves.

4. Enjoyment

Enjoyment recognises that we learn better when we are having fun. This recognises that we are more receptive to information when our brains are alert but relaxed. Using humour and games can reduce stress associated with learning, aid retention of information and encourage group participation. The trainer needs to ensure that the humour and games are appropriate for the group and culture and not offensive to anyone.

Principle	Enjoyment
Meaning	People learn when their brain is in an alert but relaxed state.
Practical use	Use humour and games appropriately.

5. Appropriateness

Appropriateness means that we learn best if material that is presented is relevant and at the right level. Adult learners need to understand how new information links to what is already known and how they can apply new information and skills to their workplace or personal situation. The trainer should spend time to ensure that trainees are made aware of how the training content can be applied in practice and how it is relevant to them. This can be done with the help of case studies or by asking the trainees to develop an action plan for implementing their training in the workplace. Trainers should use descriptions, examples or illustrations that the trainees are familiar with from their previous experience.

Principle	Appropriateness
Meaning	Training must be relevant to trainees' needs and be linked to information which is known or situations which are familiar.
Practical use	Use familiar examples. Link to what is already known. Explain how information can be applied.

6. Two-way communication

This refers to the fact that we learn best when we feel included. Even when the session is mostly a presentation by the trainer, some two-way communication should be planned. This may be a question and answer session or an interactive activity. This recognises that trainers should be communicating with the trainees, not at them. Feedback from and participation by the trainees is an important part of learning.

Principle	Two-way communication
Meaning	Communication with trainees, not at them.
Practical use	Design some interactions into presentations. Be open to feedback.

References

1   Knowles M, et al. The adult learner. The definitive classic in adult education and human resource development. (5th Edition) Boston 1988: Gulf Publishing Company cited in Lieb S. Principles of adult learning. Retrieved on 8th August 2003 from: http://www.hcc.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults.

2   National Cancer Institute (USA). Adult learning principles: Trainers' guide for cancer education. Retrieved on 8th August 2003 from: http://www.cancer.gov/clinicaltrials/resources/trainers-guide-cancer-education/page2

3   Other examples of ice breaker games can be found in the session plans of Part I of the VCT Manual (e.g. Module 1 Sub module 2) and books such as: Newstrom J, Scannell E. Games trainers play: Experimental learning exercises. McGraw Hill. New York. 1980.

4   From Arnold et al. 1991. cited in National Cancer Institute (USA). Adult learning principles: Trainers' guide for cancer education. Retrieved on 8th August 2003 from: http://www.cancer.gov/clinicaltrials/resources/trainers-guide-cancer-education/page2

5   The adult learning principles in this section have been adapted from Kroehnert G. Basic training for trainers: A handbook for new trainers. (2nd Edition). McGraw-Hill Book Company. Sydney, Australia. 1995.

6   Williams S, Seed J, & Mwau A. The Oxfam gender training manual. Oxfam: UK and Ireland: 1996: 26

Module 6

Sub module 3: **Preparing for training**

Session objectives		At the end of the training session, trainees will be able to:
		Identify the different roles and responsibilities involved in conducting a training course
		Prepare themselves adequately for undertaking a training session
Time to complete sub module		1 hour
Training materials		PowerPoint presentation **(PPT36)**
		Handout **(HO36)**
		Question box
Content		Training roles and responsibilities for preparation of training
		Checking training arrangements
		Checking the material
		Knowing the environment
		Knowing the equipment
		Knowing the resources
		Preparation checklist

Session instructions

1. Lecture with PowerPoint presentation **(PPT36)**.
2. Ask the group if they have any questions and remind them about the "question box".

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Module 6

Sub module 3: **Preparing for training**[*]

Session objectives

At the end of the training session, trainees will be able to:

Identify the different roles and responsibilities involved in conducting a training course

Prepare themselves adequately for undertaking a training session

</div>

Introduction

In the future trainees may be required to undertake training ranging from a single session to coordinating a whole course. Training responsibilities will depend upon the role they have been assigned. The key to successfully undertaking any training role is to be adequately organised and prepared. The following information provides some details to consider when allocated a training role.

Training roles and responsibilities

There may be many people involved in conducting a training course, including:
- A training coordinator or director
- Administration assistants
- Trainers
- Training assistants
- Trainees

In training courses a trainer may be undertaking one or more of these roles. Each role has different responsibilities:

Training coordinator or director

Several months before the training is to be conducted, the director should do the following:
- Obtain approval for conducting the training from relevant bodies
- Develop a training programme and timetable
- Develop a budget for training
- Obtain funding for conducting the training course, e.g. through training grants, government bodies, non-government organisations or sponsors
- Develop criteria for trainers, send invitations and training details (dates, venue, contact details) to potential trainers, identify trainer availability
- Arrange for course materials, including session plans, handouts and PowerPoint or overhead presentations to be forwarded to trainers so they can become familiar with the contents of their sessions and practise presenting

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[*] Information for this session has been adapted from references provided in the reference list at the end of this handout.

- Decide on an appropriate number of participants. It is recommended that you do not invite more than 20 trainees to a course to ensure that they all benefit from the discussions and practical work
- Develop criteria for trainees and send invitations to potential trainees or send course announcements to relevant health facilities (Appendix 1), asking them to identify suitable trainees
- Choose the training facility, keeping in mind the number of trainees attending and ensuring that all necessary equipment and resources will be available and within the budget
- Arrange accommodation for trainers and trainees, if necessary, and according to budget
- If applicable arrange transportation for trainers and trainees to and from their accommodation to the training venue
- Arrange payment for trainers (if appropriate), or reimbursement for their related training expenses
- Plan the timetable and details for trainer preparation
- Arrange catering for the course including morning and afternoon teas and lunch
- If training is to take place in another language besides English then course materials will need to be translated. The need for training sessions to be translated should also be assessed and an appropriate interpreter arranged
- Arrange printing of trainers' and trainees' manuals (and other supporting materials like CDs, etc.), as resources and budget allow
- Arrange for other training resources such as name badges, paper, pens, etc.
- Develop overall evaluation forms
- Develop training checklist to help in planning
- Delegate some of the responsibilities to administrative assistants and/or trainers
- Facilitate opening and closing ceremonies at training course, invite guest speakers, if appropriate, and brief them
- At the completion of training, collate training evaluations and write report or delegate someone else to do this

Administrative assistants

Where staff is available to support and assist the director then these staff should undertake any of the above tasks as delegated by the director. The administrative assistant or support staff should be available for the duration of the training course should any problems arise with any of the arrangements for trainers or trainees. These staff can also be responsible for trainee registration, distribution of trainee materials, keeping appropriate documentation for auditing or report writing and maintenance of equipment.

Trainers

Ideally, trainers should:
- Be working in the field they will be asked to present about (this allows trainees to establish important linkages to external individuals and agencies who may assist them in their future clinical work.)
- Have previous training experience
- Be fluent in the language the session is to be delivered in
- Be motivated and enthusiastic
- Be willing to attend the entire course
- Be willing to prepare adequately for the course and assist or work with other trainers where required
- Be willing to attend a planning and preparation day before the course where trainers are briefed, details are reiterated and presentation of sessions practised (they should also modify training styles, techniques, or length where suggested from peer review.)
- Be guided by the training co-ordinator

- Be willing to attend daily debriefing sessions if required.
- Evaluate their training sessions and analyse results for contribution to final training report.

Trainees
Ideally, trainees should:
- Be prepared to attend the entire course
- Be willing to work in groups with other course attendees despite differences in culture, religion, gender, etc.
- Be willing to undertake after-hours work (or "homework") for the course
- Be working in or will be working in VCT services or positions in government or non-government organisations that provide diagnosis, treatment and care services for the community
- Be in a position to train other relevant staff in their facility at some time in the future

Preparing for training
Whether you have been invited to facilitate a training session or are conducting training as a training coordinator there are a number of ways that you can prepare and organise yourself *in advance* in order to avoid problems arising during the training. Trainers can develop a checklist to help them ensure they have materials and resources ready for the training and that venues and facilities meet their expectations. It is essential that trainers know and understand the material they will be presenting so they can present confidently and answer questions satisfactorily. Trainers also need to be familiar with the education techniques used as well as the presentation equipment, e.g. overhead projectors, PowerPoint projectors, etc.

An example of a training checklist is provided below. Such a checklist provides a quick reference for checking you have all the necessary materials, equipment and resources required to undertake the training.

Know the training arrangements
Check the training timetable; be sure you know exactly what day and time you are scheduled to train and the venue and room you will be training in. Take all relevant documentation with you: letters from the organisation running the training that outline training details such as the name of the person/s coordinating the training; contact details for these people; the names of any support or administration staff who may be available to help you; the names of other trainers who may be attending your training session. Take all this information with you to the training—it may come in handy in case you forget the details or need assistance at any time.

Know the material
It is very important that trainers are familiar with the material they are presenting. Read over the material again before the presentation. Be prepared to answer questions about the material. You may like to have a reference list handy so that you can let participants know where they can access more information on a subject.

Make sure you *develop a session plan* and keep it visible during the training so you can easily refer to it throughout the session. This can ensure you do not forget anything and that the timing of the training is running to schedule. A session plan can help you know when to allow questions to continue and when to suggest the group moves on to the next subject. (For more information on session planning see Module 6, sub module 4).

Check the order of your overheads, slide presentation, PowerPoint, or handouts. It can be very disconcerting to have information out of order when presenting. Additionally try to have training materials available in more than one form, e.g. PowerPoint presentation and overheads. This can be very helpful in the event of equipment breakdown or failure. If you have time, run through the presentation before the participants arrive. Know approximately how long the presentation will run for and then allow extra time for questions or discussion.

Know the environment

Arrive early at the training facility and find where the training room is located. Orient yourself to the area. Trainees may ask you where the toilets are or the nearest phone. Make sure the training room is still appropriate. It should be large enough for all participants and should allow you to conduct training as necessary, e.g. form small groups. If you feel that the room is not adequate, inform the training director or facility administrator and see if there is another room available. Trainees can always be re-directed to the new room as they arrive.

Minimise distractions: If the environment is noisy or there is a lot of movement happening in the corridors, etc, ensure that the doors are closed before you start presenting. Note however that if the doors are closed, you will need to ensure that the ventilation and temperature inside the room are comfortable. If trainees are too hot, cold, or feel the room is stuffy they may not be able to concentrate on the training. Open windows if you need to or if there is an air-conditioner check the temperature setting.

If you are the first to arrive don't be afraid to *arrange furniture* to suit the needs of the training—this can also save time later.

Be familiar with the location of *light switches* and controls for blinds, curtain strings, etc. Within the training session there may be different lighting requirements, e.g. darkness for slide presentations and natural light for group work or activities. Try out different lighting arrangements before the training— this can help save time when moving from one technique to another.

Make sure you know what is and is not allowed within the training room. If you are working on butcher's paper and want to attach the paper onto the walls, then make sure what is acceptable with the owner of the facility.

Know the equipment

Well in advance of the training make sure you determine with the course facilitator or the training director *what equipment will be available* at the training. There is no use turning up to present a PowerPoint session when the facility only has an overhead available.

When you arrive make sure that all the equipment that you need is available and then check this off on the checklist. For each piece of equipment being used, have a *practice* to ensure the equipment is working correctly and that the overhead machine or slide projector are focused adequately for your presentation. Ensure the screen is visible from each place where participants may be seated in the training room.

If the training session is for a large group and you are to use a *microphone* make sure you know how to turn it on and off and adjust the height to be comfortable for your use. Also if the microphone has a lead (cord) make sure you know how far you can walk about with the microphone and ensure that

the lead will not catch on anything or trip you up. If the microphone is the small 'clip-on' kind then make sure you have somewhere to clip it to and ask someone to help you check the sound. Trainees do not want to hear every breath you take but they must be able to hear your words clearly. Check that any jewellery or clothing is not interfering with the sound, e.g. banging or rustling against the microphone, etc.

If any of the equipment is not working first check to see that the equipment has been plugged in correctly and that the PowerPoint itself is working. If you suspect the equipment is faulty then contact the training director, primary facilitator or administrator immediately as there may be another piece of equipment available within the facility. If there is not then you should be able to use an alternative piece of equipment if you have prepared the presentation in more than one format, e.g. PowerPoint as well as overhead.

Know the resources required
Make sure all the resources you require for the training are available. This may include:
- *Handouts* (If someone else has been responsible for photocopying them, check they are in the right order and no pages are missing. Other necessary papers for training include pre-and post-course tests and evaluation forms. These need to be legibly photocopied for each participant.)
- *Activity instruction*
- *Note paper and pens* (Each trainee should be able to take notes.)
- *Visual aids for demonstrations*
- *Butcher's paper and stand or flip chart*
- *Marker pens* (enough for group work and other activities)
- *"Sticky" tape or adhesive to temporarily attach items to the wall (e.g. blue tac)*
- *Scissors*
- *Box or clearly marked area for collecting questionnaires, evaluation forms and written questions*
- *Resource list, text book or other references*

Know the audience
If possible, try to obtain a list of trainees for the training course in advance. The list should also contain their positions and place of employment. This information is important for a number of reasons:
- Knowing the number of trainees attending allows trainers to adequately plan activities and group work
- Knowing their professions will give trainers an idea of the trainees' level of education
- Knowing their place of employment can tell trainers:
  - What field the participants are working in so that examples or case studies can be made relevant to them
  - How many of the participants come from the same organisation
- Knowing their positions will give trainers an idea of the range of seniority amongst the group. This may be important in identifying less senior trainees to ensure they contribute to the training session to the same extent as senior trainees

Knowing in advance the average level of education of the trainees and the degree of their background knowledge allows trainers to ensure that the training content and materials are pitched at the correct level. It is important that trainees do not find the training either too difficult or not challenging enough.

Knowing the audience also gives trainers a level of understanding of the social and cultural backgrounds of the trainees.

Sample checklist for advanced preparation

☐ *Timetable:* checked for correct date, time and venue of training

☐ *Training room:* checked for lighting, seating arrangements, ventilation and temperature

☐ *Personnel available:* other trainers, resource persons, administrative support

☐ *Resources:* checked for availability and accuracy

☐ *Equipment:* present and in working order

☐ *Manuals/resource books*

☐ *Copies of activity sheets and handouts* have been made to hand out to each trainee

☐ *Materials:* overheads, PowerPoint presentation

☐ *Box* for collecting evaluation forms and questions

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Appendix 1: Course announcement

Background

The course announcement should describe clearly what the training aims to accomplish and who will benefit from it. This creates appropriate expectations, and so helps to ensure that suitable and motivated participants are selected.

The announcement should include:
- Name of the authority responsible for organising the course
- Aims of the training
- Number and characteristics of participants to be selected by each facility
- Outline of the course contents
- Description of the main skills that will be taught
- Dates of the course and the place where it will be held
- Accommodation, travel and financial arrangements
- Information on how to register participants and before which date

Decide whom you will send the announcement to and ask them to suggest suitable participants for the course. When you have selected the participants, send a personal invitation to each of them.

Example of course announcement

The following course announcement has been adapted from the Train the Trainer course announcement for Bamrasnaradura Hospital.

HIV/AIDS train the trainer course

Course aim
To implement educational skills training for selected staff at Bamrasnaradura Hospital who are required to teach others about HIV/AIDS.

Course objectives
At the end of the training it is anticipated that the participants will be able to:
- Relate principles of adult learning to the planning and implementation of training programmes
- Prepare training programmes in their areas of HIV/AIDS speciality to meet the identified needs of the participants
- Present HIV/AIDS information so as to facilitate participants' learning
- Demonstrate appropriate use of educational technology.
- Evaluate training programmes conducted

Course content
Adult learning
Preparation, setting objectives
Presentation skills
Using technology

Evaluation
Changing values and attitudes

Criteria for participation
All participants must have good knowledge of HIV/AIDS in their area of speciality, be required by the hospital to provide training in HIV/AIDS and already have had some experience in providing training.

Maximum of 15 participants

Course methodology
The course will use didactic teaching, discussion, question and answer, small group work and experiential learning (practice teaching sessions).

Course evaluation
The participants will receive pre-course worksheets and post-course evaluation surveys. A vital part of evaluation will be a post-course review and problem solving session with participants six months after the initial training.

Proposed dates
18, 19, 21, 22 May 1998

Module 6

Sub module 4: **Session planning**

Session objectives		At the end of the training session, trainees will be able to:
		Develop a session plan using the seven key steps
		Structure a training session into an introduction, presentation and conclusion
Time to complete sub module		1 hour 30 minutes
Training materials		PowerPoint presentation **(PPT37)**
		Activity sheet **(AS31)**
		Large sheets of paper and marker pens OR overhead transparencies and overhead marker pens
		Handout **(HO37)**
		Question box
Content		What a session plan should include
		The reason for developing a session plan
		The structure of a session
		The seven steps of writing a session plan

Session instructions

1. Lecture with PowerPoint presentation **(PPT37)**.
2. Activity:
   - Provide trainees with a copy of the activity sheet **(AS31)**
   - The trainer can refer to a copy of **AS31** at the end of this session plan
   - Ask them to form pairs
   - Explain that they will be required together to prepare a session plan based on the scenario provided in the activity sheet. Allow them five minutes to read the scenario
   - Provide the pairs with paper and pens to write up their session plan and allow them 10 minutes for this
   - Bring the group back together and discuss the different session plans
3. Emphasise the importance of good planning when preparing for training and the fact that the trainees should prepare or become familiar with the session plan *every time* before they train.
4. Ask the group if they have any questions and remind them about the "question box".

Activity (**AS31**):

Objective:
To plan a training session in response to a request from hospital management for training.

Instructions:
1. You have received a request from the hospital management to provide training for the non-medical staff who work at the hospital. Please read the attached scenario and design a two hour training session.

2. You will need to copy onto butcher's paper (or overhead transparency sheet) your session plan using the following format:

Session title

Time to complete module

Training materials – list of all resources you will require

Content

Session instructions, including a mix of training methods, e.g. lecture, activities (This should be a step-by-step guide.)

Scenario

At the hospital (not where you work) the cleaners are all threatening to go on strike.

A female cleaner who cleans the general medical ward thinks that one of the patients who was admitted recently has AIDS. The patient is a young man, is very wasted and looks like the pictures she has seen of people with AIDS. The nursing staff told her that if she follows the standard cleaning procedures in the hospital, she will not be at risk of infection from any patient. She thinks that this is a cover up and she cannot understand why the staff will not tell her what is wrong with the patient. She has complained to her supervisor.

The supervisor agrees with her staff member and feels that because the doctors or nurses will not tell the cleaners what is wrong with patients it means they do not trust them. The supervisor says her staff is bound by rules of confidentiality just as the doctors and nurses are.

This has been compounded by another issue. A male cleaner, who does shift work, has confided to a co-worker that he is a carrier of hepatitis B and C. The co-worker told his supervisor and other members of staff. In the evenings and on the weekends the male cleaners also work as orderlies, helping with lifting and taking patients to and from theatre. Now all the other male cleaners are refusing to work with him as he performs these duties They are also reluctant to use the same tea room and toilets.

The supervisor is demanding that everyone who starts work in his department must have a test for HIV, hepatitis B and hepatitis C.

The management of the hospital feels that before starting to negotiate on this issue, they need to provide some education to all the cleaning staff. You are asked to do this training, rather than the hospital infection control nurse, because the manager feels that someone from a different agency may have more credibility and may be seen as independent from the management.

There are about 30 cleaners on the staff and you have been asked to do two training sessions of two hours each (with a different group each time) to allow as many as possible to attend.

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Module 6

Sub module 4: **Session planning**

Session objectives

At the end of the training session, trainees will be able to:

Develop a session plan using the seven key steps

Structure a training session into an introduction, presentation and conclusion

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Why use a session plan?

Every training course needs preparation time.[1] Even if a training manual and materials have already been prepared, preparation time is required to adapt materials and structures to the context and the needs of the specific group of trainees.[*]

Session plans are used:
- To ensure that you have necessary equipment ready
- To keep you on task and on time
- So that someone else could teach the session if you are unavailable at short notice
- To help learning (Trainees learn better if information is presented logically and builds on what is already known.)
- To ensure well-designed notes (which may also be of use for legal purposes in the event you are challenged on educational material[2])

A good session plan provides the trainer with a clear direction. It is the timetable and roadmap of a training course. The session plan indicates the content of the session and helps to ensure a logical order of information, showing the learning techniques to be used and the training aids needed and when they are required.[3] Providing information in a logical order helps the trainee to understand and retain information.

The session plan allows the trainer a source of reference, highlighting where to continue from if they deviate from the planned session (for example, if the trainer needs to spend extra time on a particular point), and indicating the times that each section of the session should take.

What should a session plan include?

The following information would be recorded in the session plan.
- A session module and sub module number and title
- Session objectives

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[*] The handout you are currently using is referenced by a handout number (HO37). This facilitates easy reference to more in-depth explanations on topics and ensures the trainer has all necessary materials available during training. Where training is conducted in 2 languages numbering can prevent confusion about handout titles, and can reduce the risk of translation errors.

- Time required to complete the session
- A list of training materials required, e.g. audio-visual equipment, handout (number[4]) and PowerPoint or overhead transparency (number), activities, e.g. case studies, role-plays, questionnaires (number)
- Content of the session (Note the core topics to be covered.)
- Step-by-step session instructions that cross reference to PowerPoint or overhead materials, handouts and activity sheets

A sample table, which can help guide and organise your session planning, can be found in <u>Appendix 1</u> of this handout.

Other information needed before planning the session includes:[5]
- Session objectives
- Information about the trainees
- Potential problems to be aware of
- Plan(s) of the previous session (s)
- Definitions of terms to be introduced

How to structure a training session

A training session is divided into three major sections:

1. Introduction
The main functions of this first section are:
- *To orientate*: The trainer sets the scene by explaining their role, what the session is about and how it relates to the trainees. The trainer should also establish their credibility to be teaching this session. (For example, explaining their past experience or qualifications.) They also orientate the trainees to the physical environment such as tea and coffee making facilities, toilets, etc.

