Jhpiego Corporation is an international, non-profit health organization affiliated with The Johns Hopkins University. For more than 36 years, Jhpiego has empowered front-line health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world’s most vulnerable populations.

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LEARNER’S GUIDE
INSTRUCTIONAL DESIGN SYLLABUS

INTRODUCTION
As part of Jhpiego’s recommended plan for developing national capacity in training, instructional design skills are needed to ensure that training and continued professional development result in the desired outcomes. As part of Jhpiego’s work in faculty development and strengthening pre-service education, basic instructional design skills are needed for faculty and teachers.

SYLLABUS
Course Description: This course provides practical experience and feedback in key instructional design skills. The emphasis is on practical experience rather than theory. This course is planned for seven days, including time for content development.

Facilitator Selection Criteria: An experienced Instructional Designer or Training Expert should facilitate this course.

Participant Selection Criteria: In-service trainers, pre-service faculty or classroom instructors who are interested in creating more engaging and effective learning experiences.

Course Goal: Create more effective, engaging learning experiences for participants in your courses.

LEARNING OBJECTIVES
After completing this instructional design course, you will be able to apply three key elements (analysis, design and development) of the instructional design model to improve learning and actively engage participants in your courses.

After this course, you will be able to:

Determine Course Context
1. Describe the general context of the desired technical content course (intended learners, the expectations of their jobs).
2. In simulation, conduct a basic audience analysis, and identify relevant:
   ■ Learner characteristics
   ■ Training context/workplace context
   ■ Learner experience (years on the job, general competencies, reading/writing level and language used, use of computers and other technology)

Write Learning Objectives
1. Using identified learning needs, write learning objectives that are specific, measurable, and attainable and include the desired performance, conditions of performance and the criteria for assessing the performance.
2. Given a sample from a skills-course, sequence the learning objectives consistent with the guidance presented in the reference manual.

3. For a given set of learning objectives, identify the prerequisite skills and knowledge that you will not teach but which participants must have mastered to be successful in reaching the objectives.

**Select and Develop Assessments**

1. Based on identified learning needs, describe options for assessment methods consistent with the guidance provided in the reference manual, including the appropriateness, advantages and limitations of each.

2. Presented with a range of samples, critique and improve questions consistent with the criteria provided in the reference manual.

3. Given learning objectives, create test items to measure achievement of the learning objectives.

4. Given learning objectives, construct checklists to measure competency of communication, psychomotor or clinical decision-making skills.

**Select and Develop Learning Activities**

1. Given specific learning objectives, select and develop realistic and relevant learning activities and exercises that engage learners in purposeful learning and help them:
   - Master the learning objectives
   - Successfully complete the learning assessments
   - Apply what they've learned on the job

2. Using identified learning activities, organize the learning activities to support increasing mastery of objectives.

3. Based on the identified learning activities, select engaging and appropriate teaching methods to help learners accomplish the learning objectives.

4. In a case study, distinguish content that directly supports successful completion of the learning activities from content that is not relevant.

5. Using identified learning objectives, create session plans that address the nine events of instruction.

6. Based on the identified course/learning context, learner characteristics and identified learning activities, select appropriate mode(s) for delivery of instruction.

**Evaluate Courses**

1. Based on draft or existing materials, describe formative and summative evaluation approaches that will identify if the learning goals will be met by the draft course design.

2. Create a data summary chart and identify where to revise instruction.
TEACHING/LEARNING METHODS

- Interactive presentations
- Discussions
- Practice and feedback

LEARNING MATERIALS/REFERENCES

Instructional Design Manual, Jhpiego 1997
Learning for Performance, CAPACITY Project, 2007

METHODS OF ASSESSMENT

Final Knowledge Assessment
HOW TO USE COURSE MATERIALS

Your Learner’s Guide contains these common types of materials:

**Examples:** These are examples that are used to explain ideas or demonstrate concepts. Use them to guide you in creating similar types of materials on your own.

**Templates:** These are forms that provide a standard structure or pattern to guide you in creating learning activities or assessment methods. Use them to create desired items.

**Handouts:** These provide additional content on specific topics, use them for additional information.

**Exercises:** These are used to give you practice and feedback in specific skills, use them to develop your skills.
## INSTRUCTIONAL DESIGN COURSE SCHEDULE

### MODEL INSTRUCTIONAL DESIGN COURSE SCHEDULE

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.M. (4 hours)</strong></td>
<td><strong>A.M. (4 hours)</strong></td>
<td><strong>A.M. (4 hours)</strong></td>
<td><strong>A.M. (4 hours)</strong></td>
<td><strong>A.M. (4 hours)</strong></td>
</tr>
<tr>
<td>Opening and Introduction: Welcome</td>
<td>Agenda and opening activity</td>
<td>Agenda and opening activity</td>
<td>Agenda and opening activity</td>
<td>Agenda and opening activity</td>
</tr>
<tr>
<td>Introductions</td>
<td>Objectives Continued</td>
<td>Review a sample of improved objectives</td>
<td>Review of previous day’s work</td>
<td>Review a sample improved questions from previous day</td>
</tr>
<tr>
<td>Identify expectations</td>
<td>Sequencing objectives</td>
<td>Learning Activities Part I continued: Select teaching methods</td>
<td>Assessment Methods, Part II continued</td>
<td>Learning Activities Part III: Nine Events of Instruction</td>
</tr>
<tr>
<td>Course Overview (goals, objectives, schedule)</td>
<td>Write objectives</td>
<td>Organize Activities</td>
<td>Assessing types of skills</td>
<td>Session plan development</td>
</tr>
<tr>
<td>Review course materials</td>
<td>Prerequisite Skills</td>
<td>Assessment Part II</td>
<td>Checklist variations</td>
<td></td>
</tr>
<tr>
<td>Identify learning needs</td>
<td>Assessment Methods, Part 1</td>
<td>Item characteristics</td>
<td>Create checklists</td>
<td></td>
</tr>
<tr>
<td><strong>Course Design</strong></td>
<td><strong>Learning Activities Part I</strong></td>
<td><strong>Assessment Part II</strong></td>
<td><strong>Assignment:</strong> Learning for Performance, Step 9</td>
<td><strong>Assignment:</strong> ID Chapter 9, Learning for Performance, Step 10</td>
</tr>
<tr>
<td><strong>Instructional design models</strong></td>
<td><strong>Mastery learning</strong></td>
<td><strong>Select Relevant Content</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Identifying learning needs</strong></td>
<td><strong>Consistency with objectives</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Lunch</strong></td>
<td><strong>Method selection</strong></td>
<td><strong>End of the day evaluation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>P.M. (3 hours)</strong></td>
<td><strong>Congruence with objectives</strong></td>
<td><strong>Review of the day’s activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Design continued</td>
<td><strong>Learning Activities Part II continued</strong></td>
<td><strong>Review of the day’s activities</strong></td>
<td></td>
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</tr>
<tr>
<td>Design considerations</td>
<td>Critique questions</td>
<td><strong>End of the day evaluation</strong></td>
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<td></td>
</tr>
<tr>
<td>Audience</td>
<td>Item development</td>
<td>Review of the day’s activities</td>
<td></td>
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<tr>
<td>Initial Design</td>
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<tr>
<td><strong>Objectives</strong></td>
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<tr>
<td>Purpose and importance</td>
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<td></td>
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<tr>
<td>Key components</td>
<td></td>
<td></td>
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<tr>
<td>Critiquing objectives</td>
<td></td>
<td></td>
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<tr>
<td>End of the day evaluation</td>
<td></td>
<td></td>
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<tr>
<td><strong>Assignment:</strong> Learning for Performance, steps 1–6</td>
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<tr>
<td>ID Manual: Chapter 3, 5 and 7</td>
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<tr>
<td><strong>Assignment:</strong> Learning for Performance, steps 7–8</td>
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<tr>
<td>ID Manual: Chapter 8</td>
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<tr>
<td><strong>Assignment:</strong> Learning for Performance, steps 7–8</td>
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<tr>
<td>ID Manual: Chapter 8</td>
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</tr>
<tr>
<td><strong>Assignment:</strong> Learning for Performance, steps 9–10</td>
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<tr>
<td>ID Manual: Chapter 9, Learning for Performance, Step 10</td>
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</tr>
</tbody>
</table>
## MODEL INSTRUCTIONAL DESIGN COURSE SCHEDULE

<table>
<thead>
<tr>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M. (4 hours)</td>
<td>A.M. (4 hours)</td>
</tr>
<tr>
<td>Agenda and opening activity</td>
<td>Agenda and opening activity</td>
</tr>
<tr>
<td>Materials review</td>
<td>Materials development</td>
</tr>
<tr>
<td>Review of developed materials</td>
<td></td>
</tr>
<tr>
<td>Mode of Instruction</td>
<td></td>
</tr>
<tr>
<td>Design considerations</td>
<td></td>
</tr>
<tr>
<td>Audience</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>P.M. (3 hours)</td>
<td>Materials Development</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td></td>
</tr>
<tr>
<td>Formative and summative evaluation</td>
<td></td>
</tr>
<tr>
<td>Final knowledge assessment</td>
<td></td>
</tr>
<tr>
<td>End of the day evaluation</td>
<td></td>
</tr>
<tr>
<td>Review of the day’s activities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action Planning</td>
</tr>
<tr>
<td></td>
<td>Course Evaluation</td>
</tr>
<tr>
<td></td>
<td>Closing</td>
</tr>
</tbody>
</table>
# SELF-ASSESSMENT

**Instructions:** Please indicate your opinion of your expertise using the following rate scale.

<table>
<thead>
<tr>
<th>TASK</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct a performance assessment or baseline needs assessment.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>2. Write learning objectives that respond to an identified learning need.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>3. Sequence the learning objectives.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>4. Describe options for assessment methods, including the appropriateness, advantages and limitations.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>5. Create test items to measure achievement of the learning objectives.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>6. Construct checklists to measure proficiency of communication, psychomotor or clinical decision-making skills.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>7. Design realistic and relevant learning activities and exercises.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>8. Organize the learning activities to support learner's mastery of objectives.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>9. Select appropriate mode(s) for delivery of instruction.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>10. Develop session or lesson plans.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>11. Evaluate learning intervention outcomes.</td>
<td>1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>
COURSE DESIGN

SUMMARY OF THE SESSION
During this session, you will review: 1) How to review the context when designing a course; 2) How to analyze your learners to identify learner characteristics, experience and workplace context; and 3) How to use this analysis to identify possible learning solutions, including possible formats.

