MEASURING & MANAGING QUALITY OF HEALTH CARE

Training Module
TRAINING FOR TRAINERS

Editors

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Measuring & Managing Quality of Health Care

Training Module
Training of Trainers for Quality Assurance

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Measuring and Managing Quality of Health Care has the following modules:

Training Module: Promoting Quality

Training Module: Implementing Quality and Improving Performance

Training Module: Managing Performance

Training Module: Training of Trainers for Quality Assurance

Dedication

To all
who have unselfishly dedicated,
sacrificed and committed,
time, resources and themselves,
to improving the quality of life of others.

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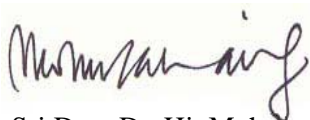Ministry of Health, Malaysia

Foreword

The challenge for today's health workers is to meet the public expectation of quality care and services. The demand for quality and the attention paid to its value are becoming a more and more dominant sign of the times.

In line with the Government's *Vision 2020*, the Ministry of Health is placing the importance of quality in health care as a national agenda. Through its *Vision for Health*, the Ministry is committed towards attaining a health system that is affordable, efficient, technologically appropriate, environmentally adaptable and consumer friendly with emphasis on quality, innovation, health promotion and respect for human dignity.

In order to achieve the above, there is a need to institutionalize and internalize quality within health care organizations. I sincerely believe that only when such a quality culture has been inculcated within the health workforce, will we be able to measure our degree of success.

This set of training modules has been developed to facilitate the process of institutionalizing and internalizing quality. The strength of these modules lies in their generic nature that provides an excellent platform for all health related sectors; thus benefiting not only those within the Ministry of Health but all those involved in the health industry in general.

I would like to congratulate the National Quality Assurance Secretariat for taking the lead in making the effort to produce the modules. Special thanks also to the World Health Organization for making some funds available. Last but not least, I sincerely thank all those who have sacrificed their time and effort as authors and editors, for their invaluable contributions towards making these modules a reality.

Tan Sri Datu Dr. Hj. Mohamad Taha bin Arif
Director-General of Health Malaysia
Ministry of Health Malaysia

2004

Foreword

The publication of this set of four training modules by the National Quality Assurance Secretariat is another milestone for the Ministry of Health in its ongoing efforts to institutionalize and internalize quality for its workforce.

Based on the accumulated experiences and expertise of individuals involved in quality assurance both at operational and national program levels over the past two decades, these modules have been developed with the concerns of the various users' perspective in mind – *manager, service provider* and *trainer*. As such, depending on the module objectives, they vary in their approach, depth and technical content. The module on *Promoting Quality* for example is aimed at introducing or marketing Quality Assurance (QA), and thus does not dwell beyond introducing the concepts and benefits of QA.

Despite its variation in approach and technical contents, and to ensure that quality has not been compromised, all modules have undergone detailed scrutiny by Dr. A. F. Al-Assaf, an internationally well-renowned figure and authority in QA from the College of Public Health, University of Oklahoma.

I would like to take this opportunity to thank all chapter contributors in making these modules a success. My thanks are also extended to the World Health Organization for making some funds available to support this effort and the National QA Secretariat for their tireless efforts in compiling the various works.

For all the resources and efforts that have been put into producing these modules, it is my sincere hope that they will be maximally used to improve the capacity and capability of persons involved in QA activities at all levels, not only within the Ministry of Health but also beyond.

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2004

Preface

Measuring and managing quality in health care is becoming the core business of all involved in health care, be it at the stewardship, provider or consumer levels. Only through measuring quality of care can improvement be managed, as eloquently stated by Peter Drucker "If you can't measure it, you can't manage it".

If quality assurance (QA) is to have an impact on improving health and health care, it is necessary that materials to be used as references be drawn from personal experiences in training and managing quality assurance as well as those of published authorities. The advantages of formal quality assurance and the benefits of practice have become evident over the years since the initiation of the QA Program within the Ministry of Health, Malaysia in 1985. This documented wealth of experience gained over the years is invaluable and should be shared with all who have interest in improving the quality of their own services.

Cognizant of this, a working group comprising of individuals who have been involved in quality assurance either as national trainers or practitioners at operational level was assembled by the National QA Secretariat of the Ministry of Health, Malaysia, to address the issue. The deliberations and selfless efforts of this dedicated group of individuals have resulted in the development of the following four modules on important aspects pertaining to measuring and managing quality in health care, ranging from its promotion to undertaking and managing QA activities and also in the conduct of QA training:

Training Module: Promoting Quality

This module focuses on the need to promote QA amongst those involved in the health industry. It presents an overview of the general concepts, activities and benefits of undertaking QA activities within the health organization.

Training Module: Implementing Quality and Improving Performance

This module attempts to provide a step-by-step guide to implementing QA activities. Discussions are based on the necessary fundamentals such as planning, implementing and evaluating QA activities. The module will be of interest to those with the desire to operationalize QA in their own organizations.

Training Module: Managing Performance

This module covers a range of issues relating to managing quality. It is written under the assumption that the majority of readers are practicing managers at some level. It also assumes that readers want to supplement their work experience with the understanding of the principles of quality management and how these ideas are currently evolving, so that they will have a breadth of vision to be an effective manager in QA.

Training Module: Training of Trainers for Quality Assurance

Experienced managers and implementers of QA activities are not necessarily experienced teachers. For training in QA to be effective, there is a need for acquiring competence not only in technical contents but also in training approaches. Trainers and facilitators include not only those whose primary responsibility is organizing and conducting training courses but also those who assist the trainers in conducting echo-workshops following their own successful completion of a training program.

These modules are put together with the understanding and realization of the importance and difficulties faced in introducing a quality culture within a health organization. The modules are aimed for a variety of audiences including postgraduate students undertaking the Masters of Public Health Program as well as workers in supervisory positions at mid- and senior management level. The contents are offered in a slide presentation format highlighting important points with notes provided as reference below each slide. Users are encouraged to become familiar with the entire set and to then selectively identify and utilize those modules that are more relevant to their own needs.

As much as we would have liked, the modules could not be judged to be comprehensive. It is intended only as an introduction and as a convenient reference to the subject, not the sole reference. Cross references are made between modules and a list of bibliography is provided at the end of each chapter.

We do hope these modules will prove beneficial in helping you measure and manage quality of health care.

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Chapter 1

Quality in Health Care

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Learning Objectives

At the end of the chapter, you will be able to:

- explain Quality according to different perspectives

- define what is Quality

- describe why we need Quality

- describe the steps of the Quality Cycle

- describe the different Quality terms

- explain the myths of Quality

- describe the Quality Dimensions

- describe the basic Quality Principles

Contents

Chapter 1

What is Quality? (1/5)

Quality is different from different perspectives...

The answer to this question is really quite simple: "It depends!"

Quality is understood differently by different individuals depending on who do they represent in the health care system.

Quality from a patient or customer perspective would be related to the type and the effectiveness of care and probably with more emphasis on amenities (esthetics) such as friendliness, treated with respect, comfort, cleanliness, and range of services available with value for money.

The health care professionals or providers on the other hand, would be more concerned with the scientific process of care, the ability to diagnose and treat a case with little emphasis on the amenities and less emphasis on the "caring" aspect.

The administrator also has a different perspective on quality where he may think quality is access, efficiency, relevance, acceptability and effectiveness in delivering the health care services. Cost is very important to the administrator. Therefore when one has to define quality, one has to take into account the different perspectives of the audience.

What is Quality? (2/5)

Based on processes, tasks and performance expectation:

"Quality is not an accident, it is the result of high intentions, sincere efforts, intelligent direction and skillful execution"

This is an interesting definition on quality as it relates quality to processes, tasks and performance expectations. This definition was first noted on a Hallmark Card the author received from a friend on the occasion of his promotion. It appropriately describes quality as activities, phenomenon that has to be planned for, aimed at and worked for in order to achieve. It does not happen by accident.

Planning is important to achieve quality. Defining the right objectives, the proper goals and appropriate values are all necessary to get quality. Of course this planning effort should be coupled with sincerity, and dedication to implement this plan and to meet those objectives. But all of that is not complete without looking at the different options and strategies to choose and follow.

Setting priorities and identifying the most important strategy is a task that must be completed to fulfill the promise for quality. This action should be performed with precision and with the skills necessary to implement correctly and effectively.

What is Quality? (3/5)

Based on industrial model:

"Quality is customer-focused, therefore meeting the needs and expectations of the customer is the main objective"

This is the definition of quality that was widely propagated by the industrial model outside health care. It is clearly focused on the users and the persons that receive a service from a supplier.

In health care, the main user is the patient and the receiver is the patient, while the main supplier is the provider (both individual and institutional).

Also, implied in this definition of quality are the steps in achieving quality. Here, one has to identify and prioritize all customers (the vital, the important and the other customers), then a process should take place to measure their expectations and needs. It is therefore the objective of the supplier of health care services to find ways and methods to meet the expectations of their customers and if possible also their needs.

What is Quality? (4/5)

Based on fundamentals of the leadership and management:

"Quality is doing the right thing right the first time and doing it better the next"

This definition is based on the fundamentals of leadership and management. Leaders are expected to do the right thing the first time while managers are expected to do it right. An example in health care would be a physician who is expected to do the right thing, providing care services to the patient by asking the right questions, doing the right investigation and performing the right procedure. But this is not enough if it is not coupled with doing all of that the right way and on the first attempt. If this process is repeated again then the provider should become more experienced thus would be more efficient and more effective progressively, i.e. continuous improvement.

"Quality is doing the right thing right the first time and doing it better the next"

What is Quality? (5/5)

Quality is incremental improvement

Based on the National Roundtable on Health Care Quality, Institute of Medicine Massachusetts:

"Quality of care is the degree to which health services for individuals and population increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

A very simple definition of quality, yet so involved. Incremental means that the system is able to answer the following two questions affirmatively:

Are you better today than yesterday? And…..
Will you be better tomorrow than today?

But answering these questions is not that simple because if you want to be precise then one has to be able to accurately measure one's current, previous and future performance. Therefore, measuring performance is important in quality and as important is the ability to identify what measures and how to measure performance appropriately and adequately.

Therefore, one must have a system for data collection, data analysis and data reporting all of which related to performance of that system. This process should be associated with an ongoing system of continuous monitoring of performance and continuously upgrading its performance.

With the rapid progress in medical technology, the health care services need to keep abreast with current information on medicine, therefore ensuring that health services rendered are continuously upgrading its performance.

Why Quality? (1/3)

- Effectiveness
- Appropriateness and Necessity
- Standardization

- Effectiveness is the ability to meet and achieve the objectives for which you set for yourself. So, if a doctor has an objective to diagnose every case that he/she attends to appropriately, and is able to do so, then he/she is considered to be an *effective* doctor.

- In utilization management (a mechanism for quality), the questions to answer are whether the care and services are provided appropriately (to the right patient and for the right medical condition) and whether these services are necessary (i.e. not over utilized or not underutilized). If a patient needed referral to a specialist then he/she is referred. If the patient is complaining of a medical condition that is easily investigated and diagnosed with simple methods, then heroic and over extended measures are not necessary (i.e. if an x-ray will do, there is no need for a MRI report).

- The benefits of standards are to enhance control over outcome expectations and performance, thus useful in cost containment and budgeting techniques. Standards also establish an environment of similar "language" throughout an organization or a system. Similarly, by having standards, organizations will be able to reduce variations in the delivery and evaluation of services.

Why Quality? (2/3)

- Cost Saving
- Benchmarking
- Accreditation, Certification, etc.
- Reports cards
- Competition

- Quality has an impact on cost. It is widely believed that quality may increase cost but this is true only at the beginning of implementation.

  Therefore, as quality is implemented and improved in an organization, so will the immediate costs of building quality structure. This trend soon levels off at some point in time early in the quality building process and will eventually start to decrease gradually as quality continues to improve. This is due to the fact that quality calls for the elimination of rework, waste and duplication. All of which are causes of additional costs.

- Quality provides a forum and a mechanism for organizations to identify centers of excellence and successful processes and procedures in other organizations and institutions. Once these centers or processes are identified then quality also calls for individuals in organizations to study these centers of excellence or these successful processes and learn how to import them in their own organization. This benchmarking or accreditation, are systems and mechanisms to validate, authenticate and recognize quality activities. These systems promote excellence in organizations and enhance their quality efforts.

- Report Cards are mechanisms or testimonials initiated by organizations to boast their accomplishments and improvement efforts. Consumers are demanding that organizations start issuing report cards of their performance.

- Competition drives the need for quality and at the same time encourages organizations to enhance their improvement activities.

Why Quality? (3/3)

- Professional Satisfaction
- Pressures from the consumers
- Continuous Improvement
- Ethical Considerations

- Every professional, especially health care professionals, strive for doing the best job possible hence the need for quality. They compete for quality and are obsessed to achieve the best outcomes possible.

- Consumers are becoming more and more vigilant about their health and the care they receive. Therefore they are starting to demand the best of care and the best of service. This has put pressure on organizations to enhance their services and achieve quality systems.

- As described earlier, incremental and continuous improvement are characteristics of activities in quality systems and organizations. Thus continuous improvement will forever require organizations and individuals to invest in quality efforts and aim for better outcomes.

- If all of the above did not give enough reasons for why quality should be implemented and continuously aimed for, professionals have an ethical and moral obligation to provide the best possible care and service to their customers. It leads them to do good and to do everything better every time they do it again. It is unethical not to provide quality care and services.

Steps of the Quality Cycle

QUALITY
DESIGN

Step 1: *Plan*

Step 10: *Implement Solution*

Step 2: *Set Standards*

Step 9: *Choose & Design Solution*

Step 3: *Communicate Standards*

Step 8: *Analyze & Study OI*

Step 7: *Identify Who Will Work on OI*

Step 4: *Monitor*

Step 5: *Identify & Prioritize Opportunities for Improvement*

Step 6: *Define OI*

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IMPROVEMENT
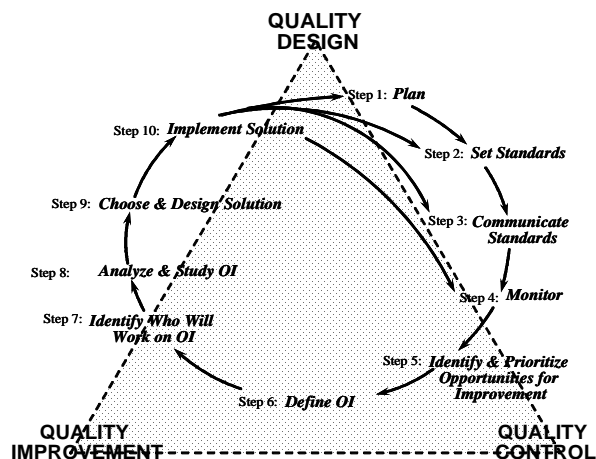
QUALITY
CONTROL

According to the Quality Cycle above, each of these activities has certain steps to be followed in order to achieve the desired objectives. QA is the process of assuring compliance to specifications, requirements, or standards, and implementing methods for conformance. It includes planning for quality, setting and communicating standards and identifying indicators for performance monitoring and compliance to standards. These standards can come in different forms, for example protocols, guidelines, specifications, etc. QA however is loosing its earlier popularity as it resolves to disciplinary means for standards compliance and therefore blames human error for noncompliance.

Quality Control (QC) on the other hand is defined by NAHQ (1994) as "a management process where actual performance is measured against expected performance, and actions are taken on the difference". QC was originally used in the laboratory where accuracy of test results dictates certain norms and specific (and often) rigid procedures that would not allow for error and discrepancy. Thus, it makes an effort to reduce variations as much as possible. QA and QC are complemented and sometimes overwhelmed by Quality Improvement (QI) efforts and processes.

QI is defined as an organized, structured process that selectively identifies improvement teams to achieve improvements in products or services. Therefore, Total Quality Management (TQM) or quality management in general involves all above three processes QA, QC and QI. It involves processes related to the coordination of activities related to all or any one of the above three as well as the administration and resource allocation of these processes. Quality management (QM) becomes the umbrella under which all processes and activities related to quality falls. QM may also encompass such terms as continuous quality management, total quality management/leadership/improvement.

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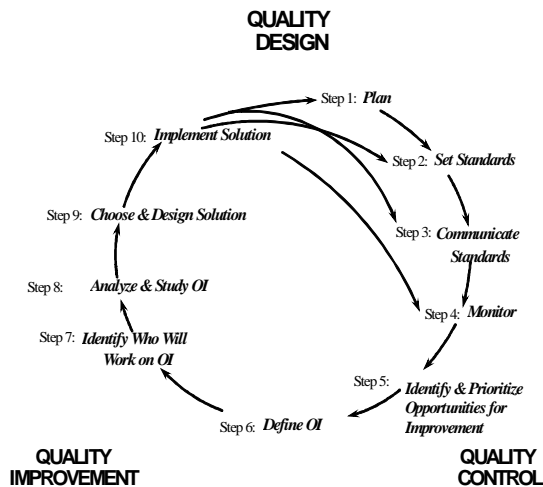
QUALITY
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Quality Terminology

- Quality Assurance
- Quality Control/Monitoring
- Quality Improvement
- Continuous Quality Improvement
- Quality Management
- Total Quality Management
- Health Care Quality

- **Quality Assurance (QA)**

  QA refers to all of the processes and activities related to the planning for quality, the setting and communicating of standards, measuring and monitoring compliance to these standards.

- **Quality Control (QC)**

  QC refers to the processes of measuring the difference, if any, between the current performance of an organization and the desired levels of standards.

- **Quality Improvement (QI)**

  QI refers to the processes and activities to reduce variance in performance from the desired standards, thus reducing the gap between current performance thresholds and the desired thresholds.

- **Continuous Quality Improvement (CQI)**

  CQI is an incremental and continuous improvement for the whole organization.

- **Quality Management (QM)**

  QM is the umbrella term that encompasses QA, QI and QC. It is the term applied to all of the processes related to the coordinating and facilitating of quality related activities and tasks in an organization.

- **Total Quality Management (TQM)**

  TQM is a theory and a management method that was first introduced in Japan and involves 5 main principles: system wide, leadership commitment, data driven decision-making, customer focused and teamwork.

- **Health Care Quality (HCQ)**

  HCQ is another term that refers to an organization-wide quality management program and processes.

Myths of Quality

- Quality is luxury
- Quality is intangible
- Unaffordable
- Quality problems originates by the workers
- Quality originates in the quality department

(Peter Drucker)

- If one is asked what is a quality car, the answer almost always does not include a Rolls Royce or a Benz. Usually people will answer a car that is reliable, trouble-free and economical. Therefore, in an organization, an object or a product does not have to be shiny or luxurious to be a quality object.

- Another myth is that quality is not tangible and cannot be measured. Of course it is the opposite. Quality can be measured as long as standards and indicators related to it are identified and monitored. Organizations, products with high compliance standards are described as quality objects.

- Quality is costly is another stereotype that people believe in. Of course quality is not that. Quality may cost extra as one builds the infrastructure to support it but once it is implemented, costs start to level off and eventually start to decline while the level of quality starts to climb. Quality work at reducing or eliminating waste, duplication and rework.

- Problems have been proved to be caused by system error more than human errors. Actually there are studies that suggest 80-85% of problems are system errors not human errors. The rest are errors caused by humans, due to environments that are not supportive of their development and achievements.

- Quality departments must be integrated into the organization. These departments should only be responsible for coordinating, facilitating and promoting quality efforts, but should not be the sole provider of such efforts. If not, people will become dependant on them thus making them the only "Czar" of quality.

Quality Dimensions (1/3)

- Effectiveness
- Efficiency
- Technical Competence

As seen from the above list, both effectiveness and efficiency come at the top of the list stressing the fact that quality can only be achieved if processes are performed appropriately and in a cost conscious environment. Only appropriate and necessary care should be provided. Waste, duplication and re-work should be eliminated. Only most economical ways and most effective ways to provide care should be stressed. In a system of higher demands for quality care coupled with the reality of limited resources, prudent decisions regarding best possible combinations of effective and efficient care are required and expected.

Obviously, providing effective care in an efficient manner requires highly technical skills of health care professionals that would follow the practice of doing the right thing right the first time and doing it better the next. In health care quality, providers and other health care professionals must be well educated and well trained to face the everyday challenges of meeting the needs and expectations of their customers, in particular their patients. Health care is a complex field and without good technical background the chance of a professional survival is weak. Quality must be associated with highly technical capabilities and competencies.

Quality Dimensions (2/3)

- Safety
- Accessibility

With regards to safety, it is again obvious that no one should accept providing nor receiving care in an environment that is unsafe or may be perceived as unsafe. From a risk management standpoint, it is the duty of the health professional to secure a safe environment for his/her patient. Accidents have several consequences, all of which are negative. Unsafe conditions may lead to liability, physical and emotional injury, as well as lose of goodwill and is a detriment on the facility's reputation in the community. Apart from that, an unsafe environment is counter productive as people will spend their time answering to complaints and fending lawsuits. Safety is expected and is a required dimension of quality, especially in health care.

Another important dimension of quality is accessibility. Accessible care is care that is available, acceptable, and affordable. Accessibility includes physical, financial, and intellectual accessibility. The later is extremely important in an environment where there are multiplicity of cultures, beliefs, and educational background as it is the case with the international health care community. Quality care needs to be communicated to the "users" in their own setting and under their own conditions to be truly accessible. Therefore, good communication skills are essential to providing accessible care.

Quality Dimensions (3/3)

- Interpersonal Relationships
- Continuity
- Amenities

Personnel interaction is important to providing quality care. Health care is provided by highly educated and sophistically skilled individuals but these individuals cannot provide a holistic care to the patient without relying on teamwork. Interpersonal relationships therefore play a tremendous role in shaping the processes of care and ensuring a positive outcome to the patient.

Health care quality is a process not a program. A program has a beginning and an end but a process has no end. It is continuous. Another issue with regards to quality is that care should be provided in a continuum. That is to say care should be initiated, rendered, evaluated, improved, and continuously monitored even after the patient is cured of his present illness. Care is extended to include wellness, health promotion and disease prevention. Additionally, care that is started by one provider should be continued and followed by the other provider in cases of transfer to ensure continuity of care. Fragmented care and a disjointed system are not a quality system. Health care quality may never be achieved in such a system.

Finally, it is always more pleasant to have the care provided in an esthetically acceptable environment. A facility that pays attention to the minute details of its customers' comfort and well being is certainly a quality facility. Whether it is cleanliness, decor, or service, health care quality can only be enhanced with such a valuable dimension.

Quality Principles

- Customer Focused
- Teamwork
- System-ness
- Data Driven
- Leadership

Deming (1984) was very sensitive to the issue of leadership commitment. He suggests that without this commitment quality will not succeed. In health care this is partly true. Leadership commitment is still important but not a must for health care quality to succeed. Leaders can facilitate the process thus making it work faster and produce faster results. However, in health care and especially on the international scene, leaders change more frequently and therefore total dependence on their commitment may not be prudent. Starting health care quality even at the staff level may produce positive results that will attract the attention of top leaders thus earning their support actively.

This approach is what we call it the "bottom-up" approach as opposed to the "top-down" approach described by Deming. In other experiences, both approaches might be seen implemented in the same system and this may be is the most applicable. Here we must emphasis the relationship between quality and teamwork, as well as the importance of defining the customer, both internal and external. Health care quality is system oriented. Since systems are comprised of structure, processes and outcomes, health care quality focuses on studying the elements of each of these components and find ways to improve their status collectively. One basic principle of health care quality is that the health care system is interdependent on its parts and elements, and no one part is more important that the other in order to achieve a better outcome to the patient. Therefore all of the system elements need to be taken into consideration when improvements are sought.

The last tenant is that health care quality is driven by data. As described earlier, the processes of QA, QI and QM are based on documented and calculated incremental progress. Therefore without data, quality cannot be measured, and without data, improvements cannot be documented. Health care quality requires training on the effective use of meaningful data, through proper data collection techniques, appropriate data analysis, prudent use of tools and data management protocols. Based on data, improvement opportunities are identified and further tackled. Quality requires certain skills in data management techniques.

Summary

- Quality Definitions
- Purpose for Quality
- Defined the Main Quality Terms
- Described the Quality Myths

In this chapter we have described the different perspectives of quality to different people namely, the patient or the customer, health care professional and administrator.

We have also defined quality based on various discipline and explained the purpose of implementing quality in an organization. Beside giving the quality terminologies, steps involved in the quality management cycle was also introduced. Lastly, this chapter outlined the quality dimensions followed by describing the elements of quality principles.

Exercise

Identify a "Quality" organization of your choice and describe why it is a Quality Organization

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Chapter 1

Notes:

Step 1: **Plan**

Step 10: **Implement solution**

Step 2: **Set Standards**

Step 9: **Choose & design solution**

Step 3: **Communicate Standards**

Step 8: **Analyse & Study QI**

Step 4: **Monitor**

Step 7: **Identify Who will work on QI**

Step 5: **Identify & prioritise opportunities for Improvement (QI)**

Step 6: **Define QI**

Chapter 2

The Quality Cycle

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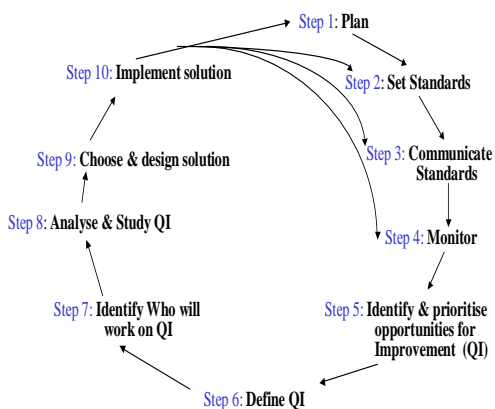
Learning Objectives

At the end of the chapter, you will be able to:

- identify and describe the steps of the Quality Cycle

- apply the steps of the Quality Cycle in a health care setting

- initiate a Quality Program based on the steps of quality cycle

- initiate a Quality Improvement Project in a health care organization

Contents

Steps of the Quality Cycle

QUALITY
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Step 1: *Plan*

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Step 3: *Communicate Standards*

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Step 6: *Define Problem*

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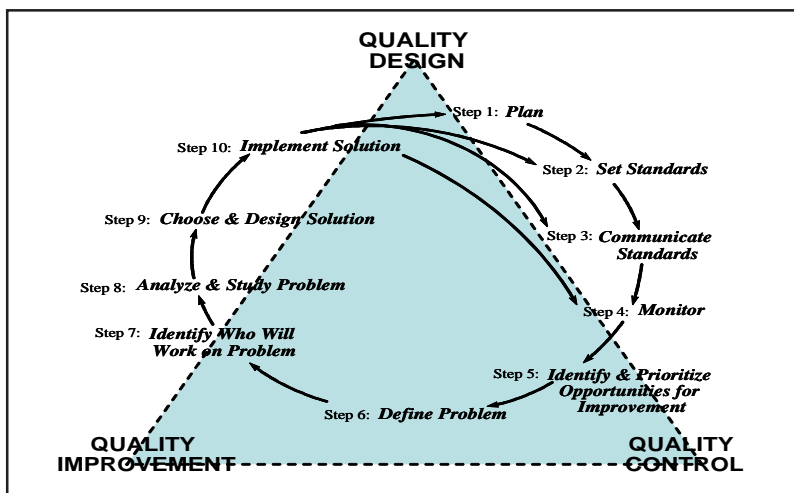
QUALITY
CONTROL

The Quality Cycle shows the steps of implementing quality in a health care organization. This cycle is based on an adapted Juran trilogy. Dr. Juran describes quality activities to be made up of three main components and activities; quality planning or design, quality control and quality improvement. Therefore, this cycle has three main sections; quality assurance involves steps 1-3, quality control involves steps 4 and 5, while quality improvement involves the rest of the steps. Additionally, quality management is considered the umbrella term for all of the steps in the cycle which includes the coordination and facilitation processes to achieve a high level of quality in an organization.

STEP 1

**Planning for Quality in
Health Care**
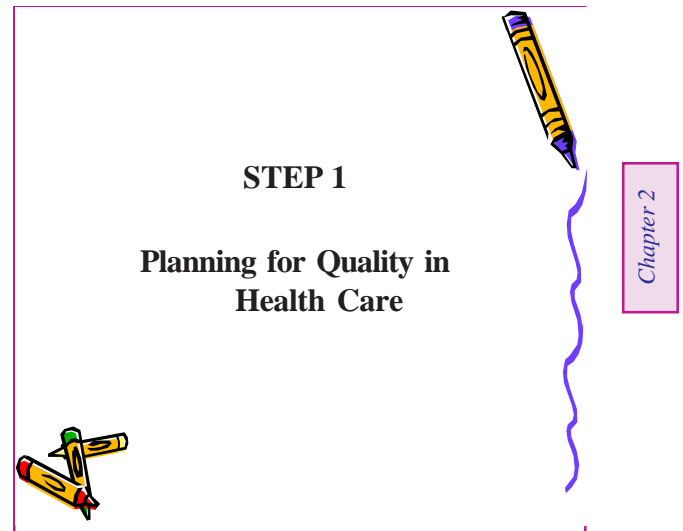
- Perform needs assessment and measure the current performance status of the system in question.
- Perform an assessment of the performance gaps in the system.
- Establish a planning steering committee.
- Develop the objectives to be achieved.
- Identify areas needing standards and plan the processes for the setting, communication and measuring compliance to the standards.
- Allocate necessary resources (human and physical) to perform these processes.
- Identify the activities needed to perform the processes related to the management of standards.
- Assign responsibilities for each activity.
- Develop the time table for completing the activities.
- Identify the deliverable outcomes in terms of indicators.
- Develop an evaluation plan.

Step 1: Plan

Step 10: Implement solution

Step 2: Set Standards

Step 9: Choose & design solution

Step 3: Communicate Standards

Step 8: Analyse & Study QI

Step 4: Monitor

Step 7: Identify Who will work on QI

Step 5: Identify & prioritise opportunities for Improvement (QI)

Step 6: Define QI

STEP 2

Setting of Health Care Standards
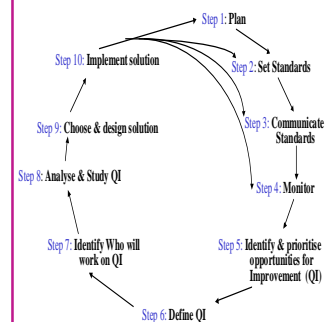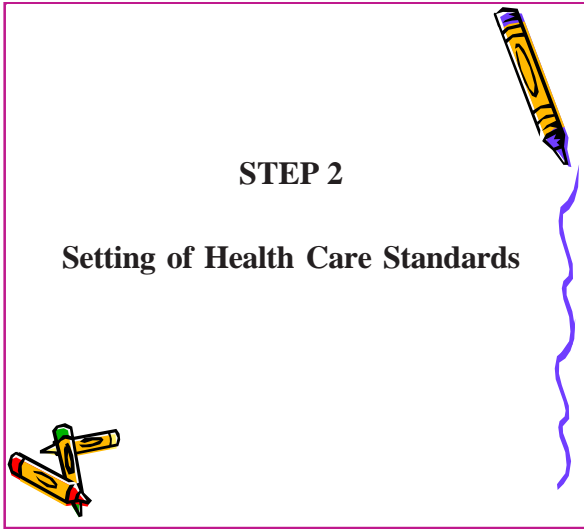
Method for developing standards:

1. Identify a function or system
   - High volume, high risk, problem-prone, high cost

2. Identify the elements
   - Structure (human and physical resources)
   - Process (activities, procedures, tasks)
   - Outcome (results, impact)

3. Define Quality Characteristics

4. State the Standard

5. Develop the Indicator

6. Set the Threshold

7. Assess appropriateness:
   - Validity (sensitivity and specificity)
   - Reliability
   - Clarity
   - Applicability

Step 1: Plan
Step 10: Implement solution
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Step 6: Define QI

STEP 3

Communicating Health Care Standards
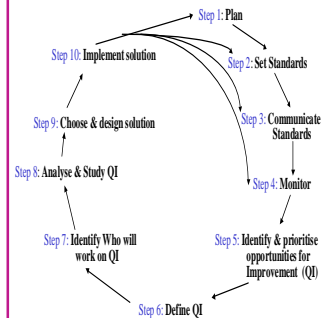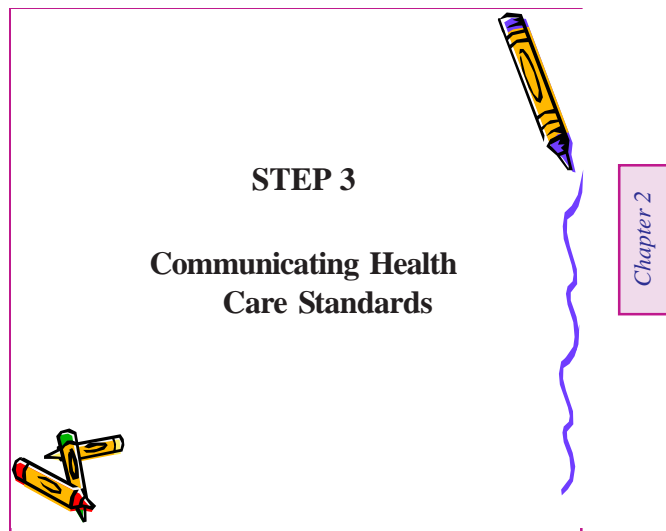
Standards should be actively communicated to the desired audience for its appropriate implementation and compliance. Therefore the following should be followed:

- Develop the communication plan by asking:
  - Who is the audience?
  - What needs to be communicated?
  - What channels and communication methods will be used?
  - What will be the source of communication?
  - How will the communication be sequenced and coordinated?
  - How will feedback be obtained?
  - How will the communication plan be evaluated?

- Deliver the communication process(es).

- Evaluate effectiveness of the communication process:
  - Immediate results
  - Intermediate results (knowledge, attitudes and practice)
  - Remote impact

Step 1: Plan
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STEP 4

Quality Control and Monitoring of Compliance to Standards
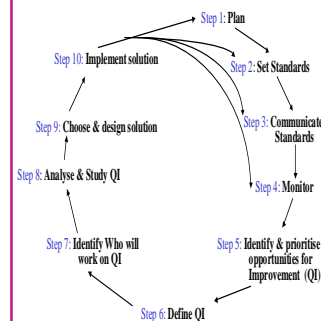
- Collect Data (keep it simple, use sampling, if applicable, summarize for trending and tracking):
    - What will be measured?
    - Who is responsible for collecting the data?
    - When will the data be collected?
    - Where from will the data be collected?
    - How will the data be collected?
    - How much data should be collected?
    - How will the data be recorded?
    - What sampling scheme will be used?
    - Where in the process will the data be collected?

- Analyze Collected Data:
    - Data versus information
    - Are client's requirements being met?
    - Is there a problem?
    - How is variation distributed?
    - How much a problem do we really have?

Step 1: Plan
Step 10: Implement solution
Step 2: Set Standards
Step 9: Choose & design solution
Step 3: Communicate Standards
Step 8: Analyse & Study QI
Step 4: Monitor
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Step 5: Identify & prioritise opportunities for Improvement (QI)
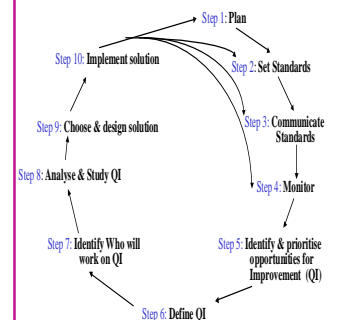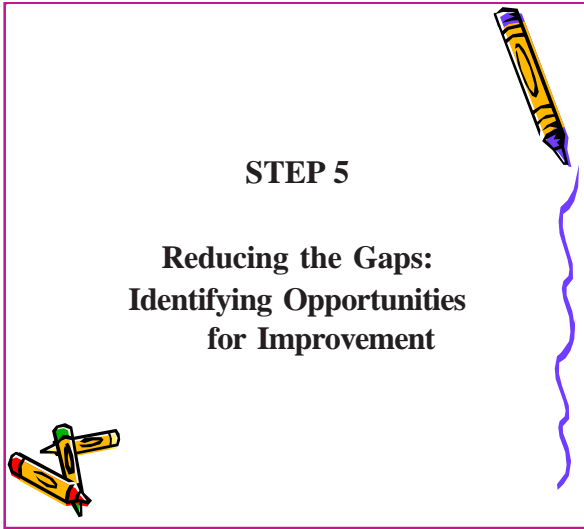Step 6: Define QI
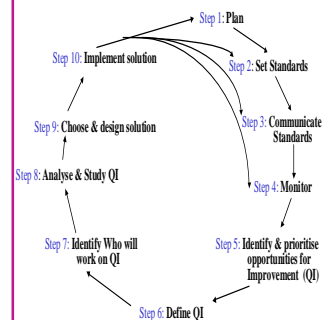
Monitoring

Monitoring is the periodic collection and analysis of data for selected indicators which enable managers to determine whether key activities are being carried out as planned and are having the expected effect on the target population

- How often is the output defective?

- How should we focus our improvement efforts?

- What types of defects are we experiencing?

- What part of the process would give us the most leverage if we improve it?

- Common Problems in Monitoring:
    - Too much data collected
    - Incomplete data
    - Inaccurate data
    - Misinterpretation
    - Relevant data not used for decision making

- Purpose of Monitoring:
    - To meet established quality goals
    - To measure compliance to standards
    - To measure improvements
    - To identify new opportunities for improvement
    - To ensure improvements are maintained

- Characteristics of Effective Monitoring:
    - Monitor only key indicators
    - Collect only needed data
    - Gather data that is easy to interpret
    - Provide timely feedback

Step 1: Plan
Step 2: Set Standards
Step 3: Communicate Standards
Step 4: Monitor
Step 5: Identify & prioritise opportunities for Improvement (QI)
Step 6: Define QI
Step 7: Identify Who will work on QI
Step 8: Analyse & Study QI
Step 9: Choose & design solution
Step 10: Implement solution

STEP 5

**Reducing the Gaps:
Identifying Opportunities
for Improvement**

- Identify a process to improve:
  - A process is "a series of tasks that provide a product or a service".

- Identify the process owner:
  - A "Process Owner" is the lowest ranking person that can authorize a change to a process.

- Select a process for improvement:
  - Criteria for selection:
    - Process is felt to be important by staff, clients, or administration
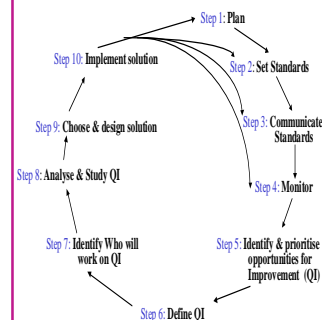   - Process is within your control and authority to change
    - Benefits of the improvement will be greater or equal to the cost and effort to improve it
    - Choose small, well focused processes where there is an interest from staff to improve process, therefore there will be higher likelihood for success
    - Potential for others to see value/impact
    - Data is relatively easy to obtain

  - Other criteria:
    - High volume, high risk, high cost, politics, etc.

- Methods for selecting a process for improvement:
  - Brainstorming
  - Surveys: administration, clients, staff, etc.
  - Studies
  - Prioritization
  - Voting
  - Multiple Voting/Nominal Group
  - Decision Matrix

Step 1: Plan
Step 2: Set Standards
Step 3: Communicate Standards
Step 4: Monitor
Step 5: Identify & prioritise opportunities for Improvement (QI)
Step 6: Define QI
Step 7: Identify Who will work on QI
Step 8: Analyse & Study QI
Step 9: Choose & design solution
Step 10: Implement solution

STEP 6

**Reducing the Gaps:
Defining the Opportunity for
Improvement**
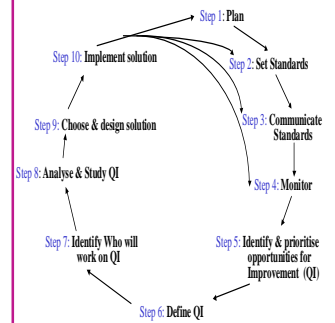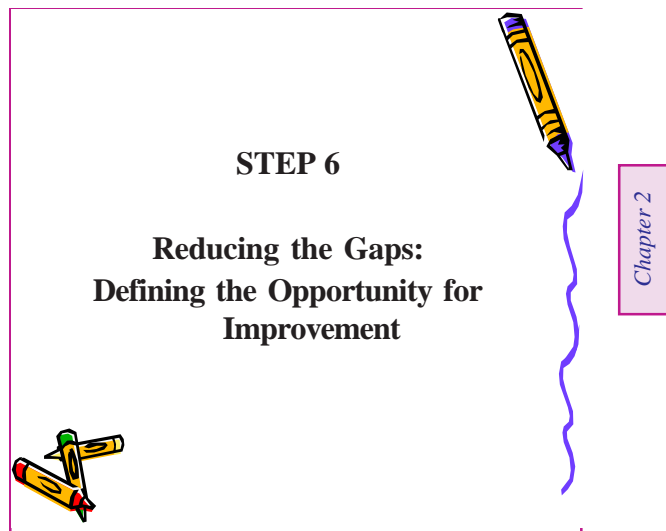
- Create Opportunity Statements:
  - What is an opportunity statement?:
    - A descriptive name of the process
    - An identification of the clear boundaries within which the improvement efforts will be focused
    - An indication of who will benefit from its result
    - An indication of what the current system causes and what improvement might look like
    - An indication of why it is important to work on now

- A draft should be constructed but may be revised based on increasing knowledge of the process involved and the clients' needs.

