

# FACILITATOR AND COURSE DIRECTORS TRAINING GUIDE: MANAGEMENT OF SICK AND SMALL NEWBORNS



## LIMPOPO INITIATIVE FOR NEWBORN CARE



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## 1. OBJECTIVES OF THE FACILITATOR AND COURSE DIRECTOR TRAINING

The objectives of the training are

1. To introduce facilitators to the principles of adult education and be able to apply them in the training
2. To review and practice the facilitator techniques used in the Management of sick and small newborns
3. To review and practice the clinical demonstrations and practice in the neonatal ward
4. To understand the competencies covered in the Management of sick and small newborns, and be able to plan a training courses for different categories of health workers.
5. To be able to prepare for training courses
6. To monitor and evaluate participants progress
7. To understand the importance of follow up and mentoring after training
8. To learn an approach to mentoring on newborn care.

## 2. ADULT LEARNING

Malcolm Knowles was the first to theorize how adults learn. A pioneer in the field of adult learning, he described adult learning as a process of self-directed inquiry. Six characteristics of adult learners were identified by Knowles (1970)

1. Adults are internally motivated and self-directed
2. Adults bring life experiences and knowledge to learning experiences
3. Adults are goal oriented
4. Adults are relevancy oriented
5. Adults are practical
6. Adult learners like to be respected

He advocated creating a climate of mutual trust and clarification of mutual expectations with the learner. In other words, a cooperative learning climate is fostered.

The reasons most adults enter any learning experience is to create change. This could encompass a change in (a) their skills, (b) behaviour, (c) knowledge level, or (d) even their attitudes about things. Compared to school-age children, the major differences in adult learners are in the degree of motivation, the amount of previous experience, the level of engagement in the learning process, and how the learning is applied. Each adult brings to the learning experience preconceived thoughts and feelings that will be influenced by each of these factors. Assessing the level of these traits and the readiness to learn should be included each time a teaching experience is being planned.

Discuss how you as facilitators can apply the principles of adult learning under each heading: Write up the 6 headings and have 6 participants write up the points under each heading.

### 1. ADULTS ARE INTERNALLY MOTIVATED AND SELF-DIRECTED

Adult learners resist learning when they feel others are imposing information, ideas or actions on them (Fidishun, 2000).

Your role is to facilitate a students' movement toward more self-directed and responsible learning as well as to foster the participant's internal motivation to learn.

#### AS FACILITATORS YOU CAN: (LEAD DISCUSSION)

- Select participants who want to learn about newborn care
- Develop rapport with the participants to optimise your approachability and encourage asking of questions and exploration of concepts.
- Show interest in the student's thoughts and opinions. Actively and carefully listen to any questions asked.
- Lead the participant toward inquiry before supplying them with too many facts.

- Provide regular constructive and specific feedback (both positive and negative),
- Review goals and acknowledge goal completion
- Acknowledge the preferred learning style of the student.
- Support ongoing learning and provide access to additional resources

## 2. ADULTS BRING LIFE EXPERIENCES AND KNOWLEDGE TO LEARNING EXPERIENCES

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Adults like to be given opportunity to use their existing foundation of knowledge and experience gained from life experience, and apply it to their new learning experiences.

### AS FACILITATORS YOU CAN: (LEAD DISCUSSION)

- Find out about your student - their interests and past experiences (personal, work and study related)
- Assist them to draw on those experiences when problem-solving, reflecting and applying clinical reasoning processes.
- Facilitate reflective on preconceived biases or habits based on life experiences and "move them toward a new understanding of information presented"

## 3. ADULTS ARE GOAL ORIENTED

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Adult students become ready to learn when "they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems" (Knowles,1980)

### AS FACILITATORS YOU CAN: (LEAD DISCUSSION)

- Provide meaningful learning experiences that are clearly linked to the clinical situation and personal and work goals.
- Provide real case-studies as a basis from which to learn about the theory.
- Ask questions that motivate reflection, inquiry and further research.

## 4. ADULTS ARE RELEVANCY ORIENTED

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Adult learners want to know the relevance of what they are learning to what they want to achieve.

### AS FACILITATORS YOU CAN: (LEAD DISCUSSION)

- Ask the student to do some reflection on for example, what they expect to learn prior to the experience, on what they learnt after the experience, and how they might apply what they learnt in the future, or how it will help them to meet their learning goals.
- Ensure the clinical sessions are relevant to their daily work, and the skills they need to learn.

## 5. ADULTS ARE PRACTICAL

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Through clinical practice, interacting with real patients and real life situations, students move from knowledge to practice.

### AS FACILITATORS YOU CAN: (LEAD DISCUSSION)

- Be explicit about how what the participant is learning is useful and applicable to the job and client group you are working with.
- Promote active participation by allowing students to try things rather than observe. Provide plenty of practice opportunity in assessment, care and treatment in order to promote development of skill, confidence and competence.

## 6. ADULT LEARNERS LIKE TO BE RESPECTED

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### RESPECT CAN BE DEMONSTRATED BY: (LEAD DISCUSSION)

- Taking interest
- Acknowledging the wealth of experiences that the participant brings to the training
- Regarding them as a colleague who is equal in life experience
- Encouraging expression of ideas, reasoning and feedback at every opportunity.

### 3. STYLES OF LEARNING

There are several approaches to learning styles. One based on the sense identifies three basic learning styles.

1. **Visual Learning:** Learning through watching, observing and reading.
2. **Auditory learning:** Learning through listening. This includes lectures, discussions, and case discussions.
3. **Kinesthetic:** Learning through doing, practicing and touching. This includes role plays, skills sessions and practical.

Individual learners may have a preference for one style over another, but all methods are important to learning, and by using all the learning styles you will assist different learners and reinforce the acquisition of skills in all learners.

**Visual learners** prefer seeing what they are learning. Pictures and images help them understand ideas and information better than explanations. A phrase you may hear these learners use is "The way I see it is." The teacher needs to create a mental image for the visual learner as this will assist in the ease of holding onto the information. If a visual learner is to master a skill, written instructions must be provided. Visual learners will read and follow the directions as they work and will appreciate it even more when diagrams are included.