LEARNING OBJECTIVES FOR THE SESSION
At the end of the session, participants will be able to:

1. Describe the general context of the desired technical content course (intended learners, the expectations of their jobs).

2. In simulation, conduct a basic audience analysis, and identify relevant:
   - Learner characteristics
   - Training context/workplace context
   - Learner experience (years on the job, general competencies, reading/writing level and language used, use of computers and other technology)
Example: Design Plan Document—Physical Examination

RATIONALE

Why does this course matter? Why is it needed?

A key skill in HIV and other infectious disease management is the ability to perform a physical examination and make an appropriate diagnosis. While taught during specific educational programs, typically these skills are weak.

NEEDS ASSESSMENT FINDINGS

What does the needs assessment show about learning needs? What is the learning need?

Using HIV performance standards to assess workplace performance, physical examination is a weak area more than 60% of the time. The needs assessment also identified that feedback on physical examination skills are weak, but other job performance factors are not a problem.

CONTEXT

What is the context around this course? Which mode(s) of delivery is being considered?

Since the content of physical examination does not change often, and there is a need to reach great numbers of providers without removing them from the workplace, the use of a computer-based mode of delivery is a top choice. This will be combined with an on-the-job approach for practice and feedback.

LEARNER CHARACTERISTICS/AUDIENCE

What are learner characteristics? Computer literacy? Professional experience and place?

Learners will be mostly physicians, clinical officers or midwives working in public sector facilities. Most of the learners may have been in practice for some time. Literacy will not be a problem, but translation will be needed for francophone and lusophone countries. Computer literacy and access may be a barrier for some of them. Some considerations include: refer to the course as a “refresher,” since experienced professionals may not feel that it is needed, make sure that computer access and some basic help can be provided in the workplace—an orientation session might be needed to ensure they are comfortable using the computer. Several mentors or on-site trainers will be needed to provide on-the-job practice and feedback and preparing and supporting their involvement must be addressed.

WORKPLACE CHARACTERISTICS

What is the description of the workplace?

The workplace will be busy, understaffed and under-resourced. Time and incentives will need to be provided to make sure the learners have time set aside to go through computer-sessions, and a structured plan for completing the on-the-job portion. Any additional supplies will need to be provided.
DRAFT COURSE GOALS

List draft ideas of the course goals.

- Motivate the learners regarding the importance and usefulness of a well-done physical examination.

- Ensure that learners can complete a physical examination and identify common complications or illnesses related to HIV or ARV treatment.
Template: Course Design Plan

RATIONALE
Why does this course matter? Why is it needed?

NEEDS ASSESSMENT FINDINGS
What does the needs assessment show about learning needs? What is the learning need? How does one know it is a learning need?

CONTEXT
What is the context around this course? Which mode(s) of delivery is being considered?

LEARNER CHARACTERISTICS/AUDIENCE
What are learner characteristics? Background? Computer literacy? Professional experience and place?

WORKPLACE CHARACTERISTICS
What is the description of the workplace?

DRAFT COURSE GOALS
List draft ideas of the course goals.
WRITING OBJECTIVES

SUMMARY OF THE SESSION
During this session, you will review: 1) How to write learning objectives; 2) Strategies for sequencing objectives; and 3) Identifying knowledge and skills needed that you will not teach, but are needed for learners to master your objectives.

LEARNING OBJECTIVES FOR THE SESSION
At the end of the session, participants will be able to:

1. Using identified learning needs, write learning objectives that are specific, measurable and attainable, and include the desired conditions of performance, the desired performance and the criteria for assessing the performance.

2. Given a sample from a skills-course, sequence the learning objectives consistent with the guidance presented in the reference manual.

3. For a given set of learning objectives, identify the prerequisite skills and knowledge that you will not teach, but which participants must have mastered to be successful in reaching the objectives.
Exercise: Is It Acceptable?

OBJECTIVES
The purpose of this activity is to:

■ Practice developing learning objectives that specify the following components: an observable/measurable performance, the conditions of performance and the criteria or standards which will be used to assess the performance.

RESOURCES/MATERIALS NEEDED

■ Exercise: Is it Acceptable?
■ Pens/pencils, flipcharts or blackboard

INSTRUCTIONS

■ Using the table below, review the list of proposed learning objectives for a variety of courses. Indicate which of the three criteria (observable/measurable performance, conditions of performance, criteria) are met for each learning objective. Identify which learning objectives are acceptable and meet all of the criteria.

■ Which objectives are unacceptable and why? Work together to re-write unacceptable objectives so that they meet all three criteria.

■ Choose a team leader to present the re-written list of learning objectives.
<table>
<thead>
<tr>
<th>Learning Objective</th>
<th>Observable/ measurable performance</th>
<th>Conditions of performance</th>
<th>Criteria</th>
<th>Acceptable</th>
<th>New Learning Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Talk to women about cervical cancer prevention.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>During at least one client group session in clinic, talk to women about ways to prevent cervical cancer according to facility/practice standards pertaining to cervical risk factors and prevention.</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td>During a role play that simulates counseling a patient, demonstrate the ability to talk to a woman about cervical cancer prevention using facility/practice standards or relevant clinical checklist.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>On a written test, answer at least 85% of questions in the section pertaining to Cervical Cancer Prevention.</td>
</tr>
<tr>
<td>4. Explain who should have cervical cancer screening and how VIA (visual inspection of the cervix with acetic acid) screens for cervical cancer.</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Based on the clinical histories described, decide correctly in at least 4 out of 5 case studies women who should have cervical cancer screening.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>During supervised clinical practice, demonstrate the ability to choose clients who should have cervical cancer screening using facility/practice standards or relevant clinical checklist</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>On a written test, answer at least 85% of questions in the section pertaining to VIA screening for cervical cancer.</td>
</tr>
<tr>
<td>5. Perform a pelvic examination.</td>
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<tr>
<td>6. Perform active management of the third stage of labor.</td>
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<tr>
<td>7. Provide family planning method-specific counseling to a client.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### SAMPLE LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Learning Objective (The learner will be able to....)</th>
<th>Observable/ measurable performance</th>
<th>Conditions of performance</th>
<th>Criteria</th>
<th>Acceptable</th>
<th>New Learning Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Follow infection prevent practices.</td>
<td></td>
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</tr>
<tr>
<td>9. Plot the partograph and know when to refer the woman.</td>
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<tr>
<td>10. Take a patient history.</td>
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</tr>
</tbody>
</table>
Example: Sequencing Objectives

*From a Fundamentals of Midwifery Syllabus*

**MODULE OBJECTIVES**

<table>
<thead>
<tr>
<th>SUGGESTED SEQUENCE KEY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>By the completion of this module, students will be able to:</strong></td>
</tr>
</tbody>
</table>

1. **Review of anatomy and physiology:** The course will cover structure and function of cells, organs of the reproductive health system.

2. **Introduction to antenatal care including:** Antenatal assessment (history and physical examination) and care provision (including birth planning, preventive measures, and health messages and counseling), common discomforts in pregnancy and special needs, including malaria, anemia, HIV, and gender-based violence.

3. **Taking an antenatal history:** Personal history, obstetric history current and past, menstrual history, minor disorder of pregnancy, danger sign of pregnancy, labor and postpartum, ever used any family planning methods.

4. **Perform physical examination of pregnant woman.**

5. **Performing postnatal examination including:** Introduction to postpartum care, postpartum assessment (history and physical examination) and care provision, including preventive measures and health messages and counseling.

6. **Introduction to newborn care,** basic care of the newborn, including warmth, early, exclusive breastfeeding, immunization, newborn assessment, and common concerns and special needs in the newborn period.
### Example: Instructional Planning Worksheet

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVE(S)</th>
<th>LEARNING ASSESSMENT METHOD(S)</th>
<th>TRAINING/LEARNING ACTIVITY(IES)</th>
<th>REFERENCES/ RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given a sample from a skills-course, sequence the learning objectives consistent with the guidance provided in Learning for Performance, pg. 38.</td>
<td>Arrange learning objectives in an appropriate sequence.</td>
<td>Provide a list of incorrectly ordered objectives for learners to arrange in the proper order (individuals or small groups). Debrief.</td>
<td>Exercise: learning objectives misordered; needs answer key with correct order and rationale. Learning for Performance, step 6, pg. 38.</td>
</tr>
<tr>
<td>Given a range of client case studies, identify the appropriate family planning counseling tasks for the four different types of clients, completing all the tasks on the checklist.</td>
<td>In a matching exercise, correctly identifies the appropriate family planning counseling tasks for each type of counseling client presented in a case study.</td>
<td>Provide handout on different types of counseling clients and related family planning tasks; discuss with the group. In case studies, identifies appropriate counseling tasks based on different types of clients.</td>
<td>Handout: Different types of counseling clients. Case studies for different types of counseling clients.</td>
</tr>
</tbody>
</table>
Template: Instructional Planning Worksheet

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVE(S)</th>
<th>LEARNING ASSESSMENT METHOD(S)</th>
<th>TRAINING/LEARNING ACTIVITY(IES)</th>
<th>REFERENCES/RESOURCES</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
ASSESSMENT

SUMMARY OF THE SESSION
During this session, you will review: 1) How to select methods to assess your objectives; 2) How to critique and write questions to assess knowledge; and 3) How to create checklists to measure skills.

LEARNING OBJECTIVES FOR THE SESSION
At the end of the session, participants will be able to:

1. Based on identified learning needs, describe options for assessment methods consistent with the guidance provided in the reference manual, including the appropriateness, advantages and limitations of each.

2. Presented with a range of samples, critique and improve questions consistent with the criteria provided in the reference manual.