- It should be displayed during team meetings and should be used to promote awareness of the improvement activity.

- Common mistakes to avoid:
  - Unclear or open to more than one interpretation
  - Prematurely assumes a cause
  - Includes a solution, lays blame
  - A complete system not a process is chosen
  - No one is interested in it, or
  - The process is changing

- Opportunity Statements should answer...
  - What the opportunity for improvement is?
  - How you know it is an opportunity?
  - How frequent and how long the opportunity existed?
  - How you know when the opportunity is successfully tackled?
  - Where does it begin and end?

Step 1: Plan
Step 10: Implement solution
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Chapter 2

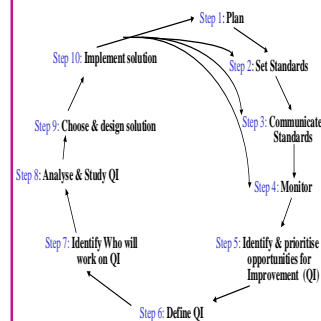**An Outline of an Opportunity Statement**

"An improvement opportunity exists with ……(name of process) beginning with …..and ending with….. The current process causes……..and improvement should result in……for the…….(client). The process is important to work on now because……"

Example:

An opportunity for improvement exists in the surgical unit, beginning with the scheduling of surgery and ending with the completion of surgery. In 24% of the cases, someone must be sent to obtain additional items, thus causing delays. An improvement should result in a reduction of delays.

Step 1: Plan
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Step 8: Analyse & Study QI
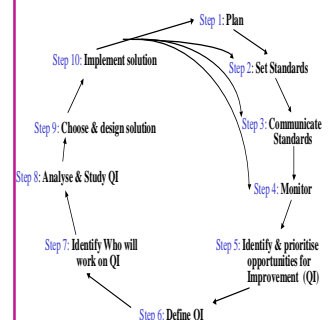Step 9: Choose & design solution
Step 10: Implement solution

STEP 7

**Reducing the Gaps:
Forming and Building the Team**

Choose a Team (5-8 members):

- Who makes the selection?
- What is the team's role?
- Who are the members? Remember interdisciplinary members!
- What are the team's resources?
- Plan the team's meetings
- Identify team members roles
- Pay attention to documentation of team's activities
- Organize the first team's meeting
- Interdisciplinary process improvement team
- A team is not a committee nor a task force
- Acquire process owner support
- Team members should represent the steps of the process
- The team should have a clear mission
- Define roles and responsibilities of each member of the team, plus
  - Roles of the leader
  - Roles of the facilitator

Step 1: Plan

Step 10: Implement solution

Step 2: Set Standards

Step 9: Choose & design solution

Step 3: Communicate Standards

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Step 4: Monitor

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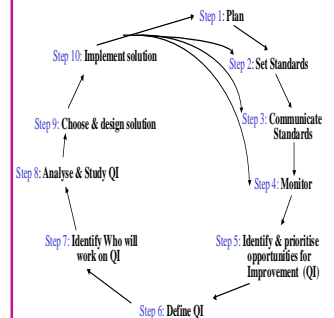
Step 6: Define QI

STEP 8

**Reducing the Gaps:
Studying the Improvement
Opportunity**

- Similar to monitoring, collect and analyze data related to the process under study.
- Use tools to display and analyze data such as:
  - Frequency of occurrence
  - Bar chart, Pie chart, Pareto charts
  - Trends over time
  - Run charts, Control charts
  - Distribution
  - Histogram
  - Association/correlation
  - Scatter diagrams
  - Flow charts
  - Cause-effect diagrams
  - Data matrix, etc.

Step 1: Plan

Step 10: Implement solution

Step 2: Set Standards

Step 3: Communicate Standards

Step 9: Choose & design solution

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STEP 9

**Reducing the Gaps:
Identifying and Selecting
Successful Solutions**

- Use supportive tools to identify solutions such as:
  - Brainstorming/Brain-writing
  - Force field
  - Affinity diagram, etc.

- Use tools to prioritize and select the most appropriate solution:
  - Voting and multiple voting
  - Nominal group technique
  - Decision matrix

- Criteria to consider in selecting the most potentially successful solution:
  - Cost (human and physical)
  - Feasibility for implementation
  - Applicability and appropriateness
  - Politics, etc.

Step 1: Plan

Step 10: Implement solution

Step 2: Set Standards

Step 9: Choose & design solution

Step 3: Communicate Standards

Step 8: Analyse & Study QI

Step 4: Monitor

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Step 6: Define QI

Chapter 2

STEP 10

Reducing the Gaps: Implementing the Solution and Re-measuring the Variance
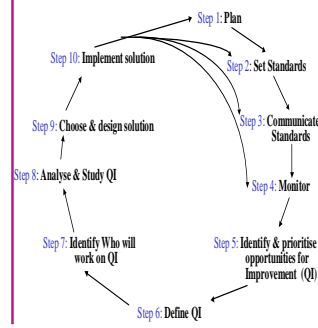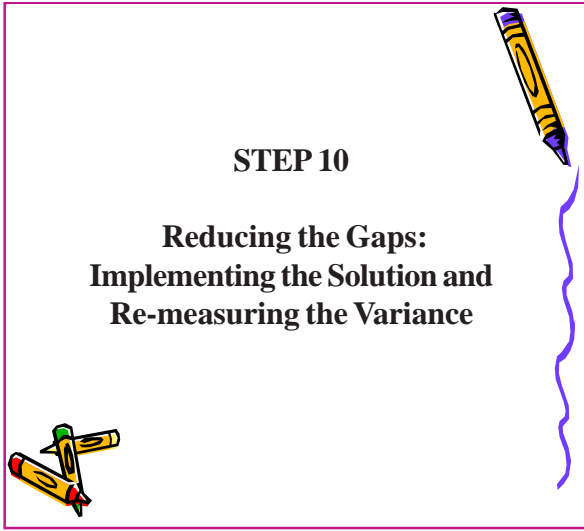
- Plan the implementation (what, how, who, when)
- Assess available resources
- Develop the action plan document
- Monitor progress
- Re-measurement
- Re-assessment
- Start again

Step 1: Plan

Step 10: Implement solution

Step 2: Set Standards

Step 9: Choose & design solution

Step 3: Communicate Standards

Step 8: Analyse & Study QI

Step 4: Monitor

Step 7: Identify Who will work on QI

Step 5: Identify & prioritise opportunities for Improvement (QI)

Step 6: Define QI
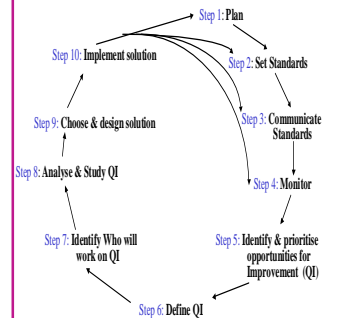
Summary

1. Planning
2. Setting Standards
3. Communicating Standards
4. Monitoring Standards
5. Identifying Opportunities for Improvement
6. Defining Opportunities for Improvement
7. Forming and Building the Team
8. Studying the Improvement Opportunity
9. Identifying and Selecting Successful Solutions
10. Implementing Solution and Re-Measuring Variance

Chapter 2

This chapter had introduced the 10 steps and its activities in implementing quality in a health care organization. Details of each activity will be described in the following chapters. The success of implementing quality in a health care organization depends largely on getting everything set up correctly, establishing the goals and selecting appropriate members.

Exercise

- Identify a potential medical error that may occur in a hospital or a primary health care setting.

- Follow the steps of the cycle to design a study to provide solutions to control and prevent this error from happening again.

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Notes:

Chapter 3

Quality Principles

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University Of Oklahoma, USA
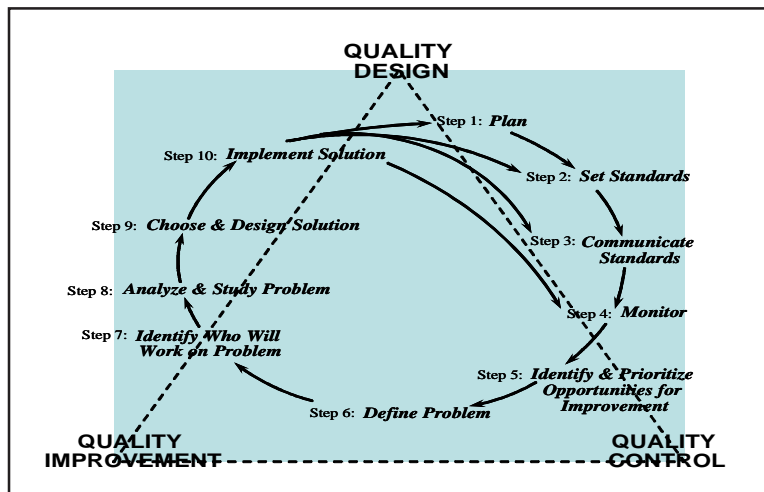
Learning Objectives

At the end of the chapter, you will be able to:

- identify the steps of the quality cycle
- identify the major experts of quality
- discuss the management principles of
    - Dr. W. Edward Deming
    - Dr. Joseph Juran
    - Dr. Philip Crosby and
    - Dr. Donald Berwick
- identify the most common quality principles

Contents

Steps of the Quality Cycle

QUALITY DESIGN

Step 1: *Plan*

Step 10: *Implement Solution*

Step 2: *Set Standards*

Step 9: *Choose & Design Solution*

Step 3: *Communicate Standards*

Step 8: *Analyze & Study Problem*

Step 4: *Monitor*

Step 7: *Identify Who Will Work on Problem*

Step 5: *Identify & Prioritize Opportunities for Improvement*

Step 6: *Define Problem*

QUALITY IMPROVEMENT

QUALITY CONTROL

The Quality Cycle shows the steps of implementing quality in an health care organization. This cycle is based on an adapted Juran trilogy. Dr. Juran describes quality activities to be made up of three main components and activities; quality planning or design, quality control and quality improvement. Therefore, this cycle has three main sections; assuring quality involves steps 1-3, quality control involves steps 4 and 5, while quality improvement involves the rest of the steps. Additionally, quality management is considered the umbrella term for all of the steps in the cycle which includes the coordination and facilitation processes to achieve a high level of quality in an organization.

(http://www.fr_deming.org/)

W. Edward Deming, Ph.D. (1/3)

- Create Constancy of Purpose
- Adopt the New Philosophy
- Cease Dependence on Mass Inspection
- End the Practice of Awarding Business on Price Tag Alone

Chapter 3

Create Constancy of Purpose

Organizations and specifically leaders should aim at defining the organization's mission and vision. These statements should be developed early in the process of improvement and should involve participation from all levels of the organization. Ownership of the parts of this process is paramount for effective adoption and follow up of these statements.

Adopt the new philosophy

Each employee in the organization should be able to recall the main components of these statements and able to translate them into action in his/her work area towards achieving them. This is also coupled with strong management commitment. Active involvement in improvement activities, participation in performance improvement projects and providing resources and incentives for the successful implementation of improvement.

Cease dependence on mass inspection

Quality assessment should be both individualized and just on time. Continuous and frequent unwarranted appraisal and inspection create fear, mistrust and may hinder innovation among employees in an organization. Inspection should be performed only for specific reason not routine.

End the practice of awarding business on price tag alone

Although cost is an important factor of prioritizing of projects and in the selection of companies for contracts, etc., it should not be the only reason for that selection. Quality of the organization, its products and its process should be included in deciding on contracts and projects to award.

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W. Edward Deming, Ph.D. (2/3)

- Constantly and Forever Improve the System of Production and Service
- Institute Modern Methods of Training on the Job
- Institute Modern Methods of Leadership
- Drive Out Fear
- Break Down Barriers Between Staff Areas/Departments

(http://www.logistikk_ledelse.no/2000/kv/kv8_04.htm)

</div>

Constantly and forever

"Continuous" is the most important word here. Improvement should be continuous and consistent. It may not be ad hoc or a one time activity. It should also include improvement of the whole system; structure, processes and outcome. You need to answer affirmatively the two questions of improvement: am I better today than I was yesterday? Will I be better tomorrow than today?

Institute modern methods of training on the job

Organizations should invest in training as it is an investment in their infrastructure. But this training should be contemporary, modern and up to date. The methodology should take into consideration the adult learner and should be performed in relation to needs and job related areas.

Institute modern methods of leadership

Quality programs require the support of leaders. In particular, quality is interested in developing and grooming leaders and to distinguish the tasks assigned to leaders versus managers. Leadership is essential in improvement efforts as it fosters innovation, empowers followers, and is visionary. Certain leadership skills is paramount for the success of quality activities in organizations and its behoove these organizations to invest in preparing and sustaining leaders in their departments and units.

Drive out fear

One of the "deadly diseases" of management, according to Deming is that traditional organizations create an environment of fear for their employees, intentionally or not. The fear of speaking up, the fear of being heard, the fear of participating and the fear of innovation and change. Quality organizations should avoid such environments and should create a more conducive environment to drive this fear away by making it an environment for learning not judgment.

Break down the barriers

Make the information flow freely between departments.

(http://www.snqc.org/INFORMATION/
QLT_leaders/Edwards.htm)

W. Edward Deming, Ph.D. (3/3)

- Eliminate Numerical Goals for the Work Force
- Eliminate Work Standards and Numerical Quotas
- Remove Barriers That Hinder the Hourly Worker
- Institute a Vigorous Program of Education and Self Improvement
- Create a Structure in Top Management That Will Push Every Day on the Above 13 Points

Chapter 3

Eliminate numerical goals for the work force

Deming does not think that numerical goals are conducive to continuous improvement and change. He believes that by putting a ceiling on the goals to be achieved then the system (including the employees and managers) will program itself to achieve just that. Once this goal is achieved, the system is at a standstill and production may fall down again.

Eliminate work standards and numerical quotas

Again Deming believes that setting a strict guideline for employees in the form of specific standards and defining work quotas are methods to hinder workers' creativity and may stifle continuous improvement efforts. He also believes that these quotas and standards may even become disincentives for further work. His example that if 2 groups were given 2 goals, one numerical and one just to improve, then the group with the numerical standard even if it did improve its outcome, but were not able to achieve that outcome will become unmotivated and disappointed. While the second group, even if it didn't achieve a better outcome than the first group, is better prepared to take on a new challenge and is motivated to do more.

Remove barriers that hinder the hourly worker

Deming believes that even the hourly worker is as important as any other worker in being a part of quality. They should be empowered and invited to participate in quality efforts and should be given the opportunity to contribute to innovation and improving performance.

And to keep the leadership motivated to do it all over again and consistently!

Joseph Juran, Ph.D.

- Quality Control and Control Sequence
- Quality Improvement and the Breakthrough Sequence
- Quality Planning and the Annual Quality Program

(http://www.ferris.edu/news/
fyi/apr2000/speakers.htm)
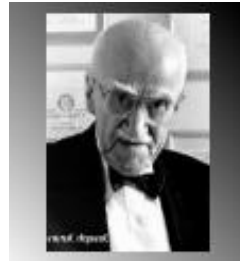
Briefly stated, the control sequence is designed primarily to attack sporadic problems, the breakthrough sequence attacks chronic problems (common causes), and the annual quality program institutionalizes managerial control and review over the quality management process.

Sporadic problems should be attacked through the quality control process. Quality control is defined as "the process through which we measure actual quality performance, compare it with standard, and act on the difference".

Tools for attacking sporadic problems include reviews, surveys, and standard statistical process aids such as frequency distributions, histograms, and control charts. To achieve breakthroughs in quality and solve chronic problems, Juran advocates the use of a three step "Universal Process for Quality Improvement." The steps are:

- Study the symptoms,
- Diagnose the causes, and
- Apply remedies.

To institutionalize continual quality improvement, organizations should adopt this process for a vast array of quality improvement projects.

(http://www.qimpro.com/
jurantemple.htm)

Joseph Juran, Ph.D. (cont.)

- Quality Control and Control Sequence
- Quality Improvement and the Breakthrough Sequence
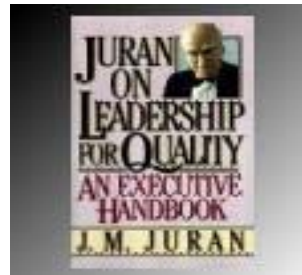- Quality Planning and the Annual Quality Program

Project-by-project improvement is a cornerstone idea in the Juran's quality improvement philosophy. At any point in time, hundreds or thousands of quality improvement projects, each tackled by a quality project team, should be underway throughout the organization. Projects can address issues in admissions, medical records, care processes, marketing, employee relations, customer relations, quality training, or any other area where improvement is desirable.

Juran strongly advises that top managers get involved in some projects in order to display leadership and support for quality improvement and as a way to improve their understanding of quality. Projects should be nominated based on an analysis of the costs of poor quality. Project selection should be based primarily on a return-on-investment (ROI) calculation. Of course the organization should not initiate any more projects than it can support. Adequate training and sufficient resources are prerequisites for project team success.

The breakthrough sequence aids in attacking chronic quality problems. Reduction of chronic problems (i.e. long-standing adverse situations) requires a managerial breakthrough comprising of two parts: a breakthrough in attitudes, followed by a breakthrough in knowledge. Juran calls this his "breakthrough sequence".

Joseph Juran, Ph.D. (cont.)

- Quality Control and Control Sequence
- Quality Improvement and the Breakthrough Sequence
- Quality Planning and the Annual Quality Program

(http://www.qualitycoach.net/ shop/shopexd.asp?id=70)

The annual quality program is an important vehicle for quality planning and for top management involvement in the quality management process. In Juran's view, the strategic planning system for quality should be similar to an organization's strategic financial planning system. Each year the quality management system, including policies, goals, accomplishments, training programs, and weaknesses, is reviewed and modified as needed. The planning process determines short-term and long-term goals, sets priorities, compares results with previous plans, and meshes its plans with other corporate strategic objectives.

Training in the quality disciplines is another cornerstone in the Juran philosophy. Accurately quantifying the benefits of training for the purposes of a return-on-investment calculation is nearly impossible. However, Juran asserts that the Japanese experience leaves little doubt as to the significance of the returns to quality training in terms of competitiveness in the market place, reduced failure costs, higher productivity, smaller inventories, and better care delivery performance. He observes that many Japanese companies have trained 100 percent of their employees in the quality disciplines. Few US companies provide quality training to more than 5 percent of their employees.

Philip B. Crosby, Ph.D. (1/2)

Absolutes of Quality:

- The definition of quality is conformance to requirements
- The system for causing quality is prevention
- The performance standard is zero defect
- The measurement of quality is the price of nonconformance

(http://www.philipcrosby.com.br/
pca/artigos/PhilISO.htm)

The first Absolute of Quality Management - the definition of quality is conformance to requirements. Requirement setting is the responsibility of management. Requirements are communication devices; they tell employees, vendors, and customers what to expect and what to do in a wide variety of circumstances. Requirements are ironclad. All employees should perform exactly like the requirement or cause the requirement to be officially changed to what we and our customer really need.

The second Absolute of Quality Management - the system for causing quality is prevention. The first step toward defect and error prevention is to understand the process by which the firm's product or service is produced. Once this is done, the objective is to discover and eliminate all opportunities for error. One way to do this is by monitoring the process and learning to anticipate errors before they occur. Control charts are one example of this approach. When a defect or error does occur, the discovery and elimination of the cause becomes a top-priority item. This prevents the second and all subsequent occurrences of the problem.

The third Absolute of Quality Management - the performance standard is zero defect. Crosby feels that this absolute is widely misunderstood; certainly it is widely resisted. He claims that most people accept zero defect as a performance standard in many aspects of their personal lives and only need to be taught and convinced that it is a reasonable and, in fact, an essential standard in their work lives. Most people cannot, and will not, live with a 2 percent acceptable quality level (AQL) with respect to the accuracy of their paychecks or the number of typographical errors in correspondence that goes out under their names.

Philip B. Crosby, Ph.D. (1/2) (cont.)

Absolutes of Quality:

- The definition of quality is conformance to requirements
- The system for causing quality is prevention
- The performance standard is zero defect
- The measurement of quality is the price of nonconformance

The recipients do not shrug off errors in paychecks. Rather, the source of the defect is sought out and solved. Further, whenever possible, the system is adjusted to prevent a recurrence of the error. This is the essence of the zero defect idea. Error is not inevitable and nonconformance is not inevitable. AQLs send the wrong signal to workers, suppliers, and customers; therefore, zero defects should become the personal performance standard for everyone in the firm.

The fourth Absolute of Quality Management - the measurement of quality is the price of nonconformance.

Data on the cost of poor quality is useful for three reasons:
- To call management's attention to the financial magnitude of the firm's quality problems.
- To discover and select lucrative corrective action opportunities.
- To track quality improvement and its financial impact over time.
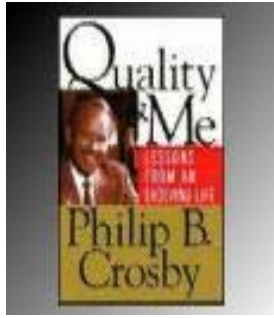
(http://www.amsup.com/
publications_software/description/30.htm)

Philip B. Crosby (2/2)

- Management Commitment
- Quality Improvement Team
- Quality Measurement
- Cost of Quality Evaluation
- Quality Awareness
- Corrective Action
- Zero Defect Planning
- Quality Education
- Zero Defect Day
- Goal Setting
- Error Cause Removal
- Recognition
- Quality Council
- Do It Over Again

Chapter 3

Crosby places little emphasis on statistical quality control techniques in contrast to Deming and Juran. Crosby is more management and organization oriented than tool oriented.

With respect to the role of quality professionals in the organization, Crosby recommends that the quality organization exists to the degree necessary to ensure that the acceptance and performance standards for the firm's products are met and to ensure that the costs of quality goals for each operation are achieved. Quality departments should measure and report conformance, demand corrective improvement, encourage defect prevention, teach quality improvement, and act as the conscience of the operation. However, the quality organization should not do the job for others. Crosby cautions against the quality organization becoming involved in the creation, production, marketing, or management of a firm's product. Finally, he emphasizes that the quality organization is not responsible for quality programs; the departments that made the mistakes are.

Active top management participation is crucial to Crosby's process. Believing that worker performance reflects the attitudes of management, he demands that all managers adopt zero defect as the personal standard of conformance.

Crosby believes that since worker performance reflects the attitudes of management, a quality improvement program should be directed first at management. However, hourly workers do play an important role in zero defect planning, corrective action, and goal setting.

Donald Berwick's 11 Aims

1. Reduce unnecessary surgery, admissions, and tests
2. Reduce underlying root causes of illness (e.g. smoking)
3. Reduce c-sections to pre-1980 levels
4. Reduce unwanted care at the end of life
5. Simplify pharmaceutical use
6. Increase patient participation in decision making
7. Decrease waiting times
8. Reducing supply inventories
9. Recording useful information only once
10. Consolidating and rationalizing high-tech services
11. Reducing disparities

(http://www.hippocrates.com/archive/January2000/01features/01practice.html)

The above "goals" are considered by Berwick as frequently occurring and discussed issues. These goals if achieved by health care organizations are prone to reduce cost and enhance quality. For example, number 1 has a direct impact on reducing cost by decreasing unnecessary health care services. Number 2 encourages preventive medicine and primary prevention where it is proven to be the best approach to combat diseases most effectively and most efficiently and so on for the rest of the goals.

A note regarding number 11 above where it was found in several studies that besides inequities in the delivery of health care services there is also a marked disparity in health status indicators between different groups. There is a huge difference between the rich and poor, the educated and the uneducated, the whites and others, the urban and rural, etc. If these disparities are reduced then the nation's health status will be improved and the efficiency of the health care system will be strengthened.

Berwick is a Pediatrician at Harvard University and Brigham and Women Hospital in Boston, Massachusetts, USA. He is currently the President and Chief Executive of the International Healthcare Institute in Orlando Florida, an international think tank center on quality improvement in health care. He published a famous article in January 1989 issue of the New England Journal of Medicine where he introduced the term, continuous quality improvement (CQI) in health care. Also in this article he described, perhaps for the first time, the difference between quality assurance and quality improvement in health care.

The Quality Philosophy

Questions to ask yourself:

- Where am I?
- Where should I be to meet my customer's requirements?
- How will I get there?

This is adapted from Peter Drucker, one of America's famous gurus on management. A person who is committed to improvement and professional excellence should ask his/herself these questions often. These questions are essential to learn where one is in professional development and in meeting their career and job objectives. Learning who is the customer and their requirements would help identify the areas each professional should be concentrating on in achieving this objective. It will also give the professional a guideline on how to prioritize job requirements and how to accomplish the tasks that matter the most. The answers to the above questions would also help the professional identify where he/she is at and whether improvement is occurring and continuous.

The Quality Challenge

- If you want one year of prosperity grow grain
- If you want 10 years of prosperity grow trees
- If you want 100 years of prosperity grow people

(Chinese Proverb)

The is a famous Chinese proverb where it clearly emphasizes the fact that working on human development is a great investment that would reap its benefits for a long period.

Summary: Quality Principles (1/4)

- Leadership
- Commitment
- Customer Focus
- Process Oriented Improvement
- System-ness

Leadership: It is the development and training on skills for leadership, not management. It is doing the right things, combining it with doing the things right. It is the training and development of such skills as listening, people centered, visionary, team building, consensus developing, goal setting, etc. A leader is one who appreciates innovation, improvement and high performance.

Commitment: Commitment of leaders is paramount to sustaining and institutionalizing quality and performance improvement in health care organizations. Commitment means active participation, active and generous support through the allocation of physical and human resources towards improvement efforts and the active involvement of leaders in performance improvement activities and on quality related teams.

Customer Focus: First knowing who are the customers, both the internal and the external. Then categorizing them into vital and important customers. Once customers are identified then processes should be put in place to learn their needs and expectation and find ways to meet them.

Process-oriented Improvement: As opposed to outcome oriented or structure oriented improvements. According to Deming, "every organization is made up of thousands of processes" therefore, improving these processes will gradually and eventually lead to improvement of the organization. Therefore, it behooves an organization to identify its most vital processes and find ways to study them, analyze them and institute methods to improve them.

System-ness: Every organization is a system with three main components; structure (resources), processes and outcomes (results). Therefore, one should look at organization in such context where each component is related to the other and all should be analyzed and their elements are identified for further improvement and strengthening.

Summary: Quality Principles (2/4)

- Participative Management
- Individual Responsibility
- Employee Empowerment
- Variance Control

Participative Management: Compared to democratic management, participative is when consensus is the way to achieve all decisions of a group. Consensus involves "unanimous" support of all of the members of a group and is a method to reach agreement on all decisions made by a group even with varying degree of support and enthusiasm. It involves the art of negotiation, persuasion, and positive attitude.

Individual Responsibility: In a quality organization, employees are responsible for their daily chores and work outcomes in such a way that their work is a direct reflection on their performance, personality and job satisfaction. In such organization, every worker is aware of his environment, his needs, his customers and his responsibilities. His main goal is to make his performance and results reach perfection without the need for someone else to tell him/her what should be done or not done. It is when an employee behaves in such a way that he/she would proactively spot potential areas for problems and correct them, and identifies lag in performance and correct it.

Employee Empowerment: When you are visiting an organization in person or on-line, if your contact employee is empowered, then he will do what is necessary to meet your needs as the customer, regardless whether it is HIS responsibility or not. If it is not, he will find the answer or the way to deliver what you need, within the rags, any which way!!

Variance Control: Standardization is one method to control variance as everyone would use and apply the same standards to structure and processes. Controlling variance is important since variance has a negative impact on predicting outcomes and forecasting appropriate resource needs. Variance (which is fluctuation of a process around a mean - above or below it), can cause a process to be unpredictable therefore its outcome will be unpredictable and that may lead to inadequately preparing for it's impact. Therefore, one of the goals of a quality program is to reduce variance, thus reducing the fluctuation of processes around a mean which in turn will improve forecasting, saves resources, and improves efficiency.

Summary: Quality Principles (3/4)

- Proactive Intervention
- A Process not a Program
- Appraisal and Recognition
- Data Driven
- Teamwork

Proactive Intervention: As opposed to retroactive intervention is the way to improve performance most effectively. Instead of letting the situation worsen without doing anything about it, the quality organization should look for ways to identify potential problem areas and intervene proactively BEFORE a problem occurs. This is actually similar to the principle of primary prevention where the cause is removed before it afflicts damage on a system. Here, a problem area is identified before it becomes a problem and is either removed or improved.

A Process not a Program: This is to say that improvements are to be continuous just like a process, not a program, with a beginning and an end.

Appraisal and Recognition: One issue related to appraisal is that it should be done on an ongoing basis, not once a year or sporadically. Why wait until a designated time period arrives before telling a worker he is good or bad. Why not do so on a regular basis and institute rewards for good work and effective outcomes. Recognition should also be practiced freely and proactively. This can be accomplished in various ways, including but not limited to monitory as well as non-monitory rewards.

Data Driven: In this era of evidence based practice, organizations should become effective users of data and make them available for analyses and action. Decision should not be made haphazardly but based on accurate data. Here, skills for appropriate ways to manage data should be introduced in organizations including the efficient collection, analyses and reporting on data in an effort to transform data into useful information.

Teamwork: There are many reasons why working in teams can have a positive effect on the final outcome. Teams have synergistic effect for the combination of all of the members' ideas, knowledge, and experiences. Building effective teams that have well defined missions, highly responsive members and active leaders is the goal of any quality program and in particular that of a highly effective organization.

Summary: Quality Principles (4/4)

- Interdisciplinary
- Education and Training
- Preventive Management
- Benchmarking

Interdisciplinary*:* A uni-disciplinary team is one with only one discipline e.g. a group of doctors, or of nurses, etc. Multi-disciplinary teams are those with several disciplines such as a committee, or a task force with more than one discipline represented. But in an interdisciplinary team, the relationship between the members is solidified and focused around one function and one process. They have something in common between all the members, e.g. a team to reduce waiting time in the outpatient department (OPD) with membership of the OPD doctor, the nurse and the X-ray technician as well as the registration clerk and the clinic administrator, each representing a step or part of the process of OPD patient visit.

Education and Training: Almost all of the quality experts agree that training is very important to strengthen and add new skills for use by workers. Most effective is training on the job where the worker is trained specifically on their line of work and can apply what they learn directly to their work environment and immediately. Of course the ultimate professional development is the attainment of higher educational level and this could be coupled with continuing education and training as mechanisms to enhance workers' performance.

Preventive Management: Based on the principle that prevention is the best way to combat disease, so is preventive management the best way to combat management problems. It is the same principle that subscribes to the theory that identifying areas where potential problems might occur, or identifying problems early (when they are insignificant) is the best way to control the potential damage these problems might cause if let to occur or get bigger and more chronic.

Benchmarking: There are two types: process and outcome benchmarking. Either way it is the process of identifying excellence in performance in organizations and learning how to do and achieve the same. In outcome benchmarking the organization is always looking to those other organizations that have a higher performance in one activity or area e.g. morbidity rate of endoscopy and make this as a goal to achieve in their own system. In process benchmarking the organization would take this issue further and send a group of its own workers (physicians in this example) to the "excellent" organization to learn how they achieve this high level of performance and to bring it back to their own for implementation.

Exercise

- Compare and contrast the differences and similarities of the different experts' quality principles.
- Identify those quality principles being actively practiced in your organization.
- What other quality principles can feasibly be introduced into your organization?

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Notes:

Chapter 3

Chapter 4

Quality in Health Care: State-of-the-Art

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Chapter 4

Learning Objectives

At the end of the chapter, you will be able to:

- review the evolution of quality trends

- discuss the changing focus of quality in health care

- identify the major topics and activities in health care quality

- provide an insight into the current terms in health care quality and their applications

Contents

Quality is evolving!

- Outcomes Orientation
- Structure Focused
- Process Focused
- Outcome Driven
- Outcomes Management
- Performance Improvement
- Evidence Based - Patient Focused…

Chapter 4

The history of quality in health care can be demarcated into the above seven evolutionary periods. The first era started with Florence Nightingale in the mid 1800's and ended with the Flexner Report at around 1910. During this period an emphasis was put on system outcomes, knowingly or unknowingly where such results as mortality, wounds healing and recovery from severe injuries, mattered. The report compiled and published by Abraham Flexner reviewed the medical education system and all of the medical schools that were in operation at that time. This report was very critical of the quality of medical education and because of that report, several schools had to close their doors for their inability to survive the required reforms mandated by the US government based on that report. This era stayed until and through the sixties where human and physical resources mattered in the reform and measurement of quality health care. With the establishment of the PSRO's (Professional Standards Review Organizations) in the US and the start of the peer review process, a shift is noticed in quality emphasis to process. It was not until the late 80's that again the US government, with the publishing of the hospital mortality list, the shift is back to outcomes. From then on, a new movement is created where outcomes of care became the most important aspect to measure and improve.

Outcomes management, first defined by Paul Elwood of the US was then introduced in the early 90's and then took center stage in the mid 90's. Here the issue is to specify an outcome to achieve and then identify those processes that may lead to that outcome. Thus, it is an activity that is outcome driven but process focused. Performance improvement was introduced by the JCAHO later in the decade to move attention towards performance, a broader term, than quality. The late 90's also saw the increasing emphasis on data to make clinical decisions, especially with the wider use of the Internet and information technology.
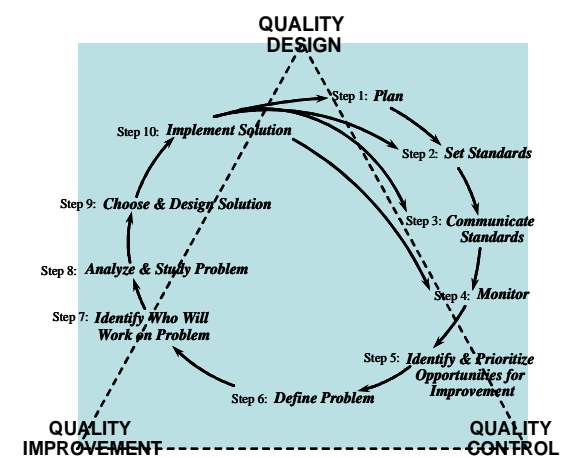
Health Care Quality

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge

(IOM, 1990)

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This is a definition widely used and quoted by the scientific community and published by the Institute of Medicine in its 1990 report on the US health care system. The key words in this definition are the emphasis on "desired" health outcomes and also on the "currency" of the knowledge sought in clinical applications and quality measurements.

The Quality Cycle

**QUALITY
DESIGN**

Step 1: *Plan*

Step 10: *Implement Solution*

Step 2: *Set Standards*

Step 9: *Choose & Design Solution*

Step 3: *Communicate Standards*

Step 8: *Analyze & Study Problem*

Step 4: *Monitor*

Step 7: *Identify Who Will Work on Problem*

Step 5: *Identify & Prioritize Opportunities for Improvement*

Step 6: *Define Problem*

**QUALITY
IMPROVEMENT**

**QUALITY
CONTROL**

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This is the quality cycle first introduced by the USAID Quality Assurance Project and later modified and used by a number of countries world-wide. It identifies four areas or major steps in quality; quality design (steps 1-3); quality control (steps 4-5); quality improvement (steps 6-10); and quality management (the whole cycle).
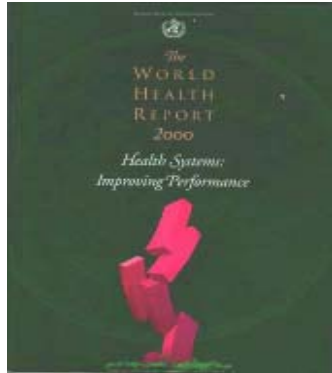
Top 10 High Performing Countries

1. FRANCE
2. ITALY
3. SAN MARINO
4. ANDORA
5. MALTA
6. SINGAPORE
7. SPAIN
8. OMAN
9. AUSTRIA
10. JAPAN

(WHO Report, 2000)

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The WHO World Health Report 2000 ranked the performance of the health systems of members countries in order of best to least performance, based on 8 indicators, including their responsiveness index, PHC services, health status indicators, access and health care expenditures. Those were the top 10 health systems in terms of overall performance. One observation is that all these countries have "socialized medicine" with health care totally accessible to all citizens. As a side note, the US health care system with all of its advances in technology and tertiary care was only ranked 37th among the world's health systems.

Public Health and Quality of Health Care…

Even public health (broadly defined) is involved in health care quality. The core functions of public health are all related to quality and so is the main outcome of public health, status of citizens.
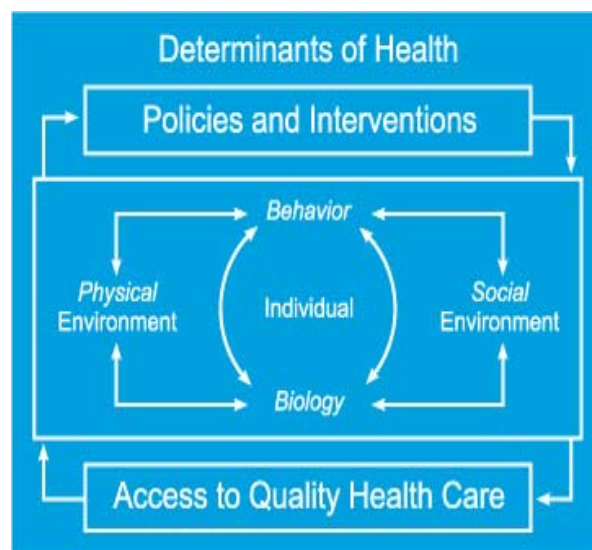
Biology refers to the individual's genetic makeup (those factors with which he or she is born), family history (which may suggest risk for disease), and the physical and mental health problems acquired during life. Aging, diet, physical activity, smoking, stress, alcohol or illicit drug abuse, injury or violence, or an infectious or toxic agent may result in illness or disability and can produce a "new" biology for the individual.

Behaviors are individual responses or reactions to internal stimuli and external conditions. Behaviors can have a reciprocal relationship to biology, each can react to the other. For example, smoking (behavior) can alter the cells in the lung and result in shortness of breath, emphysema, or cancer (biology) that then may lead an individual to stop smoking (behavior). Similarly, a family history that includes heart disease (biology) may motivate an individual to develop good eating habits, avoid tobacco, and maintain an active lifestyle (behaviors), which may prevent his/ her own development of heart disease (biology).

Personal choices and the social and physical environment surrounding individuals can shape behaviors. The social and physical environment include all factors that affect the life of individuals, positively or negatively, many of which may not be under their immediate or direct control.

Social environment includes interactions with family, friends, co-workers, and others in the community. It also encompasses social institutions, such as law enforcement, workplace, places of worship, and schools. Housing, public transportation, and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs, language, and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment.
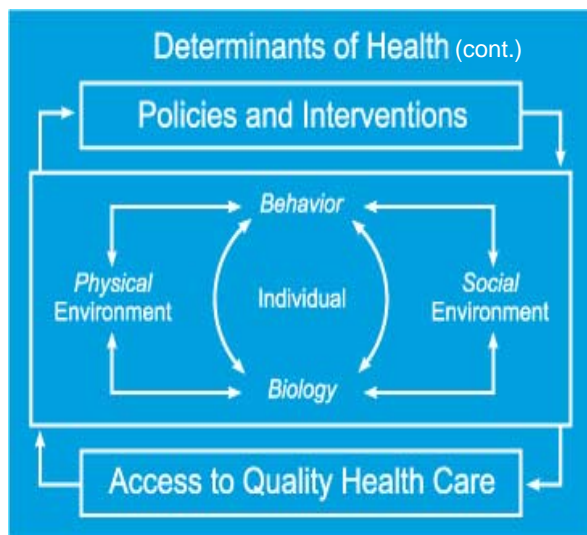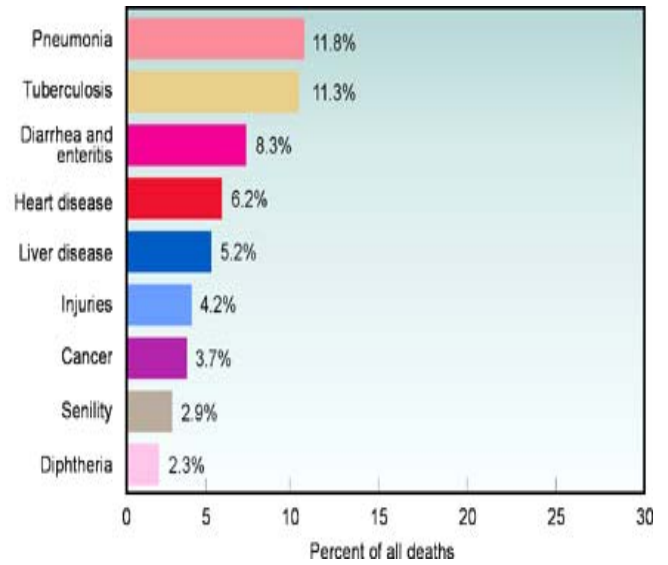
Physical environment can be thought of as that which can be seen, touched, heard, smelled and tasted. However, the physical environment also contains less tangible elements, such as radiation and ozone. The physical environment can harm individual and community health, especially when individuals and communities are exposed to toxic substances, irritants, infectious agents, and physical hazards in homes, schools, and worksites. The physical environment can also promote good health, for example, by providing clean and safe places for people to work, exercise, and play.