- *To preview the session:* The trainer introduces the aims of the session, gives a basic overview of the content, and indicates finishing times. This assists to clarify the trainees' expectations of the session and allows the trainer to plan for any special needs of the group. It is important that the trainer gets group agreement on punctuality and attendance at all sessions

- *To check current knowledge:* If a training needs analysis has been done, this should indicate the trainees' level of knowledge and experience, but it is still necessary to check at the beginning of a session to ensure that the presentation is appropriate for that particular group. This can be done with the help of a few questions, short discussion or a quick quiz. Trainees need to be able to link any new information to what they already know. If the trainees do not know as much as the trainer thought they would, it may be necessary to change the content or give some more information before starting the main presentation

- *To gain the interest of the audience:* The trainer can use something (for example, a joke, poster, cartoon, story) to get the trainees' attention. Whatever is used, it should be relevant to the topic and provide a link to the main presentation

- *To motivate the participants:* By explaining the relevance of the training to the trainees the trainer can encourage them to learn new information and use new skills

2. Presentation

This major section of a session involves the delivery of the main body of information. Key points are devised from the objectives of the session. For each key point in the session the trainer should provide:

- **Explanation:** The trainer introduces the unknown (e.g. new theories, behaviours or procedures) to the trainees. Each explanation of a key point is delivered in a way that connects it to the next in a logical sequence
- **Application:** The trainer ensures that the information is understood by getting trainees to participate, for example, practising techniques or solving problems
- **Summaries:** The trainer regularly reviews what has been covered to ensure that the important information has been understood and to provide feedback to the group so that learning is rewarded

3. Conclusion

The conclusion of a session is used to ensure important information has been understood and will be remembered. There are several ways to conclude a session. The trainer can use two or three of the following:

- Emphasise the most important points
- Summarise the session – in words or on a board, slide or transparency
- Give a short quiz
- Review the answers of a quiz given before the session
- Discuss how the learning will be implemented in their workplace
- Ask trainees to develop an action plan for the future
- Explain how this session will link to the next if this is part of a series
- Refer back to the objectives and check that they have been met
- Ask each trainee in turn to state the most important thing that they learned or what they liked best in the session
- Ask the trainees if they have any questions
- Ask the trainees to fill in an evaluation form either at the conclusion of the session or at the conclusion of the entire course

Session Framework

Introduction	Presentation (E A S)	Conclusion
Interest		Review
Check knowledge	Explanation	Test
Orientate	Application	Link
Preview	Summary	Questions
Motivate		Finish
10% of time	80% of time 40% to Application, 30% to Explanation, 10% to Summary	10% of time

The seven steps of writing a session plan

Step 1: Check prior knowledge

If possible the trainer should find out as much as possible about the trainees that will help to design appropriate training. Trainers can send out a preliminary questionnaire to get information. If it is difficult to obtain this information directly from the nominated trainees, then it may be obtained indirectly through representatives from their workplace who have nominated them or are funding them to come to the training.

Information that would help the trainer includes existing skills, interests and capabilities; language (if training is being taught to people from different language groups); and seniority, status and gender of the trainees (this can affect group dynamics.) It is also helpful to find out about the trainees' expectations of the training either through the preliminary questionnaire or at the start of the training. This can be particularly useful when dealing with sensitive and sometimes emotional subjects such as VCT to allay anxiety and clarify what the training will cover and what it will not. Effective learning can be blocked if the trainees feel uncomfortable about the subject as this can lead to anxiety, defensiveness, or hostility.[6]

Step 2: Define the training objectives

The methods and content of the training should be chosen only after full consideration of the aims and objectives of the training.[1] The session objectives should address:

   (a) *Learning* – Define what the trainees will learn by the end of the course.
      e.g. "By the end of the session, you will be able to describe the essential questions to ask in pre-test counselling."

   (b) *Action* – Identify how the trainees can apply their learning in their workplace.
      e.g. "By the end of today's session, you will be able to take a sexual history and provide a client with information on the socio-legal implications of a test."

Step 3: Prioritise the information

Grade the session into:
(a) Essential information—what the trainees <u>must</u> know.
(b) Related information—what they <u>should</u> know.
(c) Complementary information—what they <u>could</u> know.

When the information is arranged in this way the trainer can ensure the information that is essential (must know) is covered, understood and remembered. The trainer can then include the remainder of the information (should know and could know) depending on how relevant it is to the trainees, their level of knowledge and the time available.

It is better to deliver the most important information, presented in a form that is easily understood and remembered, than to cover as much information as possible in the time. Including too much detail confuses the essential information with other less relevant material.

Trainers should ask themselves, based on their knowledge of the trainees' prior experience, "What is the best way to learn this topic?" rather than the best way to teach it.

Step 4: Arrange the order of content

The logical order of a session is to <u>move from that which is known to that which is unknown</u>. This is achieved by identifying the baseline knowledge of the trainees and linking that to new information presented in small, easily understood blocks. When the unknown becomes known (the trainees have learnt the information), move on to the next unknown.

Step 5: Selecting the resources

The basic resources, such as the training room, audio-visual aids and handouts, should be selected according to the course content, the trainees and availability. When you have decided on the resources to be used, test them prior to the session in order to check how they relate to the session and to familiarise yourself with their use. It is good to have a back-up or reserve in case a problem arises with the technology. e.g. If you plan to use PowerPoint, bring a printout of the slides in case there is a problem with the computer.

Step 6: Selecting the training techniques

Decide which types of training techniques are most appropriate for demonstrating each point. Methods which use participation are the most appropriate for adult learning[7] (rather than didactic learning where the trainer just lectures to the trainees). Several recent studies[8] support the use of participation for the development of new skills and increasing knowledge in the field of HIV. This allows instruction, practice and feedback to occur and these are all crucial factors in addressing the sensitive and confidential issues discussed during VCT. Gallagher has argued that successful education programmes are based on interactive methods and skills building and "are critical in order to increase the numbers of professionals who are comfortable with and willing to provide quality care for people living with HIV/AIDS".[9]

Some examples of training techniques which use participation are:
- Brainstorming – where everyone is asked to contribute their ideas and each idea is written up on a board or paper without comment. Evaluation of the responses is only done after all ideas have been written down. The benefit of brainstorming is that a greater and more varied number of ideas come from trainees working together than by any one person working on their own[10]

- Question and answer – asking questions helps to check whether trainees have understood the information. Encouraging trainees to ask questions helps to clear up any misunderstandings and it can be helpful to involve the group in responding to the question

- Problem solving exercises – the purpose of these exercises is to promote team work through the development of creative, supportive and innovative approaches to problems[11]

- Case studies – where a specific example is reviewed for discussion and comment. The case provided may be based on a real situation or may represent a combination of real cases based on the trainer's experience[12]

- Role-plays – where trainees act in a representation of a situation. Role-plays are one of the most powerful techniques used with groups to assist with learning and can help to change people's attitudes and learn how others think and feel.[13] Role-plays need to be well-planned and well-facilitated. Setting up and running a role-play normally requires a series of steps to explain the activity and allocate roles, conduct the role-play and then de-brief and transfer the experience to the real world[14]

- Quizzes
- Debates
- Games

When selecting techniques, take into account the education level and experience of the group so that the techniques are at an appropriate level. Learning new skills is best done through practice while factual information can be provided through lectures, quizzes and question-and-answer sessions.[6]

Try to utilise a variety of techniques so that the trainees remain interested and different learning styles of the trainees are catered to. Some may learn better from visual stimuli while others prefer practical activities.
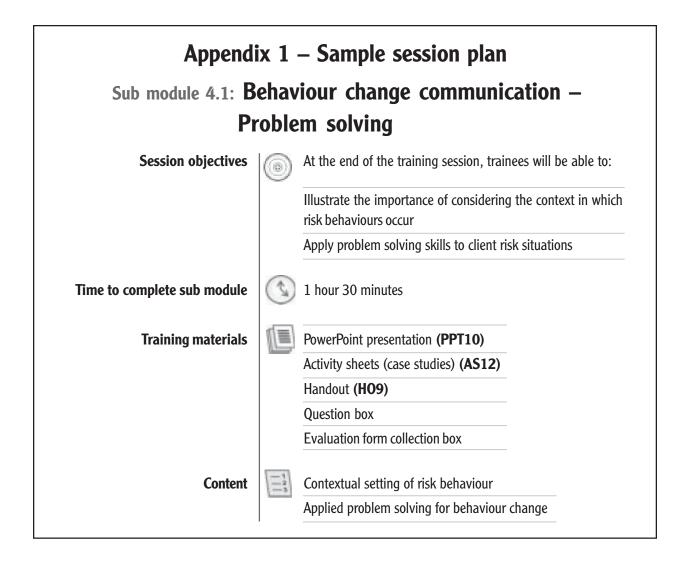
Using different audio-visual materials can also ensure that trainees maintain their concentration. Trainers should check that all the training resources and activities are well prepared in advance. Ensure that there are enough copies of each handout and activity sheets for each trainee and that all the equipment is available. Trainers will also need to check that any activities and case studies are appropriate and relevant to the specific context. If not, these will need to be adapted.

Step 7: Estimating the segment times

Estimate how much time is needed for each part of the presentation. Check that the total time does not exceed the time allowed for the session. If it does, then cut down on the information that you have included from the "could know" material. Don't cut down on time for activities that you have designed to test the trainees' understanding. Estimated times can be revised after a practice run, and after each actual presentation of the session.

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Appendix 1 – Sample session plan

Sub module 4.1: Behaviour change communication – Problem solving

Session objectives		At the end of the training session, trainees will be able to:
		Illustrate the importance of considering the context in which risk behaviours occur
		Apply problem solving skills to client risk situations
Time to complete sub module		1 hour 30 minutes
Training materials		PowerPoint presentation **(PPT10)**
		Activity sheets (case studies) **(AS12)**
		Handout **(HO9)**
		Question box
		Evaluation form collection box
Content		Contextual setting of risk behaviour
		Applied problem solving for behaviour change

Session instructions

1. Introduce the notion that "clients may need assistance in resolving the problems that they face in trying to practise safer sex or safer injecting. Whilst many clients are aware of what they need to do to protect themselves, they may not have the skills or be able to overcome the problems they face in implementing changes". Also note that in moderate to late stage HIV illness, executive functioning of the brain can be altered causing problems with organisation, planning and critical thinking. This in turn can make it difficult for individuals to resolve practical problems.

2. Lecture with PowerPoint presentation **(PPT10)**.

3. Discuss the steps in collaborative problem solving.
   - Use a practical example and involve the class in a group brainstorm of options
   - Involve the class in critically evaluating the options and similarly involve the class in developing an action plan
   - Keep the activity short as it is just provided to demonstrate each step of problem solving

4. Emphasise that clients learn skills in one context (e.g. safer sex) and can apply these to other situations (e.g. relationship problems).

5. Activity: Case studies **(AS12).**

- Divide the trainees into two groups and give them the cases to discuss for 20 minutes
- Ask trainees to consider each case using the "Steps in Problem Solving"
  - Describe the problems identified
  - Brainstorm on options available for the client
  - Critically evaluate the different options (anticipating the logical or expected consequences of following the different options)
  - Ask client to select one option
  - Develop a plan of action
  - Facilitate development of skills and strategies with the client

6. Ask for feedback from the group about the problem solving activity. Look at the options that were raised and the strategies to be employed by the counsellor to assist the client.

7. Ask the group if they have any questions and remind them about the "question box".

8. Ask trainees to complete an evaluation form and place it in the "evaluation form collection box".

Case study 1

The client is a 32-year-old heterosexual technical officer working for a company. He has been working away from his home. He frequently travels for work. His wife has not seen him for the past two months as she has stayed home with her 18 month-old son. She is two months pregnant.
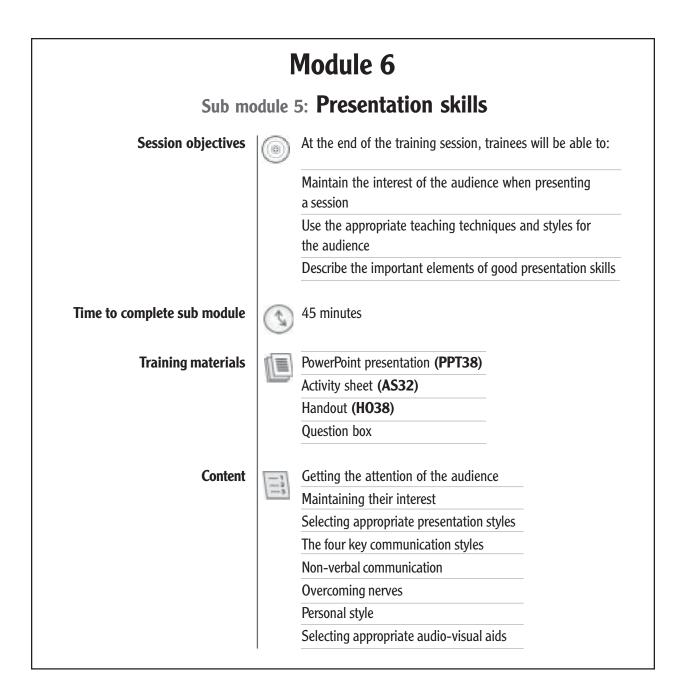
He attended the clinic because he had a discharge from his penis and is diagnosed with an STI. He confesses that he has been visiting bar girls occasionally at music bars. The doctor provided him with medication for his STI. He tells you he is worried as he has to return home though his job is not finished.

He is worried about going home to his wife. He asks you whether his symptoms will disappear if he takes medication. He is thinking of not telling his wife anything, but he wants to know what he should do if the medication does not clear up the infection. The counsellor raises the possibility of HIV infection. The client was not even thinking of any HIV risk.

Case study 2

The client is a 23-year-old woman who is a part time shop assistant. She lives in student accommodation. She also works at a bar as a sex worker. She is worried about an STI infection she contracted though it has been successfully treated. She usually does not practice safe sex. She doesn't want to spend money on condoms and the clients do not like her to use them. She is ashamed to talk about her work and her infection.

She is using some of her earnings to help support her family who live in a village and she has a child to support as well. The family would disapprove of her work if they knew, but they are happy that she can support herself. She has little opportunity for engaging in other work; especially work that pays enough to support her family. She gets paid more if she doesn't use condoms. She is often a little intoxicated with alcohol when she engages in sex work. She discloses that sometimes clients can get a little aggressive and rough.

Module 6

Sub module 5: **Presentation skills**

Session objectives		At the end of the training session, trainees will be able to:
		Maintain the interest of the audience when presenting a session
		Use the appropriate teaching techniques and styles for the audience
		Describe the important elements of good presentation skills
Time to complete sub module		45 minutes
Training materials		PowerPoint presentation **(PPT38)**
		Activity sheet **(AS32)**
		Handout **(HO38)**
		Question box
Content		Getting the attention of the audience
		Maintaining their interest
		Selecting appropriate presentation styles
		The four key communication styles
		Non-verbal communication
		Overcoming nerves
		Personal style
		Selecting appropriate audio-visual aids

Session instructions

1. *Activity:* Small group work (15 minutes).
   - Ask the trainees to form small groups and to brainstorm examples of a good presentation they have seen and examples of a poor presentation. Ask them to write these up on the worksheet provided in **AS32**
   - The trainer can refer to the copy of **AS32** at the end of this session plan
   - Bring the group back together and ask each group to briefly present their examples
   - Comment that when you think about what presentations you had liked, you probably thought of several different presenters with quite different styles

- Refer to the examples during the PowerPoint presentation of what makes a good presentation
2. Lecture with PowerPoint presentation **(PPT38)**.
   - Ask the group what they can see wrong with slide 24. Some answers are in slide 25
3. Ask the group if they have any questions and remind them about the "question box".

Activity (AS32):

Think about some of the good and poor presentations you have seen. This may have been at work, at school or university, or at private functions. In small groups, use the worksheet below to record what made them good or poor.

Things that made presentations good or made me remember the information	Things that made presentations uninteresting or made me forget the information

Module 6

Sub module 5: **Presentation skills**

Session objectives

At the end of the training session, trainees will be able to:

Maintain the interest of the audience when presenting a session

Use the appropriate teaching techniques and styles for the audience

Describe the important elements of good presentation skills

Presentation skills

Some people are naturally interesting and entertaining speakers, but there are some skills that anyone can learn to help them present information. These have been broken down into a series of "microskills" to make them easier to learn.

Getting attention

As discussed in the sub module on session planning, one of the functions of the introductory part of the session is to gain the attention of the trainees.

Ways in which the trainer can gain attention are:
- Explaining how the session is relevant to the trainees
- Asking the trainees their expectations of the session
- Providing a relaxed and open learning environment
- Using humour or an activity as an ice-breaker
- Using novelty, variety or surprise in the introduction
- Using a case study or telling a story relevant to the situation of the trainees
- Using interesting pictures or audiovisual aids at the beginning of the session
- Using a quiz to identify gaps in knowledge

Maintaining interest

For adults to focus on learning, they need to remain interested throughout the session. To do this the trainees need to recognise the relevance of the session and be able to participate in it. The session needs to be presented in an interesting way.

Ways in which the trainer can help trainees to remain interested include:
- 'Personalise' the presentation by smiling, making eye contact and addressing trainees by name when interacting
- Keep the subject relevant and emphasise how the topic relates to their needs
- Be enthusiastic
- Make sure the pace is not too fast or too slow

- Use a variety of presentation styles
- Introduce a new activity or information about every 20 minutes
- Encourage participation by the trainees
- Use stories as examples
- Have breaks to do brief physical activities or games
- Use humour
- Use appropriate and consistent non-verbal behaviour (discussed below)

Selecting appropriate presentation styles

Using more than one technique in each session is recommended to maintain interest, to help retention (as discussed in Adult Learning Principles) and because trainees will have different learning styles.

The technique used will depend on the:
- Trainer – their knowledge of topic and group, skills, personal style
- Content – whether the aim is to learn knowledge or skills or change attitudes
- Trainees – the number, their abilities, needs and experience
- Environment – location, room set-up, time of day, day of week

Following are some activities that can be used with different sized groups.

Type of activity	Large group	Small group	Pairs / threes	Individual
Lecture	✓			
Group discussion	✓	✓		
Question and answer	✓	✓	✓	✓
Case study	✓	✓	✓	
Brainstorm	✓	✓		
Quiz	✓	✓	✓	✓
Game	✓	✓	✓	
Panel game	✓	✓		
Hypothetical	✓	✓		
Debate	✓	✓		
Describe past situation	✓	✓	✓	✓
Problem solving		✓	✓	✓
Role-playing		✓	✓	✓
Demonstration		✓	✓	✓

Communication styles (Neuro-linguistic programming

People have different ways of communicating and therefore different people may process and absorb information in different ways. For this reason, information needs to be presented by the trainer in a variety of ways so that it appeals to people's different communication styles. The different ways people communicate are presented in a model of communication called neuro linguistic programming.[1]

According to this model, people may be categorised into four groups according to the way they process information:

1. *Visuals:* People who absorb information best if it is presented visually, such as through diagrams, graphs and imagery. They prefer lots of space around them and will step back if you come too close. They may say: "I see what you mean." Visuals will tend to learn best through slide presentations, pictures, charts, videos, etc.

2. *Auditories:* People who prefer to talk out problems and listen to speech but with plenty of variety of tone, pitch and rate. They may also not look at the person speaking to them, preferring just to listen. They may say: "I *hear* what you are saying." Auditories will tend to learn best through lectures, discussions, etc.

3. *Kinaesthetics:* People who prefer action, movement and like to be involved. They prefer a relaxed, non-threatening environment and are not threatened if people sit or stand close to them. They may say: "I *feel* we should take action". Kinaesthetics will tend to learn best through 'doing', e.g. role-plays, clinical placements.

4. *Digitals*: People who like orderly, written information that shows careful attention to details and structure. They may say: "I have *read the report* carefully and know what to do". Digitals will tend to learn best through written material, e.g. handouts.

Non-verbal communication

When we watch someone presenting information, we learn more from their non-verbal communication (body language) than from the words they are speaking. Some studies indicate that around 65% of our communication is done through non-verbal signals.[2] Non-verbal communication includes a range of different signals that convey a message to the audience apart from the dialogue. Non-verbal communication can either be a powerful tool that reinforces what the trainer is saying, or it can contradict their message. For example, if the trainer is saying that counsellors need to be motivated and committed to their work but they are standing with their shoulders hunched over and arms crossed then it may seem through their body language that they do not really believe this. Trainers should try to be aware of their non-verbal communication messages.

Non-verbal communication includes[3]:

● *Voice*
   The trainers should speak clearly and project their voice. It helps the trainee to maintain interest if the trainer speaks conversationally but varies the loudness and pitch of their voice occasionally. The trainer can use variation in their voice to emphasise important points that the trainee needs to learn.

● *Dress*
   We tend to make judgements about people when we first meet them based on the way they are dressed. It is therefore important that the trainer dresses in a way that is appropriate for the group of trainees and their culture. For some trainers, this may require modifying their usual dress style to a style for the purposes of training. If the trainer feels they are looking good, it may also give them added confidence.

● *Eye contact*
   Trainees will feel involved if the trainer makes eye contact with them. With a large group the

trainer should make eye contact with several people in the room. Some trainees may not feel comfortable making eye contact with the trainer because of their culture, either throughout the training or for particular topics or activities.

- *Posture*
  Depending on the size of the group, the trainer may need to stand upright to help project his/her voice to the whole group. Even in a small group, posture is important. The trainer should attempt to look relaxed (i.e. not stiff) but also not slouch or look too casual.

- *Position*
  Where the trainer stands is also important. When using audio-visual aids such as a board or a screen, the trainer should stand back from the board or screen or to the side so the audio-visual aid can be seen. If the trainer has to write on a board, they should wait until they are facing the audience again until they speak to the audience. The room should be set up so there are as few barriers as possible. It is much easier for trainees to talk about sensitive issues and the trainer seems more approachable if they are not sitting behind a desk, table or lectern.

- *Movement and gestures*
  It is more interesting for trainees if the trainer moves about the room a little from time to time. This should not however be so much that it is distracting. The trainer should use gestures as they would in conversation – for emphasis or explanation – but these should also not be distracting. If you are training a mixed-cultural group, some gestures may be inappropriate to some cultures.