3. Given learning objectives, create test items to measure achievement of the learning objectives.

4. Given learning objectives, construct checklists to measure competency of communication, psychomotor or clinical decision-making skills.
## Example: Instructional Planning Worksheet—Assessment Item Congruence

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVE(S)</th>
<th>LEARNING ASSESSMENT METHOD(S)</th>
<th>TRAINING/LEARNING ACTIVITY(IES)</th>
<th>REFERENCES/ RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VAGUE OBJECTIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk to women about cervical cancer prevention.</td>
<td></td>
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</tr>
<tr>
<td><strong>ACCEPTABLE OBJECTIVE</strong></td>
<td>Direct observation: in a role play, provides counseling consistent with the facility standards for cervical cancer prevention counseling and education.</td>
<td>Using a role play demonstrate cervical cancer prevention counseling consistent with the facility standards. In trios, learners practice counseling—one as the counselor, one as client, one as observer providing feedback. Rotate every 10 minutes.</td>
<td>Cervical cancer facility standards</td>
</tr>
<tr>
<td>During demonstration on an anatomical model, perform a pelvic examination completing all critical tasks on the clinical checklist.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a clinical simulation, correctly identify the appropriate management for a given partograph that crosses an alert line.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From the signs and symptoms described, decide correctly in at least 4 out of 5 case studies if you can treat the woman or if she needs to be referred to a higher service delivery level.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In supervised clinical practice, plot the partograph for 3 women in labor according to the criteria outlined in the sample.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Handout: Writing Test Items

GENERAL
- Construct items on important content; avoid trivial content or simple recall.
- Keep content independent of other test items.
- Avoid trick or opinion-based items.
- Minimize amount of reading in each item.
- Use correct grammar, punctuation, etc.

MULTIPLE CHOICE

Stem Construction
- Provide a complete statement.
- Include only relevant information; avoid extra information.
- Contain as much of the item as possible in the stem.
- Keep stems as short as possible.
- Ask for the correct, not “wrong” answer.
- Word the stem positively, avoid negatives; if you use words like NOT or EXCEPT, they should be bold and capitalized.

Distractors
- Consider the number of distracters (three choices total is sufficient based on the evidence).
- Make sure only one answer is correct.
- Avoid long options.
- Keep options similar length.
- Vary position of correct responses.
- Keep options grammatically consistent with the stem.
- Write incorrect options to be plausible but clearly incorrect.
- Write distractors to be similar to the correct answer in terms of grammar, length, and complexity.
- Avoid “none of the above” or “all of the above”; avoid negatives.
- Place options in logical order (e.g., numerical, chronological).
- Avoid “K Type” items (A only, A+B but never C on Sunday). (Test of cognitive or reading ability rather than knowledge of item content.)
- Avoid absolute terms such as “always”, “never”, “all”, or “none.”
- Avoid imprecise terms such as “seldom”, “rarely”, “occasionally”, “few”, or “many.”
- Avoid cues such as “may”, “could” or “can.”
- Link options to each other (e.g., all diagnoses, tests, treatments).
- Use technical jargon from other parts of the course.
- Write sensible but trivial answer.
- Write partially correct answers.
- Write straight recall answer that is unrelated to problem in the stem.

TRUE/FALSE
- Statement should be unambiguously true or false.
- Avoid specific determiners, i.e., all, never, none.
- Avoid negatives when possible.
- Test one proposition at a time.
- Do NOT test recall of straight quotes.

MATCHING
- Structure both lists similarly.
- Provide clear directions.
- Uneven lists
- More than four, less than 10 options
- Consider use with case studies.

---

## Example: Checklist for Communication Skills

### CHECKLIST FOR USING THE VOLUNTARY COUNSELING AND TESTING PROTOCOL

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed satisfactorily, or N/O if not observed.

**Satisfactory**: Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory**: Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed**: Step, task, or skill not performed by participant during evaluation by trainer

**Not Applicable**: Step, task or skill not required to be performed by participant during evaluation

### CHECKLIST FOR USING THE COUNSELING AND TESTING PROTOCOL

<table>
<thead>
<tr>
<th>Key Counselor Tasks</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow the protocol, selecting questions appropriate to the client’s situation.</td>
<td></td>
</tr>
<tr>
<td>2. Maintain the focus on risk reduction.</td>
<td></td>
</tr>
<tr>
<td>3. Address the client’s immediate questions or concerns.</td>
<td></td>
</tr>
<tr>
<td>4. Use active listening and open-ended questioning.</td>
<td></td>
</tr>
<tr>
<td>5. Summarize the client’s story when appropriate.</td>
<td></td>
</tr>
<tr>
<td>6. Address conflict between the client's thoughts and behaviors when necessary.</td>
<td></td>
</tr>
<tr>
<td>7. Maintain eye contact.</td>
<td></td>
</tr>
<tr>
<td>8. Use language the client understands.</td>
<td></td>
</tr>
<tr>
<td>9. Congratulate the client on positive actions s/he has taken.</td>
<td></td>
</tr>
<tr>
<td>10. Clarify the client's understanding when appropriate.</td>
<td></td>
</tr>
<tr>
<td>11. Show empathy.</td>
<td></td>
</tr>
</tbody>
</table>
### Example: Role Play for Assessment

**FAMILY PLANNING METHODS COUNSELING**

Participant # ___________________________ Date ___________________________

<table>
<thead>
<tr>
<th>TASK (Note: Do not need to be completed in exactly this order)</th>
<th>SAFE/EFFECTIVE COMPLETION OF TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uses appropriate communication skills: speaks clearly and simply, encourages questions and assesses understanding when needed.</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>2. Is professional: Greets the woman/client politely, maintains/ensures confidentiality, and speaks politely to the woman.</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>3. Determines if the woman has a method in mind or no method in mind.</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>4. Determines woman’s reproductive goals and other desired method attributes.</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>5. Assesses woman’s perception of need for STI protection, and addresses appropriately.</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>6. Assesses woman’s baseline understanding of family planning method of interest or methods appropriate based on reproductive goals.</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>7. Counsels based on reproductive goals or method of interest, does not review methods that are not of interest or not in line with the woman’s desired spacing and method attributes.</td>
<td>Yes: 1  No: 0</td>
</tr>
</tbody>
</table>

Using available visual aids, provides general information about a selected contraceptive method including:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8. How it prevents pregnancy and its effectiveness</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>9. How it is used</td>
<td>Yes: 1  No: 0</td>
</tr>
<tr>
<td>10. Advantages, disadvantages and possible danger signs associated with complications</td>
<td>Yes: 1  No: 0</td>
</tr>
</tbody>
</table>

Pass Score 8/10
Student Score ________

Pass  Fail

Comments/Remediation Plan: ______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Examiner Signature ___________________________________________________________________
Resource List

- Contraceptive flip chart or other job aid for counseling (Counseling Desk Reference is preferred.)
- Condoms, OC, implant, IUD, etc. (wide range of sample methods)
- Markers
- Two chairs
- Table
- Woman to role play client

 Examiner Instructions

- Ask participant to speak directly to woman role playing client.
- Ensure that participant does not have any unanswered questions about station before she or he begins.

 Participant Instructions

- Interact directly with the woman who you are counseling.
- 15 minutes to complete station

 Standardized Patient Instructions

- You are 25 years old.
- You are married.
- You do not desire another child for at least two years; effectiveness is the most important method attribute for you.
- You have had one baby delivered vaginally without complications one year ago.
- You are still breastfeeding.
- You have never had an STI and are not concerned about them.
- You are not currently using contraceptives, other than withdrawal.
- You are sexually active in a monogamous relationship with your husband.
CASE STUDY
Ms. Smith, a 35-year-old G2P0010, is being seen by you today for a routine prenatal visit at 37 weeks’ gestation. Her previous prenatal records contain the following pertinent findings:

**Initial physical examination at first prenatal visit**
- Gestation: 14 weeks
- Weight: 75 Kg
- Height: 160 CM
- BP: 110/70
- Urine: Trace glucose and proteinuria
- Reflexes: 2+
- Edema: None

**Examination at 36 weeks’ gestation**
- Weight: 95 Kg
- BP: 120/82
- Urine: +1 proteinuria
- Reflexes: 2+
- Edema: Trace pitting

**Examination today**
- Weight: 97 Kg
- BP: 140/100
- Urine: +3 proteinuria
- Reflexes: 3+
- Edema: Generalized edema to hands, ankles and face
QUESTIONS
State the MOST LIKELY diagnosis as a result of these physical findings in the space below.

Which of the following questions of Ms. Smith are MOST important. (Select all that apply.)
1. Are you having Headaches? □
2. Are you having any pain in your abdomen? □
3. Are you having any blurred vision? □
4. Have you been eating lots of salt? □
5. Is your baby moving? □

Which of the following NEXT steps is MOST appropriate? (Select only one.)
1. Refer immediately to obstetrician. □
2. Counsel and send home on low salt diet. □
3. Send to lab for further studies. Advise bed rest at home. □

If Ms. Smith begins convulsing while in the clinic, which is your immediate action?
1. Refer immediately to obstetrician. □
2. Administer Magnesium Sulfate IM, _____mg. □
3. Call for help and start an IV line. □
Example Case Study: Management of Antenatal Complications Answer Key

State the MOST LIKELY diagnosis as a result of these physical findings in the space below.

Preeclampsia

Which of the following questions of Ms. Smith are MOST important. (Select all that apply.)

1. Are you having Headaches? X
2. Are you having any pain in your abdomen? X
3. Are you having any blurred vision? X
4. Have you been eating lots of salt? □
5. Is your baby moving? X

Which of the following NEXT steps is MOST appropriate? (Select only one.)

1. Refer immediately to obstetrician. X
2. Counsel and send home on low salt diet. □
3. Send to lab for further studies. Advise bed rest at home. □

If Ms. Smith begins convulsing while in the clinic, which is your immediate action?

1. Refer immediately to obstetrician. □
2. Administer Magnesium Sulfate IM, _5_mg. X
3. Call for help and start an IV line. □

Instructions for Participant

- Read the case study at the top of the page.
- Answer each of the questions, given the information that was provided in the case.