Policies and interventions can have a powerful and positive effect on the health of individuals and the community. Examples include health promotion campaigns to prevent smoking; policies mandating child restraints and safety belt use in automobiles; disease prevention services, such as immunization of children, adolescents, and adults; and clinical services, such as enhanced mental health care. Policies and interventions that promote individual and community health may be implemented by a variety of agencies, such as transportation, education, energy, housing, labor, and justice agent through places of worship, community-based organizations, civic groups, and businesses.

The health of individuals and communities also depends greatly on **access to quality health care**. Expanding access to quality health care is important to eliminate health disparities and to increase the quality and years of healthy life for all people. Health care in the broadest sense not only includes services received through health care providers but also health information and services received through other venues in the community.

The determinants of health—individual biology and behavior, physical and social environments, policies and interventions, and access to quality health care—have a profound effect on the health of individuals, communities, and the Nation. An evaluation of these determinants is an important part of developing any strategy to improve health.

Our understanding of these determinants and how they relate to one another, coupled with our understanding of how individual and community health affects the health of the Nation, is perhaps the most important key to achieving goals of increasing the quality and years of life and of eliminating the Nation's health disparities.

Pneumonia	11.8%
Tuberculosis	11.3%
Diarrhea and enteritis	8.3%
Heart disease	6.2%
Liver disease	5.2%
Injuries	4.2%
Cancer	3.7%
Senility	2.9%
Diphtheria	2.3%

Percent of all deaths

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Back at the beginning of the last century, the leading cause of death were all infectious diseases. That means, the care episode is short and may not require major "tenderness" and real care. The encounter with the medical team is also relatively short thus, no rapport is necessary in such situations.
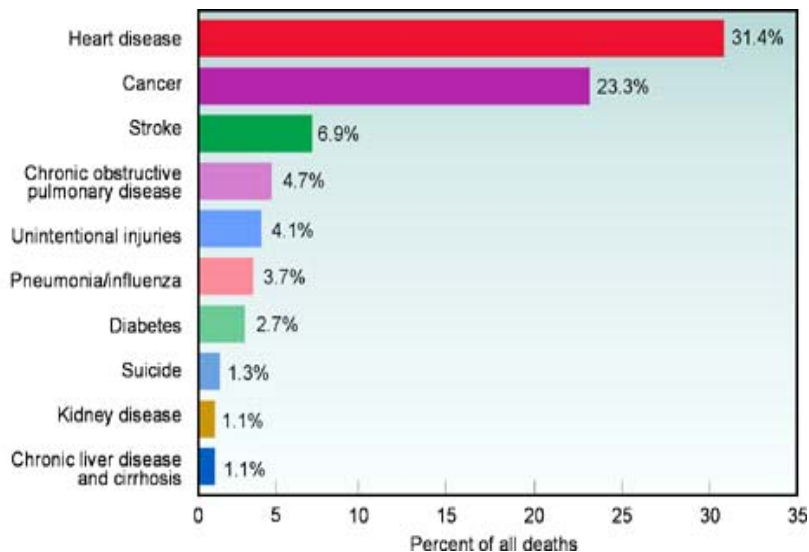
Later in the century, the diseases have changed to chronic. This means the patient is now a frequent comer to the health system. It may also mean the patient here is less "sick" and more knowledgeable of his condition, the causes, the symptoms, the signs and most probably the best treatment. Therefore the health care provider must now become more vigilant of his/her knowledge and his/her interaction with the patient. Thus besides good medical knowledge and skills, a care giver is now required to have better interpersonal skills as well.

Chapter 4

Patient Safety…

The issue of patient safety is becoming even more interesting and important especially after the Institute of Medicine Report "To Err is Human", that exposed the medical community and the prevalence of medical errors in health care. Patient safety includes not only the discussion of medical errors but also environmental issues related to the health care setting, public health issues such as hazardous waste and the like, as well as infection control and the protection of the patients relating to violence and personal security.
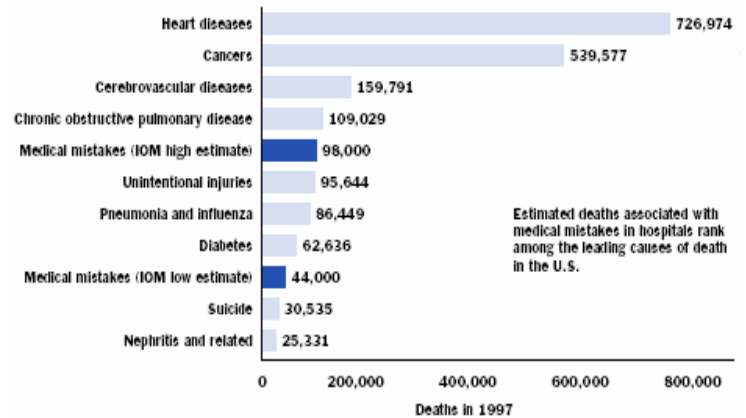
To Err Is Human…

- In New York, adverse events occurred in 2.9% of hospitalizations
- In Colorado and Utah the number was 3.7%
- Of the above 13.6% resulted in deaths in New York and 6.6% in the other states
- At least 44,000 and up to 98,000 deaths occur per year in the US due to medical errors
- What is the number in the rest of the world?

(IOM, 2000)

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Thus is the conclusion of the study and the report published by the US Institute of Medicine, a scientific and medical think tank for the US Congress (http://www.nap.edu/books/0309068371/html/). This report was in response to a need of assessing the quality of medical care provided in the US hospitals and it was based on two studies conducted by the same institute, one in New York and the other in Colorado and Utah where inpatient admissions were studied during a particular year to identify and measure the prevalence of adverse events. These events are considered as such when they occur "un-naturally" and outside of the normal process and outcome of care. As the numbers show that almost 100 thousand patients DIE each year in US hospitals alone from causes related to medical errors. This number is considered extremely high and the report makes several recommendations toward the improvement of this situation.

Estimated Deaths Associated with Medical Mistakes Compared to the Leading Causes of Death in the U.S.

Cause	Deaths in 1997
Heart diseases	726,974
Cancers	539,577
Cerebrovascular diseases	159,791
Chronic obstructive pulmonary disease	109,029
Medical mistakes (IOM high estimate)	98,000
Unintentional injuries	95,644
Pneumonia and influenza	86,449
Diabetes	62,636
Medical mistakes (IOM low estimate)	44,000
Suicide	30,535
Nephritis and related	25,331

Estimated deaths associated with medical mistakes in hospitals rank among the leading causes of death in the U.S.

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The highest and lowest estimates of medical errors occurring in US hospitals are projected on the same graph of the 10 leading causes of death in the US in 1997. This is to show the gravity of the problem relative to mortality caused by those conditions. Medical errors, as a cause of death, came as either fifth or eighth among all leading causes of death in the US. This constitutes a considerable impact on the delivery and future reform of health care in the US, and probably world-wide.

"The transforming insight for medicine from human factors research is that errors are rarely due to personal failing, inadequacies, and carelessness. Rather, they result from defects in the design and conditions of medical work that lead careful, competent, caring physicians and nurses to make mistakes that are often no different from the simple mistakes people make every day, but which have devastating consequences for patients. Errors result from faulty systems not from faulty people, so it is the systems that must be fixed. Errors are excusable; ignoring them is not"
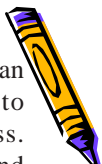
(Source: L. L. Leape, "IOM Medical Error Figures Are Not Exaggerated" , JAMA July 5, 2000, 84(1):97)

Lucian Leape, a notable researcher on medical errors in the US has this to say regarding the same subject. The last sentence is the most profound in making the point that medical errors should not be ignored. They should be identified and studied to prevent them from happening again and to control their damage if they do happen. Workers should be motivated to report on their errors without fear of repercussions to consider them in those processes related to error reduction and prevention.

"The Problem is with the System and the
System belongs to Management"

(D. Edward Deming)

Deming makes this statement to emphasis the focus of improvements should be on the "system" not only on people. The system, as he described it, is one that is designed and coordinated by the management. Therefore, they are the ones that need to be the objective of the reform or the improvement and their commitment to such is paramount if changes are to happen.

Serious Medical Mistakes

The main kinds of serious medical mistakes, as reported by 114 interns and residents who responded anonymously to a questionnaire about their own most significant errors in the last year.

(Source: JAMA article and reported in New York Times)

This is a study published in the Journal of the American Medical Association (JAMA) that describes a survey of a group of medical interns asking to report (anonymously) on any errors they encountered during their internship year. The results are stunning and some of these errors are almost devastating but real. Therefore, one should believe that errors happen and workers should be encouraged to report them so that they can be studied and prevented in the future.

Errors in Diagnosis 38 cases (33%)	
Example	*Outcome**
Failed to diagnose bowel obstruction in patient with fluid buildup in abdomen	Death
Failed to examine and diagnose fracture in crack cocaine user	Delayed treatment
Evaluation and Treatment 24 Cases (21%)	
Treatment malignant hypertension on the ward instead of in intensive care unit	Stroke
Incompletely cleaned a diabetic foot ulcer	Amputation
Prescribing and Dosing 33 Cases (29%)	
Did not read syringe and gave 50 times the correct dose of a thyroid drug	None apparent
Inadvertently stopped asthma medication at time of hospitalization	Respiratory failure
Procedural Complications 13 Cases (11%)	
Removed pulmonary artery catheter with the balloon inflated	Small amount of bleeding
Placed intravenous line in main vein without a follow-up X-ray	Fatal lung collapse
Faulty Communications 6 Cases (5%)	
Failed to put "do not resuscitate" order in chart and failed to inform spouse	Resuscitation performed against patient's wishes
Failed to obtain consent before placing intravenous line in main vein	Fatal complication after procedure

*Cause and effect cannot be determined   Source: *JAMA*

Chapter 4

This slide is self-explanatory of the types of errors medical residents and interns do commit on a regular basis. They are all real and do happen in everyday life and in different institutions. The issue is however how to make people feel comfortable to discuss their errors and for management not to punish those who report on theirs.

The question is how to make workers not to commit errors but perhaps more importantly how to make them report of any error they commit without fear of judgment.

Enhancing Patient Safety

- New Risk Management Initiatives
- Learning vs. Judgment
- Reporting Incentives
- Peer Review Reforms
- SIX SIGMA…and the like

Chapter 4

Several strategies have been introduced to enhance patient safety, among which are listed above. Risk management is aimed at preventing risk to the patient and if risk has to occur, minimize damage outcome of that risk, i.e. risk control. It relies on the principle of preventive management where process should be in place to proactively identify where problems may occur and try to prevent them from happening. That may include training employees on the new equipment before putting it on the floor or put cautionary signs where floors are wet, or put gloves on when dealing with patients' fluids and when changing patient dressing, etc. If however, risk is inevitable then the process have to be in place to minimize damage and control its outcome(s) e.g. provide counseling, minimize financial loss to patients, etc.

In all cases of error reduction, one has to practice and accept the concept of learning instead of judging. If every error is followed by an investigation and disciplinary action, people will not report on errors, hence losing an opportunity to study that error and preventing it from happening in the future. Additionally, one has to understand that judgment has to be based on a flawless system of data collection, analysis and reporting which is impossible to achieve due to issues related to severity and risk adjustments. Therefore, it is always a better way to practice an environment for learning and improvement instead of that for judgment. Such an environment will provide an incentive for people to report their errors and there will be no fear of any repercussion because in such situations data are collected for the purpose of learning and improvement.

Enhancing Patient Safety (cont.)

- New Risk Management Initiatives
- Learning vs. Judgment
- Reporting Incentives
- Peer Review Reforms
- SIX SIGMA…and the like

Chapter 4

Another area that is undergoing major reform is peer review, where the process of reviewing other practitioners' care process and judging the appropriateness of the care delivered. For example, there are movements by some groups to make the information generated from such deliberations partially available and accessible to patients and their families especially in cases of gross negligence. Other ideas involve double blind review of cases to remove bias in such situations among many other ideas.

Six Sigma is gaining more acceptance in the industry and somewhat affecting the health care industry as well, at least in the US. This is a process of reducing errors and aiming at a goal of no more than 3.4 errors per million (that is six standard deviations or six sigma). The method of how to do this is proprietary and the reader is encouraged to read more about this movement through the Internet.

Health System Performance…

Again, several mechanisms are underway in different markets to improve their health care systems. Some of these mechanisms include tying reimbursement with performance and others making performance as one of the deciding factors for awarding or renewing contracts or licenses, etc. While still other reform initiatives include the design or a point system for practitioners and providers based on performance and are compared with one another for positive competition.

New Terminology!

QUALITY ⟶ PERFORMANCE
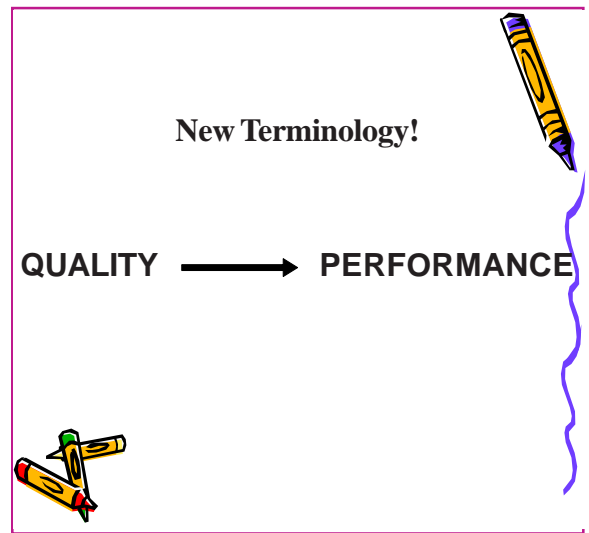
The new term is Performance Improvement (PI). It is believed that "performance" is less threatening as quality is related to auditing and reviews and that PI is more tangible and easier to quantify and understand.

Crossing the Quality Chasm

- Safety
- Timeliness
- Effectiveness
- Efficiency
- Equity
- Personalized Care

(Source: Institute of Medicine Report: "Crossing the Quality Chasm:A New Health System for the 21st Century", Washington, D.C., 2001)
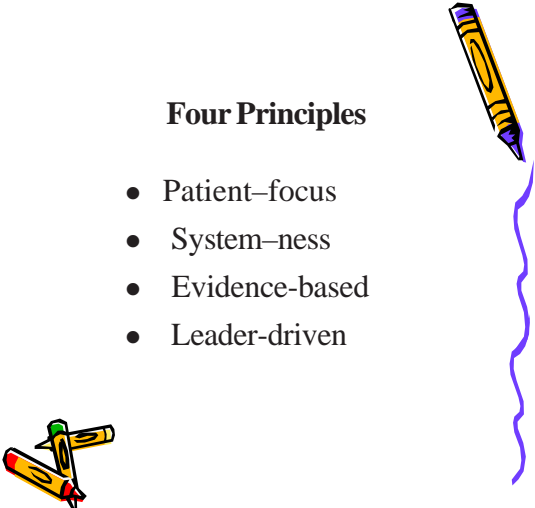

Chapter 4

The new quality dimensions as mentioned in the IOM report which are similar to the old list except that this one has more emphasis on patient centered care, timeliness of services rendered and added the "equity" dimension.

Equity involves the delivery of health care services to all regardless of race, gender, educational background or income.

As for patient centered care the new health care system is dependant on identifying different patient's needs and make every effort to meet those needs and that involves the process of including the patient in the clinical decision making process.

The other dimensions are similar to those used in the past which are considered important characteristics of all quality providers and programs.

Four Principles

- Patient–focus
- System–ness
- Evidence-based
- Leader-driven

The newest principle is evidence-based practice which is based on data access and use. It's becoming almost universal that decisions are being made based on evidence and data. Whether it is clinical practice guidelines or critical pathways, all are based on evidence and more and more data are becoming available to enhance clinical (and administrative) decisions.

Current Dominant Logic

Autonomous professionals providing largely self-defined expert care within organizational payment, and regulatory environments involving conflicting incentives, goals, and objectives

As one can see from the above, the current situation in healthcare is just that where professionals dominate independently (patients are not involved in clinical decisions), and where regulatory environments contradict themselves, e.g. performance and monitory incentives.

New Dominant Logic

Patient-centered teams providing
evidence-based medicine in
supportive organizational,
payment, and regulatory
environments.

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This is the "new" or future health care environment where care is centered
around the patient and where all of the other dimensions of quality are in place
including performance based incentives, and the use of data in making the
appropriate and necessary decisions.

Some Simple Rules for a Health System

OLD RULES	NEW RULES
8-5	24-7-365
First, as individual, do no harm	First, as a health system, do no harm
Experience-based practice	System acquired knowledge - standardize on excellence
Professional autonomy drives variability	Patient differences and preferences drive variability
Provide care based on visits	Provide care based on healing relationships
Information is a record	Information is key to human relationship
Professionals control care	The patient is the source of control
Secrecy is necessary	Transparency is necessary
React to needs	Anticipate needs
Health care value is driven by costs	Health care value is driven by achieving patient-centered outcomes and cost
Source: Evolving Institute of Medicine Report: "Crossing the Chasm: Designing the 21st Century Health Care System."	

OLD RULES	NEW RULES
Professional roles trump collaborative work	Collaborative work trumps professional rules
Design for both the usual and unusual	Design for the usual, plan for the unusual
Source: IOM Subcommittee on Designing the 21st Century Chassis, Washington, D.C.	

This slide is self explanatory where care is becoming continuous and so is access to it, where it is a "system" thinking and not based on individual thinking, etc.

A patient is the locus of control and where success in care outcome is based on the "relationship" with the care team, and where care value is based on outcomes and cost together than on cost alone.

Teamwork is dominant in such a system and resources are used most optimally.

**Evidence Based Medicine
Plus
Evidence Based Management**
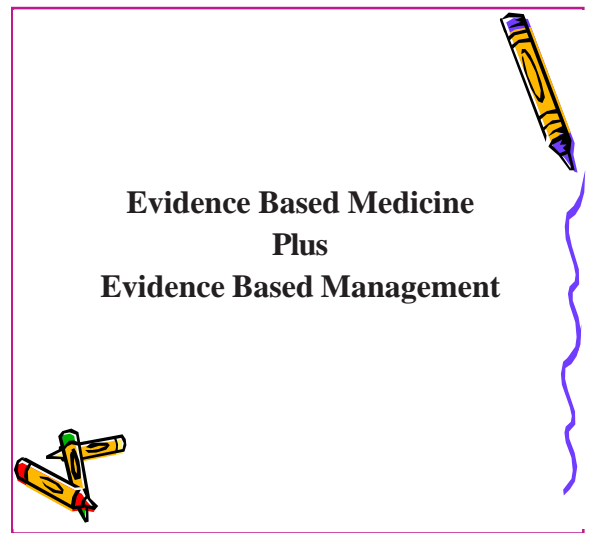
A new term "EB Management" has been created where the decision making process in managing programs and projects is based on empirical results and hard core data. Therefore, it is not only medicine that requires evidence to make the appropriate decision but even management is becoming dependant on data to make the right decisions. The following slides illustrate this fact.

Study of 3,000 CABG patients in 16 hospitals

A group-oriented, collaborative, participative culture was significantly associated with higher patient physical and mental functional health status scores six months post-discharge and shorter post-operative intubation times

(Shortell, Jones, Rademaker, and Gillies *et al.* 2000)

In this study it was found that when comparing the performance of these 16 hospitals on the management of coronary artery bypass graft patients, those hospitals that achieved the best results were those that had management savvy practices such as group oriented, participative, and collaborative practices. Therefore, having such characteristics had a positive impact on patient outcomes. Hence, one can conclude to achieve such positive outcomes, management should practice teamwork, collaboration and participative leadership styles.

Hospital top management leadership is positively associated with greater clinical involvement in TQM:

- Linkage to organization's mission and strategic priorities

- Allocation of human and financial resources

- Aligning compensation and performance appraisal systems

- Personal involvement in teaching TQM and participating on project teams

- Targeting selected physicians

- Developing a supportive culture

(Source: Weiner, Alexander and Shortell, 1996; Weiner, Shortell and Alexander, 1997)

Chapter 4

In this study a similar association is documented between TQM and positive clinical outcomes in hospitals. Therefore, hospitals that practiced TQM based practices had a higher level of satisfaction of their patients and better clinical outcome.

In a nine hospital study of patients with total hip and total knee replacements, relational coordination was significantly associated with less post-operative pain, greater post-operative functioning, and shorter length of stay

(Source: J. Gittel, K. Fairfield and B. Bierbaum *et al.* "Impact of Relational Coordination on Quality of Care, Post-Operative Pain and Functioning and Length of Stay", *Medical Care*, 2000, 38(3):807-819)

Again in this study it was found that those hospitals that achieved a better clinical outcome for orthopedic patients are commonly related to the way they manage their care teams and this relationship is directly related on how strong the relational coordination between the members of the team in the delivery of their care.

**Increased Beta Blocker use
after myocardial infarction**

Hospitals with greater improvement were distinguished by four characteristics:

● Shared goals for improvement

● Substantial administrative support

● Strong physician leadership

● Credible data feedback

(Source: Bradley, Holmboe, Mahern *et al. JAMA*, May 23/30, 2001, 285(20):2604-2610)

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Similarly in this study of several US hospitals, it was evident that those successful hospitals in the management of acute MI were those that have the characteristic of management depending on data and in applying sound leadership practices and methodologies.

Care systems more important than individual specialty differences (1/2)

Cochrane collaborative review of specialty differences in diabetic treatment outcomes found that physicians in any specialty practicing in *well organized care settings* had better outcomes than physicians of any specialty practicing in less organized care settings

(Source: S. Griffin and A.L. Kinmouth, 1998. "Diabetes Care: The Effectiveness of Systems for Routine Surveillance for people with Diabetes (Cochrane Review)", The Cochrane Library 13, Oxford: Update Software)

Another study on EB Management where the system and the work environment has a major impact on how practitioners practice and on their performance. Therefore, in this study it was found that physicians had better outcome when they were practicing in good environment regardless of where and how good were their training and specialization centers. This finding bolsters the case that good (management) environment has a direct impact on outcomes. It is basically true that putting individual practitioners in different settings will result in better outcomes at those highly managed institutions than those practicing in less managed institutions regardless of their training origin.

Care systems more important than individual specialty differences (2/2)

Similarly trained primary care physicians practicing in different organizational environment provided significantly different quality of care for diabetic patients after adjusting for patient characteristics

(Source: J. Desai, P.J. O'Connor, and D.B. Bishop et al 1997. "Variation in Process and Outcomes of Diabetes Care in HMO Owned and Controlled Clinics," Proceedings, CDC Diabetes Trans. Conference, Atlanta, GA)

This study proves what the previous study concluded that when you control for training origin and as you allocate those similarly trained individuals in different settings, then those in better (managed) settings will have better performance outcomes than those with similar training backgrounds and origins but practicing in lesser managed settings. Therefore, the practicing environment has the most impact on individual practitioner performance. It is not where you trained that makes a difference but where you practice.

Institutional plus Practitioner Report Cards

Comparing performance of different providers is becoming a common trend from regulators, consumers and purchasers. Report cards are one way to report on performance to the public. Each report card will have the results of performance on that providers for certain indicators e.g. for hospitals infection rates, patient satisfaction rates and the like are examples of such indicators. For practitioners, performance indicators may include average length of stay of their patients, morbidity rate, resource utilization indicators, etc.

Report cards could be initiated by the institution itself as a marketing tool but in most cases report cards are designed and enforced by either the regulators or purchasers to put pressure on providers to improve their performance and to use it to compare between different performances.

Performance Measurement Systems.

- HEDIS
- ORYX
- NHQI
- Disease Management
- Ambulatory Care Sensitive Conditions

These are examples of certain US based performance systems for health organizations.

HEDIS; Health Employers Data and Information Set is a system of mainly outcome indicators for preventive health services that was first imposed on HMO's by their accrediting agency, NCQA (www.ncqa.org) back in the early 90's. Since then, HEDIS has received more popularity and its newest version HEDIS2000 is being used by purchasers, regulators and consumer groups alike to judge performance of HMOs.

ORYX is a system of inpatient performance indicators first developed by the Joint Commission (www.jcaho.org) in the US in the late 90s. In its current form, each hospital should report on their performance to the JCAHO at each accreditation cycle and continuously thereafter.

NHQI, the nursing homes quality indicator system is being used by the US health care financing agency (www.cms.gov) to measure and compare performance of the nation's nursing homes.

Disease Management is a list of indicators for judging the proper management of chronic diseases by providers and practitioners. There is usually a list of such indicators for each major medical condition e.g. Diabetes, Hypertension, Congestive Heart Failure, etc.
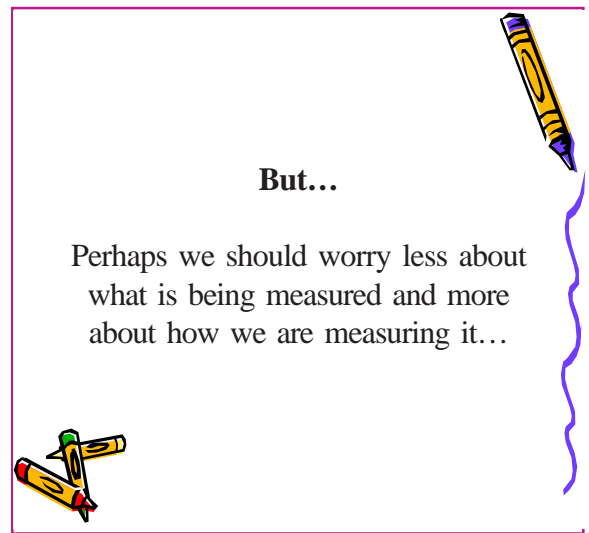
Ambulatory Care Sensitive Conditions are those medical conditions that should have been treated at the outpatient and primary care settings rather than in inpatient settings. These conditions if properly treated in the PHC settings, they will not be required to be treated in hospitals. Therefore the prevalence of such conditions among hospital admissions in higher numbers is an indication that the PHC system is failing. The following slide lists these 16 conditions.

Prevention Performance Indicators

The 16 Conditions

- Bacterial Pneumonia
- Dehydration
- Pediatric GI
- UTI
- Perforated Appendix
- LBW
- Angina w/o procedure
- COPD

- CHF
- Hypertension
- Adult Asthma
- Ped. Asthma
- Uncontrolled DM
- DM short-term comp
- DM long-term comp
- Lower Ext Amb/DM

These are conditions where good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe conditions. They are measured as rates of admission to hospitals per 100,000 population. Their presence in hospitals in relatively large numbers is an indication of the inadequate support of the PHC in that area where the hospital is located.

But…

Perhaps we should worry less about what is being measured and more about how we are measuring it…

This principle should be remembered when one attempts at using data as a tool for comparison or judgment. Several factors intervene in such situation including issues related to severity adjustments, data integrity, confounders, etc. Unless these factors are accounted for and considered appropriately when making the comparison, the accuracy of the conclusion becomes questionable.

Institutional Accreditation

What is Accreditation?

"It is the process of assessing the quality of an organization in order to provide comparative information to the customer"

Accreditation is a rigorous process of planning for performance improvement, pursuing the compliance to (national or international) standards and going through extensive set of processes of self and external assessments. The institution is then subjecting itself, voluntarily, to such assessment process in hopes of its performance getting "recognized" by an impartial external agency acting as an institutional reviewer or judge. All of these activities are bound to force the institution under review to re-address its performance outcomes and put in process mechanisms for further improvements.

And this definition stresses on the previous slide the importance of accreditation for comparing between different institutions using a uniform set of standards and performance indicators.

New Rewards and Incentives Systems

The system of recognizing high performance and providing incentives to achieve even higher performance is being reformed and further refined. The new thinking is that rewards should be instant and comparative to the type and extent of accomplishment or achievement. They should also be customized to the individual performer and should be on-going. Therefore, rewards and recognition should be based and dependant on the extent of performance of the individual or the provider. This new system will have the capacity to tie performance to reimbursements and salary. Therefore, it will be quality that counts, not quantity.

Patient Rights and Responsibilities…

CONTRIBUTORY NEGLIGENCE!

Every health professional knows about patient rights and that these should be adhered to meet the patient's needs. But what about patient's responsibilities? If the provider sees the patient, examine him then prescribe him the right medication but the patient fails to fill in the prescription and then get a complication, who is responsible in this situation? The patient is therefore expected to "participate" in his/her management of their medical condition and should cooperate with the medical team to optimize the benefit from the care delivered to him/her. Not following instructions and not providing the right answers or cooperating with the provider are all counterproductive and can render the care process deficient and unsuccessful.

Some extreme advocates of the notion that patient should be responsible for their care are calling for "appropriate" disciplining of patient in reaction to their complacency for not participating actively in their care process. They even go to the extreme of suggesting the sharing of blame and damage(s) with the negligent provider.
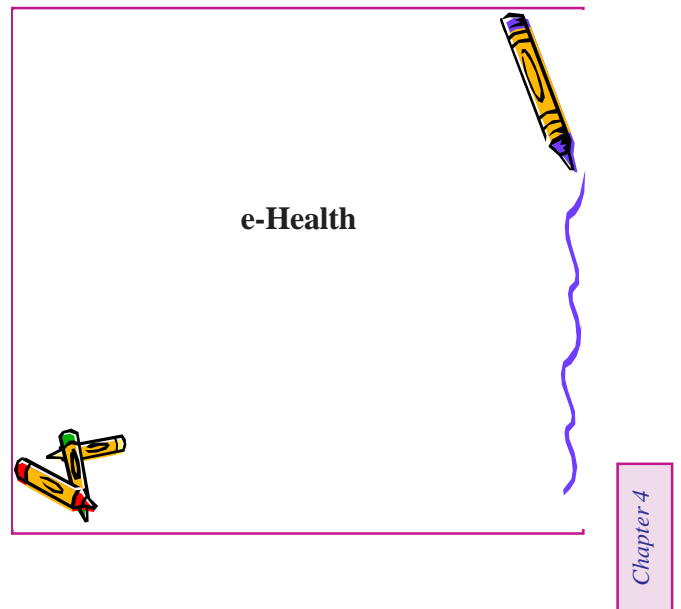
e-Health

Quality is evolving!

- Outcomes orientation
- Process focus
- Outcome driven
- Outcomes Management
- Performance Improvement
- Evidence Based - Patient Focused… but with IT in mind!

Therefore one can safely say that the future of healthcare is dependent on advances in information technology and its use in improving health care and its outcomes.

Hadith

"God loves of you, those, that when performing a job they perform it PERFECTLY"

(Mohammad S.A.W, 620 AD)

Perfection has been the status to achieve and called for by the Prophet Mohammad S.A.W as early as the 7th century and certainly before W. Edward Deming or Philip Crosby knew what zero-defect is all about.

Exercise

1. Based on the trends in the evolution of health care quality, what will be the future emphasis of quality?

2. How does PI differ from Health Care quality?

3. Design an equitable and objective system for recognizing performance achievements in your organization.

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Chapter 5

Who Should be a Trainer?

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Chapter 5

Learning Objectives

At the end of the chapter, you will be able to:

- describe the terms of reference and responsibilities of a trainer

- list the skills and characteristics expected of a trainer

Contents

Who is a Trainer?

- Person who trains or teaches a skill or discipline

- One who instructs participants by organizing and implementing training programs

- One who instructs participants by organizing and implementing training programs.

- One who teaches, trains or coaches others.

- Involves empowering the learner to take interest in the subject, applying knowledge gained to make decisions that involve situations other than those specifically presented in training programs and integrating the knowledge with experience.

Terms of Reference of a Trainer

- To encourage learning among trainees
- Able to motivate trainees
- To be the resource person
- To develop trainees to be sensitive to learning environment
- To bring about integrated thinking

■ **To encourage learning among trainees:**

    □ People learn best when they are motivated to learn while have fun doing it.

    □ Encourage learning by making the training interactive.

    □ Try to make the training enjoyable/fun.

■ **Able to motivate trainees:**

    □ By creating the right motivational climate that encourages the trainees to learn and improve themselves, their attitude and their skills.

    □ Sensitive to the type of participant, hence, the trainer should study the participant.

    □ Experiential training approaches are useful to create comfortable learning.

■ **To be the resource person:**

    □ Trainers should become thoroughly familiar with the course material/contents.

    □ Trainers should have good access to the information (i.e. books, web sites, etc.).

■ **To develop trainees to be sensitive to learning environment:**

    □ Trainees should keep current in their area of specialization and have an understanding of the outside influences, such as political, fiscal, economic and social influences which have an impact on their teaching.

■ **To bring about integrated thinking:**

    □ Integrated thinking creates awareness and application of what they learn to their life/job and beyond.

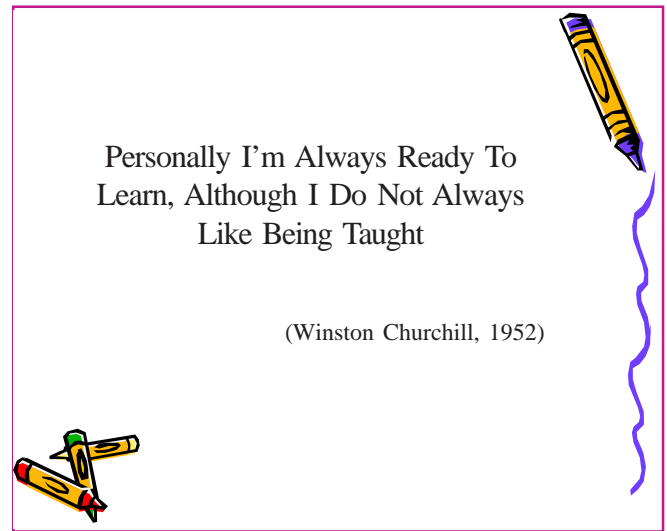   □ Make training more applicable to the trainees' working environment.

Responsibilities of a Trainer

- Plan and design the training program
- Plan the logistics of a training program
- Keep ownself up-to-date

Responsibilities:

- **Plan the training program:**
  - Study the participant to identify their needs and expectations.
  - Prepare the lesson plan.
  - Design the program according to needs and objectives.
  - Plan for the program evaluation.

- **Plan the logistics preparation:**
  - Venue for lectures, workgroups.
  - Selection of co-trainers.
  - Prepare training materials - hand outs, modules, etc.
  - Prepare training aids – audio-visual aids, stationary, workgroup material, etc.

- **Keep ownself up-to-date:**
  - Attend various seminars, workshops and conferences related to subject matter and training approaches.
  - Be an active member of relevant professional institutions or clubs.
  - Have a mentor-mentee relationship for continuous improvement.
  - Have good access to the relevant information through reading, writing, web surfing, etc.

Personally I'm Always Ready To
Learn, Although I Do Not Always
Like Being Taught

(Winston Churchill, 1952)

A trainer has to make learning fun.

Always remember that this is adult learning, and strategies to be used to encourage participation are very different than in teaching children.

Skills Required of a Trainer

- Technical skills
- Communication skills
- Motivational skills
- Presentation skills
- Facilitation skills

Skills in Training:

■ **Technical skills:**

  □ not only familiar with the content of the course but also able to apply the content in various manner.

  □ being up-to-date with the course content.

■ **Communication skills:**

  □ deliver accurate, clear and understandable presentation to the audience.

  □ listen actively and interpret the feedback given by the trainees and take action.

  □ course notes and handouts should be well-written to suit participant needs and expectations, and to accomplish intended purposes.

  □ understand the concept of interpersonal communication.

  □ For more details, refer to *Chapter 8: Identifying & Developing Skills for Effective Communication* in this module.

■ **Motivational skills:**

  □ motivate trainees to respond and act positively.

  □ try to link the trainers' propositions directly to the trainees' needs and expectations.

  □ For more details, refer to *Chapter 10: Motivation* in this module.

■ **Presentation skills:**

  □ able to capture participants' attention.

  □ uses suitable visual aids i.e. pictures, graphs, etc.

  □ able to respond to questions reliably.

  □ For more details, refer to *Chapter 12: Training Phase II: Effective Presentation* in this module.

■ **Facilitation skills:**

  □ to provide skills needed to facilitate learning among participants.

  □ For more details, refer to *Chapter 9: Facilitation* in this module.

Characteristics Required of a Trainer

- Confidence

- Enthusiasm and cheerfulness

- Patience

- Practical job experience

- Ability to treat trainees with respect

Characteristics of a trainer:

■ **Confidence:**
   □ Not to hesitate when giving responses, opinion, or answers.
   □ To always speak clearly and confidently.

■ **Enthusiasm and cheerfulness:**
   □ Have a pleasant appearance (e.g. always smile when meeting trainees, wear smart attire).
   □ Able to attract trainees to get involved in the exercises and working groups.
   □ Always help the trainees to enjoy the course.

■ **Patience:**
   □ Able to handle trainees' negative responses.
   □ Able to work extra hours.
   □ Able to follow trainees' pace when doing exercises.

■ **Practical job experience:**
   □ Should have involved in implementing quality efforts at local level for some years.
   □ In some cases, might need to have a certificate in quality improvement.

■ **Ability to treat trainees with respect:**
   □ Not condemning trainees in whatever situation.
   □ Giving each trainee fair attention.

Why Do We Need Trainers?

- Introduce the organization to new staff
- Improve skills/knowledge
- Train workforce
- Provide feedback on performance
- Provide training skills
- Achieve desired behaviors
- Organize information
- Analyze training needs
- Design training programs

What purpose do trainers serve in an organization?

- Introduce what the organization is and means, and how it does things to new staff.

- Help improve skills and knowledge of staff to achieve a more knowledgable and efficient workforce.

- Provide training skills to management.

- Achieve correct, consistent behaviors from staff.

- Organize information for others, so that they can be readily understood.

- Analyze training needs for the organization.

- Design relevant training programs based on need.

What Challenges do Trainers Face?

- Lack of feedback
- Constant questions
- Personality clashes
- Stress
- Conflict of interest
- Lack of confidence
- Making an uninteresting topic interesting
- Handling trainees
- Sustaining interest
- Lack of materials
- Time

■ **Lack of feedback -** they would then be unable to improve themselves/the training program etc.

■ **Constant questions** - need a calm collected personality (or need to cultivate one!) to be able to handle a constant stream of questions.

■ **Personality clashes -** this may just happen and a trainer must continue to strive to promote learning.

■ **Stress -** standing in front of a crowd can be stressful.

■ **Conflict of interest** - such as training demands and service work.

■ **Lack of confidence -** especially for new trainers, or trainers covering/teaching new topics/areas.

■ **Making an uninteresting topic interesting -** this is a challenge to the skills of a trainer, how to captivate an audience who is bored from the moment go.

■ **Handling trainees -** some trainees may have difficult personalities and have strong resistance to change.

■ **Sustaining interest -** this is essential to encourage learning and retain concentration of trainees.

■ **Lack of materials** - insufficient budget or materials may hinder training efforts.

■ **Time** - either shortage or abundance. How to stretch it? How to fill it?

Line Managers as Trainers

- Opportunity to help others learn

- Person with most impact on day-to-day development of an individual

- Reduced training budgets

■ If you are a line manager and have been asked to be a trainer or a coach, you have a great opportunity to help others learn.

■ Organizations have come to realize that the line manager is the person with the most impact on the day-to-day development of an individual. This is because he/she is accessible, and learning can be delivered in bite-sized chunks. In addition, theory can be supported by more immediate opportunities for practice.

■ It is also cost-effective as the organization does not have to waste money on hiring training services or persons solely dedicated to training function, who may not be able to apply theory into the organization's practices.

Summary

This chapter has highlighted:

- The roles and responsibilities of a trainer
- The skills and characteristics expected from a trainer

As a trainer, learning is continuous and better performance can only be achieved through constant practice.

Every training session is an opportunity for a trainer to learn and it should not be missed.

Chapter 5

Exercise

You have been selected as a trainer for a workshop on Promoting Quality Assurance. The participants of the workshop are doctors in a hospital.

- List your job description as a trainer in this workshop.

- List the skills required of you as a trainer and assess your capability.

- Identify what assistance you need and how you are going to get it.

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Chapter 5

Chapter 6

Roles and Ethics of a Trainer

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Learning Objectives

At the end of the chapter, you will be able to:

- learn the roles a trainer needs to play to effectively facilitate learning

- learn the ethics of a trainer

Contents

Chapter 6

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent
- Assesor
- Author
- Distance Learning Designer
- Conference Organizer

- A trainer, in facilitating learning, has to play multiple roles, and has multiple responsibilities.

- The next series of slides will go through each role in greater detail.

- The Trainer will play one role or another as and when needed throughout the training session, and after as well.

Roles a Trainer Plays

• **Facilitator**
- Coach
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent
- Assesor
- Author
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The facilitating role:

- The facilitator is the controller of the process of the training and ensures that all the people keep to agreed rules and processes.

- This allows the participants to concentrate on the objectives and contents of the session.

- Help to ease the processes.

- Work with the group through set procedures to reach a conclusion.