Overcoming nerves

Many people can get nervous before and during a presentation. With practice, this can improve but even some of the most experienced trainers may feel nervous before their training session. Some ideas to help you overcome nerves and anxiety are:
- Be well rested. Make sure you have had plenty of sleep the night before and you have allowed enough time to get to the training venue early
- Make sure you are well prepared, are familiar with your session plan and have done everything on your training preparation checklist (See sub modules on 'Session planning' and 'Preparing for training')
- Do a practice run of your presentation before the training session.
- Try to greet the trainees as they arrive. If you are able to meet some friendly faces you may not feel like you are presenting to strangers
- Convince yourself to relax. Try standing up straight and breathing deeply. Tense and then relax muscles or even do some stretching
- Try some positive self-talk–tell yourself that you are well prepared, you know the subject and everything will be all right
- Wear something you feel comfortable in. If you feel restricted or cannot move freely about the training room you may not be able to present confidently
- Have a glass of water handy in case you develop a dry throat or nervous cough
- At the beginning of the session, once you have been introduced to the trainees, give a short summary of your experience in the field. This helps to establish your credibility and remind you that you are the right person to conduct this training!

Personal style

There is no "right" way to train. When you thought at the beginning of the session about what presentations you had liked, you probably thought of several different presenters with quite different styles.

During and after this course try and observe as many presentations as you can, see what you like and use this to develop your own unique style. Some examples of things that characterise personal style are:

- The use of appropriate humour
- The use of relevant anecdotes
- Personal enthusiasm
- Confidence in oneself
- The ability to develop a rapport with the trainees
- Knowledge of the subject

Selecting appropriate audio-visual aids

Audio-visual aids help to reinforce your presentation and cater to the different modes in which individuals learn and retain information. When choosing which audio-visuals to use, make sure they are relevant, simple and not distracting, e.g. fancy PowerPoint presentations with lots of colours and sounds which can distract the trainees from the content. It is also important to think about the availability and reliability of the technology where you will be teaching, e.g. PowerPoint will not be a good selection if there is no computer available. Some general tips for using audio-visual equipment are:

- Practise beforehand
- Do not obscure the screen
- Use a pointer
- Cover the information until you are speaking about it. Otherwise the trainees will read what is on the slide or overhead, rather than concentrate on what you are saying
- Ensure that all the trainees can see the audiovisual aid
- Talk to the audience–not the board or screen
- Check the slides or overheads are properly focused before starting
- Check that the light in the room is not too bright, if using slides or computer projection. Ask someone to assist with adjusting the lighting
- Only use one audio-visual aid at a time
- Have a backup, e.g. if using PowerPoint slides, also have overhead transparencies just in case the equipment does not work
- Keep the layout simple and with minimum detail
- Use colours that can be seen clearly (Red and green are not appropriate for writing text.)

Some tips for using specific audio-visual equipment are:

- *PowerPoint:*
  - Keep the slides simple
  - Avoid placing too much text on one slide. Split it into two separate slides
  - Avoid using too many different colours and sounds
  - Make the text large enough so the trainees can easily read the text
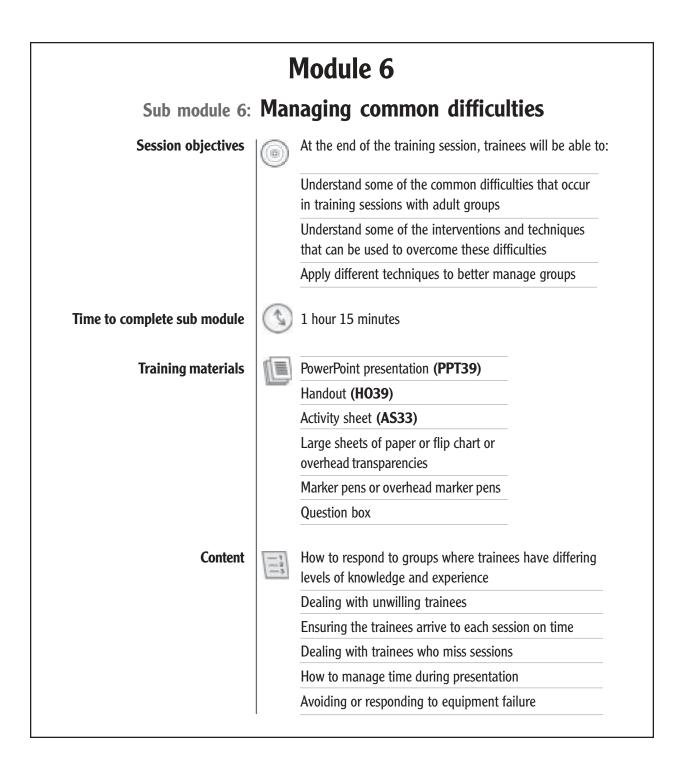 - Use a darker background to provide a good contrast to the text

- *Overhead projector:*
  - Turn it off when no transparency is being used

- *Whiteboard:*
  - Write legibly
  - Use the right type of pen
  - Cover or rub out when not in use
  - Use more than one colour
  - Finish writing and turn to face your audience before speaking

- *Flipchart:*
  - Cover pages that are not being used–prepare one blank, one written page

- *Handouts*
  - Consider the right time to give them out. If you give them out at the start of the presentation, the trainees may focus on reading the handout and not listen to your presentation. However, giving them out early can be useful for the trainees to follow rather than having to take notes

References

[1] Bandler R, Grinder J. Frogs into princes: Neuro linguistic programming, Moab, Utah: Real People Press. 1979, and Bandler R, Grinder J. Reframing: Neuro linguistic programming and the transformation of meaning. Moab, Utah. Real People Press. 1982.

[2] Kroehnert G. Basic training for trainers: A handbook for new trainers. (2nd Edition). McGraw-Hill Book Company. Sydney, Australia. 1995: 129

[3] For more information, refer to Figueroa J. Training for non-trainers: A practical guide. HRD Press: USA. 1994: 47 - 53

Module 6

Sub module 6: **Managing common difficulties**

Session objectives

At the end of the training session, trainees will be able to:

Understand some of the common difficulties that occur in training sessions with adult groups

Understand some of the interventions and techniques that can be used to overcome these difficulties

Apply different techniques to better manage groups

Time to complete sub module

1 hour 15 minutes

Training materials

PowerPoint presentation **(PPT39)**

Handout **(HO39)**

Activity sheet **(AS33)**

Large sheets of paper or flip chart or overhead transparencies

Marker pens or overhead marker pens

Question box

Content

How to respond to groups where trainees have differing levels of knowledge and experience

Dealing with unwilling trainees

Ensuring the trainees arrive to each session on time

Dealing with trainees who miss sessions

How to manage time during presentation

Avoiding or responding to equipment failure

Session instructions

1. Lecture with PowerPoint presentation **(PPT39)**—Conduct the activities as prompted within the presentation.
2. *Slide 3*: Activity – Large group brainstorm (5 minutes).
   - Asks trainees to consider "What are some common training session difficulties that trainers may encounter?" The trainer should facilitate a large group discussion by asking trainees to brainstorm what training difficulties they have encountered or that they think may occur

3. *Slide 10*: Activity – Small group activity (30 minutes)
    - Allow 30 minutes in total for this activity (15 minutes in groups to brainstorm, 15 minutes for large group feedback and discussion)
    - Ask trainees to refer to **AS33**. The trainer can refer to the copy of **AS33** provided at the end of this session plan. This copy is identical to the trainees' activity sheet and provides all instructions
        - Review the instructions with trainees
        - Assist where required
        - Keep trainees informed about how much time they have remaining and where necessary prompt groups to move onto the next part of the activity if they have little time remaining
        - At the end of the discussions ask trainees to return to the larger group. Arrange feedback from each group by the nominated spokesperson(s)
        - If necessary, the trainer can also make additional suggestions for strategies to deal with the issues
4. Summarise at the conclusion of the activity highlighting the key points of the module.
5. Ask the group if they have any questions and remind them about the "question box".

Activity (**AS33**):

Solutions for managing common training difficulties
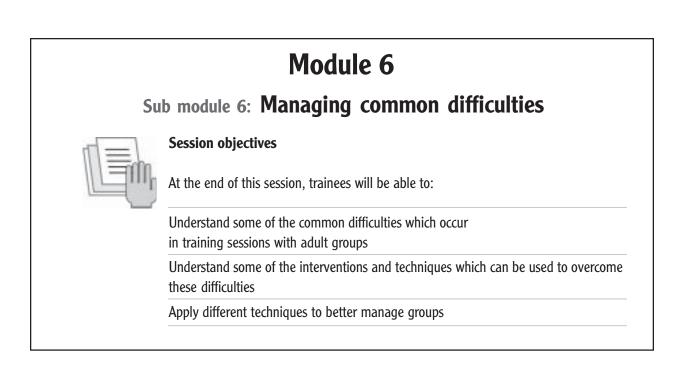Small group activity

YOUR GROUP WILL NEED:

Large sheets of paper (butcher's paper) or flip chart and marker pens
OR
Overhead transparencies and overhead marker pens

INSTRUCTIONS:
1. Nominate a scribe for the group.
2. Nominate a spokesperson(s) for the group.
3. Read the examples below of some common difficulties encountered by trainers.
4. For each problem, write down some of the solutions we came up with during the session.
5. See if you can recall other difficult situations you have encountered during training or that you think may occur. Try to suggest at least one potential solution to each of these additional problems:
    - A training group where some people have a lot of experience while others know very little about the subject you are teaching
    - A reluctant trainee – the person who has been told to attend the course by their manager but does not want to be there
    - Trainees who turn up late for several sessions
    - A trainee who misses several sessions
    - You (the trainer) run out of the allocated time for the session
    - The overhead projector does not work
    - Other examples of difficult situations

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Module 6

Sub module 6: **Managing common difficulties**

Session objectives

At the end of this session, trainees will be able to:

Understand some of the common difficulties which occur
in training sessions with adult groups

Understand some of the interventions and techniques which can be used to overcome
these difficulties

Apply different techniques to better manage groups

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Introduction

Even the most experienced trainers can face difficulties when presenting or facilitating a session with a group. It is important to be aware of the common problems and to understand how to address them. No one is a perfect trainer; we all have shortcomings, which we constantly need to be aware of when managing a session. Below are a list of the common problems and some practical responses that can be employed to get the session back on track.

Mixed group expertise (high to low experience)

For a range of reasons, a group may have different levels of knowledge and experience. This provides specific challenges for the presenter. Some of the following strategies can be effective:

1. Aim the content at "lower range" of the knowledge base amongst the trainees. Acknowledge the knowledge and experience of those in the "upper range" of the group. Involve these trainees by asking them to contribute–for example, ask them to provide examples based on their experience.
2. Split the trainees into different groups based on "ability", "knowledge" or "experience". Provide specific activities for each group and ask them to report back to the larger group.
3. Provide basic information to one group and have another group which focuses on problem solving or a case study. Then integrate groups for a further activity.

The trainee who doesn't want to be there

During the initial part of the session, the trainer will become aware that this person or persons would prefer not to be at the training session. They may indicate this by being unwilling to participate in activities, talking to others, or just generally showing disinterest. In response, the trainer can:

1. Ask the person how they feel about being present.
2. Offer them the option of leaving the training: "It is okay by me if you don't want to stay". Usually they will choose to stay.
3. Ask them what could be done to make this session relevant to their needs. You could perhaps clarify their objectives against the training and how the training can meet their needs.[1]

Punctuality

Ensuring that trainees are punctual can be challenging. Trainees arriving late for training can delay the starting time of the session or disrupt training which has already commenced. Other trainees should not be penalised because one or two people do not arrive at the correct time.

1. At the commencement of training it is important to stress the necessity of arriving on time to commence at the nominated hour.
2. Inform the trainees that you will commence the training session at the nominated time and will not wait for them to arrive before you start.
3. Establish group rules – most groups usually agree that punctuality is important. Peer group pressure can be very effective in encouraging trainees to be punctual.
4. Ensure that all group members are aware of the timetable. Ask them if they are happy with the current timetable and if there is any reason that they cannot arrive on time.
5. Stress the importance of punctuality in any promotion or invitation letters for the course.[2]

Attendance

Attendance at all the sessions and for the duration of the sessions is important. If people leave early or skip sessions, this can slow down the progress of the group as they need time to catch up. If they have been assigned into the team for group work, then the rest of their team are at a disadvantage. To help ensure full attendance at the training:

1. At the commencement of the training, inform trainees that certificates will not be provided to trainees who do not attend the whole course (unless they have a valid reason and only miss a small part of the training).
2. If a trainee misses any segment, the trainer should brief the trainee on what they have missed when they return.
3. In the event of an emergency arising so that the trainee cannot complete the course, the trainer should negotiate with the trainee to complete the missed segments at a future time and then obtain the certificate.

Running out of time

Running out of time is a very common problem. It is easy to underestimate how much time you will need to teach a specific subject. This can be especially true if there is a group activity as they frequently take longer than you expect. Also if you are passionate or especially knowledgeable about a subject you may lose track of time as you provide case studies and examples of personal experience to illustrate a point. You may also experience difficulties with time management if it is the first time you have taught the particular session or training programme. Use the following strategies to keep on time:

1. Keep an eye on the time. If there is no clock in the room, use your watch or borrow a watch from someone in the group. Refer to it regularly, although discretely. Use your session plan to tell you how much time to spend on each topic.
2. Skim topics and refer to the reading list if it is not possible to cover all the subjects left in the time available. Avoid skipping any planned activities as these are an important part of reinforcing the learning.
3. Acknowledge the problem and negotiate with the group for an extension of time, e.g. shorten the time allocated to breaks or lunch or work through part of the scheduled breaks or lunch. If you do not ask permission from the group they may get angry and anxious that you have gone over time. This may be especially the case if they are due for a break of some kind or have personal plans at the end of the day. It is also unfair to the next presenter to take time from their session without asking their permission.

4. Provide an overview of the material remaining and seek the group's clarification on what they consider to be the most important and relevant to their work, or what is required to be covered by the host organisation or professional body.
5. Offer to forward a summary of remaining material.[3]

Equipment failure

Virtually every trainer faces equipment failure at some time in their career. The more sophisticated the technology, the more likely it is to malfunction or cause difficulties. *Preparation* is the best strategy to avoid equipment failure or to overcome it.
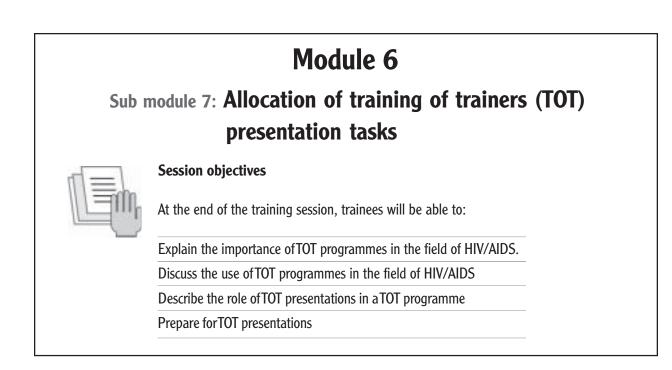
1. Check first that the equipment is working but sometimes equipment failure is unavoidable. Arrive early, familiarise yourself with the equipment, especially if you have not used it before. Check the power source.
2. Apologise and remain calm. Tell a joke and move on.
3. Use a white board to write key points from overheads.
4. If you were planning to use a video, provide an outline of video information and have group discussion.
5. If you are using a PowerPoint presentation, try to have overheads as backup and your presentation printed out as handouts that you can speak from and give copies out to trainees.
6. Know your subject so you can present without requiring equipment. A good trainer who is well prepared should be able to present without the aid of sophisticated technology.

References

1 Take-away training: Designing and delivering a training session. Ash Quarry Productions. Victoria, Australia. Video cassette.
2 Williams S, Seed J, & Mwau A. The Oxfam gender training manual. Oxfam. UK and Ireland.. 1994: 38
3 Kroehnert G. Basic training for trainers: A handbook for new trainers. (2nd Edition). McGraw-Hill Book Company. Sydney, Australia. 1995: 109

Module 6

Sub module 7: **Allocation of training of trainers (TOT) presentation tasks**

Session objectives		At the end of the training session, trainees will be able to:
		Explain the importance of TOT programmes in the field of HIV/AIDS
		Discuss the use of TOT programmes in the field of HIV/AIDS
		Describe the role of TOT presentations in a TOT programme
		Prepare for TOT presentations
Time to complete sub module		45 minutes
Training materials		PowerPoint presentation **(PPT40)**
		Handout **(HO40)**: Introduction to TOT tasks
		Handout **(HO41)**: Overview table of TOT tasks
		Question box
Content		Importance of TOT programmes for VCT
		Use of TOT programmes in the field of HIV/AIDS
		Role of TOT presentations
		TOT presentation process
		Allocation to TOT presentation teams
		Allocation to TOT presentation tasks
		Meeting fellow team members
		Familiarisation with the materials related to allocated TOT presentation tasks

Session instructions

1. Lecture with PowerPoint presentation **(PPT40)**.
2. At the conclusion of the presentation, allocate all trainees to their teams and instruct all teams to meet together.
3. Ensure all teams understand what their tasks are and when they are scheduled to present.
4. Be available while the teams meet to answer any questions and aid the teams as required.
5. Ask the group if they have any questions and remind them about the "question box".

Module 6

Sub module 7: **Allocation of training of trainers (TOT) presentation tasks**

Session objectives

At the end of the training session, trainees will be able to:

Explain the importance of TOT programmes in the field of HIV/AIDS.

Discuss the use of TOT programmes in the field of HIV/AIDS

Describe the role of TOT presentations in a TOT programme

Prepare for TOT presentations

Why are TOT programmes important for VCT?

It has been recognised that the implementation of VCT is often limited by a lack of trained personnel.[1] The adoption of a TOT programme ensures the provision of ongoing training courses for health care workers in VCT. Increased numbers of trained personnel should ideally lead to increased availability and accessibility of VCT services, which would serve to meet the community demand and aid ongoing prevention efforts.

Use of TOT programmes in the field of HIV/AIDS

As noted by Wu et al[2], TOT is relatively inexpensive and can therefore be a cost-effective strategy for disseminating information about HIV/AIDS in developing countries. The process of training individuals who, in turn, become trainers and train other individuals has been used to educate health care workers about general HIV/AIDS knowledge in Uganda[3] and in China[2]. It has also been used successfully by community-based organisations for capacity building in HIV/AIDS prevention programmes in Mexico[4].

Role of TOT presentations

To enable trainees to train other health care workers in VCT, a pivotal component of a TOT programme is for trainees to practice being trainers.

This is important as the opportunity to actually perform a task or procedure has been found to be a more effective approach for learning and skill development than multiple observations of the same task or procedure.[5] In delivering presentations, trainees have the opportunity for the implementation of knowledge and practising of skills within an artificial, yet supported and safe environment of learning. The discussion and feedback that occurs following presentations can also aid learning and skill development by allowing trainees to identify their strengths as well as areas requiring improvement.

Based on this rationale, in three to six days of the programme, all trainees will take on the role of trainer and teach one or more modules from the VCT training package, Part I.

TOT presentation process

TEAMS

Trainees will be allocated to a team that they will work with for the TOT presentations. Each team will consist of four or more members. Each team will present modules from Part I of the programme.

PREPARATION

Modules are to be presented exactly as they were taught to trainees in Part I. Minimal preparation is therefore needed – all session plans, handouts, PowerPoint presentations, case scenarios, etc, are provided in the Part I package. Preparation will simply involve reviewing these materials, becoming familiar with them, and negotiating within the team what roles and responsibilities each team member will have for each module to be presented.

All team members are expected to actively participate and take a turn as trainer. It is recommended that teams choose two key trainers for their first module and that the other team members aid them as required – facilitating groups, assisting with giving handouts/scribing/equipment, etc. Roles can then be swapped for the second module.

ASSESSMENT AND FEEDBACK

Assessment criteria will be provided so trainees are aware of how they will be evaluated. Guidelines for giving feedback will also be provided to ensure that trainees are supportive and constructive in their feedback. Thirty minutes are allowed following each TOT presentation for feedback. The idea is that the teams can consider the feedback from the first module they present in preparing and presenting their second module.

TOT task allocation

1. Team allocation – what team are you in?
2. Team tasks – what modules is your team presenting?
3. Meet your team members.
4. Begin to familiarise yourself with the materials related to your team's presentation tasks.
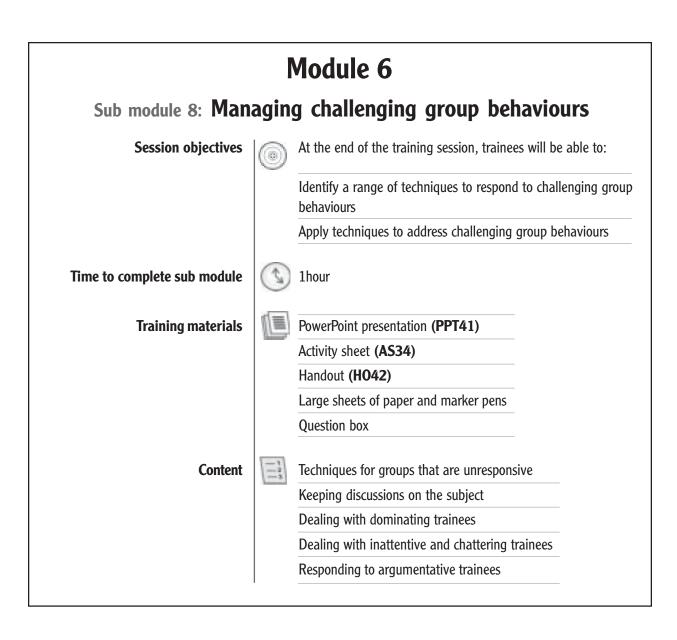5. Consider roles and responsibilities within the team.