**Auditory learners** prefer to hear the message or instruction being given. These adults prefer to have someone talk them through a process, rather than reading about it first. A phrase they may use is "I hear what you are saying." Some of these learners may even talk themselves through a task, and should be given the freedom to do so when possible. Adults with this learning style remember verbal instructions well and prefer someone else read the directions to them while they do the physical work or task.

**Kinesthetic learners** want to sense the position and movement of the skill or task. These learners generally do not like lecture or discussion classes, but prefer those that allow them to "do something." The phrase this group of people will often use is "I feel like you" These adults do well learning a physical skill when there are materials available for hands-on practice.

### 4. DOMAINS OF LEARNING

Learning is not simply acquiring facts—learners must feel that what they are doing is important.

- According to Bloom at the University of Chicago (1956), learning can be classified into three domains, or categories: **cognitive, affective, and psychomotor**. Each domain has subcategories that move from simple to more complex processes.
- Some people may be more familiar with the categories "**knowledge,**" "**attitudes,**" and "**practice,**" which are similar to Bloom's categories, but in Bloom's system, knowledge is a subcategory within the cognitive domain.

#### KNOWLEDGE:

*Acquiring a body of knowledge is critical for creating understanding, and for high levels of cognitive functioning.*

- To develop competencies, learners must: a) have a deep foundation of factual knowledge; b) understand facts and ideas in the context of a conceptual framework; and c) organize knowledge in ways that facilitate retrieval and application.
- Integrating new information into an existing body of knowledge is the most important factor for assuring transfer of learning from classroom to application in the real world.

- People have preconceptions about how the world works.
- These initial understandings can have a powerful effect on the integration of new concepts and information. So people learn on top of what they already know. Adult learning theory says adults bring their experience to a learning situation.
  - Need to draw out and work with existing understandings. *We must consider cultural beliefs and other long-held beliefs that health care workers may hold.*
- Classroom training is important in establishing a body of knowledge upon which to build
- Evidence shows that experts and novices differ in significant ways. Experts monitor when they need more information, judge whether new information seems consistent with existing knowledge, and ask what analogies they can use to advance their own understanding. They question themselves and where they got the information.
  - ***If experts are better able to see patterns, relationships, and discrepancies, they may need to help novices make patterns out of the unrelated information they are interpreting.***

### AFFECTIVE LEARNING (ATTITUDE)

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- Emphasizes feeling, tone, emotion, or degree of acceptance or rejection.
- *A health care worker's values, emotions, attitudes, and beliefs can have a great impact on the care provided.*

### PSYCHOMOTOR (PRACTISE)

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- Performance of a motor skill or physical task requires practice especially if it is a new skill or if an old habit or skill needs to be changed. Practice in the classroom, clinical area, and follow up in the work environment are needed to develop the new skill.

## 5. LEARNING METHODS

### 1. INSTRUCTION SHOULD BE PERFORMANCE-BASED.(COMPETENCY BASED)

Instruction should teach the student tasks he will be expected to do on the job. This course is developed based on an analysis of tasks / competencies involved in managing sick and small newborns.

### 2. ACTIVE PARTICIPATION INCREASES LEARNING.

Students learn how to do a task far more quickly and efficiently by actually doing it than by just reading or hearing about it. Retention is also substantially greater in participants who practice a skill than in those who merely observe it. Active participation also keeps students interested and more alert. This course actively involves the participants in doing the written exercises in each module, participating in group discussions, drills and role plays, and most importantly, in clinical practice.

### 3. IMMEDIATE FEEDBACK INCREASES LEARNING.

Feedback is information given to a participant on how well he is doing. If a participant does well on an exercise, and is reinforced immediately, he is more likely to retain what he has learned. Immediate feedback also allows misunderstandings to be corrected before they become strong beliefs, or before the student becomes further confused. In this course, the facilitators give immediate feedback on each exercise, tailored to each participant's needs. Feedback is provided through group discussion or individual consultation.

### 4. LEARNING IS INCREASED WHEN INSTRUCTION IS INDIVIDUALIZED.

Participants attending this course will learn at different speeds and in different ways. For maximum learning to occur, the instruction must be flexible enough to allow each participant to proceed at a pace that is comfortable for him. Each participant should ask questions and receive explanations to the extent necessary for him to understand and acquire the skill and knowledge. This course is structured so that the participants are able to do the exercises at a pace which is comfortable for their group, and then discuss any problems or questions with a facilitator.

### 5. POSITIVE MOTIVATION IS ESSENTIAL IF LEARNING IS TO TAKE PLACE.

Participants must want to learn for instruction to be effective. Most of the time, participants come to this course anxious to learn and highly motivated. Facilitators help the participants to maintain this motivation by providing individual attention, giving prompt feedback, reinforcing them for their work on the exercises, ensuring that they understand each exercise, and encouraging them in group activities and clinical practice.



## 6. THE DUTIES OF MSSN A FACILITATOR

The facilitator will need to incorporate adult methods, and learning styles and domains into the teaching. The lesson plans and facilitator techniques are there to assist the facilitator in applying these methods.

The training is improved if the learner is self-directed and goal oriented, the facilitator “Facilitates” the process and duties are

- To introduce the modules and facilitate the lessons
- to answer questions and assist participants while they work,
- to provide individual feedback on completed exercises,
- to do demonstrations and give explanations of certain steps,
- to conduct oral drills,
- to lead group discussions,
- to coordinate role plays,
- to summarize the modules,
- to coordinate clinical practice in the neonatal unit

## 7. MSSN FACILITATOR TECHNIQUES

### WORKING WITH A CO-FACILITATOR

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You will work with a co-facilitator. There are several ways that co-facilitators can help each other and work as a team. For example, while one facilitator is leading a discussion, introducing the module, or doing a demonstration, the other facilitator can:

- record information on the flipchart,
- operate the projector or video,
- point to the sections of the wall charts that are being discussed, or
- follow along in the *Lessons Plans, Facilitator Manual* to ensure that no important points are omitted, and politely add certain points if necessary.