Pass Score = 9/11

Student Score = ______

Pass  Yes    No
### Example: Checklist for Psychomotor Skills
**IUCD Insertion and Pelvic Exam OSCE Station**

**Participant # ____________________________ Date ________________________**

<table>
<thead>
<tr>
<th>TASK</th>
<th>SAFE/EFFECTIVE COMPLETION OF TASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greets client with respect/introduces self.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>2. Offers anticipatory guidance prior to insertion.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>3. Washes hands to standard.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>4. Explains steps needed for immediate preparation of woman (empty bladder, cleanse genitals, comfortable positioning, etc.).</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>5. Performs bimanual pelvic examination:</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>• Determines size, shape and position of the uterus.</td>
<td></td>
</tr>
<tr>
<td>• Checks for enlargement or tenderness of the adnexa and cervical motion tenderness.</td>
<td></td>
</tr>
<tr>
<td>• Checks for any uterine abnormalities that would interfere with the IUCD.</td>
<td></td>
</tr>
<tr>
<td>6. Inserts speculum and visualizes cervix:</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>• Looks for any abnormal discharge.</td>
<td></td>
</tr>
<tr>
<td>• Looks for any ulcers, lesions or sores.</td>
<td></td>
</tr>
<tr>
<td>• Looks for any cervical stenosis or other abnormalities.</td>
<td></td>
</tr>
<tr>
<td>7. Gently grasps cervix with tenaculum.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>8. Determines depth of uterus and sets depth gauge on IUCD appropriately.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>9. Appropriately inserts IUCD.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>10. Performs post-insertion infection prevention: places equipment in decontamination solution, disposes of waste appropriately, washes hands.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>11. Able to state the purpose of decontamination (removes microorganisms, or makes instruments safer to handle).</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>12. Assess woman to ensure that she has tolerated insertion.</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>13. Provides post procedure education including:</td>
<td>YES 1  NO 0</td>
</tr>
<tr>
<td>• Possible side effects</td>
<td></td>
</tr>
<tr>
<td>• Warning signs (pains),</td>
<td></td>
</tr>
<tr>
<td>• String check,</td>
<td></td>
</tr>
<tr>
<td>• When to return to clinic (3–6 weeks)</td>
<td></td>
</tr>
</tbody>
</table>

**Pass Score 10/13**  
**Student Score ________**

Pass Fail
MEDICAL EQUIPMENT AND SUPPLIES LIST

- Pelvic model
- Speculum
- Tenaculum
- Uterine sound
- Sterile gloves
- Antiseptic solution
- Cotton balls
- IUD - Copper T 380A
- Light source
- Basin marked (.05% bleach solution), biohazardous and regular waste containers

EXAMINER INSTRUCTIONS

- Ask participant to explicitly explain actions throughout simulation.
- Step #4: Ask participant to briefly explain what s/he will do to prepare woman for insertion.
- Step #5: Ask participant to explain what they are looking for during the bimanual exam.
- Step #6: Ask participant to explain what they are looking for during the speculum exam.
- Step #11: Ask participant the purpose of decontamination.
- Step #13: Ask participant to provide IUCD post-insertion education.

PARTICIPANT INSTRUCTIONS

- Treat the anatomic model as they would a woman. Simulate the presence of a woman seeking services.
- Consider that counseling has already been provided, and the woman has been identified as appropriate for IUCD insertion.
- The woman has been identified as “low personal risk” of an STI; so perform the pelvic exam immediately prior to insertion.
- Post-insertion education should also be provided.
- 15 minutes to complete station.
Exercise: Question Hall of Shame

INSTRUCTOR

Objectives
The purpose of this activity is to:
- Identify and correct poorly constructed test items.

Resources/Materials Needs
- Exercise: Question Hall of Shame
- Question Hall of Shame Key: see below
- Learning for Performance: pp. 54 and 55
- Basic Item Writing Principles II

Instructions
Divide learners into small groups and ask each group to review the sample questions listed below. Alternatively, display the question as a PowerPoint and ask for or “choose” a volunteer to review one of the sample questions. Ask learners to critique and re-write the question using the principles described in the graphic presentation Basic Item Writing Principles II PowerPoint.

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>NOTES</th>
<th>SUGGESTED REVISION</th>
</tr>
</thead>
</table>
| 1. A health care provider should monitor growth and development every time they meet an HIV exposed child. | Ambiguous  
- What is the skill of the HCP?  
- What is the HCP assigned to do?  
- Should they monitor for growth and development at every visit if they’re seeing the child 3X per week? | 1. HIV-exposed children should be monitored on a regular basis for abnormalities of growth and development.  
T/F |
| 2. HIV/AIDS can be transmitted to infants through breast milk. | Trick Questions…  
- HIV/AIDS not HIV/AIDS  
- The virus, not AIDS, is transmitted | 2. HIV can be transmitted to infants through breast milk.  
T/F |
### QUESTION 3
Studies have demonstrated that male circumcision can decrease transmission of HIV to men and increase transmission of HIV to women.

**T/F**

**NOTES**
Testing two propositions, one is true and one is false. How do you know what the student knows from this question?

**SUGGESTED REVISION**
3. Studies have demonstrated that male circumcision can:
   a. Decrease transmission of HIV to men
   b. Decrease transmission of HIV to women
   c. Decrease transmission of HIV to men and women

### QUESTION 4
HIV I is NOT MORE prevalent than HIV II.

**T/F**

**NOTES**
Has a negative:
- Not
- NOT with MORE makes item even MORE difficult

**SUGGESTED REVISION**
4. HIV II is more prevalent than HIV I.

### QUESTION 5
It is recommended that a woman wait at least 2 years after a live birth before planning the next pregnancy. The benefits of a 2-year birth-to-pregnancy interval include all of the following, EXCEPT:
   a. It is LESS likely that the mother will be anemic during her next pregnancy.
   b. MORE likely that the newborn will survive to age 2 and beyond.
   c. IT IS LESS LIKELY THAT THE MOTHER WILL GET PRE-ECLAMPSIA IN HER NEXT PREGNANCY.

**T/F**

**NOTES**
Assuming the woman’s last pregnancy was her first; then she will be less likely to be pre-eclamptic in the next pregnancy.

Better to ask for the “correct”, not the “wrong” answer.

Keep options grammatically consistent with the stem.

### QUESTION 6
Which of the following is essential for every pregnant woman?
   a. Two doses of tetanus toxoid injection one month apart
   b. Four antenatal check-ups
   c. Early registration
   d. Administration of 100 tablets of IFA
   e. All of the above

**T/F**

**NOTES**
Avoid “none of the above” or “all of the above.”

Avoid use of abbreviations.

Ask for the correct answer.
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>NOTES</th>
<th>SUGGESTED REVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. The Essential Drug List (EDL) in Afghanistan:</td>
<td></td>
<td>Avoid “none of the above” or “all of the above.”</td>
</tr>
<tr>
<td>a. Is updated by WHO every year</td>
<td></td>
<td>Keep options similar in length.</td>
</tr>
<tr>
<td>b. Contains all drugs recommended for BPHS and higher levels of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is used only by physicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. None of the above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. According to the survey done in 2006, the current status of family</td>
<td></td>
<td>Avoid “K Type” items (A only, A + B but never C on Sunday): test cognitive or reading ability rather than knowledge of item content.</td>
</tr>
<tr>
<td>planning services was as follows:</td>
<td>a. Long waiting lists, up to four (4) months</td>
<td></td>
</tr>
<tr>
<td>b. Low priority among service providers</td>
<td>b. Low priority among service providers</td>
<td></td>
</tr>
<tr>
<td>c. Shortages of supplies/equipment</td>
<td>c. Shortages of supplies/equipment</td>
<td></td>
</tr>
<tr>
<td>d. Additional reproductive health education was given in the health</td>
<td>d. Additional reproductive health education was given in the health facilities</td>
<td></td>
</tr>
<tr>
<td>facilities</td>
<td>e. Good record keeping in most areas</td>
<td></td>
</tr>
<tr>
<td>Which of the above statements are correct:</td>
<td>Which of the above statements are correct:</td>
<td></td>
</tr>
<tr>
<td>a. 1, 2 and 3 only</td>
<td>a. 1, 2 and 3 only</td>
<td></td>
</tr>
<tr>
<td>b. 3, 4 and 5</td>
<td>b. 3, 4 and 5</td>
<td></td>
</tr>
<tr>
<td>c. 2, 3 and 4 only</td>
<td>c. 2, 3 and 4 only</td>
<td></td>
</tr>
<tr>
<td>d. All of the above</td>
<td>d. All of the above</td>
<td></td>
</tr>
<tr>
<td>9. Which one of the following is not a misconception:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. IUDs can migrate to the brain and cause infection</td>
<td>a. IUDs can migrate to the brain and cause infection</td>
<td></td>
</tr>
<tr>
<td>b. IUDs should only be offered to married women</td>
<td>b. IUDs should only be offered to married women</td>
<td></td>
</tr>
<tr>
<td>c. IUDs can be inserted immediately after delivery</td>
<td>c. IUDs can be inserted immediately after delivery</td>
<td></td>
</tr>
<tr>
<td>10. HIV prevalence in Zambia is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 17%</td>
<td>a. 17%</td>
<td></td>
</tr>
<tr>
<td>b. 14.3%</td>
<td>b. 14.3%</td>
<td></td>
</tr>
<tr>
<td>c. 20%</td>
<td>c. 20%</td>
<td></td>
</tr>
<tr>
<td>d. 12.3%</td>
<td>d. 12.3%</td>
<td></td>
</tr>
<tr>
<td>11. Which one of the following is a strategy for HIV prevention:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Use condoms</td>
<td>a. Use condoms</td>
<td></td>
</tr>
<tr>
<td>b. Keep your fingers crossed</td>
<td>b. Keep your fingers crossed</td>
<td></td>
</tr>
<tr>
<td>c. Pray</td>
<td>c. Pray</td>
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<tr>
<td>QUESTION</td>
<td>NOTES</td>
<td>SUGGESTED REVISION</td>
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</tr>
</tbody>
</table>
| 12. In which of the following conditions MUST a woman be referred to an FRU?  
a. Eclampsia, obstructed labor, fetal distress, severe anemia, previous Caesarean section  
b. Hypertension, constipation, obstructed labor, bleeding/spotting, severe anemia  
c. Fever, constipation, breathlessness, nausea and vomiting, severe anemia | | |
Handout: Guidelines for Validation of Examination

INSTRUCTIONS

1. Insert the template on the following page below each test question on your examination.

2. Distribute your examination without the key (identified correct answer) to a sample of subject matter experts (SME) in the area that the examination is intended to assess.