- Remain objective and rise above the detail of the debate.

Roles a Trainer Plays
As Facilitator...

Your goal:
– Get group to work together
– Respect each other's viewpoints
– Participate fully

→ Facilitate learning for participants
→ Learn yourself

Your goal is to enable the group to work together, respecting each other's viewpoint and participating fully.

- ■ Ensure that:
  - □ The session follows the agenda.
  - □ It uses the rules, processes and tools that have been agreed upon.
  - □ Encourage good behavior (politeness, respect for each other, etc.).
  - □ Encourage full participation.

- ■ To do all these, you should:
  - □ Ask probing, open-ended questions.
  - □ Positively respond to each and every contribution from the group.
  - □ Encourage input from individuals.
  - □ Provide clarity in conflicting or confusing conversations amongst group members.
  - □ Draw out input from the group, redirecting comments and questions to others (and not adding your own opinions).
  - □ Help group reach conclusions.
  - □ Be fully prepared to provide appropriate knowledge.
  - □ Promote and assist with decision making.
  - □ Take away outputs and return them to the group in a manageable format.
  - □ Use each facilitating session as a learning experience for yourself.
  - □ Improve your performance.
  - □ Enlarge your network.

- ■ Ask for feedback from:
  - □ Participants
  - □ Sponsor/organizer
  - □ Co-facilitators

Roles a Trainer Plays → Fasilitator

Checklist for the Facilitating Role

❑ Understand "rules, processes & tools"?

❑ Can explain them?

❑ Clear about role?

❑ Effective decision-making process?

❑ What to prepare?

❑ Ensure acceptance as the facilitator?

❑ Effective facilitator?

- Do I understand the "rules, processes & tools" to be used during this facilitation session?

- Can I explain them simply to participants?

- Am I clear about my role and the role of the sponsor/organizer and the leader (head Facilitator)?

- Have we got an effective decision-making process?

- What do I need to prepare? What skills and knowledge will be required?

- What, if anything do I need to do to ensure my acceptance as the facilitator of the group?

- What do I need to know to be regarded as an effective facilitator? Can I watch them? Can I discuss the facilitator role with them?

Roles a Trainer Plays

- Facilitator
- **Coach**
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent
- Assesor
- Author
- Distance Learning Designer
- Conference Organizer

- Newly acquired information is easily lost/forgotten.

- Once a learner has attended a training event, the new skills/knowledge/behaviors/ attitudes need to be reinforced.

- You might be called upon to be a coach when:

  □ Following up on a particular training event.

  □ For desired output (e.g. for a project continuation).

  □ A small number of individuals need to develop a new set of skills/knowledge behaviors and there are no appropriate training courses available.

Roles a Trainer Plays
As Coach...

The coaching role:

☐ Reinforcement of a person's learning is the main agenda.

☐ This occurs mainly back at the workplace.

☐ The diagram above shows a simple relationship linking training and coaching. Monitoring performance includes identifying opportunities for development.

☐ Guide them through complex steps (such as when they have to analyze the data they have collected on e.g. admission time to ICU).

Reinforce learning:

☐ Find time and place to devote your full uninterrupted attention to learners.

☐ Give praise whenever possible.

☐ Be honest.

☐ Be aware of body language.

☐ Be alert to cues demonstrated by learners with difficulties.

☐ Clarify points discussed.

☐ Fix date and time of next session as coaching is a continuous activity.

☐ Recognize when formal training is required in addition to coaching.

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Roles a Trainer Plays → Coach

Checklist for Coaching Role

❑ Agreement on the overall goals

❑ Coaching skills

❑ Notes

❑ Effectiveness

❑ Coaching improvement

❑ Personal learning experience

</div>

Chapter 6

- Coach and learner agreed on the overall goals of coaching.
  - □ What do you hope to achieve?

- Coach skilled in questioning, listening and feedback techniques.
  - □ Use questioning and listening skills to help learner identify problem situations and the new requirements for skills/knowledge/behaviors.

- Notes taken and shared.
  - □ The learner should be diplomatically encouraged to take notes.
  - □ Both should note the plan of action to be taken (for future reference).

- How will the effectiveness of coaching be judged?
  - □ Be ready to evaluate each coaching session, and the overall coaching program.

- How can coaching style and skills be improved?
  - □ A directive style, though generally not helpful when coaching, may be appropriate to start with, especially if learner is new and needs to collect a lot of information.
  - □ A supportive, encouraging style may be used once the coaching relationship has started.
  - □ Think how your coaching style will match the learner's style.

- Does coach use each coaching session as a personal learning experience?
  - □ Use each session to review
    - what went well?
    - what could have been better?
  - □ Do this also for the whole coaching program.

Roles a Trainer Plays

- Facilitator
- Coach

•Counsellor

- Mentor
- Expert / Consultant
- Change Agent
- Assesor
- Author
- Distance Learning Designer
- Conference Organizer

- A trainer, in facilitating, has to play multiple roles.

- As you train, you may encounter situation where there is a need for counselling.

- Participants may single out the trainer when they need counselling help.

- Whenever a counselling situation occurs, reflect on the best practice.

  - Listen

  - Never offer advice beyond directing the learner to his/her line manager/ organization's personnel welfare services (if any!).

- Be very careful not to step across the divide into counselling unless you are trained to do so!

Roles a Trainer Plays → Coach

Checklist for Counselling Role

❑ How is counselling handled within the organization?

❑ Can I talk to more experienced trainers?

- ■ How is counselling handled within the organization?

  - ☐ What exactly should I do if a counselling situation arises?

  - ☐ Ensure you are prepared.

- ■ Can I talk to more experienced trainers about the ways they handle counselling situations?

  - ☐ Consult/ask experienced trainers what do when in doubt.

  - ☐ Find out the myriad ways they handle the situations that arise during training.

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor

• Mentor

- Expert / Consultant
- Change Agent
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- Author
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■ A mentor

    □ Is usually nominated within an organization to provide guidance and insight to others.

    □ This role is far less proactive than that of the coach.

    □ He/she provides knowledge/guidance/insight upon request.

■ As trainer, you are ideally placed to take on the role of a mentor, particularly when you have been in the organization for some time.

Chapter 6

Roles a Trainer Plays

As Mentor...

Your goal:
- – Provide knowledge/ guidance/ insight
    → *upon request*

- – Be available for frank, open working sessions

→ Reinforce learning for participants
    (*passive action*)

→ Learn yourself

- ■ The Mentor role:

    - □ Provide information

        - ◻ In a digestible form

        - ◻ Upon request

    - □ Reinforce a person's learning and reassure the new employee.

    - □ This occurs mainly back at the workplace.

    - □ Guide them through "professional life" in the organization.

- ■ Reinforce learning:

    - □ Give praise whenever possible.

    - □ Translate input from others to reassure the new employee.

    - □ Be honest.

    - □ Be aware of body language.

        - ◻ Is he/she having difficulties?

    - □ Be open, trustworthy, an attentive listener and a positive role model.

    - □ Recognize when formal training is required.

    - □ Be ready to evaluate each mentoring session and the overall mentoring program.

Checklist for Mentoring Role

❑ What are the expectations?

❑ Agreed goals of the mentoring programme?

❑ Activities noted?

❑ Monitor the impact of mentors?

❑ Evaluate?

1. What are the expectations of a mentor?

2. Have the mentor and learner agreed on the overall goals of the mentoring program?

3. Are agreements and activities to be done noted?

4. What measures are in place to monitor the impact of mentors?

5. How often will the learner and his/her mentor evaluate how well the mentoring process is helping the learner?

Chapter 6

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor

• Expert / Consultant

- Change Agent
- Assesor
- Author
- Distance Learning Designer
- Conference Organizer

- ■ Expert power is a valuable tool.

- ■ To work as a consultant, you need to understand:

  - □ The organizational relationships.

  - □ The processes within the organization.

- ■ The move to a consultative role will:

  - □ Stimulate your thinking.

  - □ Broaden your career.

- ■ You will need to develop expertise in managing meetings, particularly when there are many things to discuss.

Checklist for Training Consultant

- Effective training & development strategies
- Training excellence elsewhere
- Advertising capabilities
- Contact plan to regular access to senior managers

1. Do you have effective training and development strategies, working objectives and implementation plans?

2. Are you actively finding out about training excellence in other similar organizations for your improvement?

3. Has the training and development function been sufficiently proactive in advertising its capabilities and its successes?

4. Is there a contact plan for regular access to senior managers of the organization?

Chapter 6

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor
- Expert / Consultant

• Change Agent

- Assesor
- Author
- Distance Learning Designer
- Conference Organizer

■ A trainer needs to be business and customer-focused.

■ Need to set standards for job roles, train and develop staff in key skills and evaluate the implementation.

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent

- **Assesor**

- Author
- Distance Learning Designer
- Conference Organizer

- Training programs are used to develop skills, knowledge, attitude and behaviors of people within an organization.

- Trainers need to be able to assess people's progress against agreed objectives.

- Assessment is about:

  a) Judgment of performance.

  b) Giving and receiving feedback.

  c) Providing meaningful assessment reports.

- Refer to *Chapter 13: Training Phase III: The Evaluation* of this module for further details.

Chapter 6

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent
- Assesor

• Author

- Distance Learning Designer
- Conference Organizer

■ Publication is one obvious way to have your name acknowledged in the training arena.

■ It will also provide information to a continuing flow of new people with responsibilities for training.

■ Besides, seeing your words in print for the first time is a very positive and exciting experience.

Chapter 6

Roles a Trainer Plays → Author

Checklist for Getting Into Print

❑ Why write?

❑ What to write?

❑ Have specialist knowledge to share?

❑ Can I write interestingly?

❑ Can I meet deadlines?

❑ To collaborate with others?

■ Do you know why you want to write? Have you set goals for yourself?

■ Do you have something new and innovative to write about?

■ Do you have specialist knowledge to share with others?

■ Can you write in such a way that will interest others?

■ Can you meet deadlines? Do you have the commitment to carry it through till the end?

■ Can you write alone or should you collaborate with others?

Chapter 6

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent
- Assesor
- Author

- **Distance Learning Designer**

- Conference Organizer
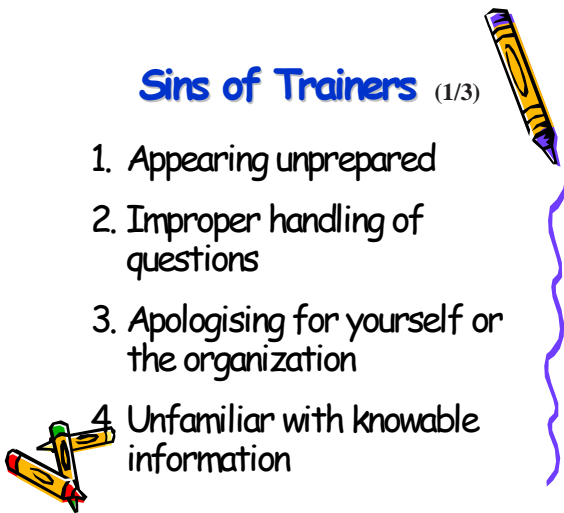
- Distance learning is an increasingly important way of developing new skills.

- When a trainer develops distance learning material, he/she needs to be very conscious of learning styles of potential learners.

- People learn in different ways. This should be reflected in the material.

- Material needs to be as interactive as possible.

Roles a Trainer Plays

- Facilitator
- Coach
- Counsellor
- Mentor
- Expert / Consultant
- Change Agent
- Assesor
- Author
- Distance Learning Designer
- **Conference Organizer**

- Running a training event and running a conference are very different.

- Planning in advance is vital. Large conferences can run into hundreds of delegates.

- A project management approach is crucial.

Chapter 6

Sins of Trainers (1/3)

1. Appearing unprepared
2. Improper handling of questions
3. Apologising for yourself or the organization
4. Unfamiliar with knowable information

1. Appearing unprepared:

   - Always prepare what you are going to say and do.

   - All eyes will be on you, and appearing unprepared tells the audience that you have not bothered, nor taken time to set up/organize things for the workshop/session.

2. Improper handling of questions:

   - Always treat all questions with respect.

   - It takes courage to ask questions, however dumb the question may be (to you). Respect that, and respect the person asking.

   - Show this respect by responding appropriately.

   - If you do not know the answer, ask other facilitators in the room if they could help you out. If not, tell the participant that you will find out the answer, AND get back to the person.

3. Apologizing for yourself or the organization:

   - This shows you have not prepared for the session.

   - It puts people off, and it makes people think negatively about you or the organization.

4. Unfamiliar with knowable information:

   - Know the content.

   - Read up in advance.

   - The participants expect all facilitators to know certain basic information. You must know it too.

Sins of Trainers (2/3)

5. Unprofessional use of visuals

6. Perceived to be off schedule

7. Failing to involve participants

5. Unprofessional use of visuals

- A trainer that does not know how to use audio-visual aids cannot be called a trainer.

- Train yourself to use the pointer (laser or pen or stick) instead of your finger(s).

- Don't block the screen. Know where you should stand.

- Write in big letters when using the whiteboard. Write legibly. Use the microphone in large rooms/large audience.

- Prepare you slides/materials properly.

- Don't read verbatim from overheads. Instead, expand on key points.

6. Perceived to be off schedule

- Do not take 2 hours if you are only allocated 1 hour.

- Participants would not appreciate your detail. It would be long-windedness to them, or redundancies.

- If the whole workshop is off schedule, explain to all the reason for this, and inform all of the readjusted/new timetable and schedule so they can plan in advance.

7. Failing to involve participants

- Involvement promotes learning.

- Doing reinforces learning.

- If you do not get participants to participate, what is the workshop for?

- Ask for suggestions from the group in answering difficult questions.

- The workshop is not for facilitators! It is for the participants.

- You have to work to make the workshop work, and you have to get the participants to work as well.

Sins of Trainers (3/3)

8. Not establishing rapport

9. Appearing disorganised, not previewing, not summarizing

10. Not creating the image you want

8. Not establishing rapport
   - Get acquainted
   - Break down barriers
   - Be friendly. People will think you are approachable, and ask you questions, etc.
   - Walk around so that you are close to the people when engaging them in discussions.
   - Do not stay rooted to one spot.

9. Appearing disorganized, not previewing, not summarizing
   - Organize yourself.
   - Arrange your slides.
   - Mentally prepare what you want to say.
   - Practice and practice and practice.
   - Always summarize learning points of a session, be it a lecture, groupwork or individual exercises.
   - Have a final summary at the end of the workshop so that participants can take some lessons home.

10. Not creating the image you want
   - Learn how people perceive you.
   - Consider whether that is what you want to project.
   - Set about changing the things you do not like.
   - Exaggerated or insincere enthusiasm is usually transparent to the participants.

Things that help... (1/3)

1. Start & end on time

2. Not all parts of an exercise has to be completed

3. Remain a facilitator

4. Avoid a "Boss" image

1. Start and end on time
   - Be punctual.
   - Don't let others wait for you. It is NOT a sign of importance to keep people waiting.
   - Practice so that the amount of time is just nice. Always allow time for questions and answers.
   - Plan the contents of the session to suit the time, or vice versa, if you can.
   - Do not delay the start of the session to accommodate latecomers.
   - Finish the training on time.

2. Not all parts of an exercise has to be completed
   - Do not be obsessive compulsive.
   - Sometimes letting people get the gist of things is sufficient.
   - Do not drag sessions.
   - Monitor the group(s) carefully to gauge energy levels. Call for breaks when you sense lagging attention.

3. Remain a facilitator
   - Always remember your roles in the training session.
   - Do not sit back and become a participant, even though this is very tempting when there are other more knowledgeable facilitators.
   - Manage participants who monopolize conversations.

4. Avoid a "Boss" image
   - Do not boss people around.
   - You cannot force people to do things (unless you are their Boss at work!).
   - But you can show them why they should (what benefits they'll get and so forth).
   - Do not talk down to the group.

Things that help... (2/3)

5. Learn names of participants

6. Encourage mixing

7. Do not engage in debates

8. Be there first, and leave last

5. Learn names of participants
   - Getting to know the participants makes things more personalized (especially for them!).
   - It helps to break down barriers.
   - It facilitates networking.
   - Shake hands with participants and establish a one-to-one relationship.
   - Use the participants' names as often as possible.

6. Encourage mixing
   - Get acquainted.
   - Socialize. Mingle.
   - This will make things less formal, and participants would feel more comfortable.
   - It will also provide an environment conducive to learning. They will be more likely to ask questions and seek clarification for things they are confused/unsure of.

7. Do not engage in debates
   - Clarify things, and if you can't, call in reinforcements.
   - Do not sit and argue your points.
   - Try to have discussions not reaching the state of a dispute.
   - If that happens, bring in a more knowledgeable facilitator to help clarify things.

8. Be there first, and leave last
   - Yes, you have to be there all the time, and not leave until the last participant does so.

Things that help... **(3/3)**

9. Avoid eavesdropping on groups or sitting in on groups

10. Keep on a scheduled script

11. Use "*and*" not "*but*"

12. Demonstrate interest

13. Show respect
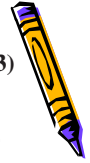
9. Avoid eavesdropping on groups or sitting in on groups
   - This hinders their group dynamics.
   - They are more prone to turn to you for answers rather than working things through.

10. Keep on a scheduled script
   - Have a plan on what could be achieved, and the expected duration of it.
   - Keep to your schedule/plan, though you might need to review it (minor changes!) from time to time.
   - Establish at the start what kinds of discussions/issues are unrelated and inappropriate for the session. (e.g. Salaries, benefits, personality issues)

11. Use "*and*" not "*but*"
   - Substitute the word "and" for the word "but" whenever possible. For example, "You have made an interesting point, and your colleagues disagree with you."
   - You have lost nothing in your message, yet have reduced the risk of alienating the trainee.

12. Demonstrate interest. Use non-verbal communication.
   - Nod your head as you listen to suggestions.

13. Show respect
   - Make it clear through examples and language that you respect the intelligence of group members.

Ethics of A Trainer
Work Ethics

- Rules of conduct governing a profession

- Moral principles

(The concise Oxford Dictionary)

■ Work ethics controls the behavior of the practitioner, suitable with the needs and hopes of the clients.

■ It is the moral principles governing conduct.

■ Trainers are not exempted from this!

■ At bare minimum, trainers in the government service in Malaysia are bound by the rules of conduct and behavior as described in the "General Orders" (Perintah Am Kerajaan).

■ Besides this, trainers are also expected to practice several specific work ethics, as described in subsequent slides.

**Specific Work Ethics
Expected of A Trainer (1/2)**

1. Value people
2. Value ideas of others
3. Encourage thinking
4. Use experiences of others
5. Share experiences
6. Admit your ignorance
7. Avoid/prevent quarrels/confrontations
8. Enthusiasm

1. Value people, irrespective of background or 'history'.

2. Value ideas of participants. Listen to them, and use the ideas (refer to *Chapter 14: Teaching Practice and Critique* of this Module for more details).

3. Return questions to the participants. Encourage them to think through issues.

4. Use experiences of other participants as examples. However, do not ridicule or put down others.

5. Share your experiences with participants.

6. When you don't know something, do not be afraid to say so. No one expects you to know everything. Ask participants or other facilitators/trainers to help answer the question you cannot answer. Do not bluff!

7. Try to anticipate and prevent quarrels and confrontation in participants. Avoid making judgements of "wrong" and "right".

8. Show that you are happy to have the opportunity to teach them. Show enthusiasm.

Chapter 6

Specific Work Ethics Expected of A Trainer (2/2)

9. Interact
10. Focus on participation learning, not on self
11. Confidence in participants
12. Have an "opening"
13. Action on grouse/complaints
14. Positive feedback
15. Use work of participants
16. Comfort of participants

9. Use free time to interact with participants, anytime there is opportunity to do so.

10. Focus on coaching participants and their learning needs, not on your own.

11. Show you have confidence in the participants.

12. Have an introduction or "opening". Start with something familiar to participants. After all, learning occurs on truth already known. Ask questions that they can answer.

13. Note all complaints or grouses of participants, either formal or informal. Take action on them.

14. Give positive feedback.

15. Use the actual words of participants when listing ideas. This shows that you value their ideas, and indirectly, them.

16. Strive to ensure the comfort of participants. This includes food, recreation during free time, place of rest, comfort of lecture/group, work rooms, etc.

Summary

- To be an effective trainer, one must have knowledge and skills in the roles expected of a facilitator.

- Training requires dedication, commitment and enthusiasm. It is an enjoyable field for those who have interest in sharing and are prepared to invest in learning the skills.

- Trainers are bound by ethics, and they are expected to be professional in delivering the services.

Exercise

Your organization needs you to build a new batch of staff to be "Quality literate" and to be able to conduct quality initiatives/improvement in your work place. What are the roles you would have to play to achieve this? What do you need to do?

Answer

Facilitator
- Yes.
- Help participants in learning and group work during group sessions.

Coach
- Yes.
- New skills will have to be reinforced to ensure it is retained. You would need to function as coach to the staff at the work place, especially when they encounter problems.

Counselor
- Yes.
- New staff may have problems adjusting and come to you for a shoulder to cry on.

Mentor
- Yes.
- From the mandate given to you, you would have to provide guidance to this new batch of staff.

Expert/Consultant
- To a certain degree, Yes.
- Not so much to the new staff, but more to the supervisors/senior managers of the new staff.

Change agent
- Yes.
- You would be setting standards for behavior from your training sessions.

Assessor
- Yes.
- You would be evaluating their performance.
- You would need to give feedback to their supevisors/senior managers on progress and performance.

Author
- Not likely an issue at the early stage, though you may be invited to collaborate in a paper later when the staff have conducted some Quality Improvement projects.

Distance learning designer
- Yes, if the staff enrolled for training program is far away.

Conference organizer
- Yes, if there is a conference scheduled at the end of the training program (say 3 years from onset) to showcase the quality initiatives started by this new batch of staff and presented to the organization and other interested parties.

Chapter 6

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Chapter 6

Notes:

Chapter 7

Learning Approaches and Programs

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Learning Objectives

At the end of the chapter, you will be able to:

- describe the characteristics of adult learning and experiential learning

- define the trainer's role in implementing adult learning and experiential learning

- list the IT components that can be used in implementing adult learning

- describe the characteristics of academic and in-service training programs

Contents

Chapter 7

> One of the most important factors in the design and delivery of training is understanding how people learn
>
> (Thorne & Mackey, 1996)

- A trainer should learn to recognize and take account of the differences between people's preferred styles of learning.

What is Adult Learning?

Self-directed learning
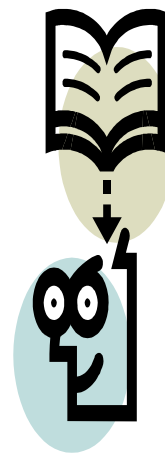
Adult Learning

- Emphasizes that adults are self-directed and expected to take responsibility for decisions.

- Characteristics of adult learners:

    □ They come with expectations.

    □ They not only come to learn, but also to exchange knowledge.

    □ They can learn well, and learning comes from dialogue with respected peers.

    □ They tend to prefer single concept, single theory courses that focus on the application of the concept to relevant problems.

    □ They tend to take errors personally and more likely to let them affect self-esteem.

- 4 major processes of adult learning:

    □ **Self-directed learning** - which focuses on the process of how adults take control of their own learning, in particular how they set their goals, locate appropriate resources, decide on which learning methods to use and evaluate their progress.

    □ **Critical Reflection -** describes how adults come to think contextually and critically.

    □ **Experiential learning** - the belief that adult teaching should be grounded in adults' experiences.

    □ **Learning to learn** - to become skilled at learning in a range of different situations and through a range of different styles.

Experiential Learning

- Characteristics
- Why focus on experiential learning

"Experience is the adult learner's living textbook"

(Lindeman, 1926)

Experiential Learning

- □ Learning is the process whereby knowledge is created through the transformation of experience (Kolb, 1984).

- □ Emphasizes the role that appropriate environment and experience play in the learning process.

- □ Experience should not be thought of as an objectively neutral phenomenon but it is culturally framed and shaped.

- □ The trainees is directly in touch with the reality being studied (e.g. A gardener who is trained to do the landscaping).

Why focus on experiential learning in training quality?

- □ A trainer plays a big role in implementing experiential learning.

- □ Training in quality involves group work and discussions among adults which require sound knowledge on experiential learning.

Chapter 7

The Experiential Learning Model
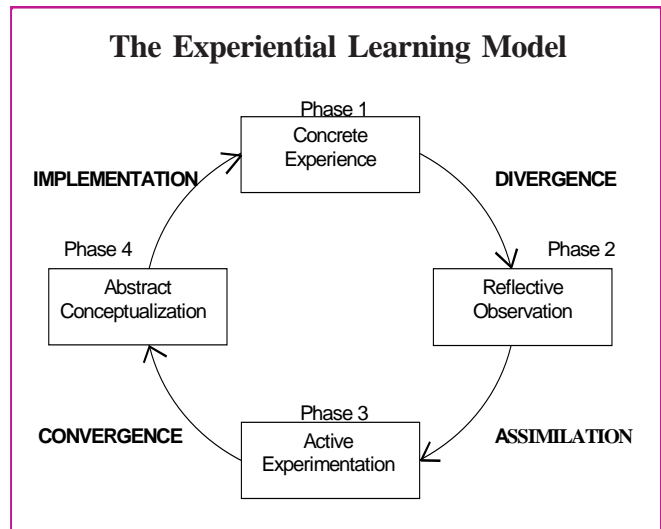
- The first phase is concrete experience, which is what a person experiences.

- He/she then rethinks through what has occurred. This is reflective observation.

- Then, the learner examines possible solutions or behaviors. This is the third phase of active experimentation.

- Finally, individuals must integrate this new learning into their conceptual framework and then develop their own implementation plans.

- This process is continuously happening in a learning environment. A learner who has absorbed one set of learning experiences is then ready to go through the process again with another learning experience.

Chapter 7

Learning Styles (1/2)

1. **Activists**
   □ Enjoy new experience
   □ Happy being involved
   □ Limelight
   □ Participatory

2. **Reflectors**
   □ Observe
   □ Think
   □ Review
   □ Do not like to feel under pressure

---

1. **Activists**

   ■ Enjoy new experiences and opportunities from which they can learn.

   ■ Enjoy being involved.

   ■ Happy to be in the limelight.

   ■ Prefer to be active than sitting and listening.

2. **Reflectors**

   ■ Prefer to observe, think and assimilate information before starting.

   ■ Like to review what has happened, what they have learned.

   ■ Prefer to reach decisions on their own time.

   ■ Do not like to feel under pressure.

Learning Styles (2/2)

3. Theorists
- Explore methodically
- Think through step-by-step
- Detached
- Analytical

4. Pragmatists
- Practical solutions
- Practical theory
- Like experiments
- Act quickly and confidently
- Down to earth
- Respond to problems as a challenge

3. Theorists

- Like to explore methodically.

- Think problems through in a step-by-step logical way and ask questions.

- Tend to be detached.

- Analytical in thinking.

- Like to be intellectually stretched.

- Feel uncomfortable with lateral thinking.

- Prefers models and systems.

4. Pragmatists

- Like practical solutions.

- Want to get on and try things.

- Dislike too much theory.

- Like to experiment and search out new ideas.

- Act quickly and confidently.

- Very down to earth.

- Respond to problems as a challenge.

Chapter 7

Learning Styles and Training Program Structure

Learning Styles

| Activists |
| Reflectors |
| Theorists |
| Pragmatists |

Training Structure

| Theory input |
| Practical experience |
| Application of theory |
| Ideas generation |
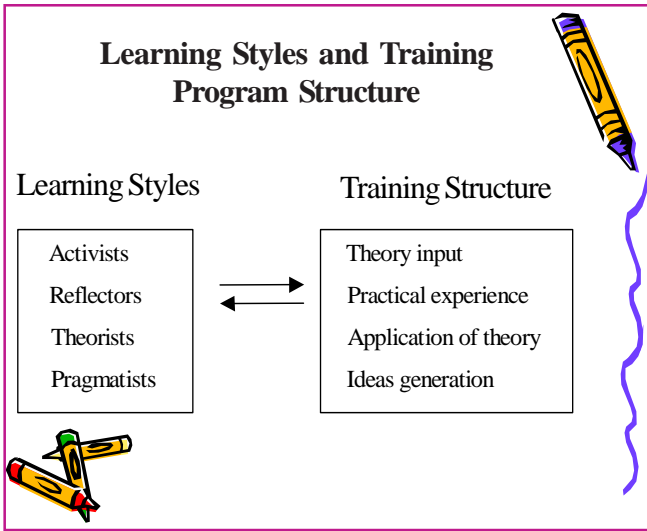
- Knowing and understanding learning styles is helpful in structuring the learning.

- With an individual learner, learning can be tailored to the learning style.

- It helps you identify the most effective route either through on-job training, observation, practical experience or distant learning.

- In developing training structure for groups, the program can be structured to include a range of activities which reflect the different learning styles.

- There should be opportunities for theory input, practical experiences, applications of theory and ideas generation to fulfil the four different learning in group training.

Strategies In Experiential Learning

- Case-study
- Demonstration and practice of skills
- Group work
- Role play
- Field visit/study tour
- Attachment program

Case-study:

- Cases are used as the focus of presentations or assignments
- A case study involves a number of steps which includes:
  - reading a case/problem situation,
  - analyzing the case and discussing it in class, and
  - producing evidence to support decisions.
- Purpose: to sharpen trainees' analytical and problem-solving skills in dealing with the multiplicity of variables and influences which are part of the "real world"

Demonstration and Practice of Skills:

- A suitable sequence of exercises on technical skills in a practice setting, designed to achieve competence in certain skills (e.g. interviewing).
- Provide an opportunity for improving critical thinking skills through challenging exercises requiring the use of chosen skills.
- Purpose: to develop competency in performing chosen skills and to encourage critical thinking.

Group Work:

- A situation where trainees and trainer have to learn together to achieve a common goal.
- Based on extension of the principle "two heads are better than one".
- Enhanced by the use of other formats as case studies, problem solving, role play and games.
- Purpose: to develop thinking and problem solving skills, communication and interpersonal skills, teamwork, leadership skills and attributes.

Chapter 7

Strategies In Experiential Learning (Cont.)

- Case-study
- Demonstration and practice of skills
- Group work
- Role play
- Field visit/study tour
- Attachment program

Role Play:

- Participants act out short scenes that are relevant to the topic being taught (e.g. an interview on the perception of the quality initiative in a clinic).
- Steps include:
  - trainer describing the situation and then assigning roles to various participants,
  - chosen participants acting out the scene while others watch,
  - review, followed by discussion.
- Purpose:
  - Gives participants an appreciation of how people interact.
  - Helps improve communication and interpersonal skills.

Field Visit/Study Tour:

- Visit to a site specifically planned for its possible contribution to the objectives of the course.
- An opportunity to understand health problems and conditions in a real setting.
- Purpose:
  - To provide an integrated experience (e.g.: health, environment, economic and social conditions).
  - To show a complete situation quickly by means of direct observation.

Attachment Program:

- Attached full-time to an organization for a period of time (e.g. 1-2 months or more).
- Purpose:
  - To offer trainees the opportunity to learn how to approach particular problems on the ground.
  - To initiate contacts which will be useful to trainees.

Trainers' roles in implementing adult and experiential learning

- Understand their needs and motivation
- Sound knowledge
- Communicating and listening skills
- Open mind
- Set positive climate
- Share feelings and thoughts
- Able to evaluate

In implementing adult learning and experiential learning, the trainer should:

- Understand and take into account the motivation and participation pattern of adult learners.

- Understand and provide the needs of adult learners.

- Be versed in the theory and practice of adult learners.

- Know how to use various methods and techniques of instructions.

- Possess communication and listening skills.

- Know how to locate and use educational materials.

- Have an open mind and allow adults to pursue their own interests.

- Be able to evaluate and appraise a program.

- Set a positive climate for learning.

- Clarify the purpose of learning.

- Organize and make available learning resources.

- Balance intellectual and emotional components of learning.

- Share feelings and thoughts with learners but not dominating.

Chapter 7

**Utilizing Information Technology (IT)
In Learning Process**

1. Computer Based Training
- Distance learning
- Self-paced

2. World Wide Web
- Search engine

3. Tele-Conferencing
- Remote
- Discussion

There is a tremendous potential for new computer-based technologies to increase and improve access to information where trainees are far away from a city or information center.

The most appropriate technology will depend on the learning situation, including the subject matter being dealt with, the reading level of trainees, the complexity and availability of the technology required.

Backup resources, such as clearly written instructional manuals that include directions for troubleshooting, must also be provided.

Some of the IT technologies include:

- **Computer-Based Training:**
  - One of the instruments for implementing "distance learning".
  - Consists of sophisticated educational and training systems.
  - Useful for developing content with a high degree of simulation, animation, visualization and interaction.
  - Able to be integrated with virtual learning environment.

- **World Wide Web (WWW)**
  - A way to access the resources using the Uniform Resource Locator (URL) located anywhere on the Internet with the use of hyperlinks and a user-friendly interface called a Web Browser such as the Internet Explorer, Netscape, etc.
  - Make possible the distribution and publishing of online educational materials.
  - Allow complex functions (e.g.: visualization, animation and simulation).

- **Tele-Conferencing**
  - An asynchronous tool using high bandwidth data transfer medium, such as the fiber optic cable.
  - Allow several series of discussions and that the contents can be organized by date and subject.

Learning Blockages (1/3)

"What is the use of a book", thought Alice, "without pictures or conversations?"

(Lewis Carroll)

"Majority of people suffer from bad learning experiences"

(Sylvia Downs,1997)

■ Most people suffer from bad learning experiences that hinder or prevent them from learning.

■ 4 main areas are:

    □ learning skills

    □ distractions/concentration

    □ worries and fears about learning

    □ learning from others

The next slides describe these blockages.

Chapter 7

Learning Blockages (2/3)

4 main areas:

1. **Learning Skills**
   - Doing it myself
   - Demonstrations

2. **Distractions/Concentration**
   - Unable to concentrate
   - Distracted

1. **Learning Skills**
   - Comments of people with this problem:
     - "I can't understand something unless I do it myself"
     - "I cannot remember when I have to learn something by heart"
     - "Unless someone shows me exactly what to do, I can't do it"
     - "I can't learn how to do something without watching someone else do it"
     - "I found it difficult to follow written instructions"

2. **Distractions/Concentration**
   - Comments of people with this blockage:
     - "I can't concentrate on things when I'm in a storage place"
     - "I find myself thinking about my problems when I should be learning"
     - "My attention wanders easily after a heavy lunch"
     - "I'm easily distracted by people around me"
     - "If I'm tired, I can't attend to anything"

Chapter 7

Learning Blockages (3/3)

3. **Worries & Fears About Learning**

   ▫ Worried of learning

   ▫ Scared of learning

   ▫ Fearful of learning

4. **Learning From Others**

   ▫ Unable to learn from others

---

3. **Worries & Fears About Learning**

   ■ Some comments from people with this block:

   ▫ "I feel embarrassed when I'm asked a question in a group"

   ▫ "I worry about keeping up with others"

   ▫ "My mind goes blank when I'm asked a question"

   ▫ "I don't like the idea of being tested"

   ▫ "I can't learn anything to do with computers"

   ▫ "I don't think I am good at learning"

4. **Learning From Others**

   ■ Some comments of people with this problem:

   ▫ "People don't let me make mistakes"

   ▫ 'Teachers and trainers use too much jargon"

   ▫ "People get impatient with me when I don't understand"

   ▫ "I get taught things I don't need to know"

   ▫ "I think its the teacher's job to make sure I learn"

   ▫ "People ignore what I already know when they teach me things"

   ▫ "The order in which people teach things doesn't make sense to me"

Chapter 7

How Can Trainers Overcome or Prevent Learner Blockages? (1/3)

1. Clarity of aims of training
2. Learners knowledge and experience
3. Linking knowledge or experience with new learning
4. Reinforce existing knowledge
5. Allow success to build confidence
6. Allow more leeway and help practise
7. Clarity of right and wrong

1. Be clear about the aims of the training program. Make sure learners are clear about this.

2. Find out the level of learner's previous knowledge or experience so that the training can be adjusted at the right level.

3. Think of ways to link learner's previous learning or experience with the new learning, so that they can build on what they already know. Then, they would not see it as 'new' knowledge, nor it is an alien.

4. Make sure existing ideas are correct so they will not be confused.

5. Stage it. Simple knowledge or experience is taught first. In this way, it will allow learners to build confidence when they get things right.

6. For those who have not been involved in learning for a long time, allow them to be slow. Help them practise and build up their skills slowly.

7. Let learners know clearly where they are right or wrong.

**How Can Trainers Overcome or
Prevent Learner Blockages?** (2/3)

8. Think for themselves
9. Right mix of theory and practice
10. Relate the learning to the overall
11. Hearing and sight are all right
12. Don't overload
13. Compare old and new
14. No jargon. No short forms

8. Enable the learners to think for themselves. Guide them by asking questions.

9. Have the right mix of theory and practice.

10. Help learners to relate what they are learning (in current session) to the overall training program.

11. Check that they do not have hearing or visual problems.

12. Do not overload with detail at the early stages of learning.

13. Whenever appropriate, make comparisons between new and old technologies or processes. Clarity, similarities, and differences help learners learn.

14. Do not use jargons and abbreviations until learners are familiar with them.

Chapter 7

How Can Trainers Overcome or Prevent Learner Blockages? (3/3)

15. Avoid time pressures
16. Don't constantly repeat material
17. Clarity on work standards and expectations
18. Mistakes as a clue
19. Visual aids
20. Written material
21. Master this before moving to that!
22. Understand that a period of confusion is normal.

15. Avoid time pressures as much as possible. Especially with new material.

16. Do not constantly repeat. Use other methods which involve the learners questioning or identifying things for themselves.

17. Be clear about the standards and expected output at the different stages of training.

18. Look on mistakes as a clue on what people are confused about. Then clarify.

19. Use good visual aids. Simple and clear.

20. Give written material when there are a lot of facts that need to be remembered.

21. Make sure learners have mastered their learning before moving on to new learning.

22. Help learners to understand and appreciate that learning is not easy and often takes time. Help learners to persevere through the confusion stage and not to give up.

Chapter 7

Academic Training Program

- Characteristics
- Examples
- Advantages & Disadvantages
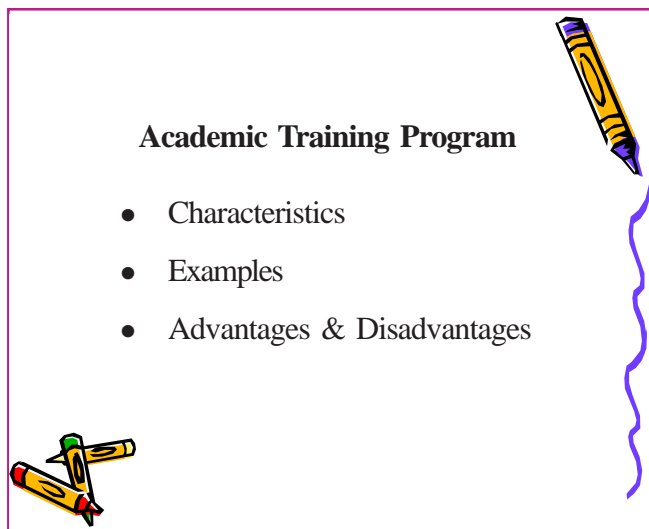
Academic Training Program

- **Characteristics:**
  - □ Training is normally done in an academic institution.
  - □ Program delivered by academician.
  - □ Planned and scheduled program.
  - □ Long-course program (e.g.: 6 months, 1 year, 3 years).
  - □ Build on the perceptions to continually enhance and build the peer recognition and employment value of those who have been certified.
  - □ Suitable for those who want to expand their knowledge in the field of QA (Quality Assurance), QI (Quality Improvement), PI (Performance Improvement), and QM (Quality Management).

- **Examples:**
  - □ Certificate in Quality Assurance.
  - □ Masters in Quality Assurance.

- **Advantages:**
  - □ Certification will give added "value" to the certified person.
  - □ Showing "maturity" in a field of knowledge.
  - □ Wide coverage of knowledge in the field being studied.

- **Disadvantage:**
  - □ Time constraint for people who are currently working.
  - □ Require large amount of resources, including money.
  - □ Academic in approach and may lack applications.

Chapter 7

In-service Training Program

- Characteristics
- Examples
- Advantages & Disadvantages

In-service Training Program

- **Characteristics:**
  - Often organized as an ad-hoc program.
  - On-the-job, attachment program.
  - Short duration (e.g.: 1 week, 1 month).
  - Develop with the aim to equip learners with knowledge and skills based on their need and expectation.
  - Triggered by need to improve gaps in quality.
  - Suitable for those who are involved in quality program but do not have enough knowledge/experience in it.

- **Example:**
  - One-week-course on "Introduction to Quality Assurance Program".
  - Two-week-course on "Implementing Quality Improvement Initiatives".

- **Advantages:**
  - Training normally related to the participants' environment.
  - Training program can easily be adjusted to the participants' needs.
  - Experiential learning can be easily implemented.
  - Relatively shorter period of time.
  - Require relatively less resources.