When first assigned to work together, co-facilitators should take time to exchange information about prior teaching experiences and individual strengths and weaknesses. They should agree on roles and responsibilities and how to work together as a team. Here are some suggestions:

1. Discuss in advance how you will work together on upcoming exercises, demonstrations, etc. Review the teaching activities for the next day, and agree who will prepare for each demonstration, lead the drill, play each role, collect supplies, etc. However, do not divide your work with a feeling that “this is your piece and this is mine.” Be flexible and ready to assist or adjust roles if needed.
2. Work together on each module rather than taking turns having sole responsibility for a module. Within a module or clinical session, you will at some times be the leader and at other times the helper, writing on the flipchart, stopping and starting the video player, etc.
3. When you lead a discussion, always try to ask the opinion of your co-facilitator. For example, ask “Ms Mudau, do you have something to add?” or “Would you agree with this explanation?”
4. When you are assisting, be respectful and polite. Give your co-facilitator your full attention. If you need to add information, wait until a suitable point in the presentation. Then politely ask, “Do you mind if I add something here?” Or say, “Excuse me, but there is one more point I would like to mention.”
5. If you think that your co-facilitator is doing a demonstration incorrectly, or giving incorrect information, avoid directly contradicting him or her in front of the group. It may be possible to say, “Excuse me, but may I clarify that?” If the situation is more complicated, quickly excuse yourselves, discuss the error privately, and decide how to clarify the explanation or demonstration to the group. The group must be given correct

information as soon as possible. If there is a serious disagreement between you and your co-facilitator, you may need to seek help from the Course Director.

During facilitator training, pairs of trainees will practice working together on demonstrations, video exercises, group discussions, and other exercises. When given an assignment, each pair should discuss in advance how they will work together.

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## FACILITATOR TECHNIQUES: USED IN THE CLASSROOM

In the classroom you will be with a small group of 6 – 8 participants and 2 facilitators. They will each have a chart book, module and exercise book in front of them.

The lessons plans in the Facilitator Manual will guide you through each lesson. The following techniques are used in the lessons

1. Introducing a module or lesson
2. Reading and written exercises
3. Conducting a demonstration
4. Giving individual feedback
5. Leading a discussion
6. Oral drills
7. Coordinating a role plays
8. Video exercise
9. Power Point presentation
10. Summarizing the lesson or module

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## FACILITATOR TECHNIQUE: INTRODUCING A MODULE

*Demonstrate introducing the module as described for Lesson 2. Ask trainees to notice the instructions for introducing the module as you speak. Tell them that from now on you will ask them to introduce each lesson. Tell them to keep introductions brief. They should not lecture on the content on the module, but should cover the objectives, and should check that they are meeting the objectives of the participants.*

*Ask for a volunteer to practice introducing Lesson 2. Ask for another volunteer to serve as the "co-facilitator" and follow along in the Lesson Plans, Facilitator Manual assisting as necessary. This will be repetitive, but it is important to begin practicing teaching techniques as soon as possible. Trainees will pay much closer attention to the reading and demonstrations if they know that they will immediately be expected to practice in front of the group. Always give constructive feedback after practice.*

The introduction should be brief, it should include all points mentioned in the objectives, and refer to the section of the Newborn Care Charts that will be covered.

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## FACILITATOR TECHNIQUE: WHILE PARTICIPANTS ARE READING AND DOING WRITTEN EXERCISES.

Participants should read the manual; this can be done silently in class, aloud as a group or as homework. The intention is for each learner to read at their own pace and then go on to do the written exercises. This works well for learners who are good readers, and means that the material can also be used as distance based learning, so the reading and exercises will be done before they come to the class.

For some learners it may be better to read aloud as a group. If you decide to do this, be sure to keep the reading lively and intersperse with demonstrations or clarification. Where necessary refer participants to the chart book, or posters on the wall. Do not read boxes or tables; let participants silently look at them.

Before a section is read the facilitator explains what is covered in that section, and at the end summarizes the main points and takes discussion. The discussion allows participants to get clarity or share the experience and learning.

Written exercises follow most sections. The written exercises are usually in the form of a case, and are used to help participants relate the knowledge to practice. A separate exercise book is given to each participant. Facilitators have the answers to the exercises in their lesson plans.

- \* Watch participants as they are getting started on an exercise to be sure they understand what to do. If it takes a participant a long time to figure out the instructions for an exercise, or if he misunderstands the instructions, this can use a lot of time and create frustration. If you observe such difficulty, help the participant right away.
- \* If a participant is having trouble, you can lean down beside him and quietly give him some brief help. Try not to disturb other participants around him.

## FACILITATOR TECHNIQUES: CONDUCTING A DEMONSTRATION

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- \* A demonstration introduces something that participants will soon read about in the module, such as the Recording Form, a box on the chart, or a process such as classifying. The purpose is to begin to explain it, so that participants will understand more easily when they read the text.
- \* A demonstration may be easier to understand for some participants who have difficulty reading, or who are more used to listening to oral presentations than reading.
- \* The Lesson plans in the *Facilitator manual* describe how to do the demonstration. Follow the guide closely, and do not explain more than is included in the instructions. It may be confusing if you go farther than the next step that participants will learn in the module.
- \* Be sure that all the participants can see the wall chart or visual aid that you are using. If needed, have the participants get up from their chairs and come over to the wall chart to see what you are describing.
- \* Be sure to speak clearly and loudly enough. Do not turn your back to participants as you speak. Try not to read directly from the guide or module. Speak in a conversational tone, varying the pitch and speed of your voice.
- \* Pairs of facilitator trainees will be assigned at least one demonstration to do as practice. Sometimes two pairs will do the same demonstration, one after the other. Then the group will discuss the good aspects of each demonstration.
- \* Even if you have seen other facilitator trainees do the demonstration, you need to practice the demonstration before doing it in front of your group during the course. Study the guide and then practice what to say so you will not have to read from the guide. Practice using any visual aids so you can do the demonstration comfortably and smoothly.