3. Ask each SME to:
   - Answer the question to her or his BEST ability.
   - Imagine the borderline or “just competent” service provider. What percent of these service providers does s/he believe would answer this question correctly?
   - Suggest any revisions that they believe would improve the question.

4. Calculate the individual and average SME scores. (Note: an Excel spreadsheet may be helpful.)
   - High SME scores on the examination, i.e., an average >85%, is evidence supporting its validity.
   - Low SME scores on the examination suggest a problem with the examination that MUST be corrected prior to its use.
   - If a few SMEs perform poorly on the exam, when others perform well, they may be considered outliers and removed from your analysis. In this case, do not use the responses of these “experts” in calculating the pass score.

5. Calculate the criterion-referenced pass scores by averaging the SME estimates of the percent of “just competent” service providers who would answer each question correctly. (Again, an Excel spreadsheet might be helpful.)

6. Consider suggested revisions made by SMEs. If MAJOR revisions are made to examination, this entire process should be repeated.
Example

1. Which one of the following is a clinical manifestation of diabetes mellitus:
   - Polyuria
   - Poor appetites
   - Increasing weight
   - Fever

<table>
<thead>
<tr>
<th>a. Correct Answer</th>
<th>b. Percentage of “Just Competent” trained service providers who you would expect to answer correctly</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**c. Suggested Revisions to Question:** Remove word “one” from the stem. Revise option B to state Poor Appetite. Begin each response with capital letter.

Insert the following template below each question in your examination.

<table>
<thead>
<tr>
<th>a. Correct Answer</th>
<th>b. Percentage of “Just Competent” trained service providers who you would expect to answer correctly</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**c. Suggested Revisions to Question:**
Handout: Guidelines for Checklist Validation

INSTRUCTIONS

1. Insert the template on the following page below each step on your checklist.

2. Distribute the checklist validation tool to a sample of subject matter experts (SME) skilled in the area that the checklist is intended to assess.

3. Ask each SME to:
   - State whether they believe the task is an essential component of the skill being assessed.
   - Imagine the borderline or “just competent” service provider. What percent of these service providers does s/he believe would satisfactorily demonstrate this task?
   - Suggest any revisions that they believe would improve the statement of the task.

CONTENT VALIDITY

1. Calculate the percent of SMEs that believe that each task is an essential component of the target competency (an Excel spreadsheet may be helpful):
   - A high degree of consensus is evidence supporting the content validity of the checklist.
   - Inclusion of tasks with low levels of consensus (<85%) should be reconsidered. These skills may require revision or deletion from the checklist.
   - Consider suggested revisions provided by SMEs in section C of the template.

Criterion Referenced Pass Score

- Calculate average of SME estimates of “just competent” service providers who would satisfactorily demonstrate each task. For example, if SME #1, 2 and 3 provide estimates of task #1 on the checklist of 100%, 90% and 80% respectively; the average for that step would be 90%.

- Average the averages for all tasks on the checklist. Weight averages in proportion to score given for satisfactory completion of each skill. For example, if one skill is given 1 point for satisfactory completion and a second skill is given 2 points, count the SME average for the second item twice.

- Multiply the weighted average of all SME average estimates by the total possible number of points on the checklist to identify the criterion referenced pass score.

Pilot Checklist/Develop Acceptable Margin of Error

- Conduct checklist with multiple SMEs providing simultaneous measures of student performance. Ensure that all SMEs can observe and hear student and standardized patient if they are used.
Calculate average (mean) and variance (standard deviation) of all examiner scores. For a 95% margin of error, or certainty that score represents the student’s actual ability, multiply the standard deviation by +/- 2. Subtract the margin of error from the criterion referenced pass score to arrive at a final pass score (95% certainty that results are valid).

| a. Skill is an essential component of Competency | Yes ☐ | No ☐ |
| b. Percentage of “Just Competent” trained service providers who you would expect to satisfactorily complete this skill |
| c. Suggested Revisions to Statement of Skill: |
LEARNING ACTIVITIES

SUMMARY OF THE SESSION
During this session, you will review: 1) Based on your learning objectives, how to select relevant activities; 2) Based on those activities, how to select teaching methods; 3) How to select only content that directly supports the desired objectives; 4) How to create session plans to organize your courses; and 5) How to select modes for delivering instruction based on the course context.

LEARNING OBJECTIVES FOR THE SESSION
At the end of the session, participants will be able to:

1. Given specific learning objectives, design realistic and relevant learning activities and exercises that engage learners in purposeful learning and help them:
   - Master the learning objectives
   - Successfully complete the learning assessments
   - Apply what they’ve learned on the job
2. Using identified learning activities, organize the learning activities to support increasing mastery of objectives.
3. Based on the identified learning activities, select engaging and appropriate teaching methods to help learners accomplish the learning objectives.
4. In a case study, distinguish content that directly supports successful completion of the learning activities from content that is not relevant.
5. Using identified learning objectives, create session plans that address the nine events of instruction.
6. Based on the identified course/learning context, learner characteristics and identified learning activities, select appropriate mode(s) for delivery of instruction.
**Exercise: Select Relevant and Purposeful Learning Activities**

In the left column of the table below is a list of learning objectives for health care workers in training. In the right column are several potential learning activities to help the learners master the objective. Answer the questions below the learning activities in the right column as you work through this activity.

Remember that, in practice, you will often need to use more than one learning activity to help learners master an objective. Remember, too, that more activity may actually be worse than less activity. Try to find the “necessary and sufficient” type and amount of *purposeful* learning activity that promotes learning *and* application back on the job. As you consider the learning activities below, ask yourself:

- What outcomes will it/they produce?
- What makes one learning activity strong and another weak?
- Does the learning activity I have chosen correlate directly with how the skill will be used back on the job?

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVE</th>
<th>POTENTIAL LEARNING ACTIVITIES—WHICH ONES ARE APPROPRIATE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The health care worker uses proper handwashing technique.</td>
<td>After a 5-minute lecture on handwashing, healthcare workers will:</td>
</tr>
<tr>
<td></td>
<td>a. Talk about why proper handwashing is important.</td>
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<td></td>
<td>b. List the steps for proper handwashing.</td>
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<td></td>
<td>c. Create a job aid that shows a health care provider washing his hands correctly.</td>
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<tr>
<td></td>
<td>d. Use a checklist while observing another healthcare provider wash her hands. At the end of the activity, provide constructive feedback.</td>
</tr>
<tr>
<td></td>
<td>Which of the learning activities above do you think would be most effective in helping learners master the objective?</td>
</tr>
<tr>
<td></td>
<td>Are there activities in the list above that you probably would not use? Why?</td>
</tr>
<tr>
<td></td>
<td>Would you combine several of the activities above? Which ones? Why?</td>
</tr>
<tr>
<td></td>
<td>Are the learning activities you chose sufficient to ensure learning <em>and</em> application of the skill in the left column? If not, what revisions would you make?</td>
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<tr>
<td></td>
<td>Is there duplication in the choices you have made? What, if anything, can you eliminate?</td>
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<tr>
<td>--------------------</td>
<td>----------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 2. The health care provider effectively counsels adolescent clients about appropriate FP methods. | a. List and describe all available FP methods.  
b. List and describe all available FP methods that are appropriate for adolescent clients.  
c. With someone else playing the adolescent, tell the adolescent about the FP methods that are appropriate for adolescent clients.  
d. With someone else playing the adolescent, use effective counseling to help an adolescent choose the best FP method for her.  
Which of the learning activities above do you think would be most effective in helping learners master the objective?  
Are there activities in the list above that you probably would not use? Why?  
Would you combine several of the activities above? Which ones? Why?  
Are the learning activities you chose sufficient to ensure learning and application of the skill in the left column? If not, what revisions would you make?  
Is there duplication in the choices you have made? What, if anything, can you eliminate? |
| 3. The midwife quickly stops a postpartum hemorrhage. | a. Read about the procedure for stopping a postpartum hemorrhage.  
b. Listen to a 15-minute lecture about the procedure for stopping a postpartum hemorrhage, followed by an opportunity to ask questions.  
c. View a demonstration on a model performed by the instructor.  
d. Perform the procedure using a model while receiving guidance and feedback.  
e. Using a checklist, provide guidance and feedback to another health care provider as s/he performs the procedure. Then switch places.  
Which of the learning activities above do you think would be most effective in helping learners master the objective?  
Are there activities in the list above that you probably would not use? Why?  
Would you combine several of the activities above? Which ones? Why?  
Are the learning activities you chose sufficient to ensure learning and application of the skill in the left column? If not, what revisions would you make?  
Is there duplication in the choices you have made? What, if anything, can you eliminate? |
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</tr>
</thead>
<tbody>
<tr>
<td>4. The health care worker takes blood pressures accurately.</td>
<td>After a 5-minute lecture on taking blood pressures, health care workers will:</td>
</tr>
<tr>
<td></td>
<td>a. List the key points to remember about taking blood pressure accurately.</td>
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<td></td>
<td>b. Explain how to take an accurate blood pressure.</td>
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<tr>
<td></td>
<td>c. Watch a demonstration of a blood pressure being taken incorrectly.</td>
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<tr>
<td></td>
<td>d. Practice taking blood pressures and receive feedback.</td>
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<tr>
<td></td>
<td>Which of the learning activities above do you think would be most effective in helping learners master the objective?</td>
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<td></td>
<td>Is there duplication in the choices you have made? What, if anything, can you eliminate?</td>
</tr>
<tr>
<td>5. The health care worker provides to a new mother the rationale for vaccinating her infant.</td>
<td>a. Write down the type of information that should be given to a new parent about the benefits of vaccinating her infant.</td>
</tr>
<tr>
<td></td>
<td>b. Read about the type of information that a new parent should know about vaccination of infants.</td>
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<tr>
<td></td>
<td>c. With another person playing the parent, role play good counseling technique while providing information and answering questions about vaccination.</td>
</tr>
<tr>
<td></td>
<td>Which of the learning activities above do you think would be most effective in helping learners master the objective?</td>
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<td>----------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 6. The midwife correctly charts the progress of labor and delivery. | After a 20-minute lecture on using a chart to record the health status of a woman during labor and delivery, a midwife will:  
   a. List 3 reasons for using the chart.  
   b. Describe four areas of the chart that are difficult for new users of it.  
   c. Review a completed chart and identify omissions and/or entries that are problematic.  
   d. Given several case studies of women during labor and delivery, prepare a chart for each. Then receive feedback from the instructor.  