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1. UNAIDS technical update. VCT.UNAIDS. Geneva, Switzerland. 2000
2. Wu Z, Detels R, Ji G, Xu C, Rou K, Ding H & Li V. Diffusion of HIV/AIDS knowledge, positive attitudes, and behaviours through training of health professionals in China. AIDS Education and Prevention, 2002 ;14 379-390.
3. Kagimu M, Marum E, Wabwire-Mangen F, Nakyanjo N, Walakira Y and Hogle J. Evaluation of the effectiveness of AIDS health education interventions in the Muslim community in Uganda. AIDS Education and Prevention, 1998; 10(Suppl 3): 215-228.
4. Ramos, R.L. & Ferreira-Pinto, J.B. A model for capacity-building in AIDS prevention programmes. AIDS Education and Prevention, 2002; 14: 196-206.
5. Daloz, L. Effective teaching and mentoring: Realising the transformational power of adult learning experiences. Jossey-Bass. San Francisco, USA. 1986

TOT#	TOPIC	MODULE	SESSION PLAN	HANDOUT	PPT	OTHER	TIME	TEAM
1	OVERVIEW OF HIV	Module 1 Sub module 3	SP3	HO2	PPT02	AS01	1 hour 30 mins	1
2	BEHAVIOUR CHANGE COMMUNICATION – HIV TRANSMISSION	Module 2 Sub module 4.1	SP9	N/A	PPT08	N/A	1 hour 30 mins	2
3	CLINICAL RISK ASSESSMENT	Module 2 Sub module 5.2	SP13	HO11	PPT12	AS13a	2 hours	3
4	BEHAVIOUR CHANGE COMMUNICATION – PROBLEM SOLVING	Module 2 Sub module 4.3	SP11	HO9	PPT10	AS12	1 hour 30 mins	4
5	PRE-HIV TEST COUNSELLING	Module 2 Sub module 5.3	SP14	HO12	PPT13	AS14	2 hours 30 mins	2
6	POST-HIV TEST COUNSELLING – GENERAL PRINCIPLES AND NEGATIVE RESULTS	Module 2 Sub module 6	SP17	HO15	PPT16	(AS14)	1 hour	5
7	POST HIV TEST COUNSELLING – POSITIVE RESULTS	Module 2 Sub module 6	SP17	HO15	PPT16	(AS14)	3 hours	5
8	COUNSELLOR VALUES AND ATTITUDES	Module 2 Sub module 2	SP7	HO6	PPT06	AS06, 07, 08, 09	2 hours	1
9	COUNSELLING MICROSKILLS	Module 2 Sub module 3	SP8	HO7	PPT07	AS10a, bAS11	3 hours	4
10	TARGETED VCT INTERVENTION – PMTCT	Module 3 Sub module 5	SP23	HO21	PPT22	AS20	2 hours	3

Allocation of training of trainers (TOT) presentation tasks

HANDOUT 41

Module 6

Sub module 8: **Managing challenging group behaviours**

Session objectives		At the end of the training session, trainees will be able to:
		Identify a range of techniques to respond to challenging group behaviours
		Apply techniques to address challenging group behaviours
Time to complete sub module		1hour
Training materials		PowerPoint presentation **(PPT41)**
		Activity sheet **(AS34)**
		Handout **(HO42)**
		Large sheets of paper and marker pens
		Question box
Content		Techniques for groups that are unresponsive
		Keeping discussions on the subject
		Dealing with dominating trainees
		Dealing with inattentive and chattering trainees
		Responding to argumentative trainees

Session instructions

1. Lecture with PowerPoint presentation **(PPT41)**.
2. *Slide 12*: Activity – Role-play.
   - This is a role-play exercise where trainees have an opportunity to manage difficult behaviours in a group setting
   - There are to be two role-plays—the first with topic 1 and the second with topic 2. The same instructions are to be followed for both the role plays
   - Explain to the whole group that the exercise involves the trainees to 'act out' some of the behaviours discussed in the session
   - Ask for a volunteer facilitator. Wait until someone volunteers and then you (or your co-facilitator, if you have one) can take this person out of the training room
   - Explain to this volunteer that you want them to lead a guided discussion around Topic 1. They will be referred to as the 'facilitator'. Ask them to practise the different techniques for addressing difficult behaviours

- While the 'facilitator' is still out of the room, give each trainee a copy of the activity sheet **(AS34)**. A copy is also included at the end of this session plan for the trainer. Explain to the rest of the group that when the 'facilitator' comes back you want them to act out the types of behaviour discussed today. These are as follows:
  - Argumentative – upset or disturbed by something and choosing to demonstrate this by arguing with the presenter or other members of the group
  - Unresponsive – not offering input to discussions, not volunteering to answer questions, appearing disinterested, no energy
  - Chattering – group members talking amongst themselves and having private conversations while the presenter is teaching
  - Inattentive – fidgeting, looking around the room, looking outside, playing with objects in bag, not following activities / handouts
  - Sleeping – falling asleep, closing eyes, snoring, head falling to the side, head down on the desk

  (You may be able to think of some others!)
- Ask for volunteers from the group to act out the different roles, or appoint people. Depending on the size of the group, you may need several people playing similar roles
- Bring the 'facilitator' back into the room and ask them to start their presentation. Observe them and see how effectively they are able to use the different interventions such as walking up to people, directing questions, turning away when necessary
- Let the role-play run for just a few minutes. For educational purposes, role plays should run between two and five minutes. It is <u>important</u> not to let the 'facilitator' be undermined by the behaviour of the group to the point that they lose confidence for future training
- When you call an end to the role-play, you need to "de-role". This is the process of coming out of the role and returning to the 'here and now'.[1] Ask people to stop play acting and to come back to being their "real person"
- Explain to the 'facilitator' what was happening and the different roles people in the group were playing
- Ask everybody how they felt – first the facilitator, and then the trainees
- Comment on the level of effectiveness of the 'facilitator' in using the different interventions. Did the rest of the group feel that they had an impact on the behaviour of the facilitator?

3. Repeat the role-play with Topic 2. Use the same instructions. By this stage everybody knows the mechanics of the exercise so it generally becomes easier for subsequent volunteers. Acknowledge this.
4. *Slide 13*: Cultural sensitivity and difference. Use this slide as a trigger for a brief large group discussion on how cultural differences and gender might affect the use of these interventions.
5. Ask the group if they have any questions and remind them about the "question box".

Activity (**AS34**):

Objective

This exercise is designed to give trainees an opportunity to practise some of the techniques discussed in the body of the session. At the end of the exercise trainees should have a better understanding of group dynamics and how to apply interventions to manage difficult situations.

Role-play

The principle activity in this exercise is a role-play. A role-play is a situation where participants act out different parts, taking on particular roles for a specific purpose. A role-play can be a useful training technique because it helps to involve participants in life-like situations enabling them to practise ways of relating in a safe environment with no risk of any detrimental effect on clients.[2]

The activity

There are to be two role-plays—the first with topic 1 and the second with topic 2. The same instructions are to be followed for both the role-plays.

Role-play 1

Explain to the whole group that the exercise involves participants 'acting out' some of the behaviours discussed in the session and that you will need a volunteer facilitator. Wait until someone volunteers and then you (or your co-facilitator, if you have one) can take this person out of the training room. Explain to this volunteer that you want them to lead a guided discussion around topic 1 (explained below). As a 'facilitator' they will be asked to practice the different techniques for addressing difficult behaviours.

While the 'facilitator' is still out of the room, explain to the rest of the group that when the 'facilitator' comes back you want them to act out the types of behaviour discussed today. These are as follows:

- Argumentative – upset or disturbed by something and choosing to demonstrate this by arguing with the presenter or other members of the group
- Unresponsive – not offering input to discussions, not volunteering to answer questions, appearing disinterested, no energy
- Chattering – group members talking amongst themselves and having private conversations while the presenter is teaching
- Inattentive – fidgeting, looking around the room, looking outside, playing with objects in bag, not following activities / handouts
- Sleeping – falling asleep, closing eyes, snoring, head falling to the side, head down on the desk

(You may be able to think of some others!)

Ask for volunteers from the group to act out the different roles, or appoint people. Depending on the size of the group, you may need several people playing similar roles.

Bring the 'facilitator' back into the room and ask them to start their presentation. Observe them and see how effectively they are able to use the different interventions such as walking up to people, directing questions, turning away when necessary. Let the role-play run for just a few minutes. For educational purposes, role-plays should run between two and five minutes. It is important not to let the 'facilitator' be undermined by the behaviour of the group to the point that they lose confidence for future training.

When you call an end to the role-play, you need to "de-role". This is the process of coming out of the role and returning to the here and now.[3] Ask people to stop play acting and to come back to their real selves. Explain to the 'facilitator' what was happening and the different roles people in the group were playing. Ask everybody how they felt – first the facilitator, and then the trainees. Comment on the level of effectiveness of the 'facilitator' in using the different interventions. Did the rest of the group feel that they had an impact on their behaviour?

This role-play, and role-plays in general, can be effective learning tools but as a presenter or group leader, if you are new to it, take small steps at first.

Role-play 2
The activity is to be repeated following the same instructions as in role-play 1 – but using topic 2 and assigning different people to the various roles.

The trainer will ask another person to volunteer to lead a guided discussion around topic 2 (explained below).

The role-play is to be repeated as in topic 1.

Roles will need to be assigned for group members (argumentative, unresponsive, etc). The facilitator will be required to practise the different techniques for addressing difficult behaviours.

Ensure debriefing and de-roling occur at the end of the role-play – as in role-play 1.

Topics
Topic 1
A decision has to be made as to who will get antiretroviral therapy. You have had a donor offer enough money for only two people to receive treatment. The group must come to a decision as to which of the patients should receive the treatment. All the suggestions must be supported by arguments in defence of the suggestion.

Patients
1. Old woman who cares for a disabled grandson
2. Pregnant IDU
3. Village housewife with three children
4. Husband and breadwinner, no children
5. First year medical student
6. Nurse with blood splash to the eye

Topic 2
Where both a husband and his pregnant wife are HIV positive and there is antiretroviral therapy available, the woman should be encouraged to have a termination. Do you agree or disagree? Please provide reasons for your answer.

References
[1] Nove P. Assertiveness: A training manual on assertiveness skills for community educators and health professionals. Northern Metropolitan Region of Sydney, Australia. 1984:10
[2] Nove P. Assertiveness: A training manual on assertiveness skills for community educators and health professionals. Northern Metropolitan Region of Sydney, Australia. 1984:.9
[3] Nove P. Assertiveness: A training manual on assertiveness skills for community educators and health professionals Northern Metropolitan Region of Sydney, Australia. 1984:10

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Module 6

Sub module 8: **Managing challenging group behaviours**

Session objectives

At the end of the training session, trainees will be able to:

Identify a range of techniques to respond to challenging group behaviours

Apply techniques to address challenging group behaviours

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Introduction

Groups are made up of individuals, and individuals can be unpredictable. Certain individual and group behaviours can present challenges for the trainer in facilitating and managing the group. These group behaviours may arise because of the way the training is being conducted or due to a range of reasons outside the control of the trainer, e.g. some trainees may not be attentive because their manager has forced them to attend the training and they see no benefit in attending, or they may be unhappy at their workplace and suffer from a low morale due to threats of cuts to their funding which makes them unenthusiastic about participating in the training.

There may also be cultural and gender reasons why the group presents the trainers with challenging behaviours. Differences in culture and gender can mean that people behave, interact and communicate in different ways.[1] It is important for the trainer to be aware of cultural differences which might impact on how a group behaves. For example, trainees may not feel comfortable asking their teacher or trainer challenging questions as this may indicate a lack of respect in their culture[2]; some trainees may not feel comfortable participating in group discussions if people who are given a higher social status in their culture are also present (such as people who are more senior, older or a different gender).

Many of the difficulties which arise in group presentations can be dealt with using common adult education techniques. Some suggested strategies are discussed below for some of the more common challenging group behaviours that trainers may encounter. However, it is important to select techniques that are culturally appropriate.

People don't respond to call for feedback or questions after a focal activity
(e.g. after watching a video)

What you can try:
1. *Open and closed questions:* Try using open questions which are much more likely to get a response. The difference between closed and open questions is illustrated below.

    Closed: "Any questions? Any points people want to raise?"
    Open: "What are some of the key points raised by the video?"
            "What did you like about the video?"

The difference between open and closed questions is quite clear. Closed questions discourage responses because they are too broad and have no point of entry for the trainees. Open questions encourage trainees to respond to a specific issue.

2. *Using silence:* What happens if you use open questions and there is silence? Silence can add pressure to an effective end! **Use silence** to create a group willingness to respond – eventually someone will speak. Answering your own questions because of group unwillingness could convey anxiety or need to control the group.[3]

The discussion gets out of control or off the subject

What you can try:

1. *Set the discussion up with clear guidelines and parameters.* Make the question for discussion clear and encourage trainees to stay on subject. This can be difficult if discussing sensitive or moral issues, which is often the case in HIV/AIDS and sexual health.
2. *Ask particular people within a group who have 'special' experience to contribute.* If there is someone in the group who you know is particularly knowledgeable about the topic, ask them to contribute. If time is an issue, remind them to be brief (or if you have experience that this person likes to talk a lot).
3. *Gate keep!* Ensure a reasonable level of discussion by all. A common misconception is that "I'll come across as rude if I control the group" (Video tape your sessions and observe your gate keeping skills).[4]

Dominating trainees

What you can try:

1. *Be respectful and courteous.* Trainees are unlikely to respond if you are angry or aggressive. Be assertive and confident in your manner.
2. *Verbal responses.* You can try a range of verbal strategies. For example, "Thank you very much, however I would now like to hear what person X (use name) has to say on this topic." Do not say "Why don't we come back to this later" if you do not intend to return to it.
3. *Non-verbal responses.* Orientate your body away from the dominating trainee so you disengage from eye contact and your body language discourages them from continuing to speak. Combine this with a verbal response, such as inviting another trainee to contribute.

The unresponsive group

Some groups are naturally talkative and 'easy' to work with. Others are unresponsive and may require you to call on additional techniques to engage them.

What you can try:

1. *Use silence to pressure the group.* Ask a question of the group that you know someone will know the answer to and wait for an answer. Do not answer it yourself but remain silent. Eventually someone will respond (in most cases!).
2. *Identify* one or two people to say something.
3. *Be controversial or challenging.* Used carefully, this can get a group going. In HIV/AIDS and sexual health there are usually lots of controversial issues so finding something which challenges the group at some level should not be too difficult.

4. *Ask for feedback.* Such as "I'm sensing that there is not a lot of interest in this subject." Or "I'm sensing that you feel that this subject is not relevant to you."
5. *Introduce an activity*, something to energise the group and get them to respond, either as a whole or in small groups.

Someone sleeping or inattentive

What you can try:
1. *Walk near the person,* while talking to the group. Do not single them out by looking directly at them! Stand next to them for a while without necessarily looking at them or drawing any other attention to them.
2. *Throw a question* to the inattentive person – but remember to 'save face'. Ask a question which they are likely to know the answer to, or provide a quick summary of the current issue and then ask the question.
3. DO NOT say "…while you were asleep", rather say "let me explain where we are up to."

The chatterers (people talking amongst themselves)
1. *Walk over to the chatterers* while continuing to address the whole group. Your close proximity will discourage them from chatting.
2. *Direct questions at them*, noting the above points on 'saving face'.
3. *'Gate keep'.* For example, "I'm having difficulty hearing what this person (use name) is saying" (wait for silence), "could you continue please".
4. If all else fails, *have a discreet chat* with the individuals concerned during the break, away from the other trainees.[5]

The argumentative trainee
Some trainees may be argumentative. They may be genuinely upset or disturbed by something and choose to demonstrate this by arguing with the presenter or other members of the group.

What you can try:
1. *Don't get 'hooked' into the power struggle.* It is not your function as the trainer to 'win' the argument, even though you might strongly disagree with the person's opinion or views. The more you assert your opinion in response to theirs, the more likely they are to stop listening to you.
2. *Don't use personal attacks.* In challenging the argumentative trainee, do not use personal attacks which tend to make people defensive and undermines your credibility as a facilitator.[6]
3. *Use assertive communication.* 'I can see how you would think that, however…', 'some people feel that', 'there is a range of opinions on this subject'.[7]
4. *Redirect discussion to other group trainees.* Ask if anyone else has a different opinion in the group.[8]
5. *Use direct, calm and assertive body language*.

References

1   Lustig M, Koester J. Intercultural competence:Interpersonal communication across cultures. Harper Collins College Publishers. New York, USA. 1993: 43-44

2   Irwin H. Communicating with Asia: Understanding people and customs. Allen and Unwin. Australia. 1996: 34

3   Kroehnert G. Basic training for trainers: A handbook for new trainers. (2nd Edition). McGraw-Hill Book Company. Sydney, Australia. 1995: 109

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5   Kroehnert, G. 1995. Basic training for trainers: A handbook for new trainers. (2nd Edition). McGraw-Hill Book Company. Sydney, Australia. 1995: : 109

6   Williams S, Seed J, & Mwau A. The Oxfam gender training manual. Oxfam. UK and Ireland. 1994: 32

7   Williams S, Seed J, & Mwau A. The Oxfam gender training manual. Oxfam. UK and Ireland. 1994: 32

8   Williams S, Seed J, & Mwau A. The Oxfam gender training manual. Oxfam. UK and Ireland. 1994: 32

Module 6

Sub module 9: Managing distress reactions to sensitive issues

Session objectives		At the end of the training session, trainees will be able to:
		Identify possible triggers for a distress reaction in a trainee during training
		Apply strategies for responding to a distress reaction in a trainee during training
Time to complete sub module		30 minutes
Training materials		PowerPoint presentation **(PPT42)**
		Handout **(HO43)**
		Question box
Content		Possible triggers for a distress reaction
		Strategies for managing a distress reaction – prior to the training, at the commencement of the training, during the training, after the training
		Helpful hints and cautions

Session instructions

1. Lecture with PowerPoint presentation **(PPT42)**.
2. There are three large group activities integrated into the lecture—slide 3, slide 8 and slide 16. Conduct these activities as they appear within the presentation.
3. *Activity:* Brainstorm.
    - *Slide 3* asks the trainees to "consider the VCT training programme. What may be some possible triggers for a trainee becoming distressed? Brainstorm as many triggers as possible"
    - Brainstorm as many triggers as possible
4. Follow this activity with the lecture by reviewing the possible triggers and ensuring that the group has discussed many of those listed. Talk in more detail about those issues that have not been raised by the group.
5. *Activity:* Brainstorm.
    - *Slide 8* asks the trainees to "brainstorm the options that may be available to trainees should they become distressed during the training, e.g. referral to local services, reading material, after-hours contact phone numbers, approaching trainers, and talking to peers, managers or supervisors

- Give positive feedback for the responses provided. The trainer should add any other options they think are relevant and important to mention

6. *Activity:* Brainstorm.
   - *Slide 16* asks the trainees, "What strategies could you use to ensure self-care? Brainstorm strategies you can use: (a) at work and (b) in your personal time"
   - Brainstorm as many strategies as possible

7. Ask the group if they have any questions and remind them about the "question box".

Module 6

Sub module 9: **Managing distress reactions to sensitive issues**

Session objectives

At the end of the training session, trainees will be able to:

Identify possible triggers for a distress reaction in a trainee during training

Apply strategies for responding to a distress reaction in a trainee during training

Introduction

This module focuses on the management of distress reactions in trainees. When conducting VCT training, many sensitive issues are addressed. These include sex, sexuality, drug use, disease, death and dying. At times, trainers may experience that one or more trainees become distressed at some point in the training programme. It is important to be aware of what may trigger a distress reaction in trainees and to have some strategies for managing such reactions.

Possible triggers for a distress reaction

- Being HIV positive
- Knowing someone who is HIV positive
- Concern about other trainees discovering an HIV-positive trainee's status – fear of possible rejection and discrimination
- Concern about uncertainty of own HIV status – improved knowledge can lead to concern about personal HIV status or the HIV status of near ones, e.g. partners, children, friends
- Issues raised by the programme content, e.g. sex, drug use, sexuality, disease, death, dying
- Having a personal or professional experience relating to the training module being taught, e.g. suicide risk assessment and management
- Specific activities, e.g. imagining receiving an HIV positive result, role-playing difficult case studies
- Exposure to PLWHA, e.g. listening to an HIV-positive speaker, watching a video, listening to audiotape, reading a personal disclosure
- Unrelated factors occurring outside of the training, e.g. problems at home, ill health

Strategies for managing a distress reaction

Prior to the training

1. Plan your training and be well prepared. Careful preparation assists in the avoidance of difficult situations and tends to settle the nerves of the trainer.[1]
2. Anticipate possible distress reactions – be aware of the possible triggers.
3. Have a plan for managing distress reactions in trainees. Discuss this plan with co-trainers and facilitators.

4. Prepare a comprehensive referral list that can be given to trainees who may need to explore and address issues or concerns raised by the training.

At the commencement of the training

1. Establish your credibility.
2. Build a rapport with the trainees.
3. As part of your introduction and general housekeeping session, acknowledge the possibility of trainees being HIV positive themselves or of knowing people who are HIV positive.
4. Acknowledge the likelihood that the training course may raise personal issues or concerns for trainees. State that this is something that regularly occurs during this training programme.
5. Outline the options available should personal issues or concerns be raised. These may include referral to local services, reading material, after-hours contact phone numbers, approaching trainers, and talking to peers/managers/supervisors.

During the training

1. Use co-trainers and facilitators to assist in dealing with upset trainees. In general, if a trainee becomes distressed and the trainer is conducting a session or activity, co-trainers and facilitators should manage the situation in the first instance.
2. If a trainee remains distressed after being assisted by a co-trainer or facilitator, the trainer can follow up in the next break or at the end of the training day.
3. If a trainee is visibly distressed during a session:
    *   Acknowledge their distress, encourage them to stay, but also offer them permission to leave if necessary
    *   If they remain in the session, approach them at the next break to acknowledge their earlier distress, check how they are now feeling and offer any required assistance
    *   If they leave the session, a co-trainer or facilitator should follow them to acknowledge their distress, ask them how they are feeling and offer any required assistance
4. In cases of extreme distress utilise a problem-solving skills approach (See Part I - Module 2 Sub module 4.3 on problem solving for further detail).

Review of the steps of problem solving:[2]
    a. Describe the problem.
    b. Brainstorm options.
    c. Critically evaluate the options (advantages and disadvantages).
    d. Choice of an option.
    e. Develop a plan of action for the chosen option.
    f. Facilitate the development of skills and strategies – in the context of assisting a trainee in distress, this will most likely require the trainer to assist with appropriate referrals.

After the training

1. Remind trainees of the options for information and/or support if the training has raised any issues or concerns.
2. Acknowledge that issues or concerns may be raised in the near future as they consolidate learning and apply new knowledge and skills in the workplace.
3. Emphasise the responsibility each trainee has to regularly address personal issues or concerns. This is important in ensuring they provide an ethical, appropriate and professional service to their clients.