You will demonstrate the use of the following tools during the training. These include the

- Newborn record as part of the maternity chart
- Observation chart for newborn as part of maternity chart
- Newborn Admission Record for sick and small newborns
- Initial assessment form
- Admission / Discharge summary
- Weight, feeding and treatment summary

- Ballard score
- Fetal-infant growth chart for preterm infants
- KMC score chart
- HIE score chart
- Health worker notes
- Newborn Observation Chart

## FACILITATOR TECHNIQUES: INDIVIDUAL FEEDBACK

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- Give participants individual feedback about the exercises. If you go through the answers as group it will be more difficult to determine when participants are struggling.
- If space allows, provide individual feedback somewhat away from the group, in order to avoid disturbing others and to give the participant some privacy. For example, a participant and facilitator could sit in chairs in the hall if posted, or in the corner of the room.
- Individual feedback may be fairly brief.
- Sometimes the guidelines for feedback on an exercise suggest a question to ask about the participant's own clinic and its procedures. When these questions are suggested, ask them and listen carefully to the participant's answers. You will understand his situation better and may help the participant think through any concerns.
- \*Some of you will practice giving individual feedback after the next exercise. You will review a "participant's" answers and discuss how he arrived at his answers. You will practice consulting the guide and mentioning any key points. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the course. Actual participants are likely to be more shy and may read or understand less quickly.
  - Compare the participant's answers to those in the lesson plan. Try to establish the possible reason for any mistakes made: there may be a problem of not understanding a certain term or the question as a whole or some important point in the case under discussion was missed.
  - Address the main difficulty and try to guide the participant through the problem.
  - Ask the participant to summarize what has been achieved by the exercise.
  - Always praise the participant for good work – or for tackling the question, which has presented a problem.
  - Let the participant know that her hard work is appreciated.

## FACILITATOR TECHNIQUES: LEADING A DISCUSSION

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Lead a discussion by explaining the purpose of the discussion and how it will proceed. Involve all participants in the discussion, making sure that some participants are not dominating the discussion. Reinforce their participation by thanking them for their comments. Praise participants who offer good ideas and comments. Handle comments that are incorrect or off the track tactfully.

Keep the discussion lively by asking questions. If you do not know the answer to questions, offer to seek the answers from a senior person.

Record the key ideas on a flip chart in a clear and useful way.

At the end summarise the discussion and the points made.

## FACILITATOR TECHNIQUES: ORAL DRILLS

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- \* Gather the participants together. A drill works best when the chairs are arranged in a circle.
- \* Tell the participants that you are going to do a drill. A drill is not a test. It is an opportunity to practice a step, in order to develop speed and confidence.

- \* Ask a question and direct a participant to answer. He should answer quickly. If he cannot answer or answers incorrectly, you will ask the next person. Continue asking questions to participants in order, going around the circle.
- \* Keep the pace lively and the mood cheerful. Congratulate participants as they improve in their ability to answer correctly or more quickly.

Facilitators have some flexibility in when to lead a drill during the course. They may lead a drill when it is mentioned in the module, or they may wait until a time when participants need a break from reading. They may do a drill after a tea break or lunch, as a way to focus the group's attention. However, they should not forget to do the drill sometime during the day.

## COORDINATING A ROLE PLAY

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- Role plays can be very instructive for all involved provided that is well coordinated.
- Role players must be carefully selected, possibly from volunteers.
- Seating is important: a semi-circle with the role players in the middle works well
- Role players must be quite clear what their role is and what is expected of them.
- At the end of the role play thank the players. They should be given an opportunity to express how they felt. Ask for feed-back but ensure that it is supportive. Highlight all the positive points before going on to what could be improved.

## VIDEO EXERCISE

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- \* It is mandatory to practice with the video before the exercise, so that you know what to expect, when to start and stop it, and how to adjust it. If it is a temperamental machine, give yourself enough time to get it working or arrange to have someone there who works well with the machine.
- \* Be sure that the lighting and the arrangement of chairs will allow everyone to see the television screen clearly.
- \* Tell the participants the subject of the video. State clearly whether they will be expected to write answers and where they should write them.
- \* The first few times you show a video, it may take participants a few minutes to focus their attention on the video, and become accustomed to the picture and the narrator's voice. If you feel this is true, ask the participants if they would like you to restart the video.
- \* Replay exercises as needed until all the participants can understand and recognize the clinical signs shown in the video.

## FACILITATOR TECHNIQUES: POWER POINT PRESENTATION

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A number of power point presentations or slide shows are used in the training. The Power point presentations in this course are not used to convey large amounts of knowledge and information. They are used to in the following ways

- To demonstrate clinical signs, and care where the picture or visual demonstration is important to enhance the learning. You will thus do the Power Point Presentation, after you have done the reading. An alternate way of demonstrating clinical signs is to watch a video presentation.
- To introduce a module or section
- To summarise the key points after a discussion or module.

When using a Power Point Presentation

- Have the presentation, computer and projector ready

- Know how they work and practice before the lesson or during a break, so you do not waste participant's time.
- The slides should be a visual guide, use drawings, and 3 – 5 key points
- Practice what you are going to say so that you are not reading from the slides.

## FACILITATOR TECHNIQUES: SUMMARIZING THE MODULE

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At the end of each lesson you will be asked to summarise the lesson.

Provide a short summary of the key points covered in the lesson, and write these up on a flipchart. If you are covering a section in the chart, you can go to the wall chart and summarise the key points on the chart.

## 8. TECHNIQUES FOR MOTIVATING PARTICIPANTS

### A) ENCOURAGE INTERACTION:

- Make opportunities to speak to each participant individually during the first day
- Explain that your function is not so much to teach, but rather to facilitate learning and that you are there to guide and help them
- Show that you are prepared to discuss with them openly and in a friendly manner.
- Point out errors sensitively.

### B) KEEP PARTICIPANTS INVOLVED IN DISCUSSION

- Ask questions frequently but avoid “yes/ no” questions, rather use open or ‘why’, or ‘how’ etc. Pause after posing questions to give participants a chance to think or look it up
- Acknowledge the response to the question in a positive manner. Under all circumstances avoid ridiculing or demeaning a participant.
- Use the name of participants when asking a question or acknowledging a response.
- Maintain eye contact with participants and try to include everyone. The shy ones may need friendly encouragement.

### C) KEEP THE SESSION FOCUSED AND LIVELY

- Keep presentations lively, using conversational approach rather than reading, while speaking clearly and not too fast, varying the pitch of your voice
- Use examples from your experience and encourage participants to do the same.
- Write key points that participants have volunteered on a flip chart or blackboard.
- Summarize frequently. Ask participants for any important points that were omitted
- Try to establish from participants whether the learning objectives have been met.