Which of the learning activities above do you think would be most effective in helping learners master the objective?  

Are there activities in the list above that you probably would not use? Why?  

Would you combine several of the activities above? Which ones? Why?  

Are the learning activities you chose sufficient to ensure learning and application of the skill in the left column? If not, what revisions would you make?  

Is there duplication in the choices you have made? What, if anything, can you eliminate? |
WHAT IS POWERPOINT?
PowerPoint is a visual presentation tool designed to support teaching and learning, along with other appropriate learning activities, methods, media, and materials. Think of PowerPoint as an aid to telling your story or selling your ideas. It should be used to complement your presentation, not to carry it. It should not have a leading role. The leading role belongs to you.

In general, avoid handing out copies of your slides. If you need to convey information in text form, develop a handout or reference materials for participants to take with them. As you develop your instruction or presentation, remember this: Every word, image, and function on every slide must be meaningful and contribute to your message. The following guidelines will help you plan, create and give presentations that work.

PLANNING EFFECTIVE PRESENTATIONS WITH POWERPOINT
- Find out as much as you can about your audience beforehand—learning needs, existing knowledge and skills, familiarity with the content, interests and experience.
- Separate nice-to-know from need-to-know content. Less is more [learning], so avoid “content creep.” Develop essential content and eliminate nice-to-know information.
- Write a learning goal and learning objectives. Alternatively, ask yourself, “What three things must my audience absolutely know or be able to do at the end of my presentation?” Often it is helpful to write learning objectives as questions.
- Set the stage with the big picture, and organize content into bite-sized chunks.
- Plan for interaction and activities that help participants process your content.
- Develop examples and anecdotes.
- Write speaker notes—like cue cards, not like a script.
- Also, plan for: a peer review of your slides; a “dry run” of your presentation, preferably with several people who do not know your content well; revision, based on feedback received; and practice time.

DEVELOPING EFFECTIVE PRESENTATIONS WITH POWERPOINT
- More slides may be better than fewer slides. The audience will lose interest if you spend too much time talking about a slide or if the slide is too detailed. Generally, you should talk for no more than a minute per slide; 20–30 seconds per slide is more like it.
- Use basic, not flashy, templates that:
  - Offer maximum real estate; and
  - Are simple and uncluttered.
**Tips:**

- **Avoid primary colors.** Never put red or blue next to each other: They vibrate. Remember that some people do not see red and green as red and green.

- **Use simple backgrounds.** Dark with light letters or light with dark letters—either are okay, but the latter will work better if you plan to keep the lights on. Choose a template that gives you the most space and flexibility. Avoid crowding the main area with logos or other decorations.

- Signal to your audience the organization and structure of your content through visual cues. This will help your audience relate your content to what they already know and build a mental scaffold into which to put new knowledge. Think in terms of outline format (levels) but without the Roman numerals: primary headings (major topics or themes), secondary headings, etc.

- Leave plenty of white space when using text. It lets participants focus on what’s most important.

- Adjust PowerPoint’s default spacing between lines and paragraphs to increase readability.

- Choose only those images that support and relate directly to the content (or leave them out). Reflect gender and ethnic diversity in images that include people.

- Visually represent:
  - Ideas
  - Concepts
  - Relationships
  - Data (charts and graphs)

**Tip:**

- You can use circles, squares, simple organizational charts, a ladder or representation of stairs, arrows, shaded timelines, etc. You don’t need to be an artist. Think in terms of what you would sketch on the back of an envelope to explain a concept or relationship to someone.

- Be economical: approximately 6–8 bullets per slide. Use words or phrases as cues for you and anchors for participants. Avoid complete sentences. Save the detail for what you will say, and put this into the speaker’s notes. Then, cut, cut, and cut again.

- Ensure that bulleted items are related, verbs and ideas are parallel. Group related items.

- Use bulleted phrases/nuggets (two or more items) for unranked/unordered items, numbers to show order.

- Keep verb parts, phrase parts and related words together on the same line.

- **Type fonts:**
  - Sans serif (without the serifs, those little hooks and flourishes that make the words appear fuzzy around the edges when projected). Use no more than two fonts per presentation, and stick with ones like calibri, arial (and arial family), gil sans, lucinda sans, tahoma or trebuchet ms. If you must mix serif and sans serif fonts, use the serif font in the heading/title.
  - Headings bold; body text regular (except for occasional emphasis)
• Sizes for:
  - headings: 36–44
  - body text: 24–34
  - footnotes/citations: 14–18

Tip:
  - As much as possible, keep font sizes consistent from slide to slide. (You may need to reset font sizes manually to do this. PowerPoint thinks it’s smarter than you are. It’s not.)
  - Type case: upper and lower case only. Avoid using all caps, as they don’t “read” easily. Almost never use underlines; use bold or italics instead for emphasis.
  - Center headings only. Body text will be easier to read if it is justified at the left.
  - Use animation and other special effects only when they contribute to usability, readability, comprehension, and participant engagement.

SHOW TIME! USING POWERPOINT WITH YOUR PRESENTATION

• Test your equipment before your presentation.
• Be ready to change your presentation if the audience need is different than anticipated or you have less time than you had anticipated.
• Move out among the participants as you speak.
• Elaborate the points on your slides. Do not read to your audience!
• Use “she” as much as “he” in examples. Demonstrate gender and cultural sensitivity. Be very careful when using humor, and never use words or ideas that some might consider offensive.
• At the end:
  • Summarize main points.
  • Answer questions.
  • Ask participants if objectives have been met for them.
  • Ask for feedback from your audience to improve future presentations; revise.
Example: Learning Activities

EXAMPLE CASE STUDY WITH ANSWER KEY: IUCD USE

Mrs. D. is a 35-year-old woman with 6 children. She had a normal birth of her last child 8 weeks ago. She and her husband do not want more children, and she heard that the IUCD is highly effective for a long time. She is fully breastfeeding and has not had a menstrual period since the birth. She had sexual intercourse in the last month. She has no other conditions that constitute a precaution for using an IUCD.

You find her pelvic exam to be normal with the uterus anterior, small, firm, and non-tender. The cervix is parous, non-tender, normal discharge and ectropian is present.

Questions

1. Is it appropriate to insert an IUCD in this client today? Discuss the pros and cons.
2. Do you consider breastfeeding a reliable method of family planning for this woman?
3. If you provide Mrs. D. with an IUCD today, what information will you give her?
4. Under what circumstances is it appropriate to proceed with IUD insertion in a woman who is not currently having, or just completed, her menstrual period?
5. If she were pregnant and an IUCD was inserted would there be any effect on her health?

Answer Key

1. Is it appropriate to insert an IUCD in this client today? Discuss the pros and cons.

Yes it is. It is important that the provider be “reasonably certain” that the woman is not pregnant. In this example the woman had her baby 8 weeks ago and is fully breastfeeding. She is using LAM that of 98.5% effective. Her pelvic exam is normal. Ectropian is a normal cervical finding. If possible, a pregnancy test could rule out pregnancy. However, if no pregnancy test is available, this woman should be provided with an IUCD because she is using a very effective form of family planning and there are no other precautions.

2. Do you consider breastfeeding a reliable method of family planning for this woman?

Breastfeeding is considered the lactational amenorrhea method if the woman meets three conditions: 1) fully breastfeeding, 2) amenorrheic, and 3) less than 6 months since childbirth. If those conditions are met, it is a reliable method.

3. If you provide Mrs. D. with an IUCD today, what information will you give her?

Mrs. D. needs to be informed that the Copper T 380A IUCD is highly effective and can remain in place for 12 years (recent evidence from WHO shows it to be effective for 12 years). She also needs to know the most common side effects of the IUCD: some cramping and pain for a short time after insertion; heavier, longer menstrual bleeding, and more cramping with the IUCD, which is normal, and usually becomes less in the first and second years. She should be shown...
how to check the string, and be encouraged to return to the clinic if she has any problem. Such she cannot feel the strings, she experiences severe abdominal pain, she misses her menses, she or her husband feel the tip of the IUCD or she has foul smelling vaginal discharge or her husband experiences painful urination or penile discharge.

4. **Under what circumstances is it appropriate to proceed with IUCD insertion in a woman who is not currently having, or just completed, her menstrual period?**

   It is appropriate to insert an IUCD (Copper T 380A) in a woman who is not currently menstruating or just after her menstrual period if she answers yes to any one of these questions:
   
   - Is she 12 days after her first day of her last period?
   - Is she more than four weeks postpartum and has not had sexual intercourse?
   - Has she had a baby in the last 6 months and is fully or nearly fully breastfeeding and has not yet had her menses?
   - Is she more than four weeks postpartum and had sexual intercourse but she is using a reliable method of contraception
   - Is she less than 7 days post-abortion and the uterus is not infected?
   - At any time in the menstrual cycle, as long as the health worker is “reasonably certain” she is not pregnant such as she hasn’t had intercourse since her last menses or she is using a reliable modern method of family planning.

5. **If she were pregnant and an IUCD was inserted would there be any effect on her health?**

   An IUCD should never be inserted in a woman who is pregnant as it may result in a septic abortion. The provider can be reasonably sure that she is not pregnant by asking these questions and that the woman does not have any symptoms of pregnancy.

**EXAMPLE CASE STUDY WITH ANSWER KEY: CASE ONE: PROGESTIN-ONLY METHOD SIDE EFFECTS MANAGEMENT**

Mrs. C. is a 28-year-old mother of 4 children. The youngest is 2 years old and his birth was very difficult. She does not want to have any more children and her husband agrees. To prevent further pregnancies, she began taking Depo-Provera (DMPA) injections about 1 year ago. It is not yet time for her next injection but she has returned to the clinic because she is worried—she has not had a menstrual period for two months and is afraid that the menstrual blood is building up inside of her.