- **Disadvantages:**
  - Difficulty in identifying skilled trainers.
  - Unskilled trainer may result in failure of training program.

Summary

This chapter highlighted:

- The concept, characteristics and type of learning processes in adult learning.

- The description and strategies in experiential learning.

- Trainers' role in implementing adult and experiential learning.

- Utilizing IT in learning processes.

- The areas that lead to learner's blockage and possible ways to prevent or overcome them.

- The characteristics and examples of academic training program.

- The characteristics and examples of in-service training program.

Chapter 7

Exercises

The following is a way to draw participants in to the subject matter of the training. You can also use it to access learner's blockage.

Steps

1. Hand out an index card to each participant. Ask the participants to write down one piece of information that they are sure is accurate concerning the subject matter of the course. Or, for learners blockage, ask each participant to write down three statements or feelings why they have difficulty to learn.

2. Ask them to share what they have written with other participants.

3. As a group, review the information collected.

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Chapter 7

Chapter 8

Identifying & Developing Skills for Effective Communications

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Learning Objectives

At the end of the chapter, you will be able to:

- identify characteristics for effective communication

- develop skills for effective communication

- demonstrate the ability to communicate effectively

Contents

Chapter 8

What is Communication?

- Communication is defined as the process of transmitting information from one person to another

- Communication is the transfer and understanding of meaning

Communication skills are crucial to effective communication. This involves skill in sending and receiving messages. This will reduce the possibility that a distorted message will be transmitted.

Hence, identifying what is required for effective communication, developing skills in effective communication as well as demonstrating how to communicate effectively are essential components in quality improvement efforts.

Communication is the transfer of meaning i.e. if no information or ideas have been conveyed, communication has not taken place. More importantly, communication involves the understanding of the meaning. For communication to be successful, the meaning must be imparted and understood.

However, in the process of communicating, perception plays an important role because people exposed to the same information can end up with completely different understanding.

An example of the perception power:
'A videotape shows a scene in which two people were talking to each other in a living room. As they talked, they walked around the room and picked up and put down various items, some of which were valuable such as rings, a watch and a credit card and some of which appeared to be drug related such as water pipe for smoking marijuana. After watching the video, participants were asked to list all of the objects they could remember. People who thought, a theft was in process, were more likely to remember the valuable objects in the video. Those who thought, a drug raid was imminent, were more likely to remember drug-related items'. In short, because of specific perception, people are likely to pay attention to different things.

Another example of the perception power:
In a hospital, there is a multi-disciplinary ward where medical and surgical patients are nursed in the same ward. One morning, after a ward round has ended, a new surgical patient called up the hospital director and complained that the doctor visited and examined all other patients except himself. The incident should not have happened if the nursing staff had explained the system of the ward to the patients. The patient had misunderstood the situation wrongly just because of lack of communication.

References:
Management by Chuck Williams
Management by Robins & Coulter

Chapter 8

What Is Effective Communication

Intended message by a sender
+
Interpreted meaning of the receiver
=
one and the same

For communication to be effective it has to be a two-way process that requires effort and skill on the part of the sender and the receiver, as well as the efficient medium used.

Examples:
1. 'When an e-mail note is sent to a distribution list, it may save time and cost but it does not always result in everyone getting the same meaning from the message'.

2. 'In September 1997, an airlines jetliner crashed into a jungle, just 20 miles south of the airport on an island.   All 234 people aboard were killed. The cause of this disaster was that the pilot and the air traffic controller were confused about the words "left" and "right" as the plane approached the airport under extremely poor visibility conditions'.

3. A conversation between a doctor and a patient:
    Doctor: "Did you follow my directions to drink warm water 30 minutes before going to bed?"
    Patient: "I tried to. But I was full after drinking for 5 minutes"

Reference:
Management by Schermerhorn, John R, Jr.
Management by Robins & Coulter

Chapter 8

Components in a Communication Process

- Sender
- Receiver
- The message
- The medium
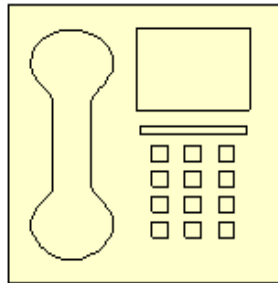
■ **Sender**

Anyone who wishes to convey an idea or concept to the others. The sender encodes (involves selecting appropriate symbols e.g. written words) the message and selects a communication channel that will deliver it to the receiver.

■ **Receiver**

The person to whom the message is sent. The receiver must be able to decode i.e. translating the (written) symbol into an undistorted clear message.

■ **The message**

The tangible formulation of the idea that is sent to the receiver. To ensure that the messages are understood and correctly interpreted, feedback is required to the sender's communication.

■ **The medium**

The communication carrier or channel. Examples of channels are formal report, face to face meeting, a telephone call etc.

Reference:

Management by Richard L Daft
Management by Meji LG

Chapter 8

Model of the Communication Process
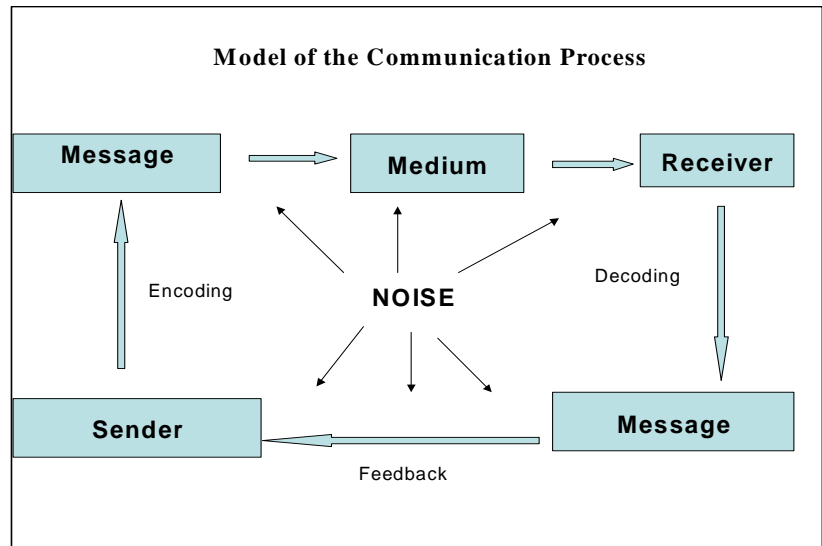
The model of the communication process shows the seven major components:
- **the sender** (message to be conveyed, encoding the message, transmitting the message),
- **the receiver** (received message, decoded message, and the message that is understood),
- noise that interferes with the communication process.

The communication process begins when a **sender** thinks of a **message** he wants to convey to another person. This is done by **encoding** where the appropriate words and symbols required to effectively communicate the message are identified. Then the appropriate **channel(s)/medium** of communication transmission is identified, such as verbal, written, or non verbal.

The **receive**r reads, hears, or sees the message. The receiver tries to understand the message by retranslating the sender's message (decode).

The receiver acts on the **message.**

Noise is any disturbance that interferes with the transmission, receipt or feedback of a message.

Reference:
Management by Chuck Williams
International management by Carl Rodrigues
Management by Robins & Coulter (7th edition)

Chapter 8

Barriers to Effective Communication

- Sender communication barriers

- Receiver communication barriers

Effective communication is a two-way process that requires efforts and skills on the part of both the sender and the receiver. Barriers is anything that interferes with the effectiveness of the communication process.

Examples:

1. A Mazda Corporation president once met with representatives of the firm's American joint venture partner, Ford. He had to use an interpreter. He estimated that 20% of his intended meaning was lost in the exchange between himself and the interpreter. Another 20% was lost between the interpreter and the Americans.

2. Conversation between a Doctor and a patient: on 'Urine Test':
   Doctor   : "Does it burn when you pass water?"
   Patient   : "I don't know, Dr. I have never put a match to it"

Reference:
Management by Schermerhorn, John R, Jr.

Chapter 8

Sender Communication Barriers

- Message unclear
- Message distorted
- Information unmatched with audience
- Inappropriate channel for target audience

Unclear message:
Message contains words, phrases or terms that are not clear. For example the sender uses a vocabulary that is too technical for the audience.
Avoid vague language e.g. pretty much, frequently, most of the time, etc.
Try to be as clear as possible. For example, if you know that a rule holds true 70 percent of the time, then state the 70 percent instead of saying that the rule applies most of the time.

Distorted message:
Message that has been distorted by deletions, additions and changes.

Unmatched information:
Message contains information that does not match audience in terms of complexity e.g. you are talking at a Continuous Professional Development session for Medical Laboratory Technicians on tests for cardiac enzymes. Instead of talking on the indications for the tests, you started talking to them about how to interpret electrocardiograms.

Inappropriate channel:
Method of communicating the message was not appropriate for the target audience or the information does not match the audience in terms of complexity. For example, a written memo is inadequate for explaining a quality improvement process.

Chapter 8

Receiver Barriers to Communication

- Audience may not understand

- Audience may be distracted

- Audience may not be ready to receive the message

- Application may change status

■ The receiver is too busy focusing on other things to be able to accurately listen to and understand the verbal or nonverbal content of the message.

■ The receiver does not have the decoding skills necessary to understand the message. For example, the trainee may have poor language skills to understand reference materials written in English.

■ The receiver may think that it is not related to their performance and hence may not want to hear the message.

■ The receiver may be disinterested and putting a deaf ear to the message.

■ The receiver translates the message but not able to act on it because it was not applicable to his/her setting.

Characteristics of an Effective Sender

- Honest
- Trustworthy
- Concerned
- Open-minded
- Emphatic
- Sincere
- Good eye contact
- Direct
- Affective
- Courteous
- Encourages free expression
- Appropriate gestures
- Punctual

Honest: Straight forward manner.

Trustworthy: Display sense of sincerity throughout the process.

Concerned: Establish and maintain a positive rapport through direct eye contact.

Open-minded: Ensure that views of each group member are considered.

Emphatic: May be done through statements of concern.

Sincere: Without pretence or deceit, genuine, frank.

Good eye contact: A sign of being concerned when there is eye contact with the people one is talking to. This will enable one to be more conscious of feedback from the audience

Direct: Able to offer facts, opinions or clarification. Emphasizes key points.

Attentive: Giving positive messages to enhance interaction.

Courteous: Polite, to indicate respect for others.

Encourages free expression: Behavior that invites views or opinions from group members.

Appropriate gestures: Use appropriate body language, for example, hand gestures to emphasize a point.

Punctual: Ensure to start and end on time.

Chapter 8

The Skills of a Sender

- Listen attentively and actively
- Encourage dialogue/free expression
- Avoid interruptions
- Probe
- Use appropriate vocabulary
- Insert relevant examples
- Use audio-visual aids
- Timely

Listen attentively:
Use gestures to show full attention and ask relevant questions to indicate understanding of what is being said.

Encourage dialogue:
Use open ended questions to encourage discussion on topics. Sensitive to participants' needs for further clarification e.g. 'Can you elaborate on …….'.

Avoid interruption:
Do not interrupt when others are speaking and avoid distractions.

Probe:
Ask questions which enable a participant to think of a better answer that goes beyond his/her first simple response, e.g. 'could you give an example.....'

Use appropriate vocabulary:
Avoid using technical jargon/language, to ensure better understanding of subject matter.

Insert relevant example:
Bringing participants to context relevant to his/her settings. This will enhance understanding of subject matter.

Use audio-visual aids:
Proper use appropriate audio-visual aids to help one to understand and remember better.

Timely:
Keeping interaction within the time limit allocated.

Reference:
Doctors Talking With Patients/Patients Talking With Doctors: Improving Communication in Medical Visit by Roter DL

Characteristics of an Effective Receiver

- Attentive
- Active receiver/responsive
- Alert
- Relaxed
- Attitude to learn
- Emphatic
- Eye contact

Attentive: Use gestures to show full attention is given and ask relevant questions to indicate your understanding.

Active receiver: When the listener is involved in the communication. An active receiver indicates both verbally and nonverbally (e.g. nodding the head) to show that he or she is engrossed/engaged in the conversation.

Alert: Pays attention; avoids distractions, concentrates and contributes to queries.

Relaxed: Able to sit back and listen attentively.

Attitude to learn: Shows and have full willingness to know about the subject being discussed.

Emphatic: Listen actively/attentively to the sender even though perspective may be different

Eye contact: This will indicate attentiveness or lack of interest on the part of the receiver. For example, in business communication, it is important for both parties to make eye contact, though prolonged eye contact may be interpreted as aggressiveness or inappropriate intimacy.

Chapter 8

Characteristics of an Effective Message

- Clear language
- Simple language
- Logical sequence
- Informative
- Matches the occasion
- Matches the audience
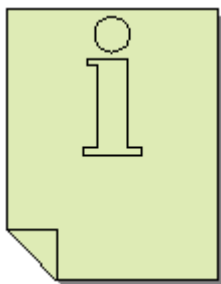
Clear language: No swallowing of words/mumbling.

Simple language: Avoid using bombastic words or jargons which are not commonly used.

Logical sequence: Message must be arranged in an orderly manner.

Informative: Message should not be wordy or beating about the bush. Should be direct and accurate.

Matches the occasion: Message should match the occasion, for example, communication at funerals will differ from those at a wedding reception.

Matches the audience: Message should be relevant or should match the audience that it is intended for example, it should not be talking adult stuff in front of kids.

Chapter 8

Good communication involves using the most appropriate medium...

Media for Communication (1/6)

- Verbal communication
- Nonverbal communication
- Written communication
- Visual communication
- Communication by example

Verbal communication: Consists of spoken and written words. Includes face-to-face and group meetings.

Non verbal communication: Communication that does not involve words. It consists of tone, attitude and gestures that will convey ideas. This form of communication often accompanies verbal communication, but not always.

Written communication: Such as formal reports, letters, e-mails and memos.

Video system: Video-conference allows individual users to communicate visually at a distance.

Video tapes: Allows individual/groups to visualize senders messages both verbal and nonverbal.

Chapter 8

Media for Communication (2/6)

1. Verbal communication

Verbal communication: Either between individuals or groups, using direct or indirect methods, such as public address systems, broadcasting or tape recordings.

Advantages:

- Direct impact and feedback
- Permits plain language
- Permits presenter to check assimilation
- Allows presenter to gain audience commitment

Disadvantages:

- Depends on presenter's communication skills
- Uses only one of audiences' senses
- Each presentation requires time to prepare
- Uniformity of content/understanding uncertain
- Time consuming
- Most effective for small groups

Media for Communication (3/6)

2. Written communication

Written communication in the form of notices, bulletins, information sheets, reports and e-mails.

Advantages:

- Same message to all
- Speed
- Everyone can receive message at the same time
- Can deal with large audience quickly
- Simultaneous circulation by various means
- A backup to complicated verbal communication
- Information exists in recorded form
- Able to counter-check/verify communication received by reading the written message

Disadvantages:

- No guarantee of receipt or understanding
- Ambiguity of written language without feedback
- Impersonal, inanimate and reduces participation

Chapter 8

Media for Communication (4/6)

3. Visual communication
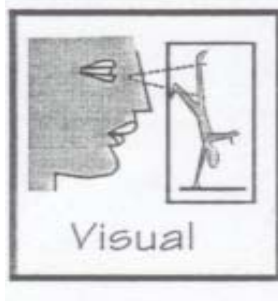
Visual

Visual communication such as posters, films, video tapes, demonstrations, displays and other promotional features. Some of these also call for verbal and other audio communication media.

Advantages:

■ 75% of all information received is visual

■ Possible to convey movement

■ Graphical representation possible

■ Participation possible (e.g. via flip chart)

■ Vehicle for non verbal information

Disadvantages:

■ No guarantee of receipt or understanding

■ Impersonal and reduces participation

Chapter 8

Media for Communication (5/6)

4. Communication by example
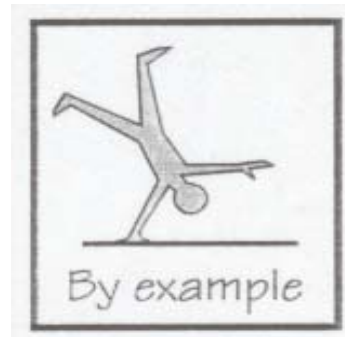
Role example: Through the way people conduct themselves and adhere to established working codes and procedures, through their effectiveness as communicators.

Advantages:

- Role model provides target for performance
- Standards in attitude reinforced
- Rules and procedures exactly demonstrated
- Housekeeping and hygiene standards kept
- Strong feedback

Disadvantages:

- Usually applicable to small groups
- Communication process is protracted
- Role models are rare to find

Chapter 8

Media for Communication (6/6)

5. Non verbal communication

Non verbal communication are essential for sending and decoding messages.

Friendliness, respect, rejection, anger, fear and humor are conveyed primarily by means of non verbal signals. For example, a sender who verbally promises to act in good faith but does not make eye contact and keeps glancing at a wrist watch is indicating lack of respect for the receiver.

Important dimensions of non verbal communication include body movements and gestures, eye contact, touch, facial expressions, physical closeness and tone of voice.

Communication Methods for Quality in an Organization (1/10)

- Suggestion schemes
- Departmental talk-ins
- Poster campaigns
- Induction and vocational training
- Point of work reminders
- Competitions
- Prizes, formal presentations & newsletter
- Demonstrations and exhibitions
- Opinion or attitude surveys

Each organization develops a system of internal communication best suited to its needs. In some, the main channel is the telephone, in others, written memos.

The next few slides describes some of the communication methods in common use. This is by no means an exhaustive list.

**Communication Methods for Quality
in an Organization (2/10)**

Suggestion Schemes

Suggestion schemes

Where such schemes already exist for general matter affecting the organization, a period may be set aside for suggestions which deal specifically with quality topics.

These should be used sparingly to gain maximum impact. Presentations should be given for the best suggestion, with the appropriate publicity.

Chapter 8

**Communication Methods for Quality
in an Organization (3/10)**
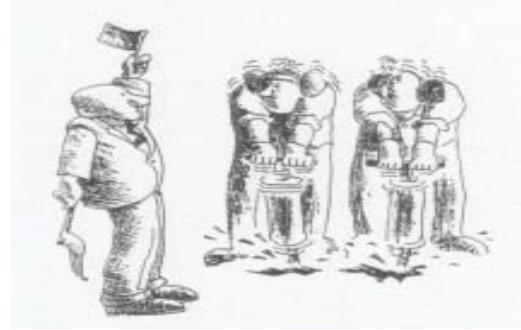
Departmental Talk-ins

Departmental Talk-ins

Known sometimes as 'huddles' or team briefings in the United States. This method gathers together people from the same department for brief periods to discuss quality issues relevant to that group.

Time is usually short – sometimes a coffee break, or at a shift change, so an agenda should be prepared in advance and the sessions kept short by rapid coverage of the points.

Chapter 8

**Communication Methods for Quality
in an Organization** (4/10)

Poster Campaigns

Poster Campaigns

Poster can be an effective way of communicating quality messages.

The first posters should be simple and straightforward, with direct messages like: "Quality Starts Here", "The next person who checks your work will be your customer" and "Get it right first time and avoid waste".

Cartoons and drawings can often add impact.

It will be useless to stick posters up at random. A poster campaign must be carefully planned, organized and managed. Ask yourself "What do I want to achieve with the campaign?" and choose the most relevant posters available. Choose poster locations with care. They should be well-lit and not interfere with movement, but should be in a prominent position.

They should be placed at eye level and not cluttered with other posters or wall publications.

'Homemade' posters are often better than impersonal commercial ones, particularly if there has been a competition within the organization for the best quality poster.

The message in the posters should change as employees' awareness of the campaign develops. Refresh the communication messages regularly.

Chapter 8

Communication Methods for Quality in an Organization (5/10)
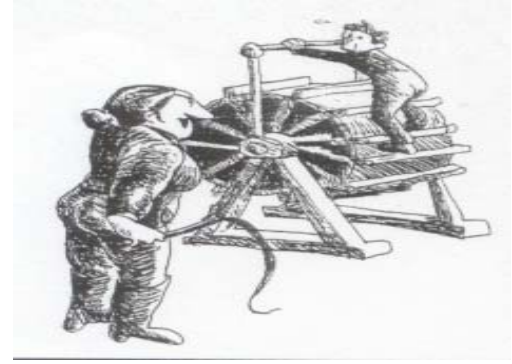
Induction & Vocational Training

Induction and Vocational Training

'Quality consciousness' begins when a new employee enters the organization. Induction training alerts people to the organization's requirements, code of practice, conduct and the quality culture. Their experience of quality during the induction process should entice them wanting to learn more of it.

Vocational training for specific jobs should satisfy the employee's interest in quality gained during the induction period. Quality training should be integrated with vocational (applied) training.

Chapter 8

**Communication Methods for Quality
in an Organization** (6/10)
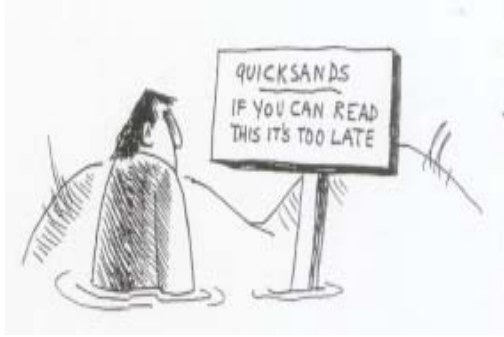
Point of Work Reminders

Point of Work Reminders

During one energy crisis, the use of 'Save it' stickers throughout organizations caused all employees to be constantly aware of the need for conserving energy.

This idea can be used for highlighting special problems in quality and for encouraging careful work practice, especially where these have been neglected in the past.

Communication Methods for Quality in an Organization (7/10)
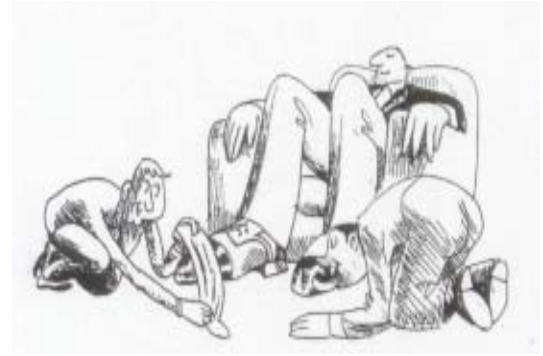
Competitions

Competitions

A competition may be at organizational level with an effort to win a national or continental 'quality award' such as the Malcolm Baldrige National Quality Award in the USA, or the European Quality Award. Very often it is an internal competition, either company-wide or on a departmental basis.

However, quality competitions are no substitute for training. Their purpose is simply to raise the level of awareness of the need for quality. If they fail to generate interest and improvement they are useless.

Many quality competitions are based on errors or defect rates over a certain period. To make the competition even when it involves departments with dissimilar risks, some modifying calculations must be brought in to make the competition fairer. For example, results could be based on the percentage reduction on each department's defect rates compared to a previous period; or each department is assessed by a team on a set number of occasions at random intervals. Marks are awarded according to the level of customer satisfaction recorded.

Chapter 8

Communication Methods for Quality in an Organization (810)

Fred is marvellous!
That's his eighth teddy bear
this year!

Prizes, Formal Presentations & Newsletters

Prizes, Formal Presentations and Newsletters

In organizations where presentations by quality improvement teams or quality circles are part of the recognition process, it is a good idea to award certificate or trophies for people to display in their workplace.

Prizes can vary from plaques to weekends in resort areas. If lunches and presentations from senior executives of other organizations are used to deliver the prizes, the commitment and support from the top are underlined.

Photographs and reports of such award ceremonies play a part, and be included as a regular agenda in the organization's newsletters.

Chapter 8

Communication Methods for Quality in an Organization (9/10)

Demonstrations & Exhibitions

Demonstrations and Exhibitions

Static exhibitions of certain aspects of quality can be a focal point of interest and a promising way of making an impact.

Chapter 8

**Communication Methods for Quality
in an Organization** (10/10)

Opinion or Attitude Surveys

Opinion or Attitude Surveys

In some organizations, employee opinion or attitude surveys are conducted by questionnaire as part of quality management. If these are designed carefully and distributed efficiently they can measure the employee's perception of the program.

One danger with this way of gathering information is the development of complacency if the results are consistently positive. Quality management demands continuous improvement, and each achievement should set targets for further improvements in the future. If negative, it may entail unnecessary frustrations. The lower level of achievement could very well be due to the outcome of awareness of quality problems being raised through the education and training process, and employees responses are more critical, rather than truly low performance.

Chapter 8

Summary

This chapter summarizes the following:

- the process of communication
- characteristics of effective sender, receiver, the message and the medium
- barriers of communication
- various methods of communication

Communication is a process that involves the transmission of information from one party to another through the use of shared symbols. The information may take the form of facts, objective information or feelings. The process of communication includes the sender and receiver of the message. The sender encodes the message in symbols and the receiver must decode the message to receive the intended meaning.

The sender selects a communication channel that can vary from rich to lean, in terms of the amount of content that can be transmitted. Communication channels include face to face conversations, written memos, video tapes or voice mail. Communication channels that provide feedback should be utilized when the content of the message is complex and important. Noise may interfere with the receiver's ability to accurately decode the message. Communication channels with feedback provisions can reduce the threats of noise distorted messages.

Chapter 8

Exercise 1

Write down a small message (add a few numbers and specific information) on a paper. Read this message to a colleague of yours and ask him to repeat this message to another colleague without your presence. Then, let him ask the 2nd colleague to do the same with the 3rd colleague. Repeat this to all the members of the group until the last colleague. Now ask the last colleague to repeat the message for you and see if the message is still intact.

Discuss why the message from the last person is the same OR not the same from the first sender?

Exercise 2

- How do you relate this cartoon script to effective communication?
- What do you think the intended message of the sender?
- What do you think the interpreted message of the receiver?
- Is the medium for communication appropriate?

Elaborate your answers

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Chapter 8

Notes:

Chapter 8

Chapter 9

Facilitation

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Learning Objectives

At the end of the chapter, you will be able to:

- learn what facilitation is

- learn how to manage a group

Contents

Chapter 9

Remember...

The main principle of adult learning...

Adults are babies in big bodies

The older they are, the bigger the baby

- Make things interesting.

- Don't assume that everyone is motivated to learn.

- Stimulate their thoughts and challenge their thinking.

Chapter 9
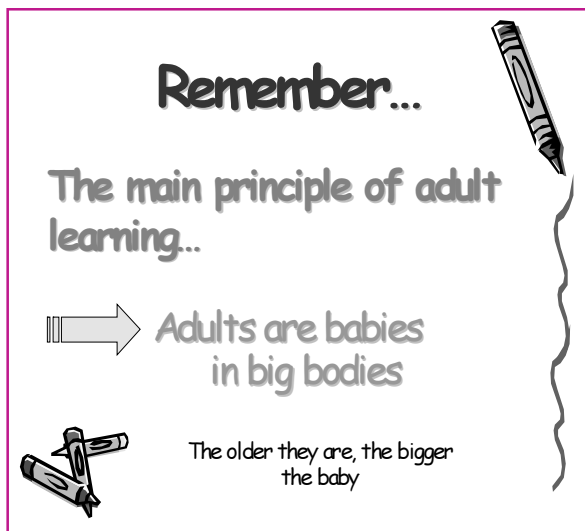
Facilitation for Adult Learners

- Provide opportunity to learn
- Provide activities to stimulate learning

■ Facilitation provides people an opportunity to learn from their behavior.

■ One remembers what they do more than what they see or hear. If people do something that they learn from, they will remember it longer (than if they just see or hear it).

Laws of learning

Law of the teaching process

→ The process must excite and direct the self-activities of the learner.

This law of the teaching process reinforces the need for sessions to be:

- fun

- applicable

- seen to be relevant to the learner's context

A facilitator must create an atmosphere and design the workshop/training session(s) to fulfill these implicit objectives.

Make the teaching process interesting, personalized and interactive. This is commonly achieved through designing appropriate and relevant group exercises or games related to the subject matters.

Chapter 9

Facilitating ...

Facilitation is about **helping**

Trainers are facilitators of learning

A trainer

- Is a facilitator of learning AND, more importantly

- A catalyst that takes a person from being a passive learner and transforms him/her into a person able to take control of his/her learning/development.

- Should design and structure the training session to best help the learners to learn.

Facilitation → Roles

- Helper
- Adviser
- Coach
- Mentor
- Director
- Counsellor
- Expert
- Neutral zone
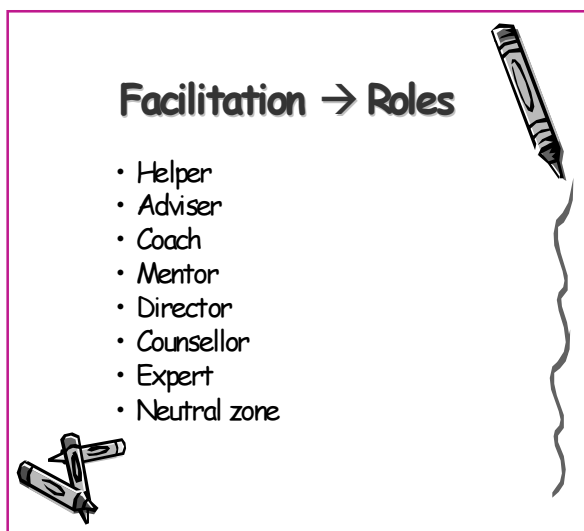
A facilitator has to play multiple roles:

- Helps those in need. Advise when necessary, provide guidance and not force!

- Coaches them through complex topics.

- Being a mentor, extends beyond the duration of the training course. This is important for integrating what they have learned on quality in their daily work activities. Assistance and guidance from a mentor will help motivate the person.

- Sometimes he/she has to be a director and orchestrate things to get it to move.

- Counseling might be needed to bolster emotional and mental health of participants.

- Expert power is a valuable tool. And sometimes expertise is essential in solving conflict, clearing misunderstandings.

- Some people feel that a trainer should be neutral. However, this can become complicated in certain situations.

- Refer to the *Chapter 6: Roles and Ethics of a Trainer* in this Module for details.

Chapter 9

Styles of Facilitation

1) The "Sage on Stage"

2) The Process Facilitator
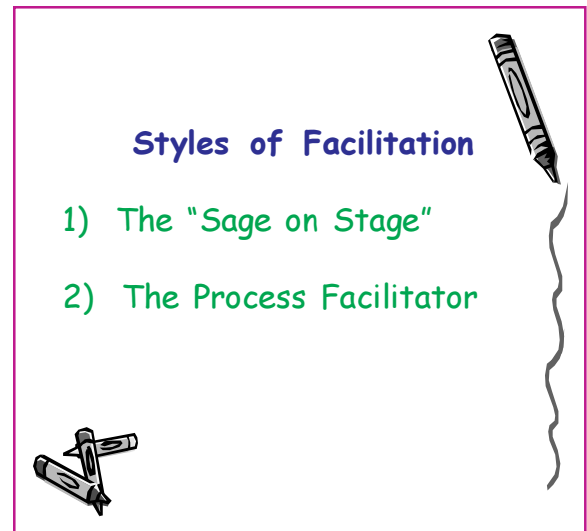
1. The "Sage on Stage":

- People who like to be the "Sage on Stage" are usually directive.

- They will push and shape the group to learn what they want it to learn.

- Other issues arising will be brushed aside, not dealt with until later or ignored.

Potential problems:

- Cannot force participants to learn.

- "The Sage" will tell the offender why he or she is wrong.

- "The Sage" will tend to put down the participant. Hence, any opportunity for group to internalize lessons will be lost.

2. The Process Facilitator

- This person is aware of principles of adult learning and realizes that "readiness" to learn is vital to real learning.

- The Process Facilitator focuses on the learning available at the moment, rather than the learning called for by the course objectives.

Potential benefits

- A Process Facilitator will fully explore why a participant is upset, ask about their feelings, ask for their viewpoint.

- "Problem" participants have opportunity to explain his/her views.

- The Process Facilitator would work with participants to come up with alternative behaviors (in situation that is not working out as planned). Therefore, a possible confrontation is turned into a learning event.

Chapter 9

Phases of Facilitating

(I) The Beginning

- Adults and "WHAT are we doing?"
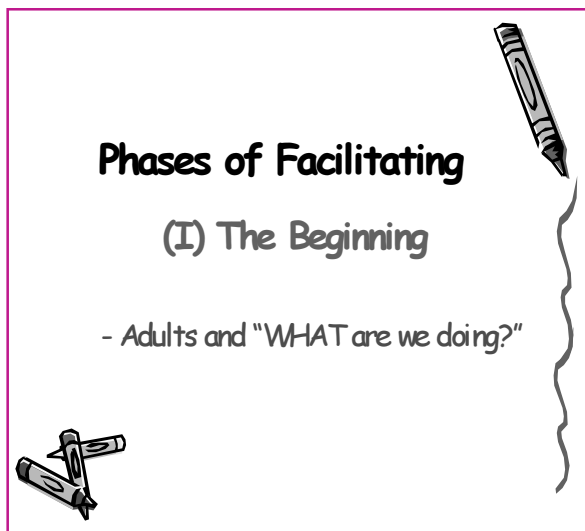
Adult want to know something about what they are going to do. So, facilitators need to explain:

- <u>WHAT</u> participants are to do. A game is usually designed to facilitate learning.

- <u>WHY</u> they are doing it. This is only explained in very general terms. Giving too many details on the 'why' of it might affect their behavior, i.e. they use behaviors in the session that they might not use back at work.

Expect that you might have people who tell you they do not want to play the game in your session. In such a situation, make them observe the process. Assign them to keep track of the process each group is using. Provide observer sheets for them to fill out. This will involve them constructively.

At the end of the game, ask the observers to participate by sharing with the group what they have observed.

In this manner, you have turned a non-complier into your assistant!

Phases of facilitating......

(II) During Play

a. Interpret rules
b. Handling complaints
c. Dealing with blame
d. Managing disagreement
e. Dealing with resistance
f. Ending the game

During the Play

- Facilitator makes sure rules are followed and observe each group.
- Be attuned to what is happening in the groups.
- Respond appropriately to situations.

Learning is now participant driven, so several situations may arise.

a) Interpreting Rules

- Let group members interpret it for themselves.
- Do not decide for the group.

b) Handling Complaints

- When someone complains, ask "What would you like to do or change?"
- Purpose is to help them be proactive about their participation.
- Avoid explaining why something has to be done.
- Focus on what they would like to change and why.
- This will give them a sense of ownership and empowerment.

c) Dealing With Blame

- Unsuccessful teams blame you for their failure, or even other teams.
    - e.g.: "The other team cheated because they had more players".
    - e.g.: "The game had nothing to do with the topic we are studying".
- Tendency for people to accept responsibility for good performance, but deny responsibility for poor performance.
- Participants find their failure troublesome and probably threatening, so they blame others.

Chapter 9

Phases of facilitating......

(II) During Play (Cont.)

a. Interpret rules
b. Handling complaints
c. Dealing with blame
d. Managing disagreement
e. Dealing with resistance
f. Ending the game

d) Managing Disagreements

Disagreement can hinder a group from achieving it goals. What to do:

-   Establish agreement about just what was said, done, felt and thought. Any discussion will fail until there is agreement on what took place, meaning of directions, etc.

-   Separate facts from assumptions/interpretations. Everyone can agree on facts but assumptions and interpretations may be open to different views.

-   Keep asking participants "why" they say/do this.

-   Agree on the learning that took place. Based on that, develop agreed-on procedures for continuing.

e) Dealing with Resistance

If this happens, take the opportunity to discuss resistance to change and how to overcome it. Ask what would it take for participants to continue with the game, what would have to change, etc. If play gets bogged down, get the group to look at its process. Ask:

-   What is happening?

-   What do you want to happen?

-   What behaviors are producing the results that you say you do not want?

-   What new behaviors are needed to get better results?

-   What would you do if this occurs in a workplace setting?

-   Can you do this another way?

f) Ending the Game

When to end a game can be difficult. If the purpose is to produce learning in a team, then do not end it until the learning has occurred. Do not end the game simply because the guidelines say one hour. An easy way is to look at the energy level of the team. If it is high (i.e. lively discussion and interaction), then learning is occurring. If energy level is low, then it is probably appropriate to end the game.

"If you are tackling a problem by following a certain approach and it does not work, then quickly re-orient your thinking and try a different approach"

(Rajeev Sethi)
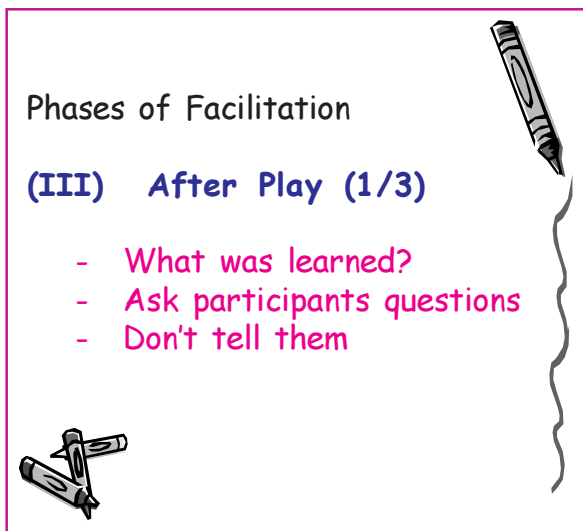
Source: 286 Tips for Creativity, Beacon Books, 1996.

- Never be afraid to say you are wrong.

- Always be open to suggestions.

Phases of Facilitation

(III)   After Play (1/3)

-   **What was learned?**
-   **Ask participants questions**
-   **Don't tell them**

■   Your role is now to help participants to discover the learning from what they have done.

■   Do not put your learning on them. Ask them questions to guide them to see the lessons learned themselves.

■   Do not tell them what was learned.

■   Help participants develop their own insights into what happened and to help them turn it into learning.

■   Remember that the lessons learned may not be the lesson you intended to teach.

Phases of Facilitation

(III) After Play (2/3)

a) Establish Reality

b) Establish Meaning
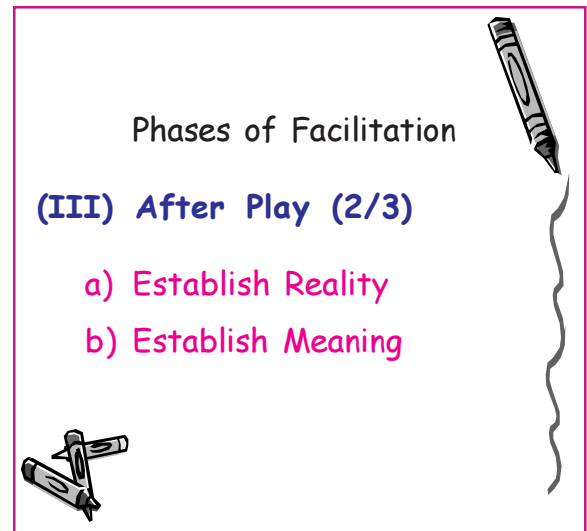
a) Establish Reality

- What happened?
- Help the group to try to figure out what happened.

Ask them:

1) What happened?
2) What were the result?
3) What were they surprised about?
4) How do they feel about what happened?
5) Was the stated objectives (of the game) achieved or not?

b) Establish Meaning

- Next, look at the meaning of what occurred.
- At this stage, the objective is to come to a common agreement on how to interpret what occurred.
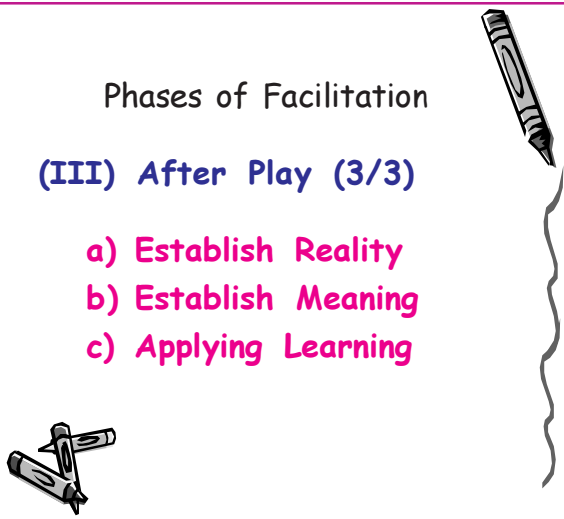
Ask them:

1) What does what happened mean for them?
2) Why do they think that event occurred?
3) Do they see a consistent pattern of behavior?
4) What does what happened suggest to them about the group? About themselves?