### D) MANAGING PROBLEMS WITH GROUP DYNAMICS

- It is not uncommon for one or two participants who want to hold the floor and answer every question or relate some irrelevant stories. How does one deal with that?
- Avoid asking this participant to answer every question by suggesting that someone from the other side of the group should respond.
- At times it may be necessary to interrupt a long story when the individual pauses for a moment or takes a breath!
- There may be particularly shy or quiet participants; try to find out if it is a language problem. If so, you may have to ask your co-facilitator to take over while you spend some time with the participant.
- Discuss disruptive participants with your co-facilitator and/or the Course Director.

### TECHNIQUES FOR RELATING MODULES TO PARTICIPANTS’ JOBS

Try to relate the case management procedures to participants’ work situation, e.g. Are the recommended drugs available? Are there problems with referral of patients? What are the chances of mothers coming back for follow-up? Try to assist participants to resolve management problems.

## 9. CONDUCT DAILY FACILITATOR MEETINGS

Facilitator meetings are usually conducted for about 30-45 minutes at the end of each day. Facilitators will be tired, so keep the meetings brief.

1. Begin the meeting by asking a facilitator from each group to describe progress made by his group, to identify any problems impeding progress, and to identify any skill or any section of the modules which participants found especially difficult to do or understand.
  2. Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the modules.
2. Discuss teaching techniques which the facilitators have found to be successful.
3. Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.
  - a. Mention a few specific actions that were well done (for example, providing participants with individual feedback).
  - b. Mention a few actions which might be done better. (For example, provide more guidance individually instead of in discussions with the whole group; explain more clearly which tasks should be practiced during the clinical session;)
4. Remind facilitators of certain actions which you consider important, for example:
  - a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations (for example, by setting up tutorials, discussing matters privately with the individuals). Speak softly while giving feedback to avoid disturbing others.
  - b. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
  - c. Interact informally with participants outside of scheduled class meetings.
  - d. For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
    - avoid doing exercises for them,
    - reinforce small successes,
    - be patient (or ask another facilitator to help).
5. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).
6. After the first few days of the course, ask facilitators to point out to you any participants who might be good candidates for facilitator training. These would be participants who:
  - understand the modules easily,
  - perform well in the clinical sessions,
  - communicate clearly,
  - help others and work well with others in their group,
  - participate confidently in discussions and role plays.



## 10. END-OF-COURSE EVALUATION

You may wish to use an evaluation questionnaire to determine participants' opinions at the conclusion of the course. A sample questionnaire appears on the next few pages. Review and revise this questionnaire as necessary to ensure that it is appropriate for evaluating the course as it has been conducted.

Specifically, note that there are some blank spaces in the left column of the table on the first page. Add any other activity you wish to evaluate (for example, a plenary on a particular subject) in one of these spaces before you make duplicate copies for the participants.

You may wish to add or delete specific questions. If you make such revisions, remember: 1) keep the questionnaire as short as possible, and 2) only include questions if you will use the responses to the questions for a specific purpose, for example, to plan future courses, or to evaluate helpfulness of a particular activity

## 11. FOLLOW UP AND MENTORING

Participants have gained new knowledge and skill from the training course. When going back to their work environment they need to be able to integrate their new knowledge and skill into the clinical setting.

This will require them to evaluate and synthesise the information. They will also need to deal with their own preconceived ideas, and new knowledge, and test how easy it is to apply.

A small percentage of learners will be able to do this on their own; this is probably because they are motivated, knowledgeable and have already set goals. Most learners will require ongoing support and practice in their work environment to incorporate the new knowledge and skill into their daily practise.

You can assist them in the following ways

- Encourage them to talk to their colleagues about what they have learnt, and share and discuss new approaches
- Encourage them to share what they have learnt in ward meetings and in-service training sessions.
- Remind them about their purpose
- Help facilitate improved leadership and change in the environment
- Provide opportunities for ongoing learning by ensuring that each neonatal unit has reference books, articles, guidelines that they can refer to.
- Provide ongoing clinical mentoring and support.

## 12. CLINICAL MENTORING

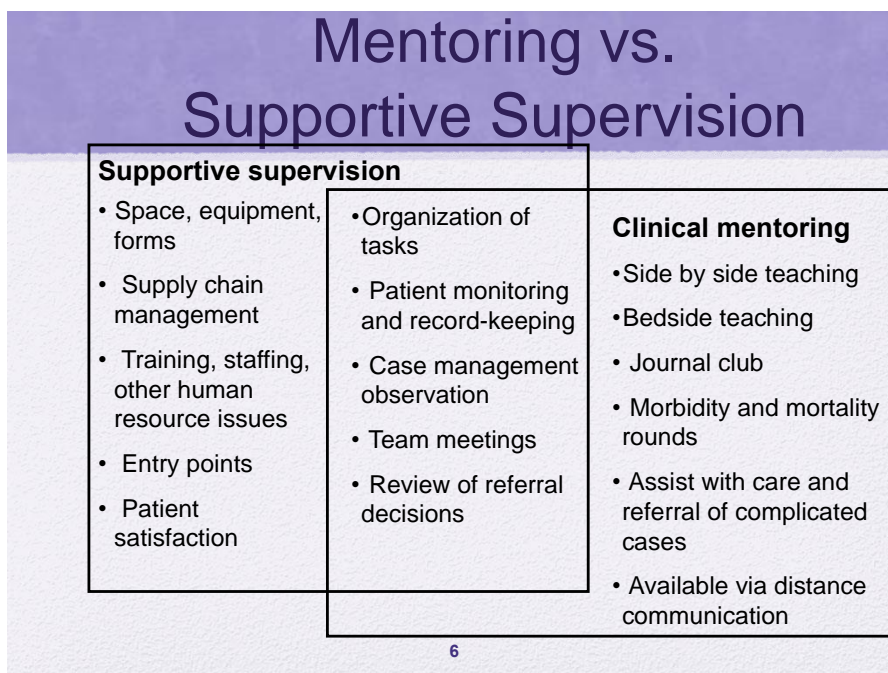
Clinical mentoring is a sustained, collaborative relationship in which a highly experienced health care provider guides improvement in the quality of care delivered by other providers and the health care systems in which they work.