**History:**

- Medical: No significant history
- OB: G4P4, no longer breastfeeding, No LMP X 2 months
- Meds/Allergies: None
- Family History: Married
- Social History: no concerns about STIs, not a smoker
1. List two possible causes of Mrs. C.’s amenorrhea.

2. What questions will you ask to gather additional information to determine the cause of amenorrhea?

3. You find no cause for the amenorrhea other than the DMPA. Which is the BEST explanation about the cause of her amenorrhea and its management?
   - This is a common side effect of DMPA and is not harmful.
   - Women who cease bleeding should select another method.
   - This is a common side effect due to less buildup of the lining of the uterus and is not harmful.

4. Mrs. C’s best friend told her she heard DMPA shots can cause a woman to lose bone. Which is the best response?
   - DMPA is not associated with any decrease in bone density.
   - DMPA does decrease bone density during use of the method.
   - DMPA does decrease bone density but not significantly in adult clients.

5. Despite your explanations, Mrs. C. insists on stopping the DMPA. Select three methods you would feel most comfortable recommending for her.

6. If Mrs. C changes her mind and decides she wants to discontinue DMPA so she can have one more child, which of the following is true about the return to fertility?
   - Women who stop using DMPA wait about 4 months longer on average to become pregnant

7. The return to fertility is immediate:
   - Women using NET-EN have no delay in the return to fertility.

8. Mrs. C discontinued DMPA 12 months ago. She comes into clinic worried she might be infertile. She is worried she took DMPA too long and that it has hurt her ovaries. Which is your best action?
   - Reassure her that the fertility is just delayed, there is no permanent harm.
   - Encourage her to pursue fertility testing.
   - Reassure her that she’ll get pregnant soon.

Outcome
Mrs. C. returns to the clinic for antepartal visits 6 months later, excited to have her next baby.

Key points
- An important counseling point for women considering DMPA is the delayed return to fertility.
- Prepare women for unusual bleeding patterns and amenorrhea, providing a basic explanation of the physiology is helpful.
- DMPA is associated with a reversible reduction in bone density, but no adverse outcomes have been identified.
Answer Key

1. List two possible causes of Mrs. C.’s amenorrhea.
   - The two most likely causes could be pregnancy and changes in the endometrium related to progestin use.

2. What questions will you ask to gather additional information to determine the cause?
   - Your questions can include the following:
     - Has she been more than 4 weeks late for an injection?
     - If she was late, did she use a backup method of contraception?
     - Does she have any other complaints or concerns?

3. You find no cause for the amenorrhea other than the DMPA. Which is the BEST explanation about the cause of her amenorrhea and its management?
   - This is a common side effect of DMPA and is not harmful.
   - Women who cease bleeding should select another method.
   - **This is a common side effect due to less buildup of the lining of the uterus and is not harmful.**

C is the best explanation. A is also correct, but C is more specific and addresses her concerns.
Reassure her that most women using progestin-only injectables stop having monthly bleeding over time. While on DMPA, the lining of the endometrium becomes very thin and menstrual flow may eventually stop altogether. This is not a sign that anything is wrong. This effect is temporary and will reverse itself once she discontinues DMPA injections.
### Example Clinical Simulation: Management of Vaginal Bleeding after Childbirth

#### SCENARIO
(Information provided and questions asked by the learner acting as facilitator)

1. Mrs. B is 24 years old and has just given birth to a healthy baby girl after 7 hours of labor. Active management of the third stage was performed, and the placenta and membranes were complete. The midwife who attended the birth left the hospital at the end of her shift. Approximately 30 minutes later, a nurse rushes to tell you that Mrs. B is bleeding profusely.
   - What will you do?

2. On examination, you find that Mrs. B’s pulse is 120 beats/minute and weak and her blood pressure is 86/60 mm Hg. Her skin is not cold and clammy.
   - What is Mrs. B’s problem?
   - What will you do now?

#### KEY REACTIONS/RESPONSES
(Expected from the learner acting as provider)

- **Shouts** for help to urgently mobilize all available personnel.
- Makes a rapid evaluation of Mrs. B’s general condition, including vital signs (temperature, pulse, blood pressure and respiration rate), level of consciousness, color and temperature of skin.
- Explains to Mrs. B what is going to be done, listens to her and responds attentively to her questions and concerns.

- States that Mrs. B is in shock from postpartum bleeding.
- Palpates the uterus for firmness.
- Asks one of the staff that responded to her/his shout for help to start an IV infusion, using a large-bore cannula and normal saline or Ringer’s lactate at a rate of 1 L in 15–20 minutes with 10 units oxytocin.
- While starting the IV, collects blood for appropriate tests (hemoglobin, blood typing and cross matching, and bedside clotting test for coagulopathy).

#### Discussion Question 1: How do you know when a woman is in shock?

- You find that Mrs. B’s uterus is soft and not contracted.
  - What will you do now?

#### Expected Responses:
- Pulse greater than 110 beats/minute; systolic blood pressure less than 90 mm Hg; cold, clammy skin; pallor; respiration rate greater than 30 breaths/minute; anxious and confused or unconscious.

- Massages the uterus to expel blood and blood clots and stimulate a contraction.
- Starts oxygen at 6–8 L/minute.
- Catheterizes bladder.
- Covers Mrs. B to keep her warm.
- Elevates legs.
- Continues to monitor (or has assistant monitor) blood loss, pulse and blood pressure.
- Examines the cervix, vagina and perineum for tears.
- Asks one of the staff members assisting to locate placenta and examines for missing pieces.

3. After 5 minutes, Mrs. B’s uterus is well contracted, but she continues to bleed heavily.
   - What will you do now?
<table>
<thead>
<tr>
<th>SCENARIO</th>
<th>KEY REACTIONS/RESPONSES</th>
</tr>
</thead>
</table>
| On further examination of the placenta, you find that it is complete. On examination of Mrs. B’s cervix, vagina and perineum, you find a cervical tear. She continues to bleed heavily. | • Prepar to repair the cervical tear.  
• Tells Mrs. B what is happening; listens to her concerns and provides reassurance.  
• Has a staff member assisting check Mrs. B’s vital signs. |
| Discussion Question 2: What would you have done if examination of the placenta had shown a missing piece (placenta incomplete)? | Expected Responses:  
• Explain the problem to Mrs. B and provide reassurance.  
• Give pethidine and diazepam IV slowly or use ketamine.  
• Give a single dose of prophylactic antibiotics (ampicillin 2 g IV plus metronidazole 500 mg IV OR cefazolin 1 g IV plus metronidazole 500 mg IV).  
• Use sterile or high-level disinfected gloves to feel inside the uterus for placental fragments and remove with hand, ovum forceps or large curette. |
| Forty-five minutes have passed since treatment for Mrs. B was started. You have just finished repairing Mrs. B’s cervical tear. Her pulse is now 100 beats/minute, blood pressure 96/60 mm Hg and respiration rate 24 breaths/minute. She is resting quietly. | Adjusts rate of IV infusion to 1 L in 6 hours.  
• Continues to check for vaginal blood loss.  
• Continues to monitor pulse and blood pressure.  
• Checks that urine output is 30 mL/hour or more.  
• Continues with routine postpartum care, including breastfeeding of newborn. |

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*Instructional Design*
Example: Role Play for Practice

COUNSELING THE POSTPARTUM WOMAN ON LAM BREASTFEEDING AND TRANSITION TO ANOTHER MODERN METHOD OF FAMILY PLANNING WITH ANSWER KEY

Participant Roles
Clinician: The family planning health care provider is a doctor or provider who has good experience in counseling and communication.

Client: Mrs. B. is a 25-year-old woman. She has two children and gave birth to her second child 3 months ago. During the delivery she had pre-eclampsia. She breastfeeds her baby and does not want to take any medication for family planning while her baby is small. She had to take medicine for a day or two after she had her baby and she was concerned about the medicine going to her milk.

Situation
Mrs. B. has come to clinic for family planning counseling. She and her husband do not want to use hormonal method while the baby is only getting breast milk. She and her husband want to have more children but they are undecided when to have their next.

Focus of the Role Play
The focus of this role-play is on the action and reaction of the health care provider and the woman. The woman should be supported in her desire to delay the next pregnancy, and it should be acknowledged that breastfeeding can be an effective method for a limited period. At the same time, the health provider should assess the knowledge of the client regarding other family planning methods and assure her of the safety of the advised methods during lactation, and the client should be knowledgeable about the use of various family planning methods. There should be discussion about the three criteria for effective use of breastfeeding for birth spacing and when she should begin another method of family planning in addition to breastfeeding.

Note: Other answers may also be valid, as the interaction can include a wide range of discussion points. “Breastfeeding for birth spacing” is also called the “Lactational Amenorrhea Method” (LAM) in the contraceptive literature. “LAM” can be difficult to understand and to translate.

Discussion Questions
1. Did the health care provider give enough information on family planning?
2. Was the health care provider successful in assuring that Mrs. B. would be able to use breastfeeding and name the three criteria of LAM for birth spacing and when to start another method of family planning?
3. Was Mrs. B. able to gain the information completely?
4. In your opinion, what gaps were there in this counseling?
**Answer Key**

1. The health care provider should introduce her/himself and call her by her name, speak to her in a respectful way and use simple and understandable words for her. The health care provider should give enough information about family planning methods and describe their advantages and disadvantages, particularly those methods that are compatible with breastfeeding. However, if the woman clearly wants to use breastfeeding, then most of the time should be spent on her chosen method. Too much information on other methods will detract from her ability to fully understand the method she chooses.

2. The health provider should mention the following information to the woman in her conversation: The three criteria for effective use of breastfeeding for birth spacing are:
   - Fully breastfeeding (night and day feeds, no supplemental feeding),
   - Infant is 6 months or less in age, and
   - Amenorrhea.

Before the period of lactational amenorrhea is over a woman needs to transition to another method such as one of the progestin-only methods (injectables or POPs) or an IUCD. The provider can be “reasonably certain” that the woman is not pregnant. During the period of LAM the woman and her partner can decide what method of family planning best suits their needs and start that method before she stops LAM. It is possible to become pregnant before the first menses.