Helpful hints and cautions

- Have tissues available
- Remain calm – this will help to avoid escalation of any distress
- Be professional in your response and remain objective
- Be confident – this will help to reassure the trainee of your ability to assist them
- Remember your counselling microskills (listening, questioning, non-verbal communication)
- Appropriate self-disclosure – this means the right kind and the right amount at the right time.[3] Any self-disclosure should be suitable to the training content and the trainees being taught. It should be applicable to the goals and objectives of the training. In general, self-disclosure in training situations should be limited. If in doubt, do not self-disclose
- Boundaries/clear roles – remain aware that your role is to train the trainees in VCT. It is not your role to offer them therapy or ongoing counselling. If necessary, be direct with trainees about your role and the limitations within your role, including time restrictions and the possible need to refer
- Self-care – have some strategies to look after yourself during and following training programmes. Being a trainer can sometimes be a stressful experience. Self-care may include work-related strategies such as debriefing, supervision, ongoing education and professional development, etc. It may also include personal strategies such as relaxation, physical exercise, diet, etc.
- Referral is essential for issues not immediately resolved for trainees – offer the trainee options for referral that are appropriate to their issue(s) or concern(s)

References

1   Kroehnert G. Basic training for trainers: A handbook for new trainers. (2nd Edition). McGraw-Hill Book Company. Sydney, Australia. 1995
2   WHO Collaborating Centre for Mental Health and Substance Abuse. Management of Mental Disorders (2nd Edition), Volume 1. Wild and Woolley Pvt. Ltd. Sydney, Australia. 1997
3   Egan G. You and me: The skills of communicating and relating to others. Brooks/Cole Publishing Company. California, USA. 1977

Module 6

Sub module 10: **Evaluating training**

Session objectives		At the end of the training session, trainees will be able to:
		Identify evaluation stakeholders
		Explain the importance of evaluating training
		Contribute to the design of a comprehensive training evaluation
Time to complete sub module		45 minutes
Training materials		PowerPoint presentation **(PPT43)**
		Handout **(HO44)**
		Question box
Content		Who benefits from evaluating training?
		What can be measured through evaluation?
		What is done with the results of evaluation?
		Data collection techniques
		Common tools and methodologies used in evaluating training
		Analysing evaluation results
		Interpreting a poor evaluation result

Session instructions

1. Lecture with PowerPoint presentation **(PPT43)**.
2. *Slide 24*: Activity.
   Ask the trainees to refer to the pre- and post-course knowledge test in the evaluation section of Part I of the trainer's manual. In a large group, ask the trainees to review and discuss the form based on what they have learnt from the lecture. When they review the pre- and post-course knowledge test, ask them to discuss:
   - How can the test be used to find out whether there has been a change in the trainees' knowledge?
   - Are quantitative or quantitative methods being used?
   - What are some examples of other questions that could be included in the test?

3. *Slide 25*: Activity.

Ask the trainees to refer to the evaluation form in the evaluation section of Part I of the trainer's manual. In a large group, ask the trainees to review and discuss the form based on what they have learnt from the lecture. Ask them to discuss:

- How can the form help the trainer to know whether the training met its objectives?
- What aspects of the training will the trainer receive feedback about? For example, will the responses inform the trainer about the trainees' perceptions about the training content, method, style etc?
- Are quantitative or quantitative methods being used?
- What are some examples of other questions that could be included in the test?

4. Ask the group if they have any questions and remind them about the "question box".

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Module 6

Sub module 10: **Evaluating training**

Session objectives

At the end of the training session, trainees will be able to:

Identify evaluation stakeholders

Explain the importance of evaluating training

Contribute to the design of a comprehensive training evaluation

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Introduction

"Evaluation is the systematic collection of information of various kinds needed to make training effective."[1] In more general terms, evaluation is a measure of the effectiveness, efficiency and acceptability of a planned intervention in achieving its stated objectives.

There are many stakeholders involved in conducting training courses. Besides the trainer and the trainees, other stakeholders may include the training institution and the organisation for which the training is being conducted. Different stakeholders may have different expectations of the training and expect different outcomes. It is important to speak with different stakeholders in order to understand what information they require about the training. The person undertaking the evaluation can then develop the appropriate tools and methods to collect information about the extent to which training outcomes and stakeholder expectations have been met. This information can then be fed back to stakeholders through the training report.

What are the benefits from evaluating training?[1]

Evaluating aspects of training can be beneficial for all stakeholders. Possible benefits may include:

1. *For trainers*:
    - Information on how to improve the training
    - Information on how to improve training style and skills

2. *For trainees*:
    - Assessment of whether they have achieved their learning goals
    - Consideration of how to apply knowledge and skills learned to their work
    - Decisions about whether training has been a worthwhile investment of time, effort and/or money

3. *For contractors/sponsors*:
    - Information on the extent to which their investment in terms of time and money spent on the training was worthwhile

- Information about what staff are capable of; including limitations and readiness for new responsibilities

What can be measured in an evaluation?[2]

Goals
Evaluation can tell us about the appropriateness of the goals or learning objectives of the training. It can also provide information on how well the training met the identified goals or learning objectives.

Inputs
Evaluation can provide us with information about:
- Training tools:
  - Was the course content pitched at the appropriate level for the trainees?
  - Were the handouts easy to understand?
  - Was appropriate audio-visual equipment used?
  - Was the audio-visual equipment working?
- Training environment:
  - Were training facilities adequate? e.g. room size, ventilation, temperature, refreshments, audibility.

Processes
Evaluation can tell us about the quality of the training, including;
- Training framework:
  - Was the training too long or short?
  - Were there enough breaks?
  - Were the sessions in logical sequence?
- Training techniques:
  - Was there a variety of techniques used, e.g. group work, role-plays, games, exercises, didactic teaching?
  - Which techniques worked best?
- Trainer's style:
  - Did the trainer have good teaching skills, i.e. did they maintain interest of the group, use a variety of teaching techniques, facilitate discussions, create a supportive environment for trainees?
  - Was the trainer friendly, personable and approachable?
  - Did the trainer know the material? For example, could they answer questions about the material confidently?

Output
Evaluating outputs can tell us about the immediate benefits of training, including;
- Change in trainee knowledge:
  - Trainers need to be sure that trainees have understood the course content.
- Trainee satisfaction:
  - Did the course meet trainee expectations?
  - What did they like about the course and what didn't they like?

Outcomes

Evaluating outcomes can be difficult as it has to occur some time after the course to assess what trainees have changed or implemented in their practice as a result of the training. Independent observation of trainees is the best, impartial, method of assessment. Outcome evaluation is important as it tells us whether course objectives have been met. It can also help us to identify what the barriers may be to implementing what has been learned through the course.

What do we do with the results?[3]

Based on evaluation findings trainers can modify aspects of the training to make improvements so that future courses may better meet the trainee expectations or training objectives.

How do we collect the data?[4]

There are two main techniques used in any evaluation:

1. *Qualitative techniques:* concerned with the collection of descriptive data. This allows trainers to look for more in-depth information about particular aspects of training. Tools for collecting qualitative data include, reflective diary (e.g. used in self-assessment); using evaluation forms with open-ended questions; notes from open discussions with peers or trainees. Qualitative techniques can help answer questions such as why, how, etc.[5, 6]

   - *Advantages:* Qualitative data can be used to assess training processes, outputs and outcomes. They are more likely to provide an overall picture of the perceptions of training and are also more likely to elicit positive responses
   - *Disadvantages:* Qualitative techniques take longer to complete and require more thought on behalf of the trainee. Analysing qualitative data can be time-consuming and the results may not always be seen as rigorous or "scientific" enough by some stakeholders

2. *Quantitative techniques*: concerned with collecting measurable data. Quantitative techniques can help answer questions such as how much, to what degree, etc. Tools for collecting quantitative data include checklists and evaluation forms using yes/no answers or a choice of pre-set answers that are assigned values. These can then be scored to allow comparison over time or between trainers or training sessions.

   - *Advantages:* Quantitative surveys are relatively cheap to conduct; they are quick and easy to complete and to score
   - *Disadvantages:* In order to make comparisons an understanding of some basic statistical techniques is required; in some instances these might require statistical software packages. To undertake analysis by hand can require a significant amount of time and a calculator

A mix of qualitative and quantitative techniques is thought to be the best way of achieving a thorough evaluation. Collecting information from more than one source, e.g. trainees and peers, can help support the evaluation findings.

What tools and methods can be used to evaluate training?

A number of tools and methods can be used to evaluate training. These include evaluation by:

1. Trainer:
   a. Pre-training evaluation using a checklist to assess readiness for training, e.g. checking that necessary equipment, materials and tools are prepared (quantitative)
   b. Reflective journal or self-assessment diary (qualitative)

    c. Having the training session videotaped or audiotaped for self-assessment using a checklist or informal feedback (quantitative and qualitative)

2. Trainees:
    a. Training evaluation form, mostly used for assessing processes used in the training (quantitative and qualitative)
    b. Trainee pre- and post-course knowledge tests
    c. Assignments or 'homework'
    d. Discussion questions at the end of the session to assess level of knowledge and understanding
    e. Problem solving a case study using information previously discussed
    f. Skill testing through role-play

3. Peers:
    a. Training evaluation form (quantitative and qualitative)
    b. Observation of training and collection of data using training skills checklist (See appendix 1) (quantitative and qualitative) or post-training discussions (qualitative)
    c. Observation of training through videotape, assessment as above

4. External evaluator (use of training consultants to review objectives, curriculum and evaluation documents):
    a. Observation of training and collection of data using training skills checklist (See appendix 1) (quantitative and qualitative)
    b. Post-course informal discussions with stakeholders (qualitative)
    c. Short and long-term follow-up of trainees and/or trainers, e.g. interviews and postal questionnaires

Further information on evaluation tools [3,4,7]

Self-assessment (reflective) diary or journal: This is a diary in which information is recorded. A trainer may use the journal to record their impressions or thoughts about how training was carried out or about problems encountered in the training session. This can be used as a self-assessment tool so that trainers can identify where they might be able to improve their technique or training methods. Trainees may also record information in a journal about what they have been able to change in their practice as a result of the training. A reflective learning journal can be a good tool for evaluating **outcomes** of training (See Appendix 2), although the results of self-evaluation are subjective.

Peer assessment: Other trainers can 'sit-in' on a training session to observe the trainer at work. They can evaluate the skills and knowledge of the trainer against set criteria (See Appendix 1), which can then be scored and quantitatively compared to other trainers, or they can qualitatively record information about the trainer for informal feedback with the trainer. Peer assessment is a valuable method for assessing **inputs, processes and outputs** of training. It is also a more objective method of evaluation.

Pre- and post-course knowledge tests: A short questionnaire is developed about the course content. It can contain qualitative questions (open-ended) or quantitative questions (yes/no, multiple choice, etc). A range of different question types allows the collection of a range of data, (For information on question formatting please refer to Part I, Module 5, Sub module 7). The test is administered at the beginning of the training and then again at the end of the training. Results are then compared to see if there has been any improvement in knowledge as a result of the training. A pre-course questionnaire can also provide information about the baseline level of knowledge of the trainees so that trainers can

assess whether the content is pitched at the right level. Pre- and post-course knowledge tests are a good tool for evaluating training **outputs** (See Appendix 3 for an example).

Evaluation forms: Evaluation forms can be used to evaluate trainees' perceptions of all aspects of training, from an individual training session to a whole course or programme. Short questionnaires can be developed using a mix of qualitative and quantitative questions, so that a clear picture of trainees' views of training **inputs and processes** can be gained. Evaluation forms can tell us to what degree the trainees felt their training needs were met by the course. For an example of a training session evaluation form, refer to the ones provided in this manual. A list of possible questions to include in the form is also provided in Appendix 4.

Follow-up questionnaires: Short questionnaires can be developed and sent out to trainees up to six months after the training. Trainees may be asked about the degree to which they have been able to implement the skills and knowledge gained through the course and to identify barriers they have experienced in their implementation. These questionnaires are a good method of assessing training outcomes, although there may not be many trainees who complete and return the questionnaires.

Analysing evaluation results[3, 4]

Qualitative analysis

For each qualitative question collect all the answers from each trainee. Review these answers and identify themes amongst the responses. Identify the most frequently mentioned points. Summarise the main responses for each question and add in any other supporting information, contextual information or observations that may help to explain or support the findings of the analysis. Qualitative analysis can be time-consuming but may provide rich and in-depth information.

Quantitative analysis

Quantitative questions must first be marked—a score is assigned for each possible response, e.g. a 'yes' response might be allocated a score of one (1) and a 'no' response allocated a score of two (2). The correct response to a multiple-choice question might be allocated a score of one (1) and incorrect response a zero score. For "Likert"-type questions that provide a range of possible responses (e.g. from 'a little' to 'a lot'), each possible response is allocated a score, e.g. from 1-4, with the most positive response having the highest score. All the scores from a trainee's questionnaire are added to give a total for that trainee. In some instances the trainee is given a code number, e.g. when marking pre- and post-course tests. Group means (or averages) can then also be compared before and after training. For those who have access to statistical packages, a paired t-test may be used to identify areas where statistically significant changes have occurred.[8]

Interpreting a poor evaluation result

When a training session is evaluated poorly, it is important for the trainer to analyse the results to understand whether the training needs to be improved or whether the result reflects other events that have impacted on the training but are outside the control of the trainer.

The trainer should not be disheartened at critical comments made in evaluations. In some evaluation forms there are specific questions relating to what the trainees felt could have been done better. Even the most experienced trainers can get critical comments. These should not be taken personally and should be seen as an opportunity to improve the course. Based on comments in the evaluation

forms, the trainer should try to identify the specific areas of the training that require changing and develop strategies to improve these aspects. Peers can be asked to provide feedback on how they feel the session could be improved. Training is a skill that can improve with experience, feedback and adaptation.

The trainer should also think about whether the poor evaluation result is due to other factors outside of their influence. There are many factors that can affect how people perceive the training course which are not just due to the trainer. Some examples include trainees who may have been forced to attend a course by their manager, rather than wanting to be there; trainees who are distracted because they are stressed by the amount of work which they will have to do when they return to their workplace; trainees who may be facing difficult personal circumstances which make it hard for them to concentrate on the training. These can all contribute to a poor evaluation. So the result does not reflect an assessment of how the trainer has delivered the course.

References

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2   Cranfield S, Dixon A. Evaluation in Drug training, HIV and AIDS in the 1990s: A guide for training professionals. Health Education Authority. London, UK. 1990
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6   Conrad P & Reinharz S. Handbook of qualitative research-review. Qualitative Sociology 1995. 18: 499-504
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Appendix 1:   Direct observation: Training skills checklist

Date:

Session name:

Presenter's name:

☐   Session/course plan prepared

☐   Topic introduced and outline provided of rationale, aims, objectives and content

☐   Teaching resources set up and ready at the start of the presentation

☐   Use of pre- and post-training test measures to assess change in trainees' knowledge (where appropriate)

☐   Use of variety of teaching aids

☐   Encouragement of audience participation

☐   Use of non-verbal communication skills (eye contact maintained with the group, body language, voice projection)

☐   Responded to questions

☐   Presented content in a logical sequence

☐   Attempted to link material by way of examples

_____

_____

☐   Maintained interest of the group

_____

_____

☐   Coordinated activities appropriately

_____

_____

☐   Encouraged all members to participate

_____

_____

☐   Provided adequate feedback

_____

_____

☐   Session well timed/paced

_____

_____

☐   Allowed for pause time between sessions

_____

_____

☐   Objectives of the session were met

_____

_____

☐   Evaluation conducted and documented

_____

_____

Notes:

_____

_____

_____

_____

Appendix 2: Self-assessment sheet for (reflective) diary or journal[1]

Ask yourself the following questions at the end of the teaching/training session and enter the answers into the reflective leaning journal. Can you identify areas for improvement? What will you do differently next time?

- Did I follow the four-step plan in preparation for my session by:
  - Assessing
  - Planning
  - Implementing
  - Evaluating

- Did I introduce the topic for discussion and outline rationale, aims, objectives and content?

- Did I use teaching aids correctly?

- Did I maintain eye contact with groups at all times?

- Was I enthusiastic?

- Did I smile?

- Did I respond to questions with warmth and enthusiasm?

- Did I present the content in a logical sequence?

- Did I attempt to link material by way of examples?

- Did I use the appropriate language level?

- Did I maintain the interest of the group?

- Did I coordinate the activities appropriately?

- Did I encourage all members to participate?

- Did I involve all group members?

- Was I sensitive to everybody's needs?

- Did I use variety in my presentation?

- Did I provide adequate feedback?

- Did I meet the objectives of my session?

- Was the evaluation material I used appropriate for this group?

- Was my session well timed?

- Did I allow for pause time between questions?

- Was the method of presentation appropriate?

- Did I meet the learning needs of the group?

- What could I have done better?

Appendix 3: Pre- and post-course knowledge questionnaire

Code number: …………………

<div style="border:1px solid #000; background:#ddd; padding:8px;">**Score**</div>

1. List the three routes of HIV transmission.

> 1.
>
> 2.
>
> 3.

2. List three ways HIV is *not* transmitted.

> 1.
>
> 2.
>
> 3.

3. What do we call the period between when a person becomes infected with HIV and when it is possible to detect HIV antibodies?

4. A person can transmit HIV to someone else as soon as they become infected.

> True/ False (underline correct response)

5. What are the two ways to test for the presence of HIV in a person?

> 1.
>
> 2.

6. All babies born to HIV-positive mothers will test positive for HIV antibodies at birth.

> True/ False

7. Give three reasons why HIV counselling is important.

> 1.
>
> 2.
>
> 3.

Appendix 4: Teaching session evaluation form[2]

Here are some possible questions you could include in the evaluation form to ask about your session. It is suggested you select what you need and develop a questionnaire based on the nature of the teaching session concerned.

- Did this session meet your expectations? If not, why not?
- Can you make any suggestions for improvement that would meet your expectations?
- How did you feel about this session?
- Explain more about what led you to feel this way?
- Were there times when you wanted to participate but didn't?
- What helped you to participate?
- What hindered you from being more active?
- What were the strong points of this session?
- What were the weak points of this session?
- How could the next session be improved?
- Were the objectives of this session met?
- What new information have you learned?
- What attitudes or values have you examined or defined?
- What behaviours will you change as a result of this session?
- What have you learned from this session that you can apply to your work situation and/or life situations?
- Were the sessions too long, too short or just right?
- Was the information given appropriate to your learning needs? If not, what information do you need?
- Was there information you should have known prior to this session? If so, what information specifically?
- Was there appropriate use of teaching aids?
- Was the presentation of information appropriate? If not, why not? Can you make any suggestions?
- Was the language used appropriate to your level of understanding? If not, why not?
- Was the timing of the session appropriate for you?
- Was the environment comfortable for you?
- Was the venue suitable for you?
- Did the trainer speak audibly and clearly?
- Any other comments?
- Were you able to obtain assistance when you needed it?

---

[1] Reproduced from Berenger S (ed). HIV and AIDS: Health care worker education kit. AIDS Bureau, NSW Health Department, Australia. 1992: 100 - 101
[2] Reproduced from Berenger S (ed). HIV and AIDS: Health care worker education kit. AIDS Bureau, NSW Health Department, Australia. 1992: 102 - 105

Module 6

Sub module 11: **Reporting on training activities**

Session objectives		At the end of the training session, trainees will be able to:
		Demonstrate an understanding of how to present information about training that has been conducted
		Demonstrate an understanding of the importance of disseminating evaluation results to stakeholders
Time to complete sub module		45 minutes
Training materials		PowerPoint presentation **(PPT44)**
		Handout **(HO45)**
		Question box
Content		General information on how to write a training report
		Essential information to include in a training report
		A sample training report

Session instructions

1. Lecture with PowerPoint presentation (**PPT44**).
2. Ask the trainees to review the sample training report attached in **HO45**.
3. Ask the group if they have any questions and remind them about the "question box".

<div style="border: 1px solid black; padding: 20px;">

Module 6

Sub module 11: **Reporting on training activities***

Session objectives

At the end of the training session, trainees will be able to:

Demonstrate an understanding of how to present information about training that has been conducted

Demonstrate an understanding of the importance of disseminating evaluation results to stakeholders

</div>

Introduction

Appendix 1 is a hypothetical example of a training report – it is <u>not</u> an actual report. It should be read in conjunction with the handout, so that trainees can gain a complete picture of the requirements of a training report. However, this is just an example and reporting requirements may differ between organisations and for different types of training.

As mentioned in Module 6, sub module 10, *Evaluating Training*, before an evaluation has taken place there should be discussions with stakeholders to assess their information needs. The evaluation should be conducted with these needs in mind and the training report should be written in a manner that is comprehensible to the stakeholder and presents the information they require clearly and effectively. A good training report can also be used as a tool for gaining future support for changes to the training, e.g. increased budget for better venue. Once the trainer knows what changes are required, based on the evaluation findings, then they can gauge how best to present this information so that suggestions and recommendations receive the support they require.

When writing a report it is important to:
● Keep it as short as possible
● Plan the contents carefully so it is easy to read and understand
● Create a 'presence' for it. Present the report yourself and be sure to follow up with stakeholders once they have had time to read the report

The language used in the report should be simple and if any technical terms or "jargon" are mentioned then their meanings should be explained. Additionally, any acronyms should be written out in full the first time they are used, with the acronym given afterwards in brackets, e.g. human immunodeficiency virus (HIV). Make sure the style, formatting and tense are consistent throughout the document.

---

* Information for this session has been adapted from references provided in the references list at the end of this handout.

Vary the layout of the report. Intersperse pictures, graphs or tables where appropriate. Include trainee comments in the report to highlight outcomes or to add weight to conclusions and recommendations, e.g. "It would be good to include a visit from an HIV-positive person in the training so I can understand more about them", "The training was helpful in increasing my knowledge and skills", "I will be able to more effectively counsel people with HIV after attending this training".

Once the report has been drafted check the spelling and grammar, then ask a colleague to proofread the report and provide comments.

Cover page

A cover page can make a training report look more professional. It should include the name of the organisation conducting the training; the full name of the training course, with any acronyms given in brackets. Logos of sponsors should be included along with logos of the training organisation. The name of the person(s) writing the report should also be included if this person is someone other than the primary course facilitator. Using colour in the cover page or even a photograph or illustration can make the report look more interesting.

Table of contents

A table of contents with page numbers allows stakeholders reading the report to find the information they are most interested in quickly and easily. It also provides a quick reference to the overall content and length of the report.

Acknowledgements

If appropriate, the author should extend thanks to those who helped to conduct the training or the evaluation of the training.