Chapter 9

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Phases of Facilitation

(III) After Play (3/3)

    a) Establish Reality
    b) Establish Meaning
    c) Applying Learning
```

c) Applying Learning

- Now that you have helped the group determine the facts and what they mean, lead them in a discussion on how they will apply their learning back at work.

- Now, we want participants to decide ways to apply the lessons learned back at their workplace. How will they make use of their learning?

Ask them:

1) Because of this experience, what might they do differently back at work?
2) What have they learned from this experience?
3) Because of this experience, what might they continue doing back at work?
4) Because of this experience, what might they stop doing back at work?
5) Because of this experience, what might they start doing back at work?
6) A year from now, what do they hope will be different because of what they have learned from playing this game?
7) What might help them do things differently back at work?
8) Whose help would they need to implement these changes?
9) How do they hinder themselves in this type of situation at work?
0) How could they help themselves now?
11) What would be the hardest new thing for them to try at work? Why would that be difficult?
12) What could they imagine happening at work, if they try these new behaviors?

Chapter 9

Feedback

- Looking at <u>your</u> behavior

- Encourage participants give feedback
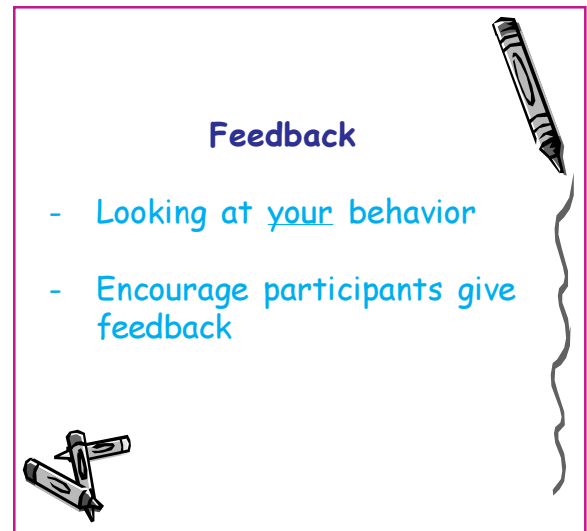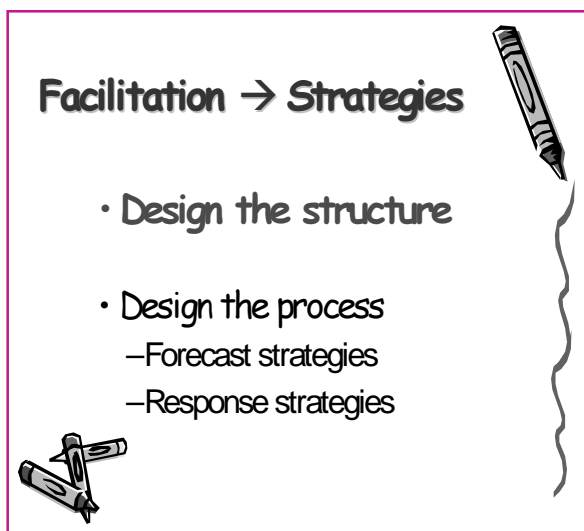
■ Now that we have discussed participants behavior, it is time for them to look at yours (the facilitator!)

■ Allow participants to give you feedback.

■ This helps strengthen the bond between them and you.

<u>Ask them:</u>
1) If you were to use this game again, what changes would they suggest?
2) What is there, about how the game, that should be repeated the next time?
3) What is there about the game itself that should be changed or eliminated?
4) What was the best part of the game?
5) Was the learning they obtained from the game worth the effort to play it?

Chapter 9

Facilitation → Strategies

· Design the structure

· Design the process
  –Forecast strategies
  –Response strategies

Design the Structure

■ Design the training session/workshop to facilitate learning.

For example: Have a brain-storming session and use the multiple tools available (Fish bone, problem analysis diagram, mind mapping, etc.) to identify issues related to the quality problem.

■ Do not schedule lecture after lecture. Intersperse lectures with exercises or group work sessions. This will help the participants learn what you have given in the preceding lectures.

■ Design it such that the sequence of sessions maximize learning. Learners have to make some sense of it!

For example: Teach about problem analysis before going on to data collection tools and then to data analysis/management.

Facilitation → Strategies

...continued...

· Design the structure

· Design the process
  –Forecast strategies
  –Response strategies
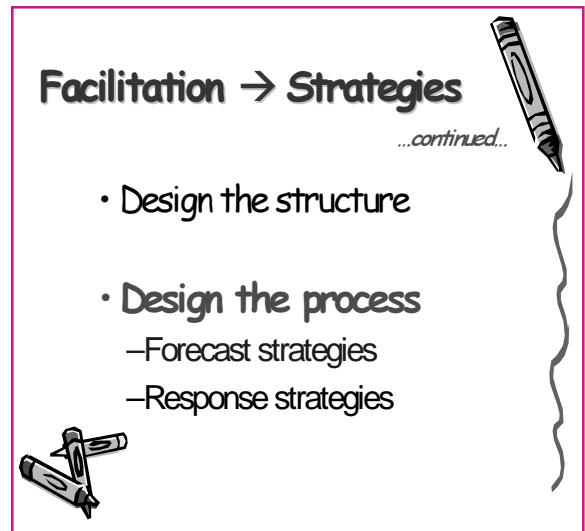
Design the process

There are two aspects to this: forecast strategies and response strategies.

1. Forecast strategies
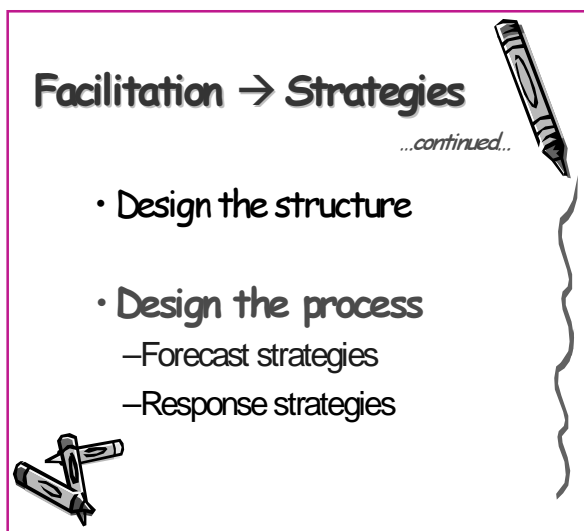
- □ When a pilot is planning a flight, they will try to forecast weather patterns and choose a flight path that avoids storms, go through least turbulent areas, yet with the most direct route.

- □ Forecast what issues will arise during the training session. Evaluation of previous workshops/training session will help you identify problems that may arise.

- □ Have strategies to counter/prevent problems.

- □ Have strategies ready to respond to what arises.

- □ Protect the emotional health of participants!

Consider:

- • The environment and climate

  For example: freezing lecture hall promotes frequency of micturition, hence increases distractions and absenteeism!

- • Sequence and methods used to anticipate problems and have strategies ready.

- • Don't forget about recreation!

- • Remember to pay attention to the needs in the lowest level in Maslow Hierarchy of Needs.

Chapter 9

Facilitation → Strategies

...continued...

- Design the structure

- Design the process
  - Forecast strategies
  - Response strategies

2. Response strategies

- Find out
  - the responses of individuals to the sessions/delivery/etc., and
  - the response to discrete event that occur (arguments, disagreements confusion, mix-ups, puzzlement, etc.)

  - Use this for moment to moment management of the session.

  - How to find out?
    - Ask questions
    - Talk with participants over tea/lunch break, etc.
    - Have trainers' meetings frequently (at least once a day) to find out problems and issues.
    - Do respond fast, and do damage control
      e.g. confusion over when to use Run Charts, have a short 5 minute session to clear this up with the whole group.

  - Enquire about: how session met expectations.

  - Networking can help each other.

Chapter 9

Doing Exercises

**Group exercises
Vs
Individual exercises**
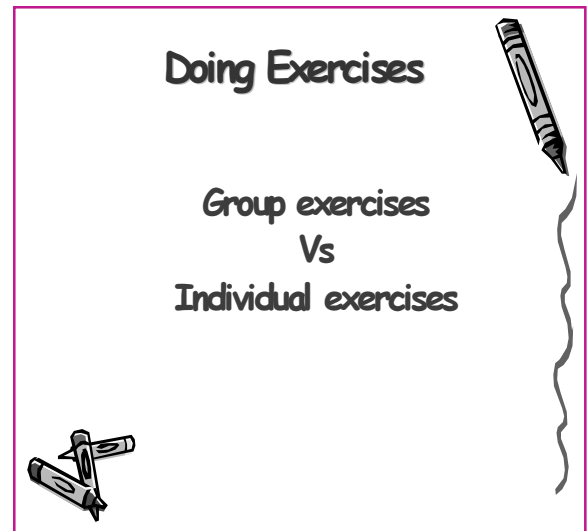
Some exercises are done in groups. Some individually.

Group exercises

- Makes teaching more interactive and participatory.

- Gives everyone time to ask questions.

- Have at least two trainers per group.

- Pair up trainers with different strengths, so they can support and learn from each other.

Individual exercise is an important way for individual participants to learn and to find out for themselves what they are clear or not clear about.

It helps you to:

- discover who easily understands what has been taught,

- who needs more help (participants in need of most help may NOT ask for it!), and

- discover which topics are easy, which are difficult.

Chose the best method (group or individual) for the session's objectives and needs.

Chapter 9

Facilitating exercises

Issues in ...

• Leading a session

• Facilitating ...

Most training sessions involve groups, and usually small groups.

You need to be aware of some of the "do's" and the "don'ts" so as to ensure success.

Managing a group ...
Leading a session

• Before you lead...
– You need to read

Before leading a session...
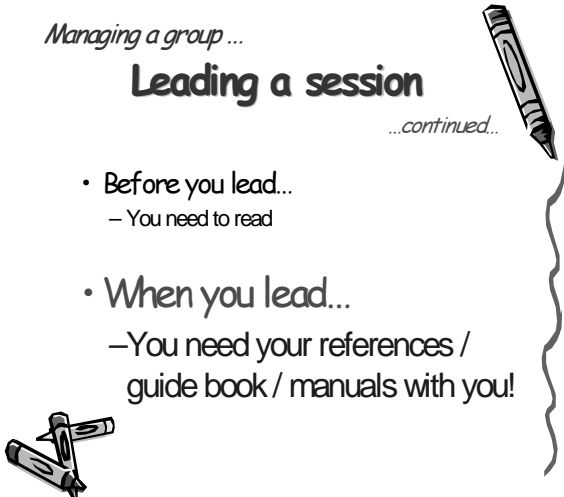
■   Read your Manual/Guide book
   • Read the objectives of the session.
   • Read the session outline and contents.

■   Prepare materials you will need to facilitate the session.

■   Be clear what you have to do.

■   Make notes.

Chapter 9

Managing a group ...

Leading a session

...continued...

- Before you lead...
  - You need to read

- When you lead...
  - You need your references /
    guide book / manuals with you!

When you lead…

- Make sure you have your references/guide book/manuals with you!

- Make sure you know where the information is in the books.

- Be confident (but not arrogant).

- Start and end on time.

- Handle questions.

- Be interesting

  - Jokes/humor

  - Thought provoking questions

- Ways to ask questions:

  - Plan them!

  - Have a purpose for each.

  - Relate to your audience's point of view.

  - Go from general to specific.

  - Confine questions to one topic at a time.

  - Ask short and concise questions.

  - Ask group first, then individuals (being asked a question can be threatening).

  - Avoid yes/no question. Ask open-ended questions.

  - Make logical transitions between questions.

Facilitating exercises

1. Explain how
2. Ask them to read
3. Work at their own pace
4. Arrange participants
5. Circulate
6. Answers

In facilitating exercises…

1. Explain how

- □ Explain to all how to do the exercises.
- □ Tell them what page in the manual the exercise can be found.
- □ Have the manual ready to show the page you are referring to.
- □ Sometimes you need to make sure they find the page!

2. Ask them to read

- □ Ask them to read the questions/instructions.
- □ Ask them to try to answer.
- □ It may be helpful to explain the scenario/question to give them a chance to clarify things at the start.

3. Work at their own pace

- □ Tell them that they should work at their own (group) pace.
- □ At the same time give them a time limit e.g. tell them that we will discuss the answer in 2 hours' time.

Chapter 9

Facilitating exercises

...continued...

1. Explain how
2. Ask them to read
3. Work at their own pace
4. Arrange participants
5. Circulate
6. Answers

4. Arrange participants

- Individual exercise:
  - To sit separately to avoid discussion.

- Group exercise:
  - Sit together in their own groups.
  - Participants may need time to organize themselves.
  - You may facilitate this by allocating tables to the various groups and identifying the group members.

Facilitating exercises

...continued...

1. Explain how
2. Ask them to read
3. Work at their own pace
4. Arrange participants

5.Circulate

6. Answers

5. Circulate

- ☐ When you are satisfied they know what to do, let them work by themselves for 5-10 minutes.

- ☐ Then start circulating.

- ☐ Look over their shoulder, at what they are doing.

- ☐ How are they progressing with the task?

- ☐ How are they getting along with other group members?

- ☐ Talk to them.

- ☐ Compliment them if they are progressing well.

- ☐ Motivate them to progress faster if they are slow.

- ☐ Do not make them feel ridiculed if the answer is incorrect.

- ☐ Explain the mistakes.

Chapter 9

Facilitating exercises

...continued...

1. Explain how
2. Ask them to read
3. Work at their own pace
4. Arrange participants
5. Circulate

6. Answers

6. Answers

- □   Give feedback to participants.

- □   Give them "model" answers.

- □   Discuss issues of note in the exercise.

- □   Reinforce learning points.

- □   Leave an avenue open for further discussions (e.g. Tell them that if they have questions that arises later, please feel free to approach the trainers at anytime).

Chapter 9

Summary

- Facilitating requires treating participants in an adult learning mode and learning is active.

- This Chapter has provided the knowledge on what style of facilitation can be adopted and tips for facilitating at the different phases of learning.

- It is of utmost importance that the facilitator make learning fun, applicable and challenging for the participants, and at the same time he/she is learns from the experience

Exercise # 1

You want participants to play a game. As a facilitator, discuss what you would need to do.

Answer:

At the beginning, the facilitator:

- Need to explain what the participants need to do, e.g. "They are supposed to find out the answer to the puzzle given".

- Has to briefly describe why participants are doing this, e.g. "This game will help us look at how we organize a group".

A facilitator then need to manage situation that arises during play and to decide when to end the game play.

After the game, the facilitator has to help participants identify the learning from what they have done.

Chapter 9

Exercise # 2

You are the Hospital Q Coordinator. You have to organize a workshop to Promote Quality initiatives in your hospital.

1. What are the possible problems you think will arise during the workshop?

2. How will you handle/prevent them?

Answer

Possible Problems	Possible Ways to Handle/Prevent
1) Unable to understand a session	- Anticipate this especially for difficult topics and try to use the most effective delivery method e.g. a long Q&A following a brief lecture using the whiteboard for explanations.
2) Unable to understand some issues	- Have group sessions and exercises after each difficult topic to detect confusion. - Have longer Q&A after lecture.
3) Facilitators/speakers do not know their topic	- Ensure facilitators and speakers achieve the minimum requirements before using them. Adequate training is necessary.
4) Participants unhappy with a session	- Make sure you look through the presentation plan for each session to ensure that it matches the objectives of the specific session, and the workshop objectives in general. - Talk with the participants to find out details, and take remedial action as soon as possible. Obtaining and providing feedback is essential.

Chapter 9

Exercise # 2 (cont.)

You are the Hospital Q Coordinator. You have to organize a workshop to Promote Quality initiatives in your hospital.

1. What are the possible problems you think will arise during the workshop?

2. How will you handle them?

Possible Problems	Possible Ways to Handle
5) Program haphazard and participants dissatisfied with the organization	- Always <u>design the process</u> and plan ahead, anticipate possible grouses and discuss ways to avoid or handle it. - <u>Design the structure</u> of the workshop so that it runs smoothly with interconnecting topics, and sessions build on each other, and not jumbled up.
6) Facilitators think all is well and no one is confused	- There will always be participants who are confused. Mingle with them (tea/lunch/group work sessions) to find out. Talk with them in a friendly fashion. - Allow for working at own pace for difficult topics

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Chapter 9

Notes:

Chapter 10

Motivation

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Learning Objectives

At the end of the chapter, you will be able to:

• learn about how to help participants be motivated

• learn some tips for adults motivation

Contents

Chapter 10

Motivating participants...

How do you help?

- Motivating is part and parcel of managing a group, and an integral part of the ethics of a trainer.

- This is done throughout the training program.

- Sometimes this may extend beyond the formal training session. For example to undertake a training program on "implementation of QI", the program may span 3 workshops. To do this, the trainer, not only has to manage and motivate the participants during the training course itself, but also in between the workshops to prevent drop outs.

Motivating participants.....

How do you help?

.. continued....

- **Encourage interaction**
- Reinforce participant's effort
- Be aware of language problems

Encourage interaction

- There should be an ice-breaking session at the beginning to introduce each other and get to know each other's background.

- Interact with every participant.

- Encourage them to interact with you.

- Make an effort to learn their names early in the course, and use their names whenever possible.

- Be readily available at all times.

- Remain in the workshop area.

- Look approachable.

  - Smile often

  - A fierce demeanor will deter them!

  - Do not act busy

  - Do not talk constantly with other facilitators

  - Talk to participants rather than facilitators during tea breaks, lunches, etc.

Motivating participants.....

How do you help?

.. continued....

- Encourage interaction
- Reinforce participant's effort
- Be aware of language problems

Reinforce participants' efforts

- Take care not to be seen fierce or threatening:
  - Don't use facial expressions/comments that could make a participant feel ridiculed
  - Sit or bend down to the same level as a participant to whom you are talking to
  - Do not be in a hurry
  - Show interest

- Praise or thank participants who make an effort. Do this when they:
  - Try hard
  - Ask for explanations
  - Do an exercise well
  - Participate in group discussion
  - Help other participants

- Ask open questions, and use non-verbal communication to help them feel confident in their work.

- Networking can help each other. Have e-mail/contact numbers circulated.

Chapter 10

Motivating participants.....

How do you help?

.. continued....

• Encourage interaction

• Reinforce participant's effort

• Be aware of language problems

Be aware of language problems

■ Identify participants who have difficulty understanding or speaking the language used in the course.

■ Speak slowly.

■ Speak clearly.

■ Use interpreters if necessary to communicate a complex issue.

■ It may be necessary to arrange help for the participant, or for him/her to do exercises in a different way.

Some tips...

How to motivate adults...

1. Create a need

2. Develop a sense of responsibility

3. Create and maintain interest

1. **Show them why** they need to know how to do quality improvement (QI) activities. Give them examples of successes, and what one can achieve by doing these activities.

2. **Demonstrate** what happens when people do QI activities.
   - What good is achieved?
   - What errors/mistakes prevented?
   - What morbidity/mortality prevented with QI initiatives in the workplace?

3. **Interest them in QI, and make things interesting.**
   - "Interest and engagement lead to robust learning" - *Edelson & Joseph, 2001.*
   - Learner interest is a strong motivator to learning.
   - Make learning fun.
   - Simplify complex issues for beginners.
   - Give interesting examples they can relate to.
   - Share with them benefit/advantages of doing QI.

Chapter 10

Some tips...

How to motivate adults...(Cont.)

4. Encourage, and show approval

5. Foster competition and fun

6. Get excited yourself

4. Encourage them by being available:

- To praise
- To help untangle complex issues
- To just talk
- For moral support
- To reassure them that they have put in a good effort

5. Challenge their minds and thinking.

- Ask provoking questions and give challenging exercises
- Stimulate competition (but not too much!!)
- Make it fun (one cannot have too much fun!)
- Add humor

6. You yourself should be passionate about, and filled with fervor for the subject.

- Show your zest and enthusiasm
- They will be caught up with you!
- If nothing else, they will want to discover the reason for your excitement
- Show apathy and that's the beginning of the end…

Chapter 10

Some tips...

How to motivate adults...(Cont.)

7. Establish long-term goals

8. Set the value of internal motives

9. Give them a choice

10. Give recognition.

---

7. **Be clear about what can be achieved** in the long term with QI activities.

    ▪ Give them a goal to work towards.

    ▪ Share success stories.

8. **Show them the values** of people who are pro-quality. This will help them adjust their internal standards, if they have to.

9. **Do not force**. Encourage instead. Some are laggards and will only be convinced after the majority have been converted.

10. **Give recognition.** Giving recognition is one of the most important tools for motivating professionals. Do, for example:

    ▪ Context of the learning environment (eg: the challenge, rewards, sense of obligation etc) is another form of motivation to learn.

    ▪ Praise them in front of the whole class.

    ▪ Have their names on their work.

    ▪ Give acknowledgment letters on their good performance.

    ▪ Share their achievements in Quality with others.

Some tips...

How to squash motivation...

1. Have little personal contact

2. Get participants in a passive mood & keep them there

3. Assume the class will apply what has been taught. Don't give examples.

Things that you as a trainer and facilitator should avoid:

1. **Don't talk or mix with participants.** Act aloof. They will subconsciously link you to the topic you have given, and will be less enthusiastic about it.

2. **Just deliver the session as if it were a boring topic** (i.e. You find it boring yourself, and show it!). You will bore your listeners as well. Show some passion, some zeal and you will spark some interest in them for the topic.

3. **Examples help to reinforce learning.**

   Without examples, without doing, knowledge newly acquired (from your lecture) is very easily lost.

Chapter 10

Some tips...

How to squash motivation...(Cont.)

4. Criticize them

5. Ridicule them

4. Criticism kills motivation fast!

- Condemnation and disapproval makes a person feel inadequate, stupid or even incapable of grasping the topic. Show approval instead and praise them for their efforts.

5. Ridicule kills everything!

- Do not laugh at "stupid" questions. Respond instead that was a good question/an important point/etc. Thank them for their questions.

Chapter 10

Summary

- **Motivating is one of the main roles of a trainer in managing quality improvement groups. It is an integral part of his/her work ethics.**

- **This Chapter covers simple rules that a trainer can learn and practice to motivate participants. There are also simple rules that a trainer must avoid to be an effective trainer.**

Exercise

You are conducting a workshop for 30 people. They are in groups of 5, all from the same department in their hospital/health centre.

Each group has to identify areas for QI at their workplace and institute the Quality Improvement Initiative

How do you help motivate them to achieve their objectives?

What will hinder their efforts?

How to help:

1. Help them see why they need to do this exercise (to identify areas for QI). Help them understand by doing this exercise how it would help them in instituting the QI initiative at their workplace.

2. Show the benefits of a QI initiative. What errors would be prevented? Who is responsible for this prevention?

3. Make things interesting. Choose a topic that is universal to all group members. Jokes are allowed and should be encouraged.

4. Praise progress. Aid when they have difficulties.

5. Do not laugh at them.

6. You yourself should show excitement for the topic, and during the session!

7. Help them identify what can be achieved in the long term.

8. Show them values of people who are pro-quality, and what good they can do.

9. Allow them to choose. Do not force your ideas or ideals on others.

10. Give recognition for good work done.

Their efforts will be hindered by:

1. Having no assistance from you when they need it.

2. Making them bored.

3. Assuming they can do things by themselves without occasional guidance and/or without examples to enforce learning.

4. Criticize them and laugh at their efforts.

5. Ridicule them when they ask questions.

Chapter 10

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Chapter 10

Notes:

Chapter 11

Training Phase I: The Planning

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Learning Objectives

At the end of the chapter, you will be able to:

- identify tasks in planning a training course

- design a training course

- develop a workshop timetable

Contents

Chapter 11

Designing a Training Course

- Identify and Have an Agreement on Training Needs

- Identify Expected Outputs

- State Learning Objectives

- Further Analysis

- The starting point for designing a training course is to identify the training needs and to have an agreement on what can and cannot be achieved for that particular training course.

- Expected outputs, as to what being expected from the participants to perform as the results of participating in the training course, are then decided based on the training needs.

- Based on the expected outputs, the learning objectives of the training course are spelt out. The objectives stated should fulfill the needs identified.

- Further analysis of information is often necessary to better understand the context and environment where the training needs are being identified. This can be based on reviewing records, talking to various level of personnel and carrying out a small survey if required. Job and task analysis may be carried out if necessary. The results of the analysis are used to review the expected outputs and learning objectives if required.

- The above information will be used in designing the training course.

The Learning Unit Model

Learning Objective

Assessment

Entry Behavior

Learning Event

(Source: Rosewe J, 1997)
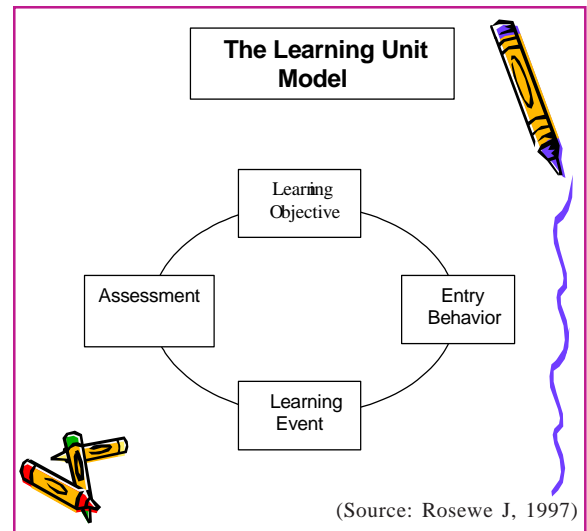
The learning unit model has 4 stages. Each of the 4 stages are inter-linked and each has implication for the other stages. This reinforces the fact that designing a training course is a process where all the variables interact dynamically. Each decision, on any of the stage, will have implications and may need review/ modification of previous decisions.

Stage 1:
Learning Objectives

- Clear statement of performance to be achieved by participants to:
    - □ match job performance
    - □ specific job conditions
    - □ specific job standards
- Phrasing of the learning objectives:
    - □ learner's perspectives,
    - □ active verb, and
    - □ realistic

An objective is a clear statement of performance to be achieved, under what conditions and to what standards.

The identified needs and analysis provide a basis for preparing the learning objectives. A decision has to be made on the conditions and standard to be achieved. This can be applied to:
- match job performance
- specific job conditions
- specific job standards

There may be a situation where the learning objectives are set differently from the job performance expectation. This is to enhance a higher achievement or to allow the participants to continuously improve by applying the knowledge gained onto the job.

Learning objectives must also be phrased in a manner directed to the expected learning from the participants' perspective, and not from the trainers end. They are usually phrased in active verbs. Their feasibility and practicality must be evaluated in relation to what can be delivered in the training environment and available resources, but yet answering the training needs.

The learning objectives should be discussed and approved by the relevant authority before further preparation of the training course takes place.

Chapter 11

Stage 2:
Entry Behavior

- What a person already:
  - knows
  - can do
- How has he/she learned it

Entry behavior refers to:

- what a person already knows and can do before the training course.

- how he/she has learned it.

Entry behavior affects the level at which training will begin, hence, it affects the training design. Information from entry behavior may sometimes indicate that the proposed objective is not achievable. Then, the trainer has to review the objectives, and obtain approval for the change. The entry behaviors will affect how the syllabus will be designed.

A training course should clearly state the entry behavior requirements of the participants, sometimes referred to as prerequisites. The requirements can be translated into criteria to assist the course organizer select suitable applicants for the course.

In training a group, a more complex situation may be faced by the organizer since not every participant will have the same level of entry behavior and not every one will be able to achieve the learning objectives set for the training course. Sometimes, a difficult decision has to be made on setting the level of entry behavior, with the risk of inappropriate level resulting in:

- wasted time on training for competencies already possessed, or

- learners have difficulty following the training course because the lack of prerequisite knowledge and skills to benefit from the training.

One possible simple solution is to take the entry behavior of the majority and design separate additional coaching for those with lower entry behavior.

Stage 3:
Learning Event

- Where learning occurs
- Tailored to:
    - learning objectives
    - entry behaviors of learners

This third stage of the learning unit model is the learning event itself.

Decisions are to be made about:

- Learning strategies, approaches and activities to be carried out.

- Details of what happens during the event.

The learning event has be tailored to the learning objectives to be achieved and the entry behavior of the learners.

**Stage 4:
Assessment**

- How successful was the training?
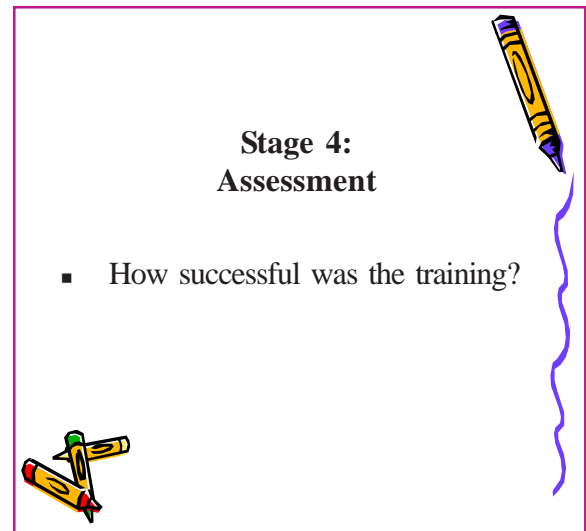
Assessment answers the questions of how successful was the training and this is always fall back to the learning objectives. In order to know how successful it was, the following needs to be prepared:

- appropriate techniques for measuring the achievement of objectives.

- who does the assessment?

- what are the conditions for assessment?

- consequences of not achieving learning objectives?

Refer to *Chapter 13: Training Phase III: The Evaluation* in this Module for more details.

The 4 stages of Learning Unit Model shows how the designing of a training course is affected by the training needs, expected outputs, learning objectives, the leaners and the learning events, all of which are interconnected, and its' success assessed by achievement of the objectives.

The challenge is then on the following:

- Not every participant has the same entry behavior

- Different needs require different learning events

- Can everyone achieve the learning objectives?

- Will everyone have the same assessment?

Chapter 11

Training Design

- The above figure shows the constraints which bound a design for a training course that limit what and how training can be conducted.

- The starting point of the design is the:
  - expected outputs (performance),
  - objectives of the training, and
  - learners' entry behavior.

- Boundary for the design is the resources available to meet the identified needs.

- The training proposal:
  - What is the achievable desired performance level?
  - Can the standards be relaxed?

- Can the conditions be relaxed?

- What organizational support is available for training?

- Learners:
  - What are their entry behavior?
  - How many (the numbers) to be trained?
  - How many at one time?
  - When are they available for training?
  - For how long can they be released?

- Available training resources:
  - Trainers and technical support of external experts
  - Venue and accommodation
  - Training aids
  - Equipment

Training Design (Cont.)

Training Proposal

Assessment   Organizational support

Venue → Learning Event ← Budget

Time

Trainers   Learners   Resources

- How much money can be spent in:
  □ Preparing training design and materials.
  □ Running the training.

- Time:
  □ Duration of the learning event.
  □ Time to develop the design and training materials.

- Assessment:
  □ Will individual assessments be required?
  □ What methods are acceptable?
  □ Who will have access to results?
  □ Consequences of the assessment results?

The above components will decide on how best the training could be approached in terms of:
- acceptance/modifications of expected outputs, objectives, entry behaviors
- training contents, delivery methods and approaches
- size of the group and group activities
- venue and its seating arrangement
- assessment methods

Chapter 11

A Workshop Timetable

- What is it
- Guidelines
- Purposes
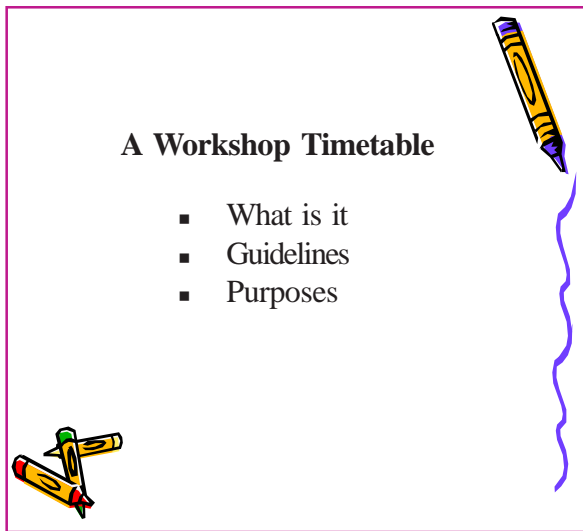
A workshop timetable is a list of learning events to be followed according to a certain time frame to achieve the objectives and expected outputs of the training course. It is the scheduling details of the learning events.

A timetable for the workshop will be prepared based on the following guidelines:

- List the learning objectives and expected outputs of the workshop.
- Identify what content areas to be included to achieve the objectives and expected outputs.
- Decide on how best those content areas can be delivered to facilitate learning, in terms of:
  - approaches or methods of delivery
  - time allocation for each method
  - materials required
- Allocate sufficient time for:
  - each session/module
  - group work/exercises
  - social or recreational functions
- Plan for the opening and closing sessions, special arrangement which may need to be observed for the opening and closing sessions (where desired). This may include certain desirable protocols.

Thus a workshop timetable helps to:
- determine and set target date and time for each of the learning events.
- ensure each of the appointed committee member knows their responsibilities and when their sessions are scheduled for.
- ensure that the training program is implemented according to the set plan.

While preparing the timetable, the planners would be able to assess the appropriateness of the time allocated for each event and assess the logical flow of the learning process.

The workshop is guided by this timetable. However, during the workshop, the trainers may make modifications to the scheduling and/or events based on the learning needs and progress of the participants.

Preparing a Workshop Timetable

- Planning Committee
- Meetings
- Learning Events
- Human Resource
- Workshop Structure
- Material and Equipment Requirement
- Determine Participants

- Form and appoint appropriate members of a Planning Committee for the workshop. Each of the appointed members should be informed of his/her respective roles and responsibilities.

- Periodic meetings should be held to monitor progress of work. Target dates can be determined by counting backwards from the date of the workshop to the date of the meeting.

- Identify the contents, methodology and approach to be used for each learning event. The event can take any of, or combination of the following approaches: lecture, discussion, case study, classroom exercises, group work, plenary presentation, etc.

- Identify resource persons from within and outside the organization to support the events such as lecturers, facilitators, project supervisors, consultants, panel members, etc. Make contact with the lecturers and facilitators who are not working in the same organization. Out source content expertise to personal contacts and network, if necessary.

- Develop a draft training program structure by dividing the period of the Training Workshop into days, and breaking the days into 4 blocks of time, 2 each in the morning and afternoon. Each learning event is placed in these block of time, making a temporary assumption that each event requires equal time frame. The draft structure should be discussed and decided by the planning committee in collaboration with other trainers involved. Adjustment to the sequencing and time allocation for each event can be made if required.

- Identify the possible suitable venue for the workshop, either at office site or away from the office.

- Identify the training materials, equipment, audio-visual aids and stationery required.