Mentoring is a 5 step process

1. **Building relationships.** Establishment of a trusting and receptive relationship between the mentor and mentee(s) is the foundation for an effective mentoring experience. This component is ongoing over the course of the mentorship, as the relationship continues to evolve and grow.
2. **Identifying areas for improvement.** This component involves observation and assessment of existing systems, practices, and policies to identify areas for improvement.

3. **Responsive coaching and modeling of best practices.** Mentors must demonstrate proper techniques and model good practices. During on-site mentoring, this means working side by side the mentee; using appropriate clinical procedures. Mentorship is as much about setting a good example as it is about directly intervening to improve mentee practice.
4. **Advocating for environments conducive to quality patient care and provider development.** Mentors work with colleagues to enhance the development of clinical site infrastructure, systems, and approaches that can support the delivery of comprehensive care.
5. **Collecting and reporting on data.** Mentors support the use and integration of patient data into clinical practice, and can help to demonstrate the utility of data collection and reporting to mentees during the mentorship.

Mentoring and supervision are not the same but they do overlap as shown in the slide below



## MENTORING STRATEGIES

### BEDSIDE TEACHING

Teaching and reinforcing skills at patient's bedside is a common approach in medical education. It reinforces classroom learning and allows the mentor to model important clinical skills, attitudes, and communication in the context of patient care, as well as observe mentee's skills. The following five steps of clinical teaching should be employed when conducting a mentoring session.

- **Get a commitment.** The first step asks the mentee to articulate the diagnosis or plan for treatment, based upon the patient history and symptoms they have just identified. Asking the mentee to commit to a diagnosis or plan will increase the impact of the teaching session by providing a solid point from which to work.
- **Probe for supporting evidence.** Ask the mentee to explain how they reached their conclusion. Listening to their reasoning will help you respond appropriately to their knowledge level.
- **Reinforce what was done well.** Offer specific feedback rather than a general statement such as, "Good diagnosis." Giving specific comments will provide the mentee with tools to use in similar situations in the future.

- **Give guidance for errors and omissions.** As when offering positive feedback, any corrections should be specific. Care should also be taken to make sure the feedback is constructive and includes specific plans for improvement.
- **Summarize the encounter with a general principle.** Choose one or two general principles that arose from this encounter to become the “take-home” message. Summarizing the encounter in this way will help the mentee apply the lessons learned to other situations.

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## SIDE BY SIDE TEACHING

As the name implies, this technique involves working alongside the mentee in clinic. Mentor and mentee alternate duties of seeing and assessing patients, writing relevant information in patients’ health records. Mentor can observe mentee at work and identify and address challenges and the mentor acts as a role model when he/she is performing physical exam. The Mentees do not feel like they are being watched, but rather supported by a colleague.

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## CASE STUDIES

Case studies are a training methodology that provides learners with an opportunity to apply new skills and knowledge to a simulated “real-life” situation. It allows exploration of various strategies to address complex issues. Case studies require learners to analyze the scenario, problem solve, and apply what they know to work through the case, much like they would in a clinic setting.

## 12. REFERENCES:

1. Essential Newborn Care Toolkit, LINC
2. Clinical mentoring toolkit, I-TEC
3. IMCI Course Directors Guide, WHO

## APPENDIX 1. PERFORMANCE CRITERIA FOR FACILITATORS: CLASSROOM

When observing facilitators, refer to this list as a reminder of appropriate facilitator techniques for the activity observed.

### FACILITATOR TECHNIQUE: WORKING WITH A CO-FACILITATOR

- shares the work on each module in an organized way (each facilitator has a role in the exercise, discussion, presentation, etc.)
- is flexible and able to adjust role as needed
- is polite and respectful when adding comments or making suggestions while his partner is leading
- when leading, invites his partner to participate by adding comments or an opinion

### FACILITATOR TECHNIQUE: INTRODUCING A MODULE

- keeps introduction brief
- includes all points mentioned in the Lesson Plans, *Facilitator Manual*
- points to and explains relevant sections of the Newborn charts appropriately

### FACILITATOR TECHNIQUE: WHILE PARTICIPANTS ARE READING AND DOING WRITTEN EXERCISE

- looks available, interested, and willing to help
- encourages questions
- watches participants as they work; offers individual help to participants who appear confused
- gives individual help quietly, without disturbing others in the group
- Gauges the pace of participants, and is able to suggest group reading or give fast learners additional exercises.

### FACILITATOR TECHNIQUE: CONDUCTING A DEMONSTRATION

- All participants can see the chart of tool being demonstrated.
- Instructions and explanation are clear and loud
- Tool is related to participants clinical practice

### FACILITATOR TECHNIQUE: INDIVIDUAL FEEDBACK

- sits privately with the participant to give feedback
- checks answers carefully; listens as participant discusses reasons for his answers
- encourages and reinforces participant's efforts
- helps participant to understand any errors; gives clear explanations
- refers to the newborn care charts and encourages participant to do so as well
- when appropriate, asks questions about the participant's own clinic and how the exercise applies to the situation there

### FACILITATOR TECHNIQUE: LEADING A DISCUSSION

- sets up the discussion by explaining its purpose and how it will proceed
- involves all participants in the discussion
- reinforces participants by thanking them for comments, praising good ideas, etc.
- handles incorrect or off-the-subject comments from participants tactfully
- asks questions to keep the discussion active and on track
- responds adequately to unexpected questions; offers to seek answers if not known
- records ideas on the flipchart in a clear, useful manner
- includes points listed in the *Facilitator Guide for Modules*
- at the end of the discussion, summarizes the major points made

### FACILITATOR TECHNIQUE: ORAL DRILLS

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- arranges the group appropriately
- gives clear instructions on how the drill will proceed
- keeps the pace of the drill appropriate for the group
- encourages participants; gives positive feedback; makes corrections tactfully

### FACILITATOR TECHNIQUE: COORDINATING ROLE PLAYS

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- sets up role play carefully by obtaining any necessary props, briefing those participants who will play roles, and allowing time to prepare
- clearly introduces role play by explaining the purpose, the situation being enacted, background information, and the roles being played
- interrupts only if players are having tremendous difficulty or have strayed from the purpose of the role play
- guides discussion after the role play so that feedback is supportive and includes things done well and things that could be improved