Executive summary

This section should include a short summary of the key points and descriptions that have been outlined under the headings in the main report. The following headings could be used as a basis: Activity, Evaluation, Constraints, Lessons learned, and Recommendations.

Training goals and objectives

Name of training course:
Give the full name of the training course (with any abbreviations given in brackets), the name of the organisation conducting the training and the name of the funding organisations or sponsors.

Some introductory information can be included in this section, such as the reasons why training was conducted and other contextual information. This can include who has compiled the report, if a number of people were involved, and who the report is written for.

Training goals:
Outline the main goals or aims of the course.

Training objectives:
These can be itemised in bullet points or simply written in a paragraph.

Implementation of training

Timeframe:
Outline the duration of the training programme or session, the dates that the training was conducted and indicate whether training days were full days or half days.

Venue:
Provide information about the venue where the training was conducted. This may be important information if evaluation results indicate that the facilities were not suitable for the training.

Trainers:
A short background description should be given of the primary trainers, their experience, their positions and place of employment. If there were many trainers then this information may best be included as a table and included in an appendix. If appropriate the sessions led by each trainer should also be included. In many cases this information is contained in the course programme and this document can be referred to.

Trainees:
Outline how many trainees attended the session or course. If there were specific criteria for trainees attending the course then this should be documented so that the reader is given more contextual information. A list of trainees should be drawn up, including the trainees' title, first name, last name, position and place of employment. This information may best be presented in table format in an appendix.

Course content:
A short description of the course content should be given along with information about the education methodologies and technologies used. The reader should be referred to the course programme, for a more detailed outline of course content, which could be included as an appendix to the report.

Constraints

In this section a brief description should be given of problems encountered or any factors that impacted on the running of the session or course. This may include barriers to implementation, e.g. facility unable to be used, faulty equipment, loss of trainee handouts. Some of the trainees may not have been able to attend all sessions and this may have impacted upon the ability to successfully run activities for those sessions, i.e. if those trainees had been assigned group work. It could also include instances where training did not run to schedule and reasons why this might have occurred, e.g. trainees were particularly interested in a particular session and asked many questions making the presentation run over time. If there were instances where trainees felt uncomfortable, due to the nature of the course content, the way it was delivered or even due to disagreements amongst trainees or between trainees and trainers, then these also should be discussed.

Evaluation

This section should include a short description of:
Evaluation methods used:
- What was being evaluated, e.g. increase in trainees' knowledge, improved attitude, development of new skills, satisfaction with the training
- The evaluation tools used, e.g. pre- and post-course tests
- The way the tool was administered e.g. each trainee was asked to complete a pre- test questionnaire before the first session and a post-test questionnaire before the closing ceremony

Copies of the questionnaires or evaluation tools used should be included as an appendix.

Data analysis:
This section should include detailed information about how the data was collated and analysed, who was responsible, how the analysis was done, e.g. by hand or using software packages such as Word or statistical packages, e.g. Epi Info or SPSS.

Results of evaluation:
There should be a clear statement about whether the evaluation results indicated that the training objectives had been met or not. Then a detailed breakdown can be given of aspects of the training that had been evaluated, e.g. knowledge increase amongst trainees, trainees' satisfaction with training.

Qualitative information should be presented in a summary. If the qualitative analysis was fairly long but contained valuable information then the complete analysis may be included in the appendix section.

Quantitative findings are best presented as tables or as graphs with a short explanatory note given. Remember that the results should be expressed in a way that is appropriate for the stakeholders who will be reading the reports (Refer to the e*xample training report*).

A summary paragraph could be used to identify successes and failures of the training and to explain possible reasons for these.

Lessons learned
In this section of the report the author should identify lessons learned from the training for consideration in future planning, implementing and evaluating of the training. These could include aspects of the training that require improving, from inputs of training through to outcomes of training.

Recommendations
Recommendations need to be linked to the findings of the evaluation, lessons learned, barriers and constraints. Recommendations should be very specific. Make sure the recommended action is stated clearly, that a specific person or group responsible for implementation of the action is identified and the costs and implications are discussed. Where possible a timetable for implementations should be included, e.g. "Before the next scheduled VCT training, the module on 'Preparation for presentation' should be reviewed by the primary facilitator to include more information on how to overcome nervousness."

Further action
Any activities following on from the training should be outlined in this section. If the training organisation plans to undertake an independent external evaluation of the trainees six months after the training to assess the degree to which training outcomes have been met, then this should be specified in this section. Additionally any activities that trainees shall be required to undertake post-training should be described in this section, e.g. "In the next six months, before the external evaluation, trainees will be expected to conduct at least one training session and to undertake a self-assessment using the criteria provided in the 'self assessment sheet' and documented in a reflective learning journal."

Cost of training

Some stakeholders, e.g. the organisation purchasing the training, will be specifically interested in how cost-effective the training has been. If the report is to be disseminated to the purchasing organisation then budgetary information should be discussed in this section. This information is best presented in table format, (refer to the example training report).

Conclusions

This section of the report allows the author to present a summary of the main findings of the report. It should clearly draw the connections between the evaluation findings, lessons learned and constraints and the subsequent recommendations of the report. As many stakeholders will not have time to read the entire report the author must get the main points across in the conclusion section. The case for supporting strategies for implementation of recommendations should be made clear so that stakeholders are aware of their importance.

Disseminating the training report

Once an evaluation of the training has been completed and the report written, the information should be disseminated to the appropriate stakeholders. There are several ways in which the report may be disseminated:

- Arrange a formal presentation with all stakeholders present. This could include a PowerPoint presentation or simply an informal discussion
- Send out the report to stakeholders then arrange to meet them afterwards to discuss the report
- Send out the executive summary only and invite comments
- Conduct an in-service within the training organisation

References

1 Rubin F. Suggestions for content of an evaluation report (Appendix 4), in A basic guide to evaluation for development workers. Oxfam GB, Oxford, UK. 1995
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Example
Training Report

Name of training organisation

Name of training course

Name of sponsors or funding organisations

Primary course trainer: _____

Date of course: _____

Author of report : _____

Date report completed: _____

Table of contents

Executive Summary

Activity

Twenty-eight people attended a six-day training of trainers in voluntary counselling and testing (VCT) (Voluntary Counselling and Testing Training Course: Part 2). This was coordinated and sponsored by WHO/SEARO. Overall, the course was successful in providing people with knowledge and developing their skills to train other health workers about VCT, and built upon the training outcomes from Part 1 of the training package.

Evaluation

Quantitative and qualitative evaluations of the training course were conducted through pre- and post-course knowledge tests, a course evaluation form and verbal feedback. Quantitative assessment found that there was improvement in the trainees' knowledge as a result of the training. In the course evaluation form the results also clearly indicated that the trainees perceived their level of knowledge had increased as a result of the training and they indicated that their expectations of the course had been met.

Constraints

Overall, the course ran smoothly, but a number of constraints were encountered in delivery of the training course. The main constraint encountered was the non-availability of some of the trainees and trainers for the duration of the course. This caused difficulties for continuity in group work and facilitation.

Lessons learned

The trainees were asked to say what constraints they expected to encounter working as trainers. They identified a number of possible constraints to conducting VCT training:
- They may not have adequate support, in the form of allocated days away from current duties, to prepare and organise the programme.
- It may be difficult to raise the funding required to conduct the full VCT training programme.
- They may not be able to identify other trainers with the right skills and knowledge to help facilitate the programme.

Recommendations

It is recommended that:
- WHO/SEARO provide ongoing support to trainees of the course to help overcome possible constraints and barriers to training.
- Further WHO/SEARO VCT courses be conducted in the future to enable and encourage more staff from the region to take part in conducting VCT training.

Training goals and objectives
Name of training course:

Voluntary Counselling and Testing Training Course: Part 2.

Coordinated and sponsored by WHO/SEARO.

Training goals:

The course aims to provide trainees with the skills and knowledge to pass on the information and clinical skills gained during the voluntary counselling and testing course, thus ensuring sustainability.

Training objectives:

At the end of the six-day training it was anticipated that the trainees would be able to:

- Relate the principles of adult learning to the planning and implementation of training programmes
- Prepare training programmes in the area of VCT specifically to meet the identified needs of trainees
- Use appropriate training techniques and methodologies to facilitate trainees' learning
- Demonstrate appropriate use of educational technology
- Evaluate training programmes conducted

Implementation of training

Timeframe:

The six-day training course was held from 21 to 25th August 2003.

Venue:

The course was held at _____ Hospital, in the Administration Building, in Room 312, a conference room typically used for training within the hospital.

Trainers:

A list of trainers is provided in Annex 1.

Trainees:

In total, 28 trainees attended the training. A criterion for participation was that all trainees should have already attended the voluntary counselling and testing training: Part 1. Trainees were also required to be in a position to train other health care workers in VCT and be prepared to conduct and evaluate aspects of the training programme in the six months following the course.

A list of trainees is included in Annex 2.

Course content:

This course was based on a "train the trainer" model. The first two days of the course consisted mostly of didactic training with some small group activities interspersed. The third day was allocated mainly for preparation of presentations as well as question-and-answer sessions with trainers. The last three days were dedicated to experiential learning (practice teaching sessions) and group feedback.

The programme for the training course can be found in Annex 3.

Constraints

Overall the course ran smoothly. However, a number of constraints were encountered in delivery of the training course:

- Several trainees were unable to attend the whole of the course and left after day 3. These trainees did not get the opportunity for experiential learning through practising of skills taught on the first and second days. Additionally, their absence disadvantaged the groups they had been assigned to for preparation and presentation of sub modules
- Many of the trainers were unavailable for the duration of the training. As a result, on the third day the two remaining facilitators found it difficult to address the needs and questions of all 11 groups preparing their presentations.
- One trainee was emotionally upset by the group feedback after their presentation and was counselled by one of the trainers.

- On two separate days the arranged lunch was not ready by the allocated time and this interfered with the programme timetable

Evaluation
1. Quantitative evaluation
Pre- and post-course knowledge tests
All trainees completed examinations prior to and upon completion of the training for each of the different modules. These examinations were conducted to allow quantitative assessment of change in trainees' knowledge as a result of the training. A pre- and post-test course comparison can be found in Annex 4.

Improvement was found in trainees' total examination scores from pre-training to post-training for all training modules. Mean (average) scores from Pre- and post-training were compared. Average scores improved from 11.43 to 23.34, where the maximum possible score was 36. Results of the quantitative evaluation are summarised in the tables below.

Table 1: Descriptive statistics

	# Trainees	Minimum	Maximum	Mean
Post-test	43	24.00	34.00	29.2326
Pre-test	43	4.00	26.00	13.5814
Valid N	43			

Improvement occurred in both the "knowledge" and "practice issues" components of the questionnaires for each trainee. Mean scores for each question and the total are higher post-course than pre-course. The following items showed the greatest improvements:

Knowledge — Q1, Q2, Q3, Q7, Q8, Q9, Q10, Q13, total. These items relate to motivating adult learners, the principles of adult learning, session planning, using audio-visual aids, evaluating training and managing difficult behaviour in groups.

Practice issues -- Q1, Q2, Q3, Q5, Q6, Q7, total. These items relate to perceived ability to motivate adults to learn, plan training sessions, use non-verbal behaviour, deal with different beliefs and values and to manage difficult behaviours.

Course evaluation form
An anonymous trainee evaluation of the training was developed and completed by all trainees to obtain feedback regarding:
- Perceived level of change in knowledge
- Perceived level of improvement in their skills while working with patients, their relatives and other staff as a result of the training
- Perceived usefulness of the training to help them with their work in the future vis-à-vis case management and service delivery
- Perceived usefulness of the training methods to facilitate practical skills development

Trainees were asked to rate on a scale of 0-10 the extent to which their knowledge and skills had changed as a result of the training. Also on a scale of 0-10, trainees were asked to rate the extent to which they perceived the training as useful in helping them with their work in future in case management and service delivery and the usefulness of the training methods employed in facilitating practical skills development. On the scale, '10' indicated "a lot", '5' indicated "a little" and '0' indicated "not at all".

Perceived level of change in knowledge
The trainees' responses were collated and the average perceived level of change in knowledge was calculated for each of these areas evaluated. In Table 2 it can be seen that trainees' average perceived level of change in knowledge ranged from 8-9 on the 0-10 scale. These results clearly indicated that trainees perceived their knowledge had improved as a result of the training.

Table 2:   Trainees' average perceived level of change in knowledge for key areas of training

Area of training	Average perceived level of change in knowledge
HIV epidemiology	8.2
HIV transmission	8.2
Basic counselling skills	9.0
Risk assessment	9.2
Countertransference	8.6
Safer sex education	8.6
Safer drug using education	8.5
Pre-test counselling	8.8
Giving HIV negative results	8.8
Giving HIV positive results	8.6

Perceived level of improvement in their skills while working with patients, their relatives and other staff had improved as a result of the training.
Trainees' responses were collated and the average perceived level of change in skills was 8.45. The responses ranged from 4 to 10 on the 0-10 scale. These results clearly indicated that trainees perceived their skills had improved as a result of the training.

Perceived usefulness of the training to help them with their work in the future vis-à-vis case management and service delivery
Trainees' responses were collated and the average perceived level of usefulness of the training for helping them in their future work was 9.28. The responses ranged from 3 to 10 on the 0-10 scale. These results clearly indicated that trainees perceived the training had been useful and this received the highest rating in the evaluation.

Perceived usefulness of the training methods to facilitate practical skills development
Trainees' responses were collated and the average perceived level of usefulness of the training methods was 7.24. The responses ranged from 0 to 9 on the 0-10 scale. While this indicated that

trainees were happy with the training, the average was lower than compared to other areas in the evaluation. This suggests that next time improvements could be made to make the training methods better oriented to facilitating practical skills development.

2. Qualitative evaluation

Qualitative evaluation of the course was favourable. Trainees stated that their identified expectations of the course had been met. In addition to the evaluation form completed, trainees offered various qualitative comments. These included:

'Everything was very useful.'

'I have less fear about HIV patients.'

'A very useful course, makes us see how to train.'

'I will be able to apply the things I learned from the course with patients.'

'I understand how beliefs and attitudes can affect patient care.'

'I have an understanding of HIV transmission and increased knowledge about HIV.'

'I know how to solve problems with communication.'

'I understand how to intervene with aggressive clients.'

'I have more confidence to do my work now.'

Lessons learned

The trainees were asked to say what constraints they expected to encounter while working as trainers. They identified a number of possible constraints to conducting VCT training:

- They may not have adequate support, in the form of allocated days away from current duties, to prepare and organise the programme.
- It may be difficult to raise the funding required to conduct the full VCT training programme.
- They may not be able to identify other trainers with the right skills and knowledge to help facilitate the programme.

Recommendations

It is recommended that:

- WHO/SEARO provide ongoing support to trainees of the course to help overcome possible constraints and barriers to training.
- Further WHO/SEARO VCT courses be conducted in the future to enable and encourage more staff from the region to take part in conducting VCT training.

Further action

A workshop will be held in February 2004 to review any training conducted by the trainees and to evaluate the effectiveness of the course in enabling them to undertake the training.

Training costs

The course was budgeted at US $20 per trainee per day. In total the course budget was adhered to although more trainees attended the course than expected. These costs were offset by the savings made on facilitator payments, due to some facilitators being unable to attend the entire course, and the discount provided by the caterers for their mistakes in timing of lunches on two training days.

The training budget is provided in Annex 5.

Appendix 1 - Course trainers

TITLE	FIRST NAME	LAST NAME	POSITION/ EMPLOYMENT	ORGANISATION/ COUNTRY

Appendix 2 - Course trainees

PARTIC.CODE	TITLE	FIRST NAME	LAST NAME	POSITION/ EMPLOYMENT
01	Mr/Mrs/ Ms/ Dr			Nurse counsellor
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13 etc				

Appendix 3 - Course programme

- The schedule begins each day at 08.30 and concludes each day at 17.00.
- The schedule assumes strict adherence to the specified break times: 10.15 – 10.30 morning tea; 12.30 – 13.30 lunch; 15.00 – 15.30 afternoon tea.

DAY 1

08.15	08.30	Registration
08.30	08.45	Official welcome
08.45	09.15	Adult learning
09.15	10.15	General presentation skills
10.15	10.30	Morning Tea
10.30	11.30	Session planning
11.30	12.30	Managing common difficulties
12.30	13.30	Lunch
13.30	15.00	Managing challenging group behaviours
15.00	15.15	Afternoon Tea
15.15	16.15	Preparation for training
16.15	16.45	introduction and allocation of TOT presentation tasks
16.45	17.00	Questions and answers / Closing

DAY 2

08.30	08.45	Trainee summary
08.45	09.45	Evaluation of training
09.45	10.15	Reporting on training activities
10.15	10.30	Morning Tea
10.30	12.30	Counsellor training technology
12.30	13.30	Lunch
13.30	14.00	Managing sensitive issues
14.00	14.30	Adaptations to the PART I programme
14.30	15.00	Criteria for TOT assessment / Guidelines for giving feedback
15.00	15.15	Afternoon Tea
15.15	16.45	Preparation for TOT presentations
16.45	17.00	Questions and answers / Closing

Appendix 4 – Pre- and post-course test comparison

Knowledge		Pre-course		Post-course	
Mean score and standard deviation (SD)					
Item	**Number***	**Mean**	**SD**	**Mean**	**SD**
Q1	13	1.2	0.7	1.8	0.4
Q2	13	1.1	0.6	1.8	0.4
Q3	13	0.5	0.8	1.6	0.5
Q5	13	1.0	0.9	1.8	1.0
Q6	13	2.5	0.8	2.9	0.3
Q7	13	1.0	0.4	1.5	0.5
Q8	13	1.5	0.5	1.8	0.4
Q9	13	1.4	0.5	1.9	0.3
Q10	13	0.4	0.7	1.3	0.8
Q14	13	1.2	0.7	1.3	0.9
Total	13	14.2	1.4	21.5	2.8
Number (%) answering questions correctly					
Item	**Number**	**%**	**Number**	**%**	**P*** ***
Q4	12	86	13	100	0.481
Q11	12	86	13	100	0.481
Q12	9	64	10	77	0.678
Q13	3	21	12	92	<0.0005

Practice issues		Pre-course		Post-course	
Mean score and standard deviation (SD)					
Item	**Number***	**Mean**	**SD**	**Mean**	**SD**
Q1	11	2.6	0.5	3.4	0.5
Q2	11	2.1	0.5	3.6	0.5
Q3	11	2.4	0.5	3.4	0.5
Q4	11	2.4	0.5	2.6	0.8
Q5	11	3.4	0.5	3.8	0.4
Q6	11	2.5	0.5	3.0	0.4
Q7	11	2.5	0.7	3.1	0.3
Total	11	17.7	1.8	22.9	1.1

Appendix 5 – Training budget[2]

VCT TRAINING– WHO/SEARO

US Dollars	Unit	Unit cost	budget
Training and facilitation			
Course coordinator	7 months	500	2500
Training fee (including preparation time)	200	2000	4500
Administration and logistics			
Stationary	20 person	40	800
			800
Other direct costs			
Resource materials	1 unit	100	100
			100
Travel for resource persons/participants Travel for secretaries			
Subtotal			**4600**
Goods and services tax	10%		460
TOTAL			**5060**

Assumption:
a) The training rate is based on three hours of preparation time for each hour of presentation time.

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[1] Information for this session has been adapted from references provided in the references list at the end of this handout.
[2] NOTE: This budget is totally fictitious. It does not reflect in any way the actual costs of the WHO/SEARO training.

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Module 6

Sub module 12: **Counsellor training issues**

Session objectives	⊚	At the end of the training session, trainees will be able to:
		Demonstrate an awareness of the issues to consider when providing counsellor training
		Describe a range of interactive training techniques that can be included in counsellor training
		Discuss the efficacy of interactive counsellor training methodologies
		Design and implement a clinical teaching programme
Time to complete Sub module	🕐	1 hour
Training materials	📄	PowerPoint presentation **(PPT45)**
		Handout **(HO46)**
		Question box
Content	▤	Issues for consideration in the provision of counsellor training
		Interactive training strategies
		Clinical teaching

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Session instructions

1. Lecture with PowerPoint presentation (**PPT45**) — Conduct the activities as prompted within the presentation.
2. *Slides 12-19*: Have questions relating to each of the interactive methodologies discussed. The trainer should prompt the trainees to answer each of these specific questions. Time on each slide should be kept brief to keep trainees interested and to ensure good time management.
3. *Slide 27*: Asks trainees to consider "What experiences have you had with clinical teaching and clinical placements? How have you found them to be a beneficial component of learning in the area of HIV-related counselling?" The trainer should facilitate a large group discussion by asking trainees to discuss their experience in either providing clinical teaching and supervision and/or their experience in attending a service for a clinical placement as a trainee. The trainer should focus the discussion on how clinical teaching can be advantageous to an individual's learning.
4. Summarise at the conclusion of the activity highlighting the key points of the module.
5. Ask the group if they have any questions and remind them about the "question box".

Module 6

Sub module 12: **Counsellor training issues**

Session objectives

At the end of the training session, trainees will be able to:

Demonstrate an awareness of the issues to consider when providing counsellor training

Describe a range of interactive training techniques that can be included in counsellor training

Discuss the efficacy of interactive counsellor training methodologies

Design and implement a clinical teaching programme

Session outline

1. Issues for consideration in the provision of counsellor training:
- Group size
- Training for counsellors and supervisors
- Competency-based training
- Training style

2. Interactive training strategies:
- Educational games
- Focused discussions
- Brainstorming
- Large group discussions
- Small group discussions
- Working in pairs
- Role-play exercises
- Structured casework or case-based learning activities

3. Clinical teaching:
- Types of clinical teaching
- How is clinical teaching different from other training?
- Preparation for clinical teaching
- What should a clinical placement provide?[14]
- Stages of clinical teaching[15]
- Evaluation

1. Issues for consideration in the provision of counsellor training

Group size

Group size for classroom counselling training should not exceed 24 trainees. An ideal number is 16-20. The smaller the group, the more quality time and opportunity can be afforded for trainees to practise their skills.

Training for counsellors and supervisors

It is important to identify the combination of skills that counselling staff and supervisors will need in order to support each other, so that together the entire staff at a voluntary counselling and testing site will be able to deliver high quality services to their clients.