- Determine and finalize the number of participants and the prerequisites for attending the workshop.

Chapter 11

> ## Preparing a Program Book: Contents
>
> - Name of Training Workshop
> - Venue, Date, Duration
> - Training Objectives
> - Expected Outputs
> - Workshop Timetable
> - List of Participants
> - List of Invited Trainers/Speakers/ Facilitators
> - List of Organizing Committee
> - Acknowledgment

The Training Workshop Program Book will spell out the structure of the training in terms of each learning event and its corresponding person(s) responsible for and its scheduling. Special sessions such as the official opening and closing sessions should also be included. Typically, a Program Book will be in the form of a booklet of 4-8 pages.

The cover: announces the name of the training workshop, date, venue, duration and the organizers and sponsors, if applicable.

Page 2: Workshop objectives and expected outputs, in terms of what is expected out of participants during and subsequent to the training session.

Page 3 to... : The time table, scheduling of learning events. For each event, the speakers/facilitators, person responsible, appropriate time allocation, date and time of the event, and method to be used (e.g. lecture, group work, etc..) are spelt out.

Subsequent pages: List of participants with their designation and contact addresses.

Subsequent pages: List of trainers/speakers/facilitators with their designation and contact addresses. It is also good to provide a brief resume about them, with or without their photographs.

The list of names is a good way of introducing the participants/trainers/speakers/facilitators and the contact addresses are useful for future networking.

Second last page: List of organizing committee members, to recognize their contributions and as reference for participants to seek technical and administrative assistance during and after the workshop.

Last page: Acknowledgment to people/organizations who had contributed to the planning and sponsoring of the training workshop.

Selecting Workshop Participants

- Criteria
- Number
- Advertisement/invitation
- Selection process
- Confirmation
- Expected outputs from participants

- The Planning Committee must determine the criteria for the selection of participants. This criteria will depend on the objectives and the expected outputs of the workshop and the learners entry behaviors.

- The number of participants for any training session will depend on its objectives, methodology, coping capacity of the trainers and methods planned for the training. For example, if the training session is for creating awareness by providing basic knowledge and the method selected is a lecture, followed by Q&A; delivered by one or more trainers, then the number of participants can vary from 30 to more than 100 people. However, if the training objective is to develop skills on specific area, group work and project development would be the main methodologies emphasized, the number of participants should be limited to not more than 30. They will require extensive facilitation by the trainers and other resource persons.

- An advertisement or invitation should be planned to provide the information about the training workshop to prospective participants. The advertisement can be in the form of leaflet, poster, brochure or booklets; distributed in hard copies and or pasted on electronic media such websites and e-mail communications. The invitation can also be in the form of a formal letter written to heads of organization and individual prospective participants. The advertisement and invitations should be circulated at least 3 months in advance. They should contain the following:

  - Objectives of the training and the expected outputs
  - Target groups
  - Benefits of the training workshop to individuals and organizations
  - Application procedures and dateline for submitting application
  - Fees and other charges, if applicable
  - Preparations to be done by the participants before attending the training session
  - Follow up outcome expected after attending the training session, if any.

Chapter 11

Selecting Workshop Participants (Cont.)

- Criteria
- Number
- Advertisement/invitation
- Selection process
- Confirmation
- Expected outputs from participants

- If the training workshop has an ultimate goal, such as developing trainers for QI, the criteria for selecting the participants must be clearly defined. The criteria may include:

  - category of personnel

  - areas of specialization

  - personal interest

  - previous experience

  - seniority of service

  - current job functions

  - etc.

- Selection of appropriate participants then takes place according to the criteria and number needed. This should be done by the Planning Committee and the applicants are informed about the results of their applications.

- Confirmation letter is to be sent to the successful applicants through proper channels, providing them with the necessary information on the training session and the preparation required before they attend the training session and the expected outputs from the participants subsequent to the workshop, if any.

- Get an official confirmation on their attendance so as not to waste seats.

- Get the commitment of the sponsorship and payment, if applicable.

Selecting a Workshop Venue

- Suitability
- Criteria
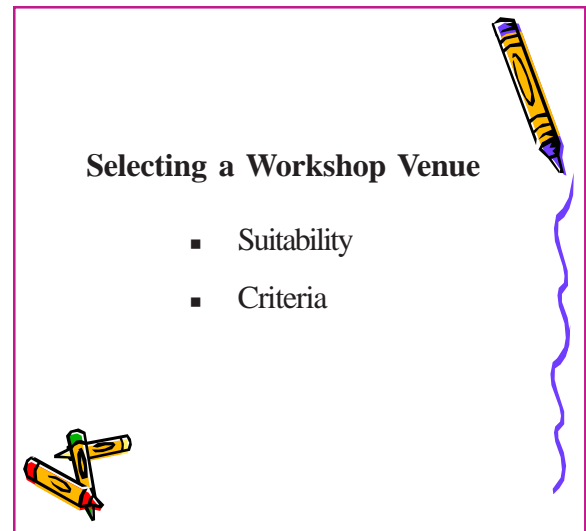
- The suitability of the venue should be considered based on the following guidelines:

  □ The type of session rooms available and their suitability for the intended training events.

  □ Availability of other facilities at the venue, such as audio-visual aids, computers and Internet access, if necessary.

  □ The cost of having the training session at the particular venue, taking into consideration the room rates, meals, transportation cost, rentals of equipment, travel cost of trainers and participants, etc.

  □ Other logistics aspects, such as recreational facilities, accessibility etc.

- Criteria for suitable venue:

  □ Availability of sufficient budget.

  □ Accessibility and convenience of getting to the venue.

  □ Competitiveness of the training package offered in terms of cost and workshop facilities.

  □ Recommendations made by a team who made a site visit to the venue or recommendations based on previous experiences of using the same venue.

Hence, invitations for tendering the workshop package should be extended to multiple sites with datelines of submission determined. A team should study their proposals and use the above criteria and guidelines to make further negotiation and finalize the selection. An example of a checklist for premise specification and inspection is given in Appendix A.

A written confirmation, detailing the agreements made should be issued to the site management to avoid future misunderstanding.

Chapter 11

**Smooth Running of a
Training Course**

- Checklist for Organizing
- Checklist for Planning Schedule & Milestone
- Checklist for Communication, Materials & Equipment
- Room set-up
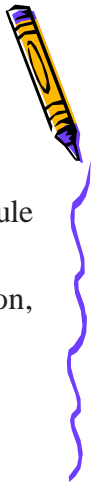
The main tasks identified for the smooth running of the training course are:

1. Preparing an overall organizing checklist.
2. Preparing a planning and milestone checklist.
3. Preparing a communication, materials, and equipment checklist.
4. Room set-up for each learning event such as lecture, group work, plenary, etc.

The subsequent slides discuss these checklists in greater detail.

Chapter 11

Overall Organizing Checklist

- Participants needs
- Evaluation
- Purposes & outcomes
- Key learning points
- Group size and overall training course size
- Resources
- Opening/starting of program
- Workshop sequence

- Use the checklist to organize the overall course planning, designing, developing, delivering and following up.

- Assess participants' needs. Distinguish among participants where they have unique needs. This can be obtained prior to the course by sending them a short questionnaire to find out their expectation of the course. If this is not possible, it can be done as an ice-breaking exercise at the beginning of the course.

- Decide on the level of evaluation, either in the form of reaction, learning, behavior change or impact to the organization.

- Decide on and write the purposes and outcome statements for the training course. This is a major guide for evaluating the course.

- List and summarize key learning points (i.e. each major piece of the learning content) and briefly outline why each is important.

- Decide on group size. What is the total number of participants for the whole course?

- Outline what resources and time are needed to conduct the workshop. Decide and design specific activities participants will engage in.

- Plan the training course start-up and apply the principles of adult learning. Pay attention to learning climate, learning readiness, and participation readiness.

- Plan the workshop sequence.

- Create, develop, and/or locate examples, case studies and metaphors to enhance the learning content. Ensure your examples are relevant and understandable.

- Ensure all administrative issues are covered.

- Practice leading the workshop, in particular practice the workshop start-up.

Chapter 11

Planning Schedule & Milestone Checklist

- Publicity
- Participant information & Pre-meeting
- Planning Committee & Event Manager
- Commitment on resources
- Training materials
- Delivery of the Training course
- Post training feedback/follow up meeting

Use the checklist to clarify the steps involved and their target dates. It helps to coordinate the training course preparation and form the milestones for keeping track on progress and handling problems.

A planning schedule and milestone checklist may contain the following items:

- Preparation of course brochure
- Publicity and invitation
- Confirmation of attendance
- Pre-meeting with participants or circulation and returns of pre-course assessment
- Formation of a Planning Committee and a secretariat to support administration or selection of an Event Manager service
- Commitment of resources:
  - Money
  - Experts and facilitators
  - Trainers
  - Venue
  - Purchase/rental of equipment
  - Purchase of materials and stationeries
  - Preparation of course package
- Preparation and duplication of training materials such as notes, exercise sheets, group work instructions, etc.
- Delivery of the course
- Follow-up meetings to evaluate the technical and administrative achievement of the workshop and to monitor progress of follow up action.

Example of a Planning Schedule and Milestone Checklist

Participants Confirmed 1 Month prior to Workshop	Pre-Meeting with Participants 3 Weeks prior to Workshop	Questionnaires Returned 1 Week prior to Workshop	Workshop Conducted	Follow Up Meeting 6 to 8 Months Following Workshop
Workshop facility booked	½ to 1 hour introductory meeting with participants	Completed "pre-workshop participant questionnaires" returned to administrator	Time left open for 2 to 3 hours evening assignment on day one	Informal 1 to 2 hours "round table" meeting with participants
Pre-meetings scheduled	Participants packages distributed and discussed (e.g., workbook, pre-workshop assignments)			Those participants who attend are asked to come with 2 or 3 specific questions or issues they had difficulty with since the workshop
Target date :	Target date :	Target date :	Target date :	Target date :

- Major/important activities are noted with the target date of completion.

- A person or a group can be delegated to be responsible for an activity or a group of activities.

- It can be used as a reminder to organizer of whether each milestone has been planned for, or achieved.

Chapter 11

**Communication, Material &
Equipment Checklist**

■   To ensure the support system
required for each learning events
is in place
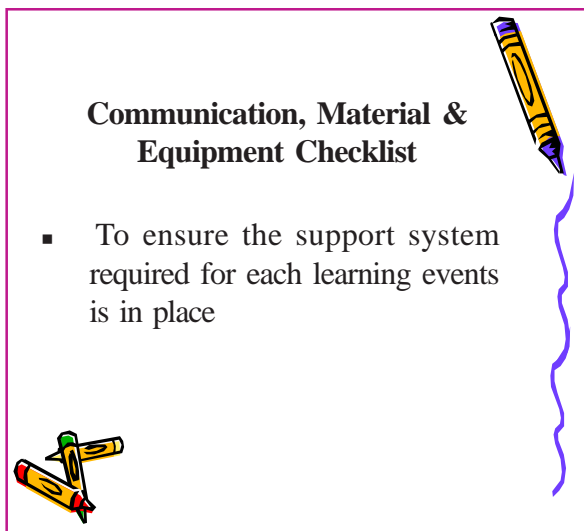
The Planning Committee will have to plan for the resources needed to run the workshop, including the financial details.

Human resource: Trainers, facilitators, secretariat team and consultants, if necessary, have to be identified. If they are not available within the organization, external contacts should be made so that the resource persons would agree to take up the tasks at the specified dates and time.

Equipment: such as overhead projection (OHP), liquid crystal device (LCD) personal computers, microphones, flip charts, white boards and other teaching aids that are needed for the training workshop should be listed down and availability ensured.

Stationery required should be clearly listed down and availability ensured.

Budget details: It must be prepared and approval obtained from the relevant authorities. The total cost should be calculated to ensure that it is within the estimated budget for the workshop. It should contain the following:

■   Accommodation and meals for the participants, if the training program is to be held outside the office and a workshop package is to be taken. Participants should be informed of the additional cost.

■   Transportation and travel cost for the trainers.

■   Rental of equipment, workshop space etc.

■   Payments to invited lecturers, if applicable.

■   Incidental costs which may include telephone bills, postage etc.

Determine the source and how to obtain the resources. Start the process early to ensure that they are available before the training workshop begins.

Use the checklist to organize the communication, material and equipment needs for all events.

The following slides show an example of a preparation checklist used for a workshop on Training of Trainer on Health Outcome. Adopt and adapt them as necessary to suit your own workshops and training course.

Example of Checklist: Part I

Workshop Name:_____   Client: _____

Workshop Date(s): _____   Leader(s): _____

No. of Participants: _____   Client Contact: _____

Client Phone No:_____   Address: _____

_____

Example of Checklist: Part II

Please ✓when complete

☐ Workshop scheduled

☐ Administrative arrangements made with client

☐ Expectations clear (sponsor and end-user client)

☐ Number of participants known

☐ Correct spelling of participants names (to personalize materials)

☐ Introductory meeting scheduled with participants approximately 3 weeks before the workshop

☐ Invitation letter, pre-workshop assignments, and workbooks given out or sent to participants

☐ Invitation letters sent to external lectures and facilitators

Example of checklist: Part III
Materials

Please ✓ when complete

☐ Workshop Program Book ready

☐ Handouts ready. Copies made and ring-hole punched

☐ Flip charts prepared

☐ Workbooks

☐ Learning style inventories

☐ Participant pre-workshop questionnaires

☐ Prepare overhead transparencies

☐ Overhead cartoons organized

☐ Name tags

☐ Door sign

☐ Direction signboards

☐ Books for references table

☐ Copies of papers, book summary and book reviews

Chapter 11

Example of checklist: Part IV
Equipment, room set-up, and other materials

Please ✓ when complete

☐ Facilities confirmed

☐ Sign boards to the various facilities in proper places

☐ Lecture room and secretariat room ready

☐ Writing paper and pens

☐ Masking tape, staplers, hole punchers, files, etc.

☐ Marker pens (water based and permanent)

☐ Overhead projector and screen

☐ Unused overhead transparencies

☐ Transparency markers

☐ LCD Projector and screen

☐ Backdrop design and wording checked

☐ PC`s and printers

☐ Internet facilities

☐ Materials and leader tables

☐ Flip charts and flip charts papers

☐ TV, VCR, videotape (for use as demo) and the AVA system

☐ Refreshments ordered (for lecturers and participants)

☐ Participant Registration Form

☐ Workshop Attendance Sheet

☐ Workshop Evaluation Forms

☐ Complains and Workshop Improvement Suggestion Form

☐ Key person identified for trouble shooting during the Workshop duration

Chapter 11

Room Set-up

- Chair/table arrangement
- Ventilation
- Lights
- Temperature
- Noise
- Equipment
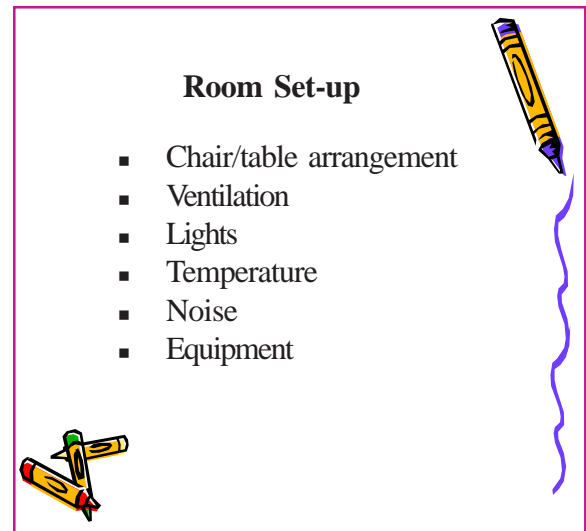
□ To ensure the rooms used is suitably set up for a particular learning event in the training course:
  - Set up the training room to maximize involvement and comfort.
  - Set the participants so that eye contact among them is automatic.
  - Don't overcrowd, but don't spread people too far apart. That "long distance" feeling may lead to less discussion.
  - Place all equipment, materials, and aids in sequence of learning events for quick access.

□ Ensure person(s) involved in back up (in case equipment fails) can be contacted. Check all equipment to ensure they are functioning.

□ Before the workshop begins, check:
  - Ventilation
  - Air conditioning
  - Temperature
  - Lighting
  - Outside disturbances and noise
  - Public announcement system and microphones

Chapter 11

Room Set-up (Cont.)
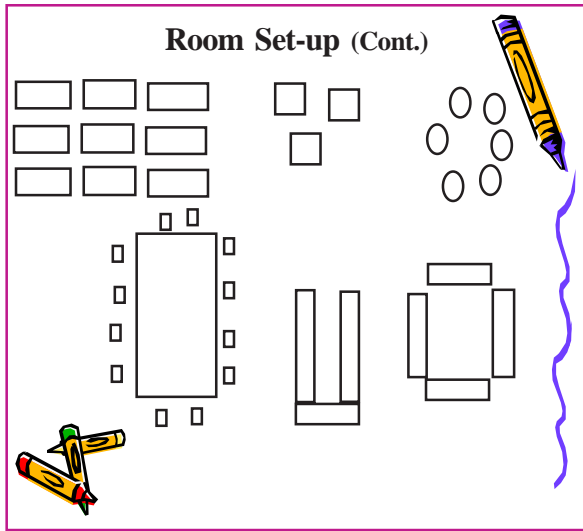
The above slide shows the diagrammatic examples of typical workshop and training room arrangements. The arrangement varies, based on a number of factors such as workshop purpose, group size, topics, relationships within the group (e.g. various departments or professional background). For example, use the "U-shape" for group under twenty persons is quite common.

The followings are options for workshop and training room set-up.

- Traditional rows (classroom style), with one or more aisle - For large number of participants, usually more than fifty.
- Three rectangular tables - For sub-groups to discuss specific tasks assigned to each group
- Circle - suitable for open discussion
- One rectangular table (boardroom style)- Common for group discussion with presentations.
- Open rectangle, U-shape for groups under twenty participants
- Multiple round tables - Suitable for group work and when group size ranges from thirty to about sixty participants.

Summary

Planning is the most important task of carrying out a training workshop. Good planning is key to a successful Workshop. Many of the tasks involved in preparation for the training workshop are routine and the use of a comprehensive checklist helps to avoid missing out important items.

Issues To Consider:

1. Needs stated clearly?
2. Learning objectives stated?
3. What job performance to be achieved?
4. Organizational support importance for training?
5. Learners - entry behaviors:
    - numbers
    - when available for training
    - how many at a time
    - how long can they be released
6. Available training resources:
    - trainers
    - accommodation
    - training aids
    - technical support
    - equipment
    - training software
    - how much money can be spent?
    - duration of workshop
    - time to develop
        - training design
        - training materials
7. Assessment:
    - needed?
    - methods?
    - who will have access to results?

Exercise

You are given a budget that would allow you to organize a 2-day training workshop on quality improvement in your organization for 30 people. What are the issues you have to consider?

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Chapter 11

Appendix A

Checklist for Premise Specification & Inspection

NAME OF WORKSHOP   : …………......……………………………………………………
WORKSHOP CODE   : ....…..………………………………
DATE OF WORKSHOP   : ....…………………………………….

1. Equipment provided by the premise:

   a. Personal Computer …………...

   b. Printer …………...
   c. LCD Projector …………...

   d. Photostat machine …………...

   e. Slide Projector …………...

   f. Laser Pointer …………...

   g. TV/VCR …………...
   h. Microphone …………...

   i. Others (Specify):

   ……………………... …………...

   ………………………… .....………...

2. Facilities
   a. Training room(s)

   1. No. of tables …………...

   2. No. of chairs ………......

   3. Seating arrangement ………......

   4. No. of plug points …………...

   5. White board …………...

   6. Flip charts …………...

   7. AV system ..………….

   8. Lighting …………...

   9. Others (Specify):

   ……………… …………...

   ……………… …………...

   b. Secretariat Room
   1. No. of tables …………...

   2. No. of chairs …………...

   3. Seating arrangement ………......

   4. No. of plug points ………......

   5. No. of personal computers …………...

   6. No. of printers …………...

   7. No. of photostat machine ....

   c. Accommodation
   1. Single ………......

   2. Twin-sharing …………...

   3. Other arrangements ………......

3. Food arrangement:
   a. Breakfast ………......

   b. Lunch …………...

   c. Dinner …………...

   d. Tea Break …………...

   e. Others …………...

4. Time arrangement:
   a. Check-in time & date ....

   b. Check-out time & date …………...

   c. Time for Workshop Room usage …………...

5. Comments on site visit evaluation:

   _____

   _____

   _____

   Name of person who made the visit:

   _____

   Date of visit & inspection:

   _____

Chapter 12

Training Phase II: Effective Presentation

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Learning Objectives

At the end of the chapter, you will be able to:

- learn what needs to be done in preparing for a presentation

- learn the skills needed to deliver a presentation effectively

Contents

Laws of learning

Law of the teaching process

→ The process must excite and direct the self-activities of the learner.
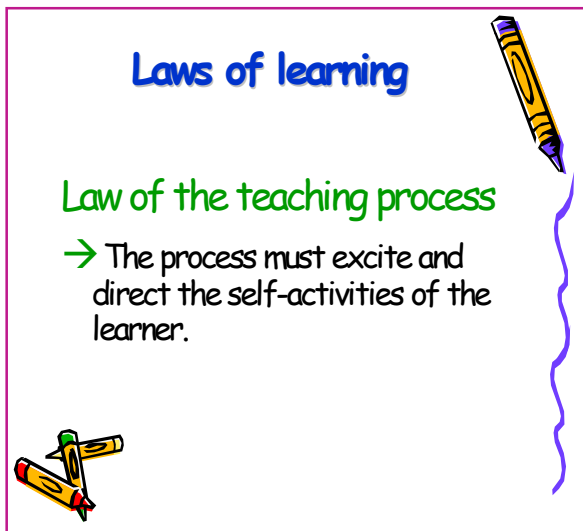
This law of the teaching process reinforces the need for sessions to be:

- fun,

- applicable, and

- seen to be relevant to the learner's context.

The trainer, as a facilitator, must create an atmosphere, and design the workshop/training session(s) to fulfill these implicit objectives.

Therefore, make the teaching process interesting, personalized and interactive.

Effective Presentation...

Things you have to do.....

- Prepare the presentation

- Deliver the presentation

- Obtain feedback

■ To effectively give a presentation, you need to first prepare for it.

■ With adequate preparation, the actual presentation will be more easily understood.

■ You also need to allow time for the Q & A session, and to guide it.

Preparing the presentation...

'When you fail to prepare,

you prepare to fail'

(Source: Anon)

- Preparation is essential!

- Without preparation, you are likely to be mentally unprepared:

  - You will suffer unexpected irregularities during the delivery.

  - Your participants will suffer from your irregularities.

  - The session will be a failure.

- The first step is to prepare your presentation.

- You need to be clear about:
  - What are the objectives of the presentation.
  - Who your audience is.
  - Contents of your presentation.

- Only then you can adequately prepare your materials – slides, exercises, pictures, etc. for your presentation.

Chapter 12

Preparing the presentation...

#1. What is the objective of the presentation?

- ■ What is the objective of your presentation?
    - ❑ To teach?
    - ❑ To stimulate thinking?
    - ❑ To inform?
    - ❑ To entertain?
    - ❑ To persuade or sell?

- ■ Write down the objectives of the presentation. This will assist you to
    - ❑ clear your mind!
    - ❑ select materials to fulfill objectives.

- ■ Make your teaching objectives measurable, clear and achievable.

Preparing the presentation...

#2. Study the audience
- How many?
- Why are they there?
- What is their knowledge on the subjects?
- What are their expectations?

■ You need to know how large your audience is, as this affects the approach of your presentation. It would be difficult to have an informal dialogue session with minimal "lecturing" for a large (e.g. 200) audience.

■ You need to have some background information on who they are, their background (public/private, doctors/paramedics etc.).

  ▢ Why are they there?

  ▢ What is their level of knowledge on the subject (level of entry behavior)?

  ▢ What do they expect from you?

■ It is also worth it to ask around, to know who among the audience have strong personalities, especially if you are delivering a presentation to a small group. Learn strategies on handling strong personalities before they take over your session.

Laws of learning

Law of the teacher

→ The teacher must know what is being taught
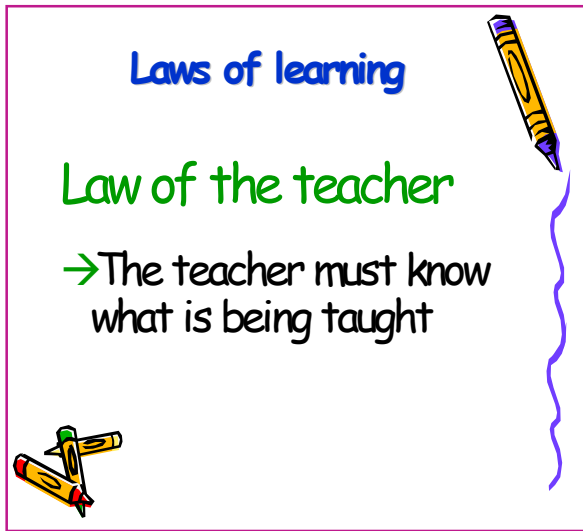
Know your content matter well, including the application of the basic principles. Be ready to answer questions beyond what you plan to cover.

If a situation arise where you do not know the answer to questions posted by your audience, it is best to say you do not know and will get back to them. Be aware that your audience may know better than you do in a particular aspect and a lie will be transparent.

Honesty is ethical in teaching and it is also an important element to establish a teacher's credibility. If you promise to get back to them with an answer, you must do so.

Preparing the presentation...
#3. Study the material

Do...
• read notes of the slides
• add your own notes
• think of stories...

Don't...
• *read* out the lecture
• Give the lecture in its original form

Do…

■ Before giving a presentation, read the notes carefully. Examine the slides/overhead and make modifications if necessary.

■ Familiarize yourself thoroughly on the topic.

■ Add or delete information as necessary depending on the audience.

■ Be familiar with the order of ideas in the presentation.

■ Make your own notes on points to emphasize.

■ Think of stories to tie in/link the participants to the contents.

■ Think of your own ways to present the information naturally.

■ Then sort them out in a logical/natural/sense-making order.

■ Prepare how the course objective is linked to your presentation and how your presentation is linked to the previous and upcoming sessions.

■ Read the **further information** section! This may help you answer questions from the floor.

■ Read as much as possible the references listed in the **bibliography** of the Chapter to provide you a deeper understanding of the notes in the slides.

Don't…

■ Don't give the lecture exactly as it was written. Remember your task is to make the presentation fun, applicable and relevant to the audience.

■ Don't read from it. Everyone will go to sleep.

Chapter 12

Laws of learning

Law of the lesson

→ Truth or content must be learned through truth already known
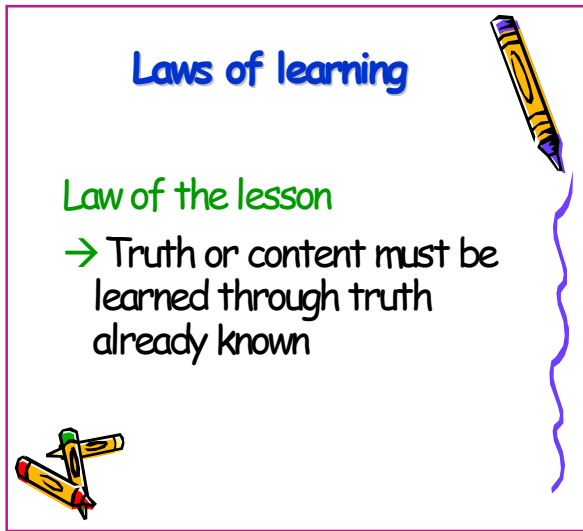
- Most participants come with some knowledge. Build on this.

- It is easier to learn something if it is seen as a continuation/extension of something that one already knows.

- Use examples from the background of the participants.

- Give hospital/clinical examples (e.g. Nosocomial infection investigation) to clinicians, public health examples (e.g. immunization coverage, Maternal Mortality Investigation) to public health specialists, and give both if the audience is mixed. This will build on knowledge already there, and makes learning easier. It helps participants see the content of their training in the context of their work.

Preparing the presentation...
  #4. Prepare ...
    ☆ Slides/overhead
        • Order of slides
        • Attractiveness of slides
        • Backup

    ☆ Environment

    ☆ Rehearse!

- Prepare slides/transparencies:
  - Visuals add variety and assist clarification.
  - Keep audience's attention and reduce somnolence.
  - May include some fun features to your presentation but not to overdo it because they will be distracted.

- Structure the flow of the presentation.

- Make sure the slides are arranged in order.

- Slides:
  - Keep it simple (Fancy slides distract attention)
  - Choose appropriate colors. Avoid colors that are hard on the eyes, like red.
  - Limit the number of slides.
  - Font size is large enough for everyone to see.

- Check for spelling and typing errors.

- Have backup on multiple media for your slides, just in case one gets corrupted. If necessary, have a backup on transparencies, just in case technology fails.

Chapter 12

**Preparing the presentation...
(Cont.)**

#4. Prepare ...

⭐ Slides/overhead
  • Order of slides
  • Attractiveness of slides
  • Backup

⭐ **Environment:-**
**Before the session starts, check
  out the ...**
  • Screen
  • Lights
  • Equipment
  • Room/seating

Before the session starts...

■ Check that the screen is visible to all, especially those at the corners, and at the back.

■ Make sure the projection does not project out of the screen.

■ Make sure you know where the light switches are. You may need to dim the lights. Do not darken the room too much because it creates a conducive environment to sleep.

■ Check your equipment:
  ▫ The projector – LCD or overhead
  ▫ The microphones - Can be heard at the back? Static noise?
  ▫ Your pointer/laser pen
  ▫ Anything else you are using (e.g. TV and Video)

■ Check the arrangement of the chairs. You should not merely accept the previous session's arrangement if it does not suit your purpose. Change it around to facilitate your session.

■ Remove distractions such as:
  ▫ noise from other sources like the ring from mobile phones
  ▫ passer by - by closing the door
  ▫ light glare - by drawing the curtains
  ▫ distribution of material during the session
  ▫ handling mischievous personalities in the audience

Preparing the presentation..(Cont.)

#4. Prepare ...

⭐ Slides/overhead
  - Order of slides
  - Attractiveness of slides
  - Backup

⭐ Environment:-
  Before the session starts, check out the ...
  - Screen
  - Lights
  - Equipment
  - Room/seating

⭐ **Rehearse**

- Rehearse your presentation. Do not assume you know your slides well and sacrifice the rehearsal because of over-confidence. If necessary, rehearse in front of a mirror and time your presentation.

- Make sure you can deliver the presentation within the allotted time.

- If uncertain, rehearse by giving the presentation to a group of colleagues. Ask for constructive feedback. Note the questions they raise.

Chapter 12
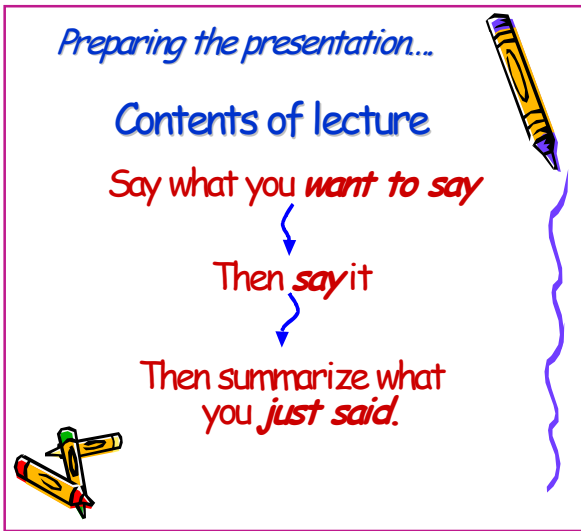
- Tell the objectives of the session, and the areas to be covered.

- Telling the sequence of the lecture is like showing the Table of Contents of a book. The audience will get an overview of your session.

- Then tell the audience what is it they have to learn (the actual contents of your session).

- At the end, summarize by covering the major points you had touched on during the lecture.

- Unstructured, rambling talks are:

  - difficult to concentrate on

  - easily forgotten

  - not recommended!

  Therefore, make the main points clear, and reinforce at the end.

- Structure and select contents based on:

  - objectives

  - time/duration

  - audience

  - contents that are:

    - must (essential minimum)

    - should (what ought to be given)

    - could (icing on the cake…)

Talk:

- Talk in a normal and lively way.
- Talk to the audience as if you are talking in a conversation.
- Do not read.
- Speak clearly. Use simple language.
- Give the audience time to take in and absorb. Do not speak too fast and continuously while presenting.
- Talk to the audience, not the screen.
- Use appropriate tone of voice. Do not shout.
- Show confidence by:
  - starting and stopping on time.
  - your choice of attire.
  - your tone of voice.
  - your facial expression.
  - your attitude.

Explain:

- Explain the slides/overhead carefully.
- Slides do not do the teaching. They are *aids* to help *you* teach.
- Observe the facial expressions and other non-verbal gestures of the audience. Perplexed frowns or blur expressions means you have to explain again.
- Use pointers to draw their attention to sections of the slides so that they can follow the explanation.
- Use nonverbal communication skills to supplement your verbal presentation.

Giving the presentation... (Cont.)

- Talk
- Explain
- Engage
- Move
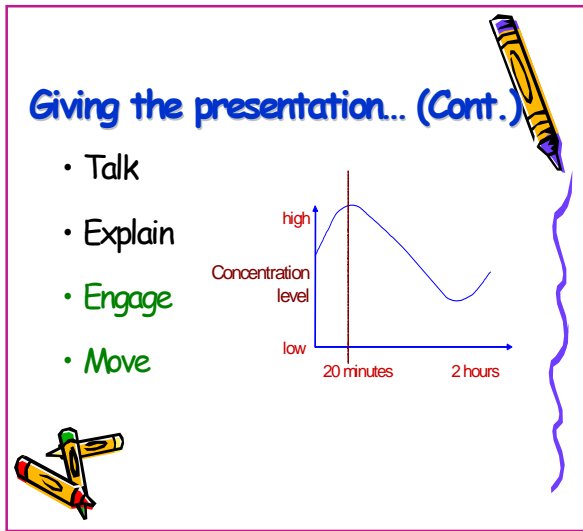
Engage:

- Engage the audience by asking questions. Ask open questions instead of questions that can be answered by a 'yes' or a 'no'. Asking questions can check whether participants understand the session and it also stimulates thinking.

- Being interactive helps keep participants interested and involved, and is a more effective way of learning.

- Have eye contact with the audience all the time.

- Be aware not to get the audience engaged to yourself and not the presentation. Be conscious of your body posture, where you put your hand, how you dress etc.

- Take advantage of the first 20 minutes of your presentation to cover difficult and complex aspects. The level of concentration drops rapidly after that as shown in the graph above.

- Re-engage their concentration and interest by:
  - asking questions,
  - telling jokes or short stories, and
  - if everything fails, have a break.

- Engage difficult personalities in the audience by:
  - giving extra attention to them,
  - make them feel important,
  - turn them into your "assistant", and
  - if everything fails, ignore them or politely ask them to leave.

Move:

- Move around the room to give importance to audience at the back.

- Use the pointer instead of your fingers. Point pointer direct to the area you want to emphasize. Do not move your pointer all over the screen.

- Do not move too much or too frequently in front of your audience. You will get them dizzy following you. Beware of unnecessary body movements.
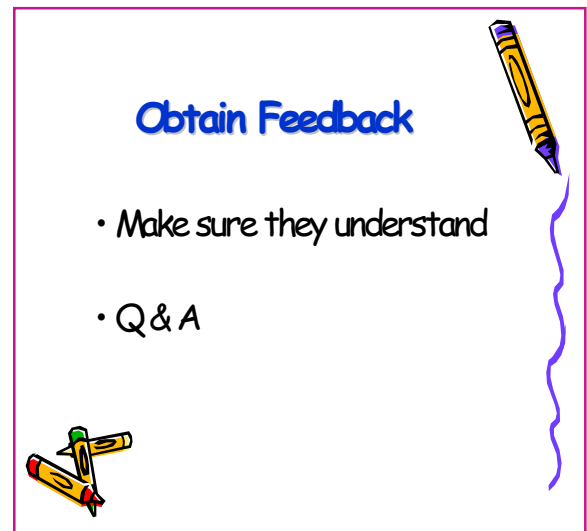
- Participants attend your session because they want to learn something.

- You have to be open to cues on whether they understand the areas you are talking about, or if it confuses them.

- Learn and apply strategies to assist understanding, and strategies to detect misunderstanding and confusion.

Laws of learning

Law of the language
→ The language must be common to both
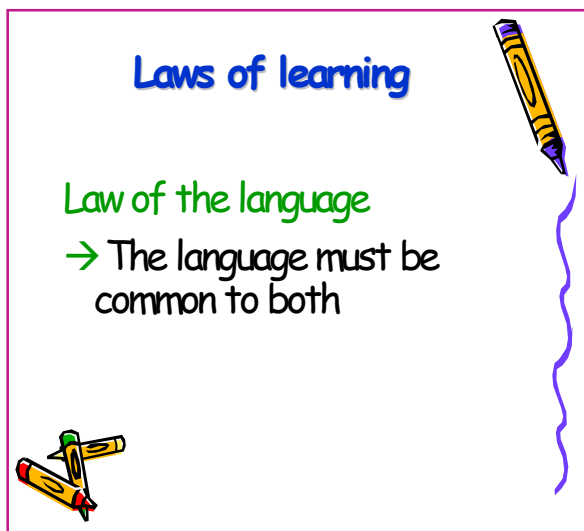
- Language barriers hinder learning.

- Don't use abbreviations/slang/terms unless its meaning is known to all/made known earlier.

- Use the language of your audience.

- If necessary, use an interpreter. But be aware that he/she may not translate everything or correctly. Have measures to check if the audiences have understood.

Words:

- Use simple words
- Avoid jargons