### FACILITATOR TECHNIQUE: VIDEO EXERCISE

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- starts the videotape at the right spot and knows how to work the video player
- directs the exercise in an organized manner
- replays parts of the video as needed until all participants recognize clinical signs shown

### FACILITATOR TECHNIQUE: POWER POINT PRESENTATION

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- Operates the equipment correctly
- Explains the slides clearly without reading the slides, but with enough time for participants to view the pictures
- Does not turn back to participants

### FACILITATOR TECHNIQUE: SUMMARIZING THE MODULE

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- keeps summary brief and clear
- includes the major points to be remembered from the module

## APPENDIX 2. PERFORMANCE CRITERIA FOR FACILITATORS: CLINICAL PRACTICE SESSIONS

### FACILITATOR TECHNIQUE: CLINICAL DEMONSTRATIONS

- states the objectives of the demonstration
- equipment and cases are well selected
- follows the instructions in the *Facilitator Guide for Clinical Practice*
- demonstrates the entire correct procedure (no short cuts)
- describes the steps aloud while doing them
- projects voice so all can hear; stands where everyone can see
- encourages questions from participants
- asks participants questions to check understanding
- lets participants practice
- at the end of the demonstration, summarizes and highlights main points

### FACILITATOR TECHNIQUE: CLINICAL PRACTISE

- if applicable selects suitable patients for the day's objectives
- has adequate material for practicals
- correctly prepares recording forms or job aids for participants
- observes participants carefully while they work with patients and do practicals
- ensures that each participant practices the skill required
- reviews participants' Recording Forms or job aids
- tries to get participants to see and correct their own errors (e.g., by asking them to look or try again); provides assistance only as needed
- provides feedback on things done well and on things that need improvement

**APPENDIX 3. PRACTICE ASSIGNMENT GRID**

*(Enter the name of the module and the exercise in which each facilitator trainee practices each skill.)*

<b>Names of Facilitator Trainees</b>	<b>Introduction</b>	<b>Reading</b>	<b>Demonstration</b>	<b>Individual feedback</b>	<b>Discussion</b>	<b>Oral Drill</b>	<b>Role Play</b>	<b>Video</b>	<b>Power point</b>	<b>Summarize</b>

## APPENDIX 4. LESSONS AND FACILITATOR TECHNIQUES USED IN EACH LESSON:

Names of Facilitator Trainees	Introduction	Reading	Demonstration	Individual feedback	Discussion	Oral Drill	Role Play	Video	Power point	Summarize
Lesson 1: Introduction	✓	✓	✓	✓					✓Intro	✓
Lesson 2: A&C EC and PS	✓	✓	✓	✓					✓Signs	✓
Lesson 3: A&C BI, Abn, LI	✓	✓		✓	✓				✓Abn	✓
Lesson 4: A&C Risk	✓	✓	✓	✓						✓
Lesson 5: Body temp	✓	✓		✓	✓	✓		✓Skin to		✓
Lesson 6: Oxygen	✓	✓		✓		✓		✓O <sub>2</sub> /CPAP		✓
Lesson 7: Glucose	✓	✓		✓		✓				✓
Lesson 9: Infection Prevention	✓	✓		✓			✓CEO			✓
Lesson 10: Transfer &R	✓	✓		✓						✓
Lesson 11: Resp Distress	✓	✓		✓					✓Xray	✓
Lesson 12: Prematurity	✓	✓	✓	✓		✓		✓KMC		✓
Lesson 13: S Acute Infec	✓	✓		✓						✓
Lesson 14: NE	✓	✓	✓	✓						✓
Lesson 15: Seizures	✓	✓		✓						✓
Lesson 16: Jaundice	✓	✓	✓	✓						✓
Lesson 17: Cong Abn	✓	✓		✓					✓Abn	✓
Lesson 18: Cong Syph	✓	✓		✓						✓
Lesson 19: Cong TB	✓	✓		✓						✓
Lesson 20: HIV	✓	✓		✓						✓
Lesson 21										



## APPENDIX 5. EVALUATION QUESTIONNAIRE FOR MSSN

1. For each module or activity listed in the left column, tick (3) the box which you think best describes it.

	Very Useful	Useful	Somewhat Useful	Useless
<i>Assess and Classify for emergency care</i>				
<i>Assess and Classify for Priority signs</i>				
<i>Assess and Classify for Abnormalities and local infections</i>				
<i>Assess and Classify Risk Factors</i>				
<i>Principles of treatment: Maintain normal body temperature</i>				
<i>Principles of treatment: Safe Oxygen</i>				
<i>Principles of treatment: Normal glucose, feeds and fluids</i>				
<i>Principles of treatment: Infection prevention, referral</i>				
<i>Apnoea and respiratory distress</i>				
<i>Preterm and low birth weight</i>				
<i>Serious acute infection, Neonatal Encephalopathy and seizures</i>				
<i>Jaundice</i>				
<i>Congenital abnormalities</i>				
<i>Syphilis, Tuberculosis and HIV</i>				
<i>Discharge and follow up</i>				
<i>How useful with these learning methods for you?</i>				
Reading				
Written exercises				
Videos or slide shows				
Role play				
Discussion				
Feedback				
Clinical practice				
Clinical demonstrations				

2. What will you do differently when you get back to the clinical environment?

3. What ongoing support would you appreciate?

4. What was good about the course?

5. Do you have any suggestions for improving the course?

## APPENDIX 6: MANAGEMENT OF SICK AND SMALL NEWBORNS FACILITATOR TRAINING PROGRAMME

Date:

Venue:

Day 1:	Topic	Method	Facilitators
08h00 – 08h30	Registration		
08h30 – 09h00	Welcome, Introduction and expectations		
09h00 – 09h30	Purpose, Objectives and Overview		
09h30 – 10h30	Adult learning	Facilitated discussion	
10h30 – 11h00	TEA		
11h00 – 12h30	Facilitation techniques used in MSSN training	Reading and demonstrations	
12h30 – 13h15	Allocation of pairs to facilitation practice. Start preparation		
13h00 – 14h00	LUNCH		
14h00 – 16h30	Divide into 3 groups Practice facilitation skills in pairs	Practice using lesson plans and feedback	
Day 2			
08h00 – 10h00	Divide into 3 groups Practice facilitation skills in pairs	Practice using lesson plans and feedback	
10h00 – 10h30	TEA		
10h30 – 11h00	Overview of clinical practice / demonstrations	Presentation	
11h00 – 12h00	Travel to Kalafong Hospital and start preparation		
12h00 -13h00	Clinical Practice: divide into 4 groups, One hour each session.	Demonstrations and practice	
13h00 – 13h30	Working LUNCH		
13h30 – 16h30	Clinical Practice: one hour each session, rotate between groups	Demonstrations and practice	
Day 3			
08h00 – 10h30	Assessing training needs Training options Course preparation Monitoring student practice Course evaluation	Facilitators Manual	
10h30 – 11h00	TEA		
11h00 – 13h00	Planning follow up after training, and mentoring skills and methods for follow up after training	Presentation and discussion	
13h00 – 13h45	LUNCH		
13h45 - 15h00	Orientation to Facility Assessment and Support Tool		
15h00	Closure and departure		

## APPENDIX 7. NOTES FOR MASTER TRAINERS: MSSN FACILITATOR AND COURSE DIRECTOR TRAINING

### EXPECTATIONS AND OBJECTIVES:

- Ask Participants their expectations: Thank them for their participation and respond and clarify if and when you will meet their expectations
- Write up the Objectives on paper and put it up.

### INTRODUCTION TO ADULT LEARNING AND TEACHING METHODS

INTRODUCE ADULT LEARNING – you can read or talk about the first few paragraphs

- Write up on 6 flip chart papers the 6 characteristics of adult learners. Ask 6 participants to assist you with the writing.
- Discuss these characteristics and write under each heading ways in which you can respond to the characteristics of adult learners to support their learning.
- Review the points, and if necessary add additional points.

### STYLES OF LEARNING

- Explain to participants that most of us are visual , auditory or kinesthetic learners.
- Ask participants what type of learner they are.
- Discuss the 3 different styles, and the importance of ensuring that all 3 styles are used in training.

### DOMAINS OF LEARNING

- Introduce the domains or categories of learning, the concept that we learn in each of the 3 domains and they we move from simple through complex process in each domain.
- Domains are
  - Cognitive – or Knowledge
  - Affective – attitude
  - Psychomotor – practice
- Discuss that acquiring knowledge is important, and the more knowledge the better ones understanding or processing, organisation and decision making, BUT we need to start with where the learners are, and help them organise and process knowledge
- Also need to deal with prior learning and preconceptions
- Discuss how learners values, emotions and attitudes and beliefs impact on their learning
- Discuss the importance of performance of a motor skill and practice. New skills need to be practiced, and the more we practice them the more we develop our brain pathways, the better we get.

### LEARNING METHODS

- Let participants read through the teaching methods on their own – if you don't have time summarise them, and they can read at home.

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## MAJOR DUTIES OF A FACILITATOR

- Write these up on a flip chart

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## FACILITATOR TECHNIQUES

- Discuss the importance of working with a co-facilitator
- There are 10 facilitator techniques
- Go through the instructions in each method, and where indicated demonstrate the technique
- Techniques for motivating participants
  - Facilitators can read that on later on their own

---

## FACILITATION PRACTICE

- Divide participants into pairs, and allocate each pair 2 lessons to prepare - one for today and one for tomorrow
- Give them 30 minutes to prepare
- Divide the class in 2 and let each pair present the lesson
- Use the performance criteria for facilitators to comment on their performance
- As the course director – stop them during the performance of each facilitator technique – as the importance is the process and not the content – you don't have time to cover all the content.
- When commenting on each performance of each facilitator technique use the feedback sandwich method
  - 1. Start with a positive observation
  - 2. Make a suggestion on something they can improve
  - 3. End with a positive observation
- Ensure that each participant gets to practice each technique and that each pair takes turns in being the facilitator and co-facilitator

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## CLINICAL INSTRUCTOR PRACTICE

- Divide the clinical instruction sessions between the facilitators
- Divide the class in two and rotate the groups between yourselves
- Demonstrate how the clinical session should be conducted – the preparation, and the presentation
- Allow participants to practice conducting the clinical demonstration and sessions.

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## DAY 3: PREPARATION FOR TRAINING

Use the facilitator manual – page 7 – 21

Power Point Presentation on Competencies and preparation

Go through the presentation

Refer them to the pages in the manual

Take discussion.

- Discuss what is needed by the doctors, the Nurses who work in maternity, postnatal and neonatal.
- Discuss rotation

- Present the different training courses and what is covered by the different trainings, and how long they each take.
- Discuss doctors training – does the EC want to include the doctors in the MASN training or do they want to do 2 – 3 day separate training?
- Full courses – continuous
- Full courses - one day a week
- Distance based
- In-service based

Show them sample course schedules pg 15 – 21

Discuss different options for conducting the trainings in the EC – what will work best in each district?

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#### OTHER ISSUES TO DISCUSS THAT IMPACT ON TRAINING

- Selection of facilitators
- Follow up after training – who will do it
- Neonatal units – who will do it
- Records and observation charts – standard charts to use

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#### MONITORING PROGRESS IN THE TRAINING AND CONDUCTING FACILITATOR MEETINGS

Note it may be best to do this with the facilitator training

- Assessment
- Pre and post test assessment – help know the starting knowledge and skill – and help to assess what has been achieved.

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#### CLINICAL MENTORING

Go through the Clinical Mentoring Power Point presentation

Discuss as you go on.

One of the main duties of DCST's is to do mentoring.

Ask DCST how they are conducting mentoring at their hospitals

Draw 3 columns on a flip chart

As the DCST give you their answers, write down which elements are Mentoring, which are supervision, and which include both of them – write those in the middle column

Supportive supervision / Overlap / Clinical mentoring

Identify those elements that are mentoring and those that are supportive supervision

Go through the slides on communication and feedback

Mentoring plan

- Prioritise mentoring of all health workers trained – within 4 – 6 weeks, to ensure they are integrating new learning
- All health workers in the area
- In busy wards, choose and develop a mentor who can continue the mentoring job