Making sure that supervisors also receive counselling training. Counselling supervision training is critical to maintaining the quality of clinical service and to strengthening the management of the programme. Supervisors must see their roles as educative and supportive (as well as being able to provide appropriate challenge where necessary), but not interrogative.

Competency-based training

Training for counsellors should be *"competency-based",* bearing in mind the realities of the field situation. This means that before training programmes can be designed, the relevant competencies must be defined. Careful consideration must be given to the procedures counsellors should follow and the skills they require.

The most important method in any situation depends on the nature of the learning objectives (the learning of facts requires different teaching methods from the learning of communication skills); local cultural factors; and the style of teaching which learners are familiar with and capable of using.

> *Example:* Even though trainees may be most familiar with lectures, this
> method cannot be used to teach communication skills.

The competencies identified with regard to training in counselling depend on communication skills. There will also be a need to develop attitudes and skills for coping with fear, anger and embarrassment. Learning objectives in these areas are only achieved when the teaching methods are interactive and involve the trainees in practising communication skills and in expressing their feelings.

Effective training of counsellors always has a closely supervised *practical* component therefore counselling training programmes should be designed in such a way that ample opportunity is provided for this practical training both within the field and classroom settings. Following completion of a training programme, a clinical placement can be an effective way for counsellors to gain experience.

Training style[1]

To achieve the defined training objectives, there are various ways that a curriculum could be delivered. Research in the field of education, and HIV education specifically, has demonstrated that particular styles of training can be more efficacious. In particular it is recommended that the delivery of training be based on principles of adult learning[2] and utilise interactive teaching methods.[3]

Adult learning theory purports four important principles about adult learners.[2] This theory states that adults are self-directing, value their life experiences, have a readiness to learn when they discover a knowledge deficit, and seek education to solve problems and aid coping with immediate issues. In line

with these principles it has been suggested that to maximise learning, trainees should be aware of the training purpose and objectives; they should be actively involved in the training; and they should be receiving practise and feedback throughout the training process.[4]

Following from these principles, a VCT training programme should commence with an explanatory introduction. This should include the rationale, overall goals and specific objectives of the training programme. The curriculum content should be delivered using an interactive teaching style that would allow for the inclusion of trainees' own experiences, ensure correction of errors and misconceptions and optimise learning through doing.

Interactive teaching methods emphasise skills development and include educational games, focused discussions, brainstorming, small group work, structured casework exercises and role-plays. The employment of these methods has been promoted for overcoming the barriers in HIV/AIDS education.[5] They allow instruction, practise and feedback to occur and are crucial in addressing the sensitive and confidential issues discussed during VCT.

Several studies in the field of HIV/AIDS education have confirmed the appropriateness and effectiveness of interactive methods for maximising learning.[6, 7, 8] Training sessions have been viewed more favourably when they involved skills and behaviour change, topics on special populations, and interactive methods.[6] Interactive learning (including role-play, case studies, and problem solving activities) has also been found to be clearly more effective in terms of HIV knowledge acquisition than didactic teaching (lecture format followed by question time).[8] Further, trainees who have been taught interactively, in comparison with those taught through didactic lecturing, have been found to be better able to interact with their clients and conduct more thorough interviews on HIV risk behaviours.[7]

Overall, the employment of interactive methods in VCT training programmes is clearly supported. It has been argued that successful education programmes are based on interactive methods and skills building and "are critical in order to increase the numbers of professionals who are comfortable with and willing to provide quality care for people living with HIV/AIDS"[5.] They allow the opportunity for the implementation of knowledge and the practicing of skills within an artificial, yet supported and safe, environment of learning. This opportunity to actually perform a task or procedure has been found to be more effective than multiple observations of the same task or procedure.[9]

The discussion and feedback that occur through the use of interactive methods also aid learning and skill development by allowing health care workers to identify their strengths and weaknesses. This is particularly useful for VCT training, as most health care workers will have had limited experience in conducting a VCT session and in working with sensitive topics associated with HIV.

2. Interactive training strategies

Interactive training methodologies may include:
- Educational games
- Focused discussions
- Brainstorming
- Large group discussions
- Small group discussions
- Working in pairs
- Role-play exercises (including those which can be audio-or videotaped)
- Structured casework or case-based learning activities.

They allow instruction, practise and feedback to take place, and are crucial to address the sensitive and confidential issues discussed during VCT.

Educational games
Educational games provide an interesting and fun method for the enhancement of knowledge levels and the reinforcement of material learned, e.g. safer behaviours game (See part I programme, Module 2 Sub module 4.1: 'Behaviour change communication – HIV transmission').

Focused discussion
This involves engaging the trainees in a guided discussion. The trainer provides specific questions that need to be answered or issues that need to be discussed in the timeframe of the activity. Trainees are asked to focus on these specific questions or issues. The discussion may occur in the large group, in small groups or in pairs. Handouts that clearly specify the task can aid focused discussions.

For example, following a role-play the trainer may facilitate a focused discussion around these three questions:
i.   What made clients feel comfortable?
ii.   What microskills were particularly important for the counsellor to employ?
iii.   How did counsellors manage to balance provision of information with being responsive to the needs of the client's emotions?

Brainstorming
When discussing a specific issue, answering a question or reviewing an activity or case, brainstorming can help to draw out a range of viewpoints and experiences. It can also help in identifying or highlighting the main themes of a session topic. Trainees are simply asked to share their thoughts and these are recorded until the trainees can offer no more responses or the trainer has drawn out the key points. Key points can be noted on a whiteboard, chalkboard or flipchart and questions for debate or discussion and responses to these can be recorded. The information recorded should be clear, readable, and succinct (not filled with too many details). Brainstorming and the use of a visual aid in this way can promote discussion and interaction.

Large group discussions
These should be led by the trainer and involve the whole group. The advantages of such discussions include:
- The trainees are involved in problem solving.
- The trainees are active participants, which stimulates interest.
- The learning process becomes more personal, requiring the trainer to provide feedback on individual opinions and ideas.
- The trainer is able to evaluate the trainees' understanding and absorption of material.
- The trainees have an opportunity to share already established expertise and skills.

Large group discussions require a skillful trainer who:
- Asks questions or suggests topics, maintains objectivity, and directs the discussion to keep it relevant to the learning objective
- Stresses confidentiality
- Ensures that all group members have equal opportunities to participate and that no one person (including the trainer!) dominates the discussion

- Perceives and responds to differences in the group, such as skill level, education, and comfort with the topic
- Is aware of cultural and gender issues
- Encourages trainees to answer questions and share expertise
- Needs to be flexible if the group begins to explore other relevant issues
- Is respectful and non-judgmental of the trainees' ideas and opinions in order to allow for open expression of concerns
- Keeps to the time, leaving adequate periods for discussion
- Obtains feedback and responses from the group to provide evaluation mechanisms for the session
- Provides an appropriate balance of supportive and challenging facilitation in which to foster learning

Small group discussions

These are usually groups of four to six people.

Some of the advantages of such discussions are:
- Trainees have more opportunity to talk and are less likely to be embarrassed than if they were in a large group.
- The atmosphere is more conducive to a discussion of feelings.
- Trainees gain self-confidence through sharing information.
- More ideas come from the group.

The trainer does not lead the group, but must be skillful in structuring the discussions so that the trainees accomplish the stated objectives. It is important to provide clear guidelines at the beginning of the discussion such as:
- What are the topics to be discussed?
- Will the group draw conclusions or make decisions?
- Can opinions or feelings of the trainees be shared beyond the small group?
- Will the group be expected to report its discussions to the larger group?
- How much time does the group have?

The trainer may also ask the group to appoint a *facilitator* and a *rapporteur*. Small group discussions and/or work with pairs should be followed by a large group discussion so that general conclusions can be drawn.

Working in pairs

Working in pairs can also be effective when in-depth sharing or analysis of particularly personal or sensitive issues is required. Individuals may feel more at ease to disclose their attitudes and opinions with one trainee rather than within the larger group.

Role-play exercises

Role-play can be organised to play the parts of identified people and act out scenes. This is useful when practising skills such as counselling, and for exploring how people react in specific situations. Role-play has the following advantages:
- It allows for safe rehearsal of skills and activities and provides practical preparation for genuine situations.
- The trainees are able to experience activities and to relate theory to practise.
- It allows for full expression and interpretation of concepts.

Some individuals may feel intimidated by role-playing. The trainer must be skillful in ensuring they are relaxed and should:
● Keep the role play appropriate to the learning context
● Emphasise that the characters are "in role" and that group observers are looking at the character and their reactions, not the individual people playing them

The tasks undertaken for each of the roles in role-play are as follows:

Counsellors are to practise applying the knowledge and skills learned through the lectures and other activities by completing the nominated task. If during the role-play they become confused or uncertain they should be instructed to refer to their notes, review their material and recommence when ready. They should not ask for assistance from their client or observer. If necessary, they should be instructed to put up their hand for assistance from a facilitator. At the conclusion of the role-play the counsellor should discuss what they were happy with in their practise and what things they would have liked to have done differently.

Clients are to play the role of the case outlined in the case study. They should attempt to allow the counsellor to practise obtaining the information rather than simply reading out what is written in the case study. Facilitators should instruct the clients to inform the counsellor if they are role-playing a person of different gender, e.g. if a trainee is female and playing a male client she should inform the counsellor that she is a male client. Clients should provide feedback to the counsellor at the conclusion of the role-play.

Observers are to observe the process of the role-play and provide feedback to the counsellor at the conclusion of the role-play. Observers should be asked to first give positive feedback and then constructive criticism. This helps to increase confidence and avoids discontent between trainees. Trainers should remind observers that they are not to interrupt the role play.

Implementing role-play in front of a large group:
● Ask for volunteers.
● Two or more people role-play before one observer or a group of observers.
● The role-play situation should be detailed and realistic.
● All players should be clear about the character they are meant to portray.
● Trainers should not interrupt during the role-play.
● Role-play can also be used to model specific desirable practise.

At the end of the role-play the trainer should ask for feedback from the observer(s) and draw the group's attention back to the objectives or to the main points the role-play was to demonstrate. For example, if the objective was to practise counselling a person with HIV, what are the main points to remember? Observers should be asked initially to give only positive feedback and then the observers and/or facilitators can give constructive criticism. This helps to boost the confidence of volunteers and avoids discontent between trainees.

Trainees who implement the role-play should always be de-briefed by the facilitator and given the opportunity to provide their own feedback to the group.

Structured casework or case-based learning activities
The case studies are designed to give counselling trainees an understanding of the effect of HIV infection on the individual, and to enable them to deal with problems they may encounter in the practise setting. The trainers need to develop case studies that are specific to the local setting.

Case studies provide a detailed description of an event, different characters and settings. The case studies may be followed by a series of questions that will challenge the trainees to discuss the positive and negative aspects of the event.

Case studies should not be included in the trainee folders. They should be handed out to the trainees during the activities.

If case studies are being used for role-play, the trainer should only hand the cases to the trainees who are playing a client. Counsellors and observers should not be permitted to read the cases prior to the commencement of the activity. The trainer should inform clients that they do not wish them to share the cases with either counsellors or observers in order to make the role-play as realistic as possible. It will also ensure that the "counsellor" gains experience in acquiring information from "clients". In "real life" situations clients do not send all their details to the counsellor in advance; rather the counsellor uses his/her counselling microskills to gain information from the client. Conducting role-plays in this way ensures training approximates real life situations.

The advantages of case studies are that they allow an examination of a real or simulated problem and allow trainers to develop confidence and problem-solving skills.

3. Clinical teaching
Types of clinical teaching
● Observation visits to clinical settings
These are usually undertaken during basic training of VCT staff. All "visitors" to VCT services should be required to complete a confidentiality agreement form before engaging in observation visits.

● Clinical placement/work experience
In order to build capacity at the national level many health agencies now offer a short course in HIV counselling or voluntary counselling and testing to final year undergraduates in medicine, nursing and to students who study the discipline of professional counselling such as those who study social work or psychology.[10, 11]

After trainees have completed the short course training they can then commence observation of the work conducted by trained counsellors. Following this period of observation they are then permitted to undertake supervised interviews with clients.[12, 13]

How is clinical teaching different from other training?

Planned on an individual basis
Objectives for the observation visit/placement will need to be written. These should be developed with consideration to the objectives of the institution from which the trainee has come and also what is acceptable to the supervisor's organisation and client base.

Usually individual or very small group
It is important to limit the numbers of persons attending clinical teaching, whether it is just an observation visit or a clinical placement. This way trainees can receive greater attention from one-to-one supervision and are able to ask questions and receive detailed answers.

Often involves mastery of skill through practice

Clinical teaching allows trainees the opportunity to experience:

- A real life situation from which trainees can gain an understanding of what is really happening in their community: Often topics are addressed in isolation in classroom teaching, when in reality clients rarely present with only one problem at a time. Experiencing real life situations provides the trainees with an opportunity to manage problems simultaneously and establish priorities.
- Client contact: A protocol will need to be established regarding how to approach clients to seek permission for trainee observation or supervised consultations.
- Modelling of good practise by the teacher/supervisor: Procedures should be initially discussed with the trainee prior to meeting with the client. The counsellor should demonstrate best practise and then debrief with the trainee after the interview. No discussion about the case should be conducted in the presence of a client.
- VCT service management: The trainee should gain some understanding of how caseloads are managed and how work practises need to be adapted to meet changing client volume and other variables. It is also essential that the trainee gets to observe other aspects of VCT services including administration, team meetings, record keeping and maintenance procedures.

Preparation for clinical teaching

The trainer/supervisor needs to know the following about the trainee before a clinical placement:

- Learning objectives (These may be dictated by their employing organisation or academic institution. It is important that VCT services liaise with the institution to agree on appropriate placement objectives. It is useful to develop a contract for clinical placement supervision which is agreed upon by the institution, the supervisor and the trainee. A sample checklist for the key areas to cover in preparing a supervision contract is included in Appendix 1.)
- What they will be required to do when they return to their academic institution or workplace
- Current knowledge and skills

All VCT staff need to know when the visit or placement is to be conducted and staff directly involved in the visit need to be aware of the above information.

A letter of introduction should be forwarded to the trainee's academic institution or employing organisation to ensure that course facilitators, employers and trainees are fully informed about the VCT service. The letter of introduction should include such information as:

- What the facility/unit does
- What learning opportunities will be available
- What the trainee will be able to practise or achieve through the clinical teaching
- How much supervision will be available to them and the contact details of the main supervisor or staff member responsible for the visit or placement

What should a clinical placement provide?[14]

The VCT service should aim to provide:

- One person to take responsibility and be the main contact
- A structured programme which meets trainee's agreed learning objectives
- A variety of experience—theory, observation, practise
- Opportunities for trainees to ask questions and to discuss their experiences
- Regular (daily or weekly) debriefing and feedback sessions with trainees

Stages of clinical teaching[15]

1. Explanation: Detailed information on issues relating to VCT, HIV and the process of pre- and post-HIV test counselling are provided and discussed.
2. Demonstration: Trainees need to observe counselling sessions prior to supervised practise. The counsellor should first meet with the client alone and inform them that they currently have a student whom they would like to observe the counselling session. The counsellor should reassure the client of confidentiality agreements signed by the trainee. It is important that the client understands they may decline having the trainee present and that declining permission will in no way influence their treatment at your service.
3. Supervised practise: Trainees should initially practise role-plays with the counsellor who should then provide feedback to the trainee. When the counsellor feels the trainee is ready they can then move to gaining practical experience with a client.

As mentioned above, the counsellor should gain permission from the client first. Trainees' first client counselling session should be under the supervision and observation of a trained counsellor. If the client agrees to the request they should be reassured that the supervisor will be present to observe and assist the trainee. After the counselling session trainees should be directed how to document the session in the client's medical record.

Trainees should only see clients unsupervised after they have been judged by their supervisors to be able to conduct pre- and post-test counselling accurately. Supervisors should offer debriefing and review any case notes the students make. They should base this on assessment tools developed at the commencement of the placement to assess the performance of the trainee.

4. Feedback: Formal supervised sessions should be conducted regularly. The supervisor might ask the trainee:
    - How do you feel about the client interview you just conducted?
    - If you could repeat the session what would you do differently?

The supervisor can then explain to the trainee what they had observed in the counselling session and provide their suggestions for improving future counselling sessions. Trainees should also have the opportunity to discuss any difficulties they might have experienced. Feedback should be linked to the goals of the clinical placement. Constructive criticism and advice should be given in a supportive way. It is important to acknowledge lack of experience, and the fact that it is expected that the student will make mistakes whilst learning.

5. Mastery: Mastery is when the trainee has demonstrated competency in all facets of work in the placement, consistent with the placement contract and learning objectives. This may include:
    a. Pre- and post-HIV test counselling
    b. Collection and assessment of blood samples, where appropriate, (doctor/lab/nurse trainees only)
    c. Competence in documenting sessions
    d. Understanding of appropriate meeting and other workplace behaviour

Evaluation

After a clinical placement there should be some formal evaluation of the success of the placement in meeting the participants' learning objectives. For clinical placements, introducing a reflective learning journal early in the placement allows the participant to document their observations and experiences and to reflect qualitatively on what they have learned. Qualitative assessment by the participants' supervisor

is also important. The supervisor may wish to use assessment criteria, based on the learning objectives, or may write a short paragraph of their impressions of the participants' improvements in skills, knowledge and counselling abilities.

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[14] Stoltenberg CD. Supervising consultants in training: An application of a model of supervision. *Journal of Counselling and Development 1993*, 72: 131-138

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Appendix 1:   Contract preparation checklist[1]

Induction				Responsibilities			
Have I checked the following:	Yes	No	N/A	*Have I discussed with the trainee:*	Yes	No	N/A
Does the trainee under-stand the organisation's purpose and function?	☐	☐	☐	How heavy will the trainee's workload be?	☐	☐	☐
Have I introduced the trainee to other staff members?	☐	☐	☐	The types of tasks the trainee is expected to perform?	☐	☐	☐
Is the trainee familiar with the organisational structure?	☐	☐	☐	The assistance the trainee can expect from me?			
Does the trainee have access to:	☐	☐	☐	Confidentiality rules?	☐	☐	☐
- a room or desk?	☐	☐	☐	**Goals**			
- a telephone?	☐	☐	☐	*Have I discussed with the trainee:*	Yes	No	N/A
- computing and printing facilities?	☐	☐	☐	What we both expect from supervision?	☐	☐	☐
- a photocopier?	☐	☐	☐	The specific goal statements?	☐	☐	☐
- stationery?	☐	☐	☐	How and when the goals will be achieved?	☐	☐	☐
Is the trainee aware of other resources and facilities that are available?	☐	☐	☐	How progress towards the goals will be determined?	☐	☐	☐
Are the trainee and I aware of each other's interests and theoretical orientation?	☐	☐	☐	When the goals will be reviewed?	☐	☐	☐
Structure of supervision				**Training and evaluation**			
Have I discussed with the trainee:	Yes	No	N/A	*Have I discussed with the trainee:*	Yes	No	N/A
Whether preparation is required ahead of time? (e.g., does either party need to do reading before meeting?)	☐ ☐	☐ ☐	☐ ☐	Which methods will be used to teach the trainee? (e.g., modelling, role-playing)	☐	☐	☐
Alternative arrangements when scheduled meetings cannot be kept?	☐	☐	☐	Criteria for assessing progress?	☐	☐	☐
Accessibility outside formal meeting times?	☐	☐	☐	The methods used to evaluate the trainee? (e.g., video recordings, live observation, report assessment)	☐	☐	☐
The model of supervision adopted?	☐	☐	☐	Whether the trainee will be informed of the evaluation outcome?	☐	☐	☐
How supervision will change as the trainee gains experience?	☐	☐	☐	The way that the evaluation will be conducted?	☐	☐	☐
How differences of opinion will be resolved?	☐	☐	☐				

Name of trainee _____
_____

Name of supervisor _____

_____

Supervisor's registration no. _____

_____

Name of organisation _____

The responsibilities of the supervisor are:

_____
_____
_____
_____
_____
_____
_____

We agree to participate in a supervised placement for the period:

____/____/___   ___/____/____
From date   To date

The responsibilities of the trainee are:

_____
_____
_____
_____
_____

The placement will involve:·

Days per week: _____

Starting at: _____ AM

Finishing at: _____ PM

_____

A regular supervision meeting will be held:

Day: _____

Time: _____

Place: _____

_____

The broad objectives of supervision are:

_____
_____
_____

The specific goals of supervision are: *(activity, measurable result, target date, cost):*

1._____
_____
2._____
_____
3._____
_____
4._____
_____
5._____
_____
6._____
_____
7._____
_____

The supervision goals will be achieved as follows:
(e.g. training, work activities)

1.

2.

3.

4.

5.

6.

The evaluation outcomes will be reported to:
(e.g. trainee, university course administrator)

Date when this contract will be negotiated:

_____/_____/____

DD   MM   YY

The supervisor will evaluate the trainee on the
following dates:

1. _____/_____/____   3. _____/_____/____
   DD   MM   YY   DD   MM   YY

2. _____/_____/____   4. _____/_____/____
   DD   MM   YY   DD   MM   YY

Procedures for dealing with any unfinished
work at the end of supervision are as follows:

The trainees' performance will be assessed using
the following methods: (e.g., *live observation,
written work)*

1.

2.

3.

4.

5.