The provider should discuss healthy timing and spacing of pregnancies since Mrs. B is uncertain about when she should have another pregnancy. The provider should also discuss return to fertility which may occur prior to the onset of menses when she begins to offer her baby food other than breast milk or when her baby is 6 months.

3. and 4. The health care provider should listen carefully and respectfully and should consider the woman’s feelings and history. Whenever she asks about family planning methods, the health provider should answer with clear and concise information. A friendly interaction will help the woman to ask all the questions she has and to receive information that will help her be an effective user. In your discussion of this case, note the rapport between the woman and her health provider, if the proper information was presented by the health provider, and how responsive the health care provider is to the woman’s concerns.
Exercise: Create and Facilitate a Role Play

The purpose of this exercise is to help you create a role play. Review this checklist and check (√) each step as it is completed.

☐ Develop the objective of the role play. This will determine who will be involved and how you will write it. For instance, if the purpose of the role play is demonstration, you may wish to be involved in the role play; if the purpose is to explore attitudes, you may want only students to be involved.

☐ Using the information in the module, create a role play by using the form provided. Be sure to provide clear directions as role plays can easily become theatrical and miss the objective.

☐ Prepare any notes for facilitating the role play, noting any topics or ideas that you wish to highlight before or after the role play.

☐ Plan how you will summarize the role play. How will you relate the role play to the objective?

Objective of the Role Play:

Resources needed:

Directions:

Situation:

Roles:

<table>
<thead>
<tr>
<th>WHO</th>
<th>INSTRUCTIONS FOR THEIR PERFORMANCE</th>
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</table>

Discussion Questions for Observers

1.

2.

3.

4.

ANSWERS OR KEY POINTS
Exercise: Create and Facilitate a Case Study

The purpose of this exercise is to help you create a case study. Review this checklist and check (✓) each step as it is completed. Use another piece of paper or your computer to create the case study.

☐ Develop the objective of the case study. Is the objective to develop clinical decision making skills? Is the objective to stimulate discussion about attitudes? Write the objective at the top of the page.

☐ Using the information in the module, create a case study. You may also adapt and use a case study that has already been developed. Case studies that develop clinical decision making skills will be very structured with clear answers, case studies to address attitudes will have broader discussion questions. A template for a clinical case study is included below.

☐ Prepare any notes for facilitating the case study, noting any topics or ideas that you wish to highlight before or after the case study.

☐ Plan how you will summarize the case study. How will you relate the case study to the objective?

Objective of the Case Study:

Resources needed:

Scenario:

History findings:

Physical exam findings:

Questions:
Exercise: Create and Facilitate a Clinical Simulation

The purpose of this exercise is to help you create and facilitate a clinical simulation. Review this checklist and check (✓) each step as it is completed. Use the sample form on the following page.

☐ Develop the objective of the clinical simulation. Is the objective to develop clinical decision making skills? Is the **objective** to practice for an emergency? Write the objective at the top of the clinical simulation form.

☐ Using the information in the module, create a clinical simulation by using the form provided.

☐ Review the clinical simulation, noting the specific points, clinical facts, or ideas that you wish to share during the simulation.

☐ Plan how you will facilitate the clinical simulation. Will the simulation involve a small group of students using a model or will you demonstrate this with the whole class? Will the simulation take place in the classroom, the skills development lab, or the clinic?

☐ Plan how you will summarize the clinical simulation. How will you relate it to the objective?
Template: Clinical Simulation Form

Objective:

Resources needed:

<table>
<thead>
<tr>
<th>SCENARIO 1 (Information provided and questions asked by the teacher)</th>
<th>KEY REACTIONS/RESPONSES (Correct responses expected from student)</th>
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</thead>
<tbody>
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<tr>
<td>Discussion Questions</td>
<td>Expected Responses</td>
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</table>
# Template: Session Plan

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENUE</th>
<th>SESSION NUMBER</th>
<th>DURATION</th>
</tr>
</thead>
</table>

**Topic:** (related objective from the course)

**Session objectives:** By the end of this session, learners will be able to:

<table>
<thead>
<tr>
<th>Methods and Activities</th>
<th>Materials/Resources</th>
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<tbody>
<tr>
<td>Intro/Activity</td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td></td>
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<tr>
<td>Practice Activity</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
</tbody>
</table>

**Self-Review/Evaluation** (key points from session, what worked/what did not, modifications for next session, etc.):
Handout: Selecting Instructional Content

LESS IS MORE; SELECT ONLY ESSENTIAL CONTENT

- Short-term memory fills quickly, so limit content.
- Learners find it hard to determine which content to remember and focus on, so limit content.
- Learning needs should determine the content selected, limit content to specific learning gaps.
- Limit content to improve learning outcomes.
- Think: “What is the least I can teach?”

Limit content by filtering through these screens:

- **Objective**
  - Does content match objectives?
  - Does content support desired activities?

- **Participants**
  - Is the content appropriate for participants?
  - Will the content be relevant for participants’ context?
  - Are the vocabulary and examples appropriate for the participants?

- **Features**
  - Does the content include the nine events of learning?
  - Will the content be engaging to participants?
  - Does the content require relevant practice for learning?

- **Focus**
  - Does the content focus on having the participants practice the desired activities?
  - Does the content contain extraneous material not related to the objectives or activities?

---

COURSE EVALUATION

SUMMARY OF THE SESSION
During this session, you will review: 1) How to evaluate your course as you are developing it and to decide if the learning goals were met or not; and 2) How to use data summary charts to determine if you need to make changes to questions or to the course itself.

LEARNING OBJECTIVES FOR THE SESSION
At the end of the session, participants will be able to:

1. Based on draft or existing materials, describe formative and summative evaluation approaches that will identify if the learning goals will be met by the draft course design.

2. Create a data summary chart and identify where to revise instruction.
Handout: Formative Evaluation Guidance

The following matrix is a summary of information you will gather during formative evaluation of a training course, the bottom two rows identify who can provide the information and what tools you can use to capture it. Formative evaluation occurs:

1. One-to-one with target learner
2. Pilot testing with a small group of target learners
3. Field testing in real context

Sample Framework for Formative Evaluation³

<table>
<thead>
<tr>
<th>COMPONENTS OF MATERIALS</th>
<th>RELEVANCE TO GOALS</th>
<th>CONTENT</th>
<th>CLARITY</th>
<th>MANAGEMENT (TIMING/ETC.)</th>
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<td>Who should judge?</td>
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<td>Subject matter</td>
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<td>designer</td>
<td>expert</td>
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<td>and facilitators</td>
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<td>How to gather?</td>
<td>Checklist</td>
<td>Checklist or</td>
<td>Observations,</td>
<td>Observation,</td>
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<tr>
<td></td>
<td>interview</td>
<td>feedback</td>
<td>interviews, tests</td>
<td>feedback forms</td>
</tr>
</tbody>
</table>

In addition, there are general questions to consider as well:

1. Do the lesson or session plans or facilitator’s notes work?
2. Are the facilitator’s materials appropriate and clear?
3. Are the learner’s materials appropriate and thorough enough?
4. Is the content presented **only** what is necessary to support performance of the learning objectives?

5. Are the support materials (PowerPoints, handouts, etc.) what you expected or wanted? If not, what did you want?

6. Are the technology components appropriate?

7. Is there clarity? Is the message clear to the learners?

8. Is there impact? What is the impact on individual learner attitudes and mastery of objectives? It feasible given the available resources and context?

9. What doesn’t work and needs to be changed?
Example: Data Summary Table

**EXAMPLES**

1. The following data summary table reports evaluation data for a set of training materials. Note where weaknesses are found and where revisions should be made. Note:

   - 1 = correct answer
   - 0 = incorrect answer

   Low scores indicate problem with question, instruction or materials

<table>
<thead>
<tr>
<th>Objective Material</th>
<th>1A 2–10</th>
<th>1A 2–10</th>
<th>1B 12–24</th>
<th>1B 12–24</th>
<th>1B 12–24</th>
<th>2A 26–34</th>
<th>2B 34–45</th>
<th>2B 34–45</th>
<th>2C 46–50</th>
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</table>
Exercise: Data Summary Table

1. Construct a data summary table for the following results on a test with 20 items.
   - Student 1 missed items 3, 6, 10, 15.
   - Student 2 missed items 1, 3, 5, 10, 12, 15, 19.
   - Student 3 missed items 2, 7, 10, 15.
   - Student 4 missed items 3, 6, 9, 19.
   - Student 5 missed items 3, 6, 10, 15.
   - Student 6 missed items 2, 10, 15.
   - Student 7 missed items 3, 6, 7, 17, 19.
   - Student 8 missed items 4, 6, 8, 12.
   - Student 9 missed items 3, 6, 9, 19.
   - Student 10 missed items 3, 5, 6, 7, 9, 10, 17.
   - Student 11 missed items 8, 10, 16, 19.
   - Student 12 missed items 3, 6, 10, 15.
# Data Table Summary Table Form

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2. Complete the following data summary table. Where would you make revisions?

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Template: Action Plan

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**Final Evaluation Form**

Please evaluate the following by ticking (✓) how you feel about each statement. Feel free to comment below and use the back of the page for more writing space.

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<th>STATEMENT</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
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<td>1. For the work I do, training was appropriate.</td>
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<td>2. For the work I do, training was useful.</td>
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<td>3. Training facilities and arrangements were satisfactory.</td>
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<td>4. The Learner’s Guide and other reading materials were easy to understand.</td>
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<td>5. The Reference Manual and other reading materials helped me to learn.</td>
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<td>6. Teaching aids were useful (demonstrations, slide presentations, etc.).</td>
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<td>7. The methods used for teaching were helpful (case studies, role plays, clinical simulation).</td>
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<td>8. The facilitators were knowledgeable.</td>
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<td>9. The facilitators were skilled.</td>
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<td>10. The facilitators were fair.</td>
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<td>11. The facilitators were friendly.</td>
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<td>12. The facilitators communicated clearly and simply.</td>
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<td>13. The objectives of the training were met.</td>
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1. Which topics were **most** useful to you?

2. Which topics were **not** useful to you?

3. What would you change about the training?

Other comments (please use back of paper if needed):
REFERENCES


Piskurich, G. 2006. *Rapid Instructional Design: Learning ID Fast and Right*


http://www.jhpiego.org/en