The trainee will undertake self-evaluation of the
placement on the following dates:

1. _____/_____/____   3. _____/_____/____
   DD   MM   YY   DD   MM   YY

2. _____/_____/____   2. _____/_____/____
   DD   MM   YY   DD   MM   YY

Unresolved issues will be dealt with by:
(e.g., university administrator to mediate)

Signatures _____

Trainee's signature _____

Supervisor's signature _____

Date _____

Module 6

Sub module 13: Impact of values and attitudes on training

Session objectives

At the end of the training session, trainees will be able to:

Discuss the importance of trainer self-awareness

Consider the possible effects of values, beliefs, attitudes and fears on communication and counselling training

Plan value clarification exercises and activities

Manage training situations where trainees hold different views to themselves and each other

Time to complete Sub module

1 hour 30 minutes

Training materials

PowerPoint presentation **(PPT46)**

Handout **(HO47)**

Activity sheet **(AS35)**

Activity sheet **(AS36)**

Large sheets of paper or flip chart or overhead transparencies

Marker pens or overhead marker pens

Question box

Content

Self-awareness for trainers of personal values, beliefs, attitudes and fears

Questions to raise trainer self-awareness

Possible effects of values, beliefs, attitudes and fears on communication and counselling training

Value clarification exercises and activities—guidelines for addressing the possible effects of values, beliefs, attitudes and fears

Additional ideas to address issues related to values, beliefs, attitudes and fears

Session instructions

1. Lecture with PowerPoint presentation **(PPT46)** — Conduct the activities as prompted within the presentation.
2. *Slide 4*: Asks trainees to consider "how might our values, beliefs, attitudes and fears influence how we train people?" The trainer should facilitate a large group discussion by asking trainees to brainstorm their ideas.
3. *Slide 10*: Activity - Questions to raise trainer self-awareness (pair activity).
   - Allow 15 minutes in total for this activity (5 minutes to brainstorm on sheet, 10 minutes to discuss with partner).
   - Ask trainees to refer to **AS35**. The trainer can refer to the copy of AS35 provided at the end of this session plan. This copy is identical to the trainees' activity sheet and provides all instructions.
     - Review the instructions with trainees.
     - Assist where required.
4. *Slide 19*: Activity - Exploring values, beliefs, attitudes and fears with trainees (small groups).
   - Allow 30 minutes in total for this activity (10 minutes in groups, 20 minutes for presentations).
   - Ask trainees to refer to **AS36**. The trainer can refer to the copy of AS36 provided at the end of this session plan. This copy is identical to the trainees' activity sheet and provides all instructions.
     - Review the instructions with trainees.
     - Assist where required.
     - Keep trainees informed about how much time they have remaining and where necessary prompt groups to move onto the next part of the activity if they have little time remaining.
     - At the end of the discussions ask trainees to return to the larger group. Arrange feedback from each group by the nominated spokesperson(s).
     - Following each group's feedback:
       i. Ask the larger group "Do you have any questions or comments for this group?"
       ii. Ask any questions / add any comments from trainers and facilitators.
5. Summarise at the conclusion of the activity highlighting the key points of the module.
6. Ask the group if they have any questions and remind them about the "question box".

Activity (AS35):

QUESTIONS TO RAISE TRAINER SELF-AWARENESS[*]
Pair activity

Instructions:
1. Consider each of the following questions to begin highlighting some of your personal values, beliefs, attitudes and fears around being a VCT trainer. Reflect on how your values, beliefs, attitudes and fears may influence your behaviour and may influence your communication with trainees in relation to factual and sensible knowledge.
2. Write some notes under each question highlighting your initial thoughts.
3. Discuss with your partner the responses you feel comfortable to share and explore together.

---

[*] Adapted from Ministry of Health and Family Welfare. National AIDS Control Organisation. Government of India, HIV/AIDS counselling training manual for trainers.

4. Note – this is a confidential exercise that you will not be required to discuss in the larger group.
    ● What do I think about being a trainer?
    ● Am I afraid of being a trainer? What specifically am I afraid of?
    ● What importance do I place on people attending training?
    ● What are my expectations of trainees who attend a course I am teaching?
    ● How do I feel about discussing HIV infection and AIDS?
    ● What is my attitude to HIV risk behaviours? Do I view some people as being at fault, immoral or deserving of HIV infection? How may this influence how I teach topics related to transmission and behaviour change communication?
    ● Which sexual practices would I find most difficult to talk about, given my own personal and cultural values?
    ● What everyday/slang words would I use, or never use, to explain risk practices or behaviour, especially to trainees who differ from me racially, culturally or sexually, or are much younger or older?
    ● How would I explain the need to educate trainees about behaviour that is seen as strange or deviant in a particular society or culture?
    ● Will I accept a trainee's view if it is different from my own, or will I always try to be in control?
    ● Will I be judgemental of trainees whose values, beliefs, attitudes and fears differ from mine?
    ● How much do I want to influence, control or dominate trainees?
    ● Are there some kinds of people that I probably could not train?
    ● What disruptive behaviours will I find most difficult to manage in a training situation? e.g. How would I feel about a trainee who is talking while I am speaking? How would I feel about a trainee who keeps falling asleep? How would I feel about a trainee who is very outspoken and challenges my material?

Activity (AS36):

EXPLORING VALUES, BELIEFS, ATTITUDES AND FEARS
Small group activity

Your group will need
Large sheets of paper (butcher's paper) and marker pens
OR
Overhead transparencies and overhead marker pens

Instructions
1. Nominate a scribe for the group.
2. Nominate a spokesperson(s) for the group.
3. Read the scenario.
4. Have a focused discussion guided by the two questions asked.
5. Brainstorm the methods for discovering the values, beliefs, attitudes and fears of the trainees (question 1).
6. Brainstorm the techniques you could use to foster supportive discussion (question 2).

Scenario
You are conducting an HIV/AIDS awareness training session. The trainees are of mixed age, gender, sexual orientation and cultural background.

Question 1
How would you broadly discover what values, beliefs, attitudes and fears exist among the group?

Question 2
What techniques would you use to foster a supportive discussion about values, beliefs, attitudes and fears concerning HIV/AIDS?

Notes

Module 6

Sub module 13: **Impact of values and attitudes on training**

Session objectives

At the end of the training session, trainees will be able to:

Discuss the importance of trainer self-awareness

Consider the possible effects of values, beliefs, attitudes and fears on communication and counselling training

Plan value clarification exercises and activities

Manage training situations where trainees hold views different from their own and each other's

Session outline
- Self-awareness for trainers of personal values, beliefs, attitudes and fears
- Questions to raise trainer self-awareness
- Possible effects of values, beliefs, attitudes and fears on communication and counselling training
- Value clarification exercises and activities—guidelines for addressing the possible effects of values, beliefs, attitudes and fears
- Additional ideas to address issues related to values, beliefs, attitudes and fears

Self-awareness for trainers of personal values, beliefs, attitudes and fears
We are all influenced by the society and culture within which we live, develop and mature. Society and culture contribute to the development of personal values, beliefs, attitudes and fears. An important part of being a trainer, especially in the area of counselling, is having a good self-awareness of our own values, beliefs, attitudes and fears.

The importance of counsellor values and attitudes was discussed in Part I of the programme in the context of becoming a counsellor (See Module 2, Sub module 2.2). In this module of the programme the focus is on the relevance of self-awareness in the context of *becoming a trainer* in counselling.

As a trainer we need to:
- Develop our own self-awareness of our values, beliefs, attitudes and fears
- Assist trainees to develop their own self-awareness of their values, beliefs, attitudes and fears
- Understand that people we are training hold different values
- Understand that people we are training can come from different cultures, races, religions, etc.
- Appreciate the need to respect trainees irrespective of their culture, race, religion, etc.
- Address or modify attitudes that may negatively impact on the training situation

Developing self-awareness is important because values, beliefs, attitudes and fears:
● Guide day-to-day behaviour
● Influence our interpretation, explanation and response to events
● Are usually specific to the culture in which they evolved
● Vary between and within countries, regions and groups[1]

As a trainer, our values, beliefs, attitudes and fears can influence how we train people, e.g. what topics we prefer to teach, what topics we are uncomfortable about, what trainees we may experience difficulties with, how we respond to challenging trainee behaviours and our interactions with trainees from different backgrounds. It is necessary to recognise and accept that all people are different and potentially hold different values, beliefs, attitudes and fears from our own.

Good trainers do not allow their own values, beliefs, attitudes and fears to influence the training process. They are also sensitive to the trainee's world and culture and how HIV/AIDS may be perceived within the trainee's world and culture. Ideally, they should explore with trainees their prevailing beliefs about illness, HIV infection and counselling.[2]

Can we change values, beliefs, attitudes and fears in our training? Not usually, but we can raise awareness. We can also clarify and challenge false premises on which they may be based. Further, we can explore strategies for managing how they may influence our professional roles and responsibilities.

Difficulties and conflicts in trainer-trainee values, beliefs, attitudes and fears should be addressed through supervision, consultation with experienced trainers, and if necessary, referral to an appropriate external professional.

Questions to raise trainer self-awareness[3]

Consider each of the following questions to begin highlighting some of your personal values, beliefs, attitudes and fears around being a VCT trainer. Reflect on how your values, beliefs, attitudes and fears may influence your behaviour and may influence your communication with trainees in relation to factual and sensible knowledge.
● What do I think about being a trainer?
● Am I afraid of being a trainer? What specifically am I afraid of?
● What importance do I place on people attending training?
● What are my expectations of trainees who attend a course I am teaching?
● How do I feel about discussing HIV infection and AIDS?
● What is my attitude to HIV risk behaviours? Do I view some people as being at fault, immoral or deserving of HIV infection? How may this influence how I teach topics related to transmission and behaviour change communication?
● Which sexual practices would I find most difficult to talk about, given my own personal and cultural values?
● What everyday/slang words would I use, or never use, to explain risk practices or behaviour, especially to trainees who differ from me racially, culturally or sexually, or are much younger or older?
● How would I explain the need to educate trainees about behaviour that is seen as strange or deviant in a particular society or culture?
● Will I accept a trainee's view if it is different from my own, or will I always try to be in control?
● Will I be judgemental of trainees whose values, beliefs, attitudes and fears are different from mine?

- How much do I want to influence, control or dominate trainees?
- Are there some kinds of people that I probably could not train?
- What disruptive behaviours will I find most difficult to manage in a training situation? e.g. How would I feel about a trainee who is talking while I am speaking? How would I feel about a trainee who keeps falling asleep? How would I feel about a trainee who is very outspoken and challenges my material?

Possible effects of values, beliefs, attitudes and fears on communication and counselling training

- It is not what our message does to the listener, but what the listener does with our message, that determines our success as trainers and educators.
- Listeners generally interpret messages in ways which make them feel comfortable and secure.
- When people's attitudes are attacked head-on, they are likely to defend those attitudes, and in the process, reinforce them.
- People pay most attention to messages that are relevant to their own circumstances and point of view.
- People who feel insecure in a relationship are unlikely to be good listeners.
- People are more likely to listen to us if we listen to them.
- People are more likely to change in response to a combination of new experience and communication than in response to communication alone.
- People are more likely to support a change if they are consulted before the change is made.
- The message in what is said will be interpreted in the light of how, when, where and by whom it is said.
- Lack of self-knowledge and an unwillingness to resolve our own internal conflicts make it harder for us to communicate with other people.

Value clarification exercises and activities – Guidelines for addressing the possible effects of values, beliefs, attitudes and fears

(Refer to part I, Module 2, Sub module 2.2, for examples of exercises and activities)

- Start with an ice breaker or a group introduction exercise.
- Create a supportive environment.
- Build rapport with the trainees.
- The right of confidentiality must be made explicit. It is important to maintain confidentiality at all times, especially if counsellor trainees refer to their own personal experiences or those of their clients. Trainers are urged to ask trainees to all agree to maintain the confidentiality of all fellow trainees.
- Trainers must be at ease with their own values, beliefs, attitudes and fears.
- Encourage trainees to respect individual differences. Trainees frequently come from different ethnic and cultural backgrounds and have different lifestyles, beliefs, personal experiences and areas of expertise.
- Encourage trainees to listen carefully and with empathy, and to respect each other's contributions, opinions, and experiences. Explain that it is important in the training, and as professionals, to practice active listening by allowing each other to share their own experiences and opinions with the group.
- Don't attack trainees, embarrass them or make them feel that they have unusual views or punish them for holding different views.
- Don't allow other members of the group to attack or punish individuals who hold different views.
- Listen to the group. People are more likely to listen to us if we listen to them.
- People often feel more comfortable doing value clarification exercises working in pairs or in groups than disclosing to a whole room.

- The trainer should ensure that their background knowledge of the subject is sufficient to challenge inappropriate attitudes with confidence.
- Value clarification role-plays are for experienced trainers only. The embarrassment of the exercise can be distracting.
- Remember that someone in the group may be HIV positive and the values of other group members may cause distress.

Additional ideas to address issues related to values, beliefs, attitudes and fears

- Trainers must recognise that discussions of HIV, sex, sexuality, drug use, death and dying, and other VCT issues can be difficult. It is important for trainers to make a statement about this potential discomfort to trainees at the commencement of the course and invite the course trainees to discuss their concerns with the trainer(s) on an individual basis. The training group must respect a trainee's decision to pass on a specific question or activity.
- Encourage trainees to use a 'question box' for any issues they are uncomfortable discussing. Questions of a sensitive nature can be written down on a piece of paper and placed in the question box. The questions should be drawn out at the end of each day and discussed during a question and answer session before the close of the day.
- Review evaluation forms to help provide valuable feedback to the trainers about their styles, presentation skills, demonstrated knowledge of the subject area and any noticeable effects of personal values, beliefs, attitudes and fears on the training.

Remember

- Some people will tend to say what they think you want to hear—for an 'easy life' or because they are frightened of isolation.
- We must accept that certain people will never challenge their own values and our efforts may be futile.
- Some people may react angrily, aggressively or abusively when they are challenged about their values. Don't assume that you have done something wrong. People come to HIV/AIDS work with many hidden agendas and personal experiences.
- Facilitate the group through value, belief, attitude and fear clarification and don't assume your views are more valid than anyone else's.

References

1   Ministry of Health and Family Welfare. National AIDS Control Organisation. Government of India, HIV/AIDS Counselling Training Manual for Trainers. (no date)
2   Family Health International. Zimbabwe HIV Counselling Training Manual. 2001
3   Adapted from Ministry of Health and Family Welfare. National AIDS Control Organisation. Government of India, HIV/AIDS counselling training manual for trainers. (no date)

Module 6

Sub module 14: Criteria for TOT assessment and guidelines for giving feedback

Session objectives		At the end of the training session, trainees will be able to:
		Prepare for TOT presentations with a clear understanding of the criteria that will be used to assess performance
		Deliver constructive feedback to other trainees following observation of TOT presentations
Time to complete Sub module		30 minutes
Training materials		PowerPoint presentation **(PPT47)**
		Activity sheet **(AS37)**
		Handout **(HO48)**
		Question box
Content		Criteria for TOT assessment
		Guidelines for giving feedback (written and verbal)
		TOT presentation feedback assessment form

Session instructions

1. Lecture with PowerPoint presentation (**PPT47**).
2. Ensure all trainees understand the criteria by which they will be assessed when they do their presentations.
3. Ensure all trainees understand how they are to provide feedback (written and verbal) following each TOT presentation.
4. Emphasise that *written feedback is to be completed prior to the verbal feedback* and related discussion. This will ensure that written responses are not influenced by the verbal feedback.
5. Written feedback is to be given through completion of the 'TOT presentation feedback assessment form' (**AS37**).
6. Verbal feedback is to be given through guided discussion of the questions listed in **HO48**.
7. Ensure sufficient copies of the 'TOT presentation feedback assessment form' (**AS37**) are prepared and distributed for the TOT presentation tasks.
8. Ask the group if they have any questions and remind them about the "question box".

Module 6

Sub module 14: Criteria for TOT assessment and guidelines for giving feedback

Session objectives

At the end of the training session, trainees will be able to:

Prepare for TOT presentations with a clear understanding of the criteria that will be used to assess performance

Deliver constructive feedback to other trainees following observation of TOT presentations

Criteria for TOT assessment

Trainees will be assessed by each other and by the trainers and facilitators of the programme for each of the following areas:

- Preparation – training room, equipment, training aids, materials
- Overall time management
- Adherence to the module session plan
- Presentation skills – verbal
- Presentation skills – non-verbal
- Management of session activities
- Use of training aids – computer/PowerPoint, overhead, whiteboard, handouts, etc.
- Involvement of trainees
- Responsiveness to questions
- General trainer effectiveness – manner, enthusiasm, professionalism, suitable appearance, confidence level, gaining and maintaining attention, creating interest
- Management of difficulties
- Teamwork – support of team members
- Achievement of objectives

Trainees should consider these criteria in the preparation and delivery of their TOT presentations.

Guidelines for giving feedback

Feedback will be provided through:

- Written feedback – assessment forms with ratings and comments
- Verbal feedback – discussion following completion of written feedback

Following each of the TOT presentations, there will be 30 minutes for feedback.

The format for feedback will be as follows:

Written feedback – Assessment forms (ratings and comments)

All trainees who acted as trainees in the presentation task, and all trainers and facilitators of the programme, will be required to complete an assessment form to give further feedback to the team/presenters. This form has ratings for each of the assessment criteria. These ratings range from 1 to 5 where:

    1 = Very poor
    2 = Poor
    3 = Average
    4 = Good
    5 = Very good

These forms are to be completed at the <u>commencement</u> of the feedback time. This will ensure that written responses are not influenced by the verbal feedback and related discussion. Forms must be handed to the team / presenters of the task at the conclusion of the feedback session. The feedback assessment forms are confidential, and the person completing the form is not required to record their name, although they may if they choose to do so.

Trainees should refer to the relevant session plans for the modules being presented to assist them in completing the form (see Part 1: Training Resources Outline). A copy of the TOT presentation feedback assessment form is provided at the end of this handout.

Verbal feedback – Discussion

1. TEAM/PRESENTERS OF THE TOT TASK
- What were you happy with in your presentation?
- What would you do differently if you were to repeat the presentation?

2. OTHER TRAINEES
- What was good about the presentation?
- What constructive criticism can you offer? (areas that were not so good <u>and</u> suggestions on how they could be improved)

3. TRAINERS/FACILITATORS OF THE PROGRAMME
- What strengths were observed in the team/presenters?
- What areas are the team/presenters ready to further develop?
- Any other specific feedback?

General guidelines for provision of written and verbal feedback:
- Begin with positive aspects of the presentation.
- Be specific – rather than say a presentation was 'good', say what parts of the presentation were good <u>and</u> why.
- Constructive criticisms – when giving feedback about poor aspects of a presentation, be sure to give some constructive suggestions for improvement or ideas on what could be done differently.
- Ensure you give balanced feedback – consider the good and the not-so-good aspects of the presentation. There are possible detrimental effects of only providing criticism (e.g. fear of peer review, possible development of anxiety about teaching).

- Consider what you learned about training from the presentation and the team/ presenters.
- During the verbal feedback and discussion time be prepared to provide a justification for the relevance of your comments or questions.
- Use the feedback assessment form to give honest feedback to a presenter.
- Write comments on the feedback assessment form to explain your chosen ratings.
- Be respectful of the team / presenters and the goal of enhancing training skills – attempt to help them achieve this goal.

TOT PRESENTATION FEEDBACK ASSESSMENT FORM

Please circle a rating for each of the listed criteria.
Please add any comments to explain your chosen rating under each of the criteria.
Any additional comments can be written at the end or on the back.

1. *Preparation* – training room, equipment, training aids, materials

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

2. *Overall time management* – session began and finished on time, adequate time given for activities, appropriate pace of content

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

3. *Adherence to the module session plan*

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

4. *Presentation skills – verbal* (spoke clearly, speech was fluent, good volume)

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

5. *Presentation skills – non-verbal* (eye contact, body language, etc.)

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

6. *Introduction to the session* – rationale, aims, objectives and content outlined

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

7. *Management of session activities* – clear instructions, good facilitation, adequate debriefing provided

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

8. *Use of training aids* – computer/PowerPoint, overhead, whiteboard, handouts, etc

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

9. *Involvement of trainees* – trainees encouraged to participate and feedback given by trainer/s

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

10. *Responsiveness to questions* – demonstrated knowledge of materials

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

11. *General trainer effectiveness* – manner, enthusiasm, professionalism, suitable appearance, confidence level, gaining and maintaining attention, creating interest

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

12. *Management of difficulties* – equipment failures, challenging trainee behaviours, time restrictions

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

13. *Teamwork* – Support of team members

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

14. *Achievement of session objectives*

1	2	3	4	5
Very poor	Poor	Average	Good	Very good

ADDITIONAL COMMENTS:

Module 6

Sub module 15: Practice for TOT presentations

Session objectives	◎	At the end of the training session, trainees will have:
		Agreed on the tasks of each team member for assigned TOT presentations
		Prepared for their TOT presentations
Time to complete Sub module	⏱	1 hour
Training materials	📑	PowerPoint presentation (**PPT48**)
		Handouts (**HO40** & **HO41**)
		Activity sheet (**AS37**) [distributed during the previous session]
		Activity sheets (**AS38** & **AS39**)
		Session plans, PowerPoint presentations, handouts and activity sheets from Part I - each allocated to the team which is presenting them

Session instructions

1. Instruct trainees that they have one hour to:
    *   Meet with their allocated team as specified in the table in **HO41**.
    *   Agree with their team members on the allocation of tasks. Ask them to refer to **HO40** for detailed instructions on preparation.
    *   Recommend that in teams of four people, two people should be key trainers for presenting the first session and the other two people should provide support e.g. making sure the equipment works, that there are enough handouts for all the trainees, turning the lights on and off as required when using the PowerPoint presentation, etc.
    *   The two people will need to work together closely.
    *   For the second session, the role should be reversed so that <u>everyone</u> has the opportunity to present a session and be a trainer.
2. Remind trainees to refer to the assessment criteria when preparing their presentations to check that they have addressed each criteria in their preparation (ask them to refer to **AS37** from the previous session).
3. Ask the group if they have any questions.
4. When the trainees have broken into their teams, the trainer should walk around to the different groups to check on progress, assist with any difficulties and remind them of the time remaining.

5. At the beginning of the presentations, remind the trainees that their role as the "audience" is to support their colleagues and provide constructive criticism. The trainer will need to be aware of the timing of the presentations.

6. At the end of each presentation use **PPT48** to guide the feedback and discussion. Note that _written feedback is to be completed prior to the verbal feedback._

Written feedback

● Ask the trainees in the audience to complete the 'TOT presentation feedback assessment form' in **AS37** (copies should have been distributed during the previous session).

● Ask the trainees who conducted the training to complete the two self evaluation assessment forms:
  ■ 1. 'Self assessment sheet for reflective diary or journal' in **AS38**
  ■ 2. Action plan in **AS39**. These were discussed during an earlier session on 'Evaluating training' (Module 6 Sub module 10).

● Remind the trainees that these self-assessment forms are useful tools to use each time after they deliver any training. It helps them to appraise themselves of their strengths and weaknesses in training and to set goals for areas which they want to improve next time.

Verbal feedback

● Lead a guided discussion through slides 4 and 5 of **PPT48**. This begins with having the TOT team self-reflecting, followed by other trainees giving their feedback, and then concludes with the programme trainers and facilitators giving their feedback.