- Talk in concrete rather than abstract terms

How you say it:

- Use expressions in voice
- Build in pauses
- Develop a range of tone and pitch
- Speak clearly
- Speak up

Verbal and non-verbal communication:

- Use both to make yourself understood.
- Use both to find out if you have lost the audience.

Obtain Feedback

Making sure you are understood (Cont.)

- Words
- How you say it
- Verbal and non-verbal communication
- Illustrations
- Notes
- Opening & closing
- Q & A
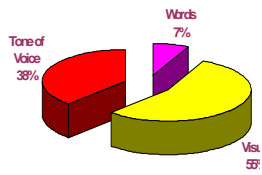
Illustrations:

- Use as many as possible.
- Use it to simplify difficult/complex information
- Use real-life examples
- Use
  - Charts
  - Diagrams
  - Maps
  - Pictures
  - etc.....
- After all, **"A picture is worth a thousand words"**

Notes:

- Write notes to yourself!
- Write on cards to remind yourself of points of importance or which need emphasis
- Use key words in the slides to juggle your own memory, as well as to help the participants learn easier!

Opening and closing:

■ Write opening & closing sentences in full.

■ Open:
  □ Be challenging and capture the audience
  □ Open with enthusiasm
  □ Do not apologize
  □ Make eye contact
  □ You may sometimes need to introduce yourself and your relevance to the topic (i.e. why are *you* delivering that topic?) [If the Course Coordinator has not done so].

■ Close:
  □ Discuss the "do's" and the "don'ts" for the topic.
  □ Remind them of the basic principles.
  □ Be conclusive when you finish.

Obtain Feedback

Dealing with Questions and answers...

Always have time for Q & A
- *...to detect confusion...*
- *...to clarify things...*

Simple formula....
- **Ask questions**
- Answer questions

Questions and Answers

Always allocate time for Q & A in the planning of the timing of the session.

- This is a tool to find out if people are confused/to clarify the session.

- The Q & A session needs not be only at the end of the session, you may intersperse it throughout the whole session.

When asking a question:

- Clearly phrase the question.

- Wait for 3 seconds (people need to digest the question!).

- Then repeat the question to the entire audience (if there are no takers):

  □ This gives you time to think

  □ Ensures everybody hears the question

  □ Keeps the attention of the audience on you

- Prepare answers to the questions you plan to ask!

- Sometimes questions are posed to challenge the audience to think after the lecture. In this case, don't give too many. This is not the case of the more the merrier.

Answering questions…

- Answer concisely.

- Deal with difficult questions calmly.

- Do not be defensive.

- NEVER make up an answer (it might come back to haunt you!).

- It is all right to say "I don't know". But offer to get/obtain the answer later.

- Prepare answers to anticipated questions.

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How to sabotage your presentation...

- Lose your slides
- Jumble up the slide sequence
- Don't read up beforehand
- Darken the room sufficiently so it is conducive to sleep
- Take 1 hour longer that the allocated time for your presentation
- Make sure you confuse them thoroughly
- Ignore glazed eyes or dazed expressions

</div>

- Certain things can be done so that presentations go well.

- Preparation for the session is not a waste of time.

- Always remember that the audience have expectations…
  Some of which are that…
    - You finish within the allocated time
    - You don't confuse them more than before they attended your session
    - That they learn something (at least!!)

Find out their expectations prior to the presentation if you have the opportunity!

How to excel in presentations......

- Ability to win attention
- Communicability
- Credibility

Visualize success

Envision yourself speaking with IMPACT
Be brief
Be clear
Be direct to the point

Ability to win attention:

- Attractive look, not necessarily beautiful…
- Appearance – be aware of your appearance.
- Attire – look professional.
- Enthusiasm (if you yourself are bored with the topic, guess what happens to the audience?).

Communicability:

- Message should be simple and clear.
- Logical presentation and makes sense. Jumbled up flow of presentation confuses people.
- Improves comprehension – communication includes obtaining feedback on whether people are confused or not.

Credibility:

- Be accurate, don't mess up your facts.
- Up to date facts will capture attention and increase your credibility (that is one of the reasons why you cannot use the same slides again and again!).
- Be relevant – give information relevant to audience's needs and aspiration.
- Support your presentation with concrete examples.
- Be honest - say you do not know if you truly do not know.

Summary

Apply the principles of adult learning in preparing and delivering your presentations. Laws of the teaching process, of the lesson, of the language are useful guides for you to prepare and deliver an effective presentation.

Exercise

You have to give a presentation to a group of nurses to talk about Quality Improvement Efforts in your hospital.

What do you have to do?

How are you going to put together a plan to deliver the presentation?

What would the plan look like?

Answers

You have to go through all the steps in planning and preparing your presentation, from identifying objectives of presentation, background of the nurses and the hospital and what contents to include. How much detailed is needed?

Your plan to deliver the presentation should cover the following areas:

a) Contents of presentation
   - what to cover, in how great detail etc.

b) Delivery mode
   - will it be lecture? Dialog?
   - are you using LCD or OHP or white board?

c) Environment of the place for the presentation
   - what type of room, seating arrangement etc.

d) Rehearsal
   - who are you going to test out your presentation on?
   - when are you going to do this?

With answers to the above, you would then have a working draft for the presentation.

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Chapter 13
Training Phase III:
The Evaluation

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Learning Objectives

At the end of the chapter, you will be able to:

- understand the need for evaluation in training

- learn how to evaluate training

Contents

Chapter 13

Laws of learning

Law of review and application

→ You must confirm the completion of the content taught.

If a man will begin with certainties he shall end in doubts but if he will be content to begin with doubts he shall end in certainties

(Francis Bacon, 1605)

In this chapter, we will go through Evaluation of Training in terms of

- What is it?
- Why do it? (the need for it)
- What are the results used for? Used by whom?
- What is the value of doing evaluation of training?

A framework, by Donald Kirkpatrick, is explained, to show the different levels in evaluating training.

Methods for data collection, mainly tools, are briefly described, according to the different levels.

Areas/topics/questions that are usually included in the data collection tools are briefly described.

Chapter 13

Questions to ponder....

1. Evaluate what?

2. Why evaluate?

What do we mean when we say we need to evaluate training?

1. **Evaluate what?**
   - A particular training course?
   - The trainees?
   - The trainers?
   - The training department?
   - Training materials?

2. **Why evaluate?**
   - Do we want to know whether:
     - The training works? (i.e. was it effective?)
     - If so, what is the training supposed to do?
       - Change behavior?
       - Change attitude/mindset?
       - Improve performance on the job?
       - Prevent errors/mistakes?
       - Improve quality?
   - The training is efficient?
     - Time consumed for training?
     - Can be shortened?
     - Can it be eliminated?
   - Cost of training?
     - Whatever it costs, is it worth it?
     - Says who?
     - On what basis?

Questions to ponder....(Cont.)

1. Evaluate what?

2. Why evaluate?

3. Evaluate for whom?

4. To achieve what?

3. Evaluate for whom:

▫ Essentially what are we trying to find out, in evaluating training, and for whom?

▫ Who are the user for the evaluation results? Who wants to know?
   ♦ The trainees themselves?
   ♦ The managers of trainees?
   ♦ The CEO of the managers of the trainees?
   ♦ The trainers?
   ♦ The managers of trainers?
   ♦ The CEO of the managers of the trainers?

4. What do we plan to achieve in the evaluation?:

▫ Is the aim to improve training?

▫ Check on the knowledge gained by participants?

▫ Justify the training course?

"What is the trainee supposed to be able to do as a result of training?"

(Bob Mager)
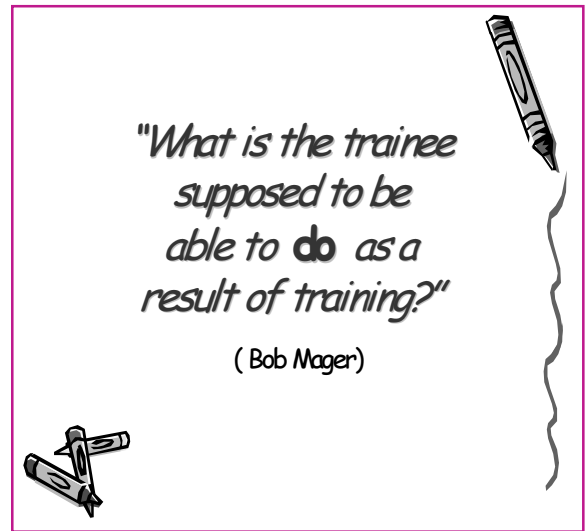
- This question is central to the evaluation of training.

- It focuses on behavior of the trainee on the job, i.e. **after** the training.

- In the evaluation exercise, is this the objective of the evaluation? Or something else?

- We need to understand the link between training and the workplace, and their structural relationship before we begin to try to answer the questions posed earlier.

Chapter 13

Value of Evaluating Training

Identify....

➢ **Whether the training programme has achieved its objectives** → *accountability!*

➢ Areas for improvement

➢ Value of training

➢ Unnecessary training (that can be eliminated!!)

Laws of learning

Law of the learning process

→ The learners must reproduce in his/her life the content to be learned.

■ Identify whether the training program has achieved its objectives.

■ Training conducted for "Promoting Awareness in Quality Activities" implies that participants should be aware of, and know, some common methodologies employed in Quality Activities.

■ An evaluation would be able to tell you this.

■ Training courses should be able to *do* what it says (objectives) it does!

Value of Evaluating Training (Cont.)

Identify....

➢ Whether the training programme has achieved its objectives → *accountability!*

➢ **Areas for improvement**

➢ Value of training

➢ Unnecessary training (that can be eliminated!!)

Areas for improvement:

■ An evaluation will be able to tell you which areas are easily accepted, which strategy employed is not favorable to participants.

(Example: From comments such as: too many lectures, not enough exercise, increase time for discussion and so forth).

This can also tell you whether participants are happy with the food, venue, duration of course, etc. You should consider the feedback, and take action where necessary, and not continue on conducting the course as you have done previously.

■ An evaluation would be able to identify problem topics that poses difficulty in learning, which topics are "easier" to participants, which are "difficult", from the knowledge that they have retained. This can help you redesign the program to facilitate learning.

Value of training:

■ What good has the training achieved?

■ How does the training relate to the organization's objectives (and business)?

■ Does it ("Promoting Awareness in Quality Activities") really create awareness beyond just those who attended?

Is this awareness disseminated/diffused into the working environment? As in, does the training affect a third party? (People who do not attend the workshop become aware through information from the participants?)

Value of Evaluating Training (Cont.)

Identify....

➢ Whether the training programme has achieved its objectives → *accountability!*

➢ Areas for improvement

➢ Value of training

➢ **Unnecessary training (that can be eliminated!!)**

Unnecessary training (that can be eliminated):

■ This is a really difficult situation, proving that your training is not necessary and should be eliminated!

■ Trainers, with vested interest, hesitate to do this as their livelihood is at stake!

■ But, if the training is of no use, why continue wasting organizational resources to conduct the training?

■ An evaluation would be able to tell you this.

Chapter 13

Looking at training as ...

an intervention

Results of Training

→ Change in KAP ??

Depending on what the training course is supposed to achieve, we can look at training then as an intervention, and see if there are changes in:

- Knowledge

- Attitude

- Behavior/Practice

Training & the Workplace

Figure 1: The Structure of the Training Evaluation Problem
(From :- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000.
http://home.att.net/~nickols/evaluate.html)
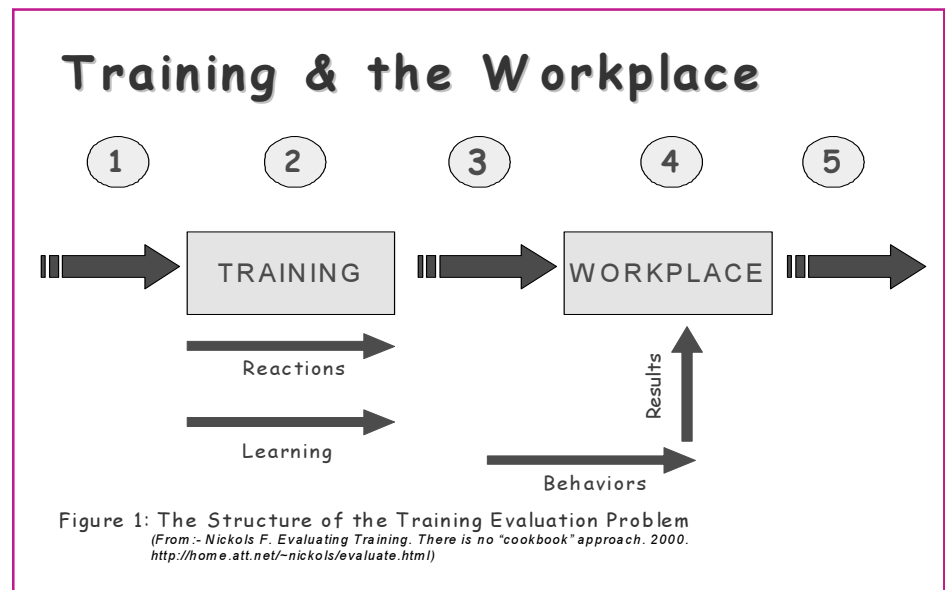
Most training takes place in an organizational setting, usually to support requirements of skills and knowledge.

The relationship between training and the workplace is depicted in this figure by Nickols. He uses the four elements of Donald Kirkpatrick's Framework for evaluation of training.

The **4 elements** of Kirkpatrick's framework are the small arrows. The 4 elements are:
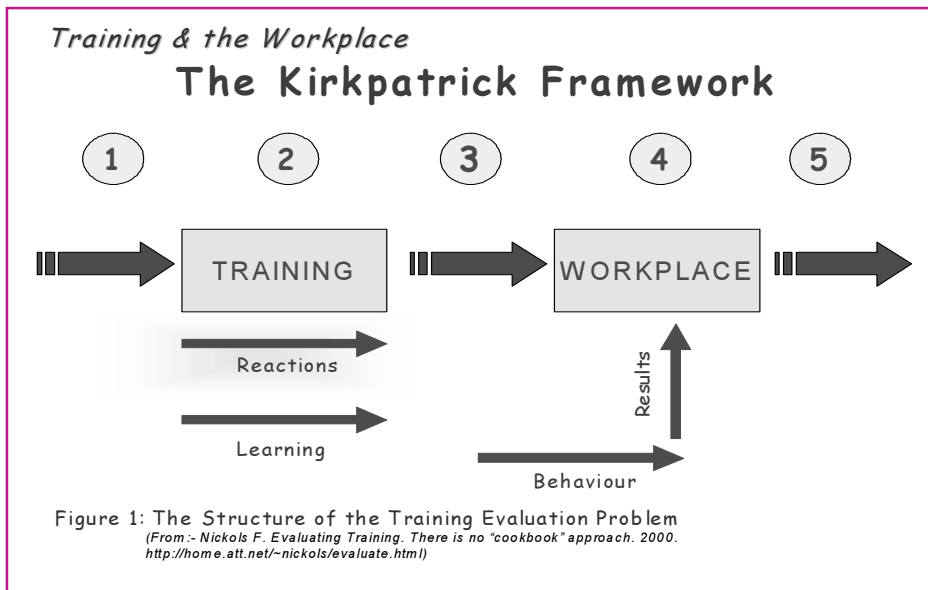
1. reactions
2. learning
3. behaviors
4. results

There are 5 basic points where we might:

- take measurements, or
- reach judgments.

The **5 points** are indicated by the numbers 1 to 5.

1. Before training
2. During training
3. After training or before entry/reentry (into the workplace)
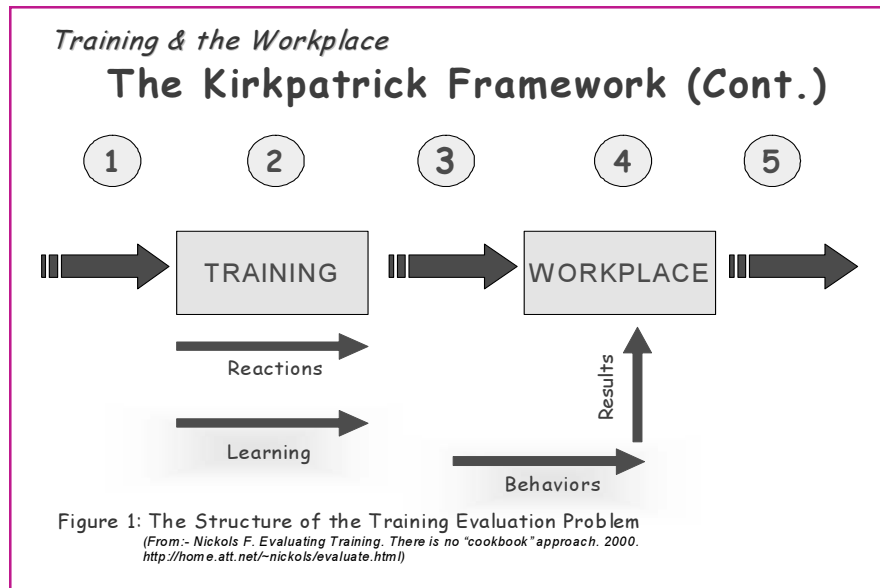4. In the workplace
5. Upon exiting the workplace

Chapter 13

Training & the Workplace
The Kirkpatrick Framework

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000. http://home.att.net/~nickols/evaluate.html)

The 4 elements of Kirkpatrick's framework are as shown in the small arrows in the diagram above:

#1. Reactions: How well the trainees liked a particular program
- Does the trainee like the course? How was:
  - The food?
  - The lodgings?
  - The lectures? Boring?
  - Enough exercises?
  - Too many lectures?
- Usually measured at Point 3.
- This is a summative or end-of-course assessment.
- Reactions are also measured *during* the training (Usually informally, via trainer's perceptions).
- It is most "primitive" and widely used evaluation method.
- Easy, quick to administer, inexpensive.
- Negative indicators could mean difficulty in learning.

Example: Complaints about the lecture on "Quantitative Tools in Data Analysis" at the evaluation of a course. This is an indicator that people have difficulty with this topic. Need to add an exercise? Change style of teaching?

Training & the Workplace
The Kirkpatrick Framework (Cont.)

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000. http://home.att.net/~nickols/evaluate.html)
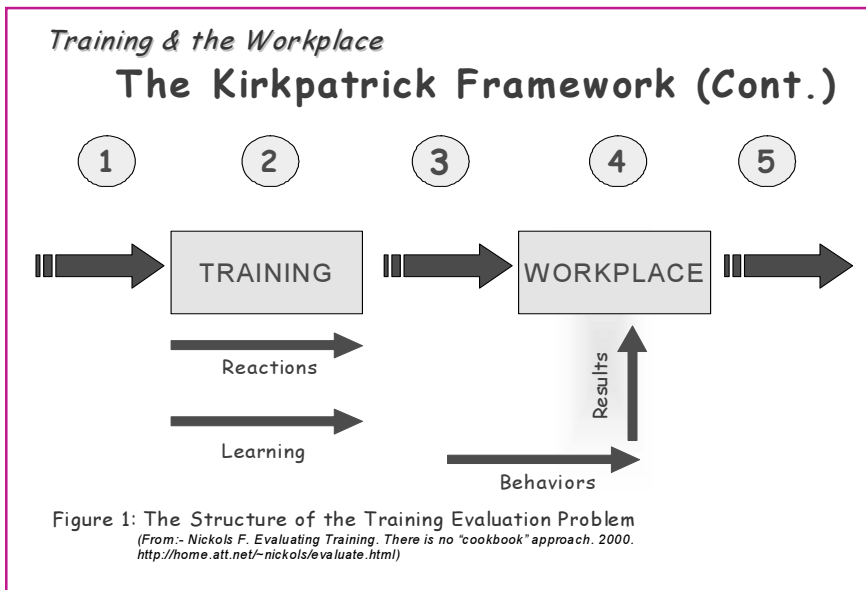
#2. Learning: What principles, facts and techniques were understood and absorbed by the trainees?

- At the end of the course:
  - What can they do?
  - What do they know?
  - To be able to say that the gain in knowledge/skills came from the training, their level of knowledge/skill have to be known before the workshop.
  - Therefore, usually measured at Points 1, 2 & 3 before, during and after training.
  - Did the participants learn what the course objectives said they should?

3. Behavior: Changes in behavior on the job

- Measurement must be done at the workplace, as the change we want to detect is during working.
- Measure at Point 4.
- However, remember that:
  - Behavior changes are acquired during training, and
  - They are then carried on (or not!) in the workplace.
  - Therefore, should consider measuring behavior at Point 1 and 3 as well.
  - How else are you going to prove that the behavior was not present prior to training?

Chapter 13

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000.
http://home.att.net/~nickols/evaluate.html)
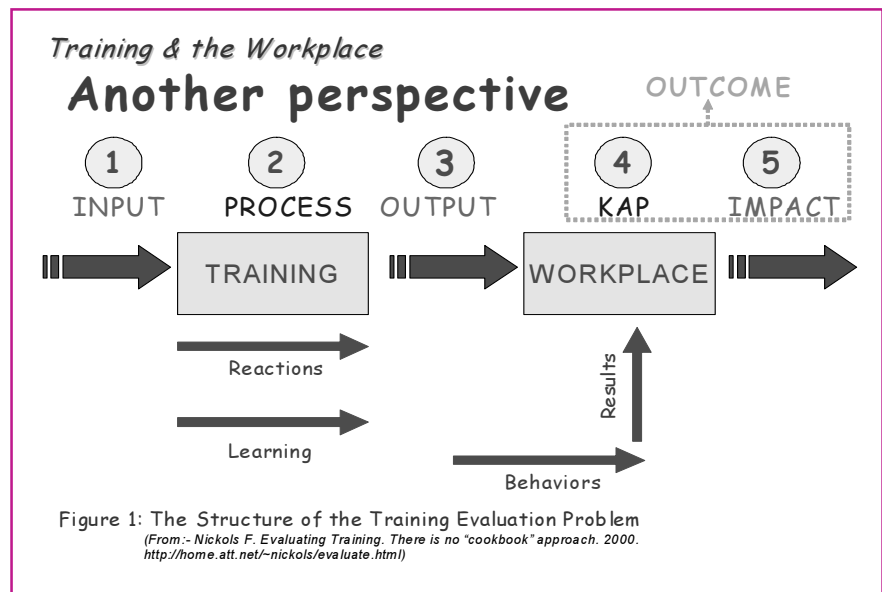
4. Results: Is there:

- ▫ Improved quality?
- ▫ Improved morale?
- ▫ Cost reduction?
- ▫ Reduced complaints?
- ▫ Reduced absenteeism?

- ■ Ties training to the organization's bottom line.
- ■ These are measured at the workplace, at Point 4.
- ■ Generally applies to training that seeks to overcome a business problem caused by lack of skills or knowledge.
- ■ **Problem**: Difficult to link this directly to training.

Levels 1, 2 and 3 focuses on the **trainee.**

- ■ Has there been change in behavior? Increased knowledge? Different attitudes?

Level 4 changes the focus of the evaluation from the trainee, to **organizational payoffs or return on investment,** on the training**.** It looks at the results of training, from the organization's perspective.

- ▫ It measures the company's bottom line
- ▫ Is the money invested worth it?

Chapter 13

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000. http://home.att.net/~nickols/evaluate.html)

Another approach is to call the Points 1 to 5 by different names:

- Point 1: Input
- Point 2: Process
- Point 3: Output
- Point 4: KAP – Knowledge, Attitude, Practice
- Point 5: Impact

Both points 4 & 5 make up the term "Outcome".

- **Input:**
  - Before entering the training session

- **Process:**
  - The actual attendance of the course, the training process itself

- **Output:**
  - Immediate results of the training course

- **Outcome:**
  - Short term effects of evaluation
  - Results seen after the course, in the workplace
  - Usually evaluated at 3-6 months

- **Impact:**
  - Long term effect of the training
  - Evaluated several years later
  - Did the behavior persist at the workplace?

When to do what???

Level 1 – Reactions
→ Should be done for all courses

Level 2 – Learning
→ Done for any course where trainees need to retain knowledge or apply a skill
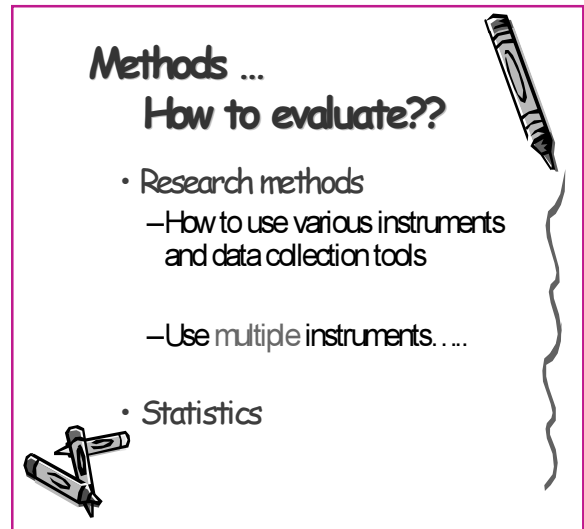
Level 3 – Behaviour
→ Necessary when course objective is to change behaviour

Level 4 – Results
→ In cases where the results are a priority to the company

1. Farmer recommends that **Level 1** should be done for all courses.

   ■ It is probably the only type of evaluation extensively applied in training courses.

2. **Level 2** usually done in academic (university/college, etc.) setting training.

   ■ It should also be conducted when necessary for any course in an organizational setting.

   ■ Do this when trainees need to learn some (new) knowledge. E.g. "Promoting Quality Activities": at least the Quality Circle should be retained, if nothing else!

   ■ Do this when they have to acquire skill....Did they actually learn the skill? E.g. You have taught them how to display their data. Can they do it?

3. **Level 3** should be done when behavior change is necessary.

   ■ For example, a group has been identified to carry out quality improvement activities at their hospital/health office. When they are back in their workplace, did they practice it? Or ignore it?

4. **Level 4** is done when the cost needs to be justified.
   ■ Is the training worth the cost to the organization?

Problem: It is not always practical to conduct Level 3 and 4 evaluation for all courses, as the costs of conducting it is higher, than the other levels.

You need to know research methodology, and have a basic knowledge of statistics.

Research methods:

■ Need to know the various data collection tools available, and when to use them!

Use of multiple instruments:

■ Each instrument has its inherent strengths and weaknesses.

■ Multiple instruments can compensate for the weakness in another instrument, and complement the strengths of another.

■ Provide more credibility.

■ May produce results that could have been missed with a single evaluation instrument.

Statistics:

■ Learn some basic statistics.

Look at how others have analysed their evaluation for examples.

Chapter 13

Methods → The Evaluation Instrument

The Kirkpatrick Framework

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000. http://home.att.net/~nickols/evaluate.html)
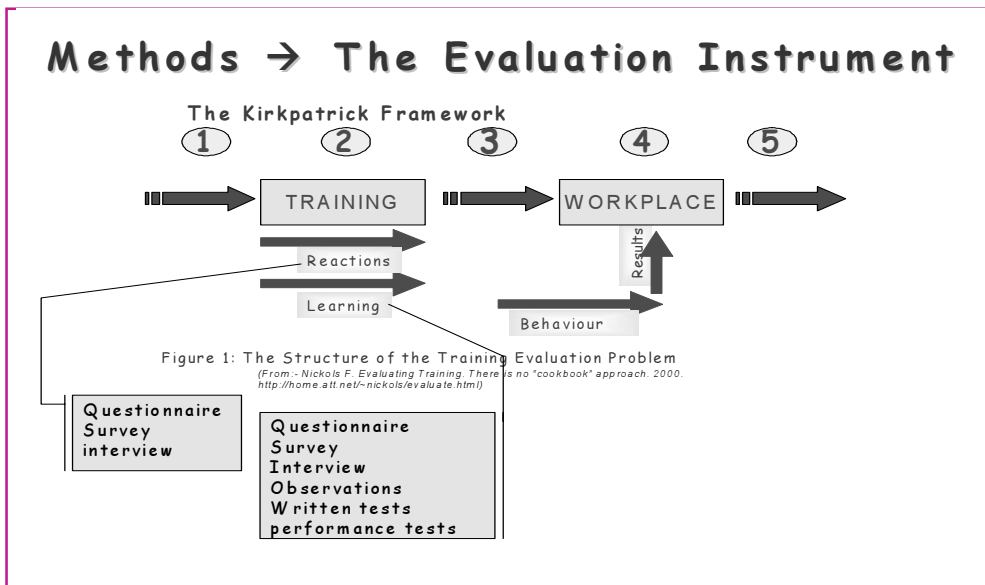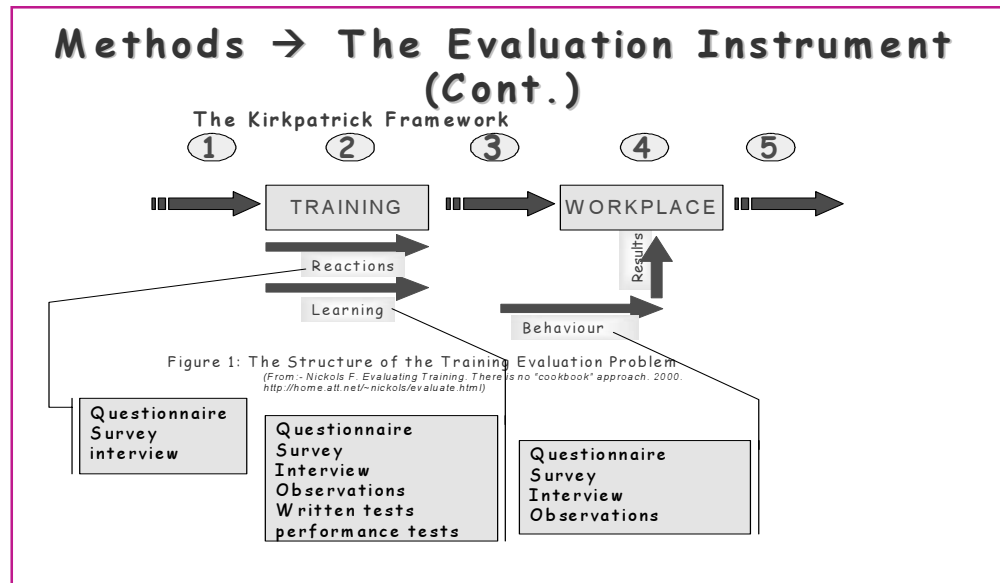
1. Reactions: How well the trainees liked a particular program

- This is a summative or end-of-course assessment, measured at point 3.
  □ Use a self administered questionnaire.
  □ Administer at the end of the course.

- Reactions are also measured *during* the training (measure at point 2).
  □ Talk to participants, listen to their grouses, complaints….

2. Learning what principles, facts and techniques were understood and absorbed by the trainees?

- Measure at points 1, 2 & 3 before, during and after training.
- Usually pre and post tests are used, either through:
  □ Written test (multiple choice questions, essays etc.) or
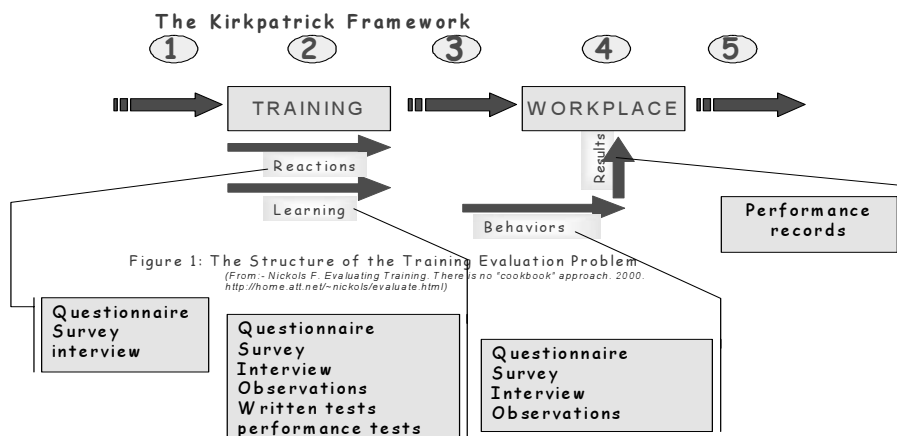 □ Performance tests

Example: Provide a computer, some data and ask them to produce for example a pareto chart, cross tabulations etc. to answer some questions pertaining to the data.

Methods → The Evaluation Instrument (Cont.)

The Kirkpatrick Framework

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000.
http://home.att.net/~nickols/evaluate.html)

Questionnaire
Survey
interview

Questionnaire
Survey
Interview
Observations
Written tests
performance tests

Questionnaire
Survey
Interview
Observations
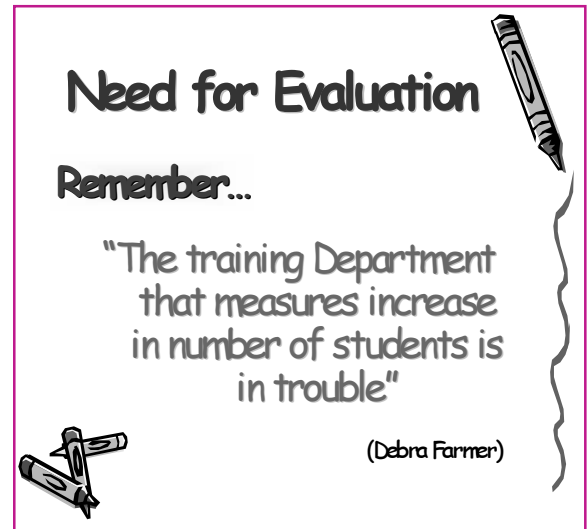
3. Behavior: Changes in behavior on the job

■ Measure at Point 4.

■ May need follow-up questionnaire or observations.

■ Can also use telephone interviews.

■ This level, however, is difficult to do as human behavior needs to be measured. It is difficult to demonstrate change in behavior when the Hawthorn effect tells us that behavior will change when it is observed! How then do we know the true behavior on the job?

■ Design and use of observation is essential to minimize this effect.

    □ Example:

        ● Use a person already in the workplace.

        ● Have a checklist for observer.

        ● Conduct training on what to observe (to reduce inter-observer biases).

Chapter 13

Methods → The Evaluation Instrument (Cont.)

The Kirkpatrick Framework

Figure 1: The Structure of the Training Evaluation Problem
(From:- Nickols F. Evaluating Training. There is no "cookbook" approach. 2000. http://home.att.net/~nickols/evaluate.html)

4. Results: Ties training to the company's bottom line

- Measured at Point 4.

- Difficult to tie training to the bottom line, usually money.

- Some Managers/Executives assume that a positive Level 3 evaluation implies success at Level 4. Some are willing to assume that if employees are exhibiting the desired behavior on the job (Level 3), this will affect the company's bottom line positively.

- Performance records can be used to evaluate a training program's effect on the company.
  - Examples:
    - Costs incurred
    - Amounts produced
    - Revenue generated
    - Time required to complete tasks
    - Reduction of wastage and errors

- Measure both before and after training, to be able to quantify the effects of training.

- Any measurable savings to the organization could be compared to the actual cost of delivering training.

Chapter 13

Need for Evaluation

Remember...

"The training Department that measures increase in number of students is in trouble"
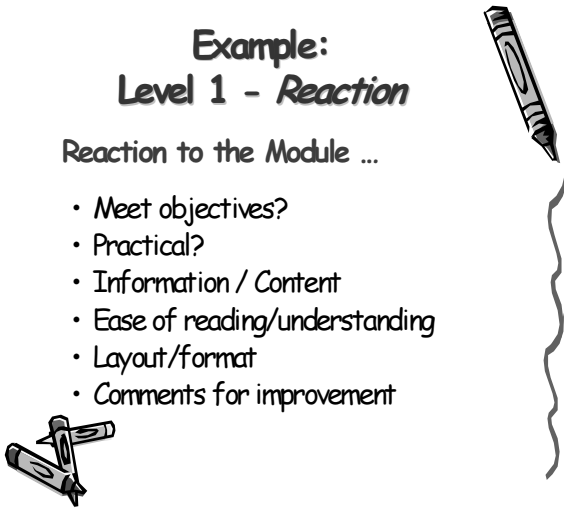
(Debra Farmer)

- Measuring number of students alone is hardly sufficient.

- It might be necessary, but not adequate.

- It just deals with workload of the training department, not what it achieves, not its effectiveness (participants' gain in knowledge/skills), not its efficiency (results produced worth the expenditure?).

The subsequent slides show the examples how the different levels of evaluation can be carried out in the context of a quality improvement training.

Chapter 13

Example:
Level 1 - *Reaction*

Reaction to the Module ...

- Meet objectives?
- Practical?
- Information / Content
- Ease of reading/understanding
- Layout/format
- Comments for improvement

In **level 1 - Reaction**, there are two aspects to look at:
- The reaction to the module, and
- The reaction to the workshop, *assuming* that the module was implemented via a workshop.

Use a Likert scale, or a visual analog scale (vas) or such similar response categories for the response. Avoid a yes/no answer. Life is almost never a clean cut "yes" or "no".

First, let us look at reaction to the module/manual itself. Areas to ask about include:

1. Meet objectives?
- Does it meet its objectives?
- You may ask:
  "How satisfied are you with the extent that the objectives have been met?"

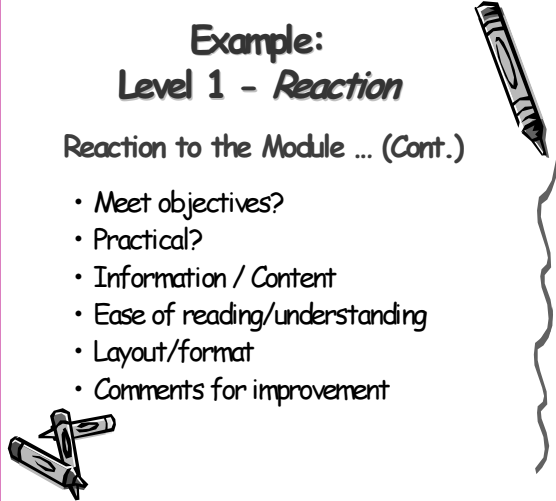|	*Very unsatisfactory*				*Very satisfactory*
Objective I	*1*	*2*	*3*	*4*	*5*
Objective II	*1*	*2*	*3*	*4*	*5*
etc.	*1*	*2*	*3*	*4*	*5*

2. Practical?
Example: "How practical do you feel this module/manual is in helping you in your workplace?"

Example:
Level 1 - *Reaction*

Reaction to the Module ... (Cont.)

- Meet objectives?
- Practical?
- Information / Content
- Ease of reading/understanding
- Layout/format
- Comments for improvement

3. Information/Contents?

- Amount of information

- Redundancies

- Missing areas

▫ Ask about how the participant feels about the amount of information - too much? Insufficient?

▫ Ask if there are redundancies, and which are the areas considered as redundant

▫ Ask if there are areas of information missing from the module, topics that should have been covered but wasn't.

4. Ease of reading/understanding

- Was it easy to read? Or the language used is too sophisticated and complicated that the content is not easily understood.

- Ask for areas/topics which the reader found to be difficult to read or understand. Which chapters?

5. Layout/format

- How satisfactory is the layout used in the manual?

- What can be improved upon?
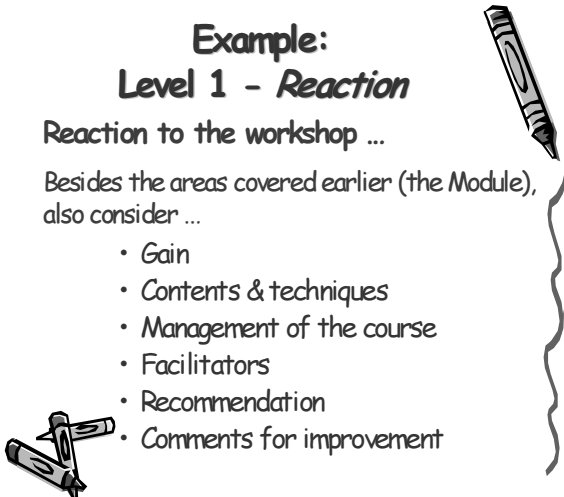
6. Comments for improvement

- Ask for comments (open question) from readers any suggestions for improvement?

> ## Example:
> ## Level 1 - *Reaction*
>
> **Reaction to the workshop ...**
>
> Besides the areas covered earlier (the Module),
> also consider ...
> - Gain
> - Contents & techniques
> - Management of the course
> - Facilitators
> - Recommendation
> - Comments for improvement

In level 1 evaluation of the workshop, you may want to include beyond evaluation of the training module, the reactions of the participants to the workshop itself.

1. Gain
- Knowledge
- Skill
- How satisfied are participants with the knowledge they have gained?
- How satisfied are they with the skills gained?
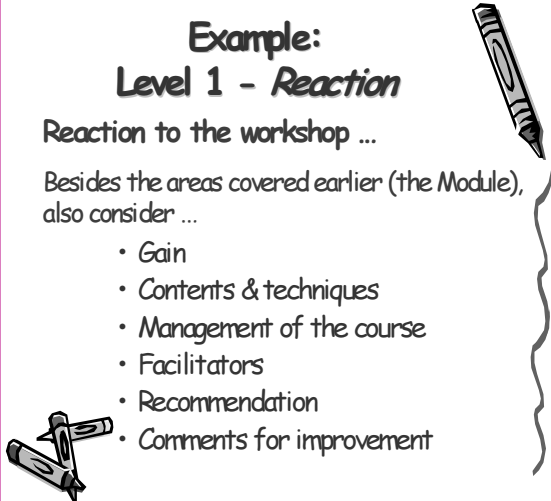
2. Contents & techniques
- Contents: ask about their satisfaction/perception towards:
  - Course contents and its appropriateness
  - Flow of contents taught
  - Emphasis on theory (enough? Insufficient?)
  - Emphasis on practical.
- Techniques: ask about their opinion of the techniques used in the course, such as: Lectures, Group work, Case studies, Exercises, Project analysis, Visits, Video/films, etc.
- Was it satisfactory? Adequate? Well conducted?
- Ask for additional comments for each of the technique.
- Have questions for each lecture/session given and ask about their satisfaction/ perception on the:
  - Contents covered
  - Delivery
  - Relevance of contents to the course.

Example:
Level 1 - *Reaction*

Reaction to the workshop ...

Besides the areas covered earlier (the Module), also consider ...

- Gain
- Contents & techniques
- Management of the course
- Facilitators
- Recommendation
- Comments for improvement

3. **Management of course**: ask about the logistics and running of the course, such as:
    - Duration
    - Facilities
        - Lodging/rooms
        - Food
        - Lecture halls
        - Library
        - Notes
        - Reference materials
        - Computers
        - Sports & recreation
        - Social activities, etc.

4. **Facilitators of the course**. Ask about their:
    - Interaction with participants
    - Readiness to receive feedback
    - Readiness to act on feedback
    - Overall management

5. **Recommendation**
    - Would they recommend this course to others? This would be a measure of the value of the course.

6. **Comments**
    - Ask for their comments on how to improve the course.
    - Ask for what they feel are the strengths and weaknesses of the course.

Example:
Level 2 - *Learning*

Assessment of

–Knowledge gained by participants

· Ask only about knowledge covered!

· Usually in the form of pre- & post tests

– then it is knowledge gained before and after the course.
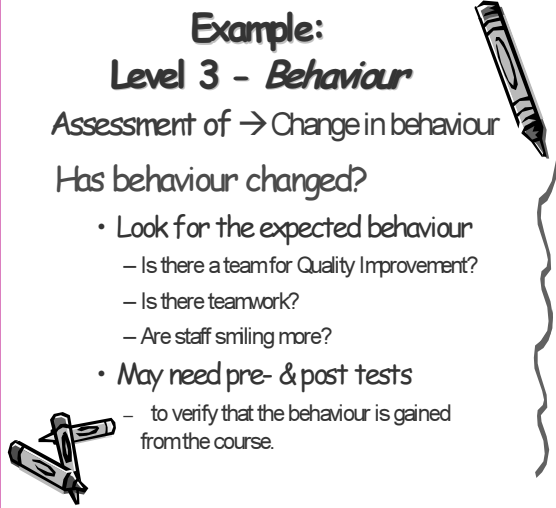
- **Level 2: Assess** what participants is supposed to have learned.

- Ask about knowledge present in the modules.
  - □ E.g. "What is the Quality Circle?"

- Usually both pre and post tests are instituted.

- However, when a formal test (assessment) was not planned for in the beginning, then we would only have the post test results.

- Post tests only assess:
  - □ Knowledge gained after the course (Would not know if knowledge was gained *from* the course!).
  - □ We would not know the baseline for the person, unless in situations where new skills are introduced.
  - □ This can still be used, as a final assessment, where levels are set whereby a person is considered to have gained sufficient knowledge to "pass" the formal assessment.

- Pre - and post tests may be:
  - □ written tests (e.g. multiple choice questions).
  - □ viva/oral assessment.
  - □ demonstration of a skill.

Example:
Level 3 – *Behaviour*
Assessment of → Change in behaviour

Has behaviour changed?
- Look for the expected behaviour
  - Is there a team for Quality Improvement?
  - Is there teamwork?
  - Are staff smiling more?
- May need pre- & post tests
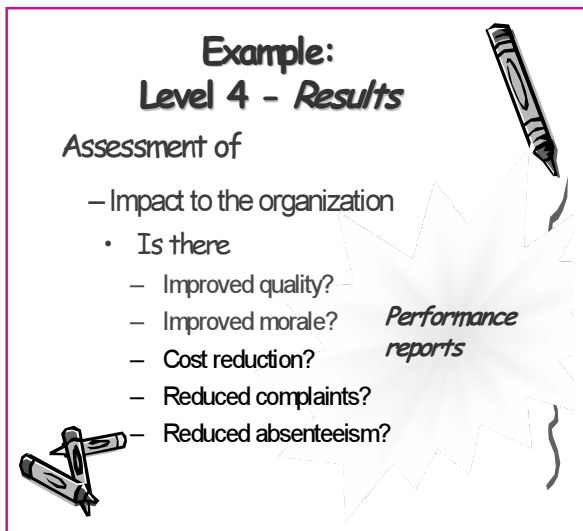 - to verify that the behaviour is gained from the course.

- **Level 3** evaluates whether there is a behavioral change on the job. Hence, evaluation is at the workplace.

- You may observe whether the skills learned at the workshop is applied in daily workplace.
  Example: the quality team manager has been taught the value of teamwork and how to promote it for quality improvement. Is it practiced?
  - Has a team been formed for quality initiatives as taught in the course?
  - Is the team functioning? Do they meet?
  - You may measure the number of contacts among different staff members during a typical shift.
  - The more staff talk to each other, the greater the number of interactions among them, and the more likely that there is teamwork.

  Example: Training was instituted (to front line officers) to improve public relations in an Outpatient Department. Are people practicing what is asked of them?
  - Eg: What is the ratio of smiling to frowning employees? (This maybe an issue at the front desk of customer service)

- The evaluation is usually in the form of:
  - observations, interviews, performance reports.

Example:
Level 4 - *Results*

Assessment of

– Impact to the organization

• Is there

– Improved quality?
– Improved morale?   *Performance reports*
– **Cost reduction?**
– Reduced complaints?
– Reduced absenteeism?

Usually done in the form of performance reports.

The difficulty is linking training with the impact. It is hard to demonstrate empirically that the improvements seen are due to the training.

■ **Level 4 - results.** Is there:

1. *Improved quality?*

   A team that has been formed to handle the problem of the high rate of chest reopen in CABG – is there improvement in quality of care now? What indicators would you use for this?

2. *Improved morale?*

   A quality control circle was formed to solve the problem of high staff turnover at a unit – did the team improve morale and reduce this reluctance to work in the unit?

3. *Cost reduction?*

   A Clinical Practice Guideline was instituted to guide and standardize antibiotic usage in Intensive Care Units as it was found that many physicians prefer to using expensive new antibiotics when a cheaper one could have done the job equally well – was there cost reduction (in use of antibiotics)?

4. *Reduced complaints*

   Training was instituted (to front line officers) to improve public relations in an Outpatient Department – is there a reduction in complaints from the public?

5. *Reduced absenteeism?*

   There have been multiple complaints, ranging from issues on the environment to workload, in a unit and a high rate of absenteeism. A team had been formed to find out the problems and give recommendations for improvement. After this, is there a reduction in absenteeism?

> We not only have to worry about what we teach, but how we teach.
>
> ~ anon
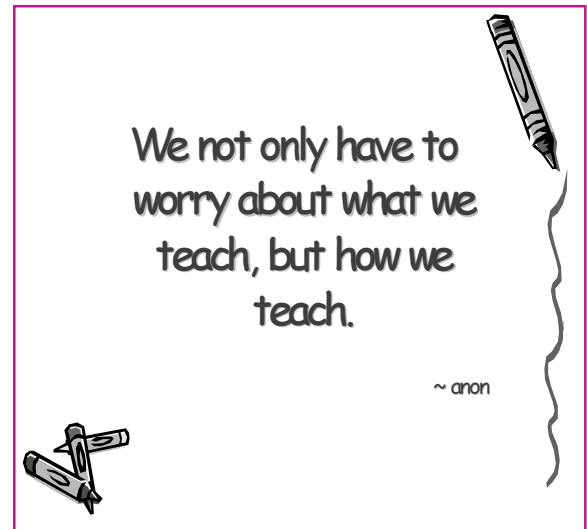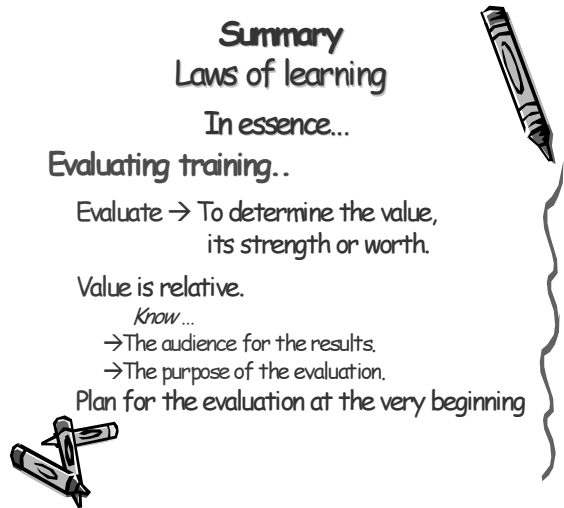
- How we teach is vital to the success of training.

- With the same contents, different teaching methods can achieve different results.

- And if we do not evaluate, how else can we know
  - What went wrong?
  - What was done well?

- We need to have appropriate training for each target group.
  - Example:
    - Just-in-time training prepares team for specific project at hand.
    - Leadership training for quality improvement Team Leaders.
    - Trainers go to a Facilitator Course.

Chapter 13

Summary
Laws of learning

In essence...

Evaluating training..

Evaluate → To determine the value,
its strength or worth.

Value is relative.
Know ...
→The audience for the results.
→The purpose of the evaluation.
Plan for the evaluation at the very beginning

Laws of learning
Law of the learner

The learner must attend
with interest in the
content to be learnt

- To "evaluate" something is to determine its
  - Value
  - Worth
  - Strengths

- The problem is, value is relative. After all, "beauty is in the eye of the beholder".
  - Determine who is the user/audience of the results of the evaluation.
  - What is the objective of the evaluation.

- We need to plan ahead for the evaluation!

- If we only start to think about the evaluation during the training course, we have lost the opportunity to do pretests if necessary.

Exercise

You are designing a training course on "Promoting Awareness in Quality".

Go through the Evaluation Matrix Sheet and identify the issues for each level.

Evaluation Matrix Worksheet

Levels	What might be measured?	What are the data sources?	How should data be collected?	What are potential problems?
Level 1 (Reaction)				
Level 2 (Learning)				
Level 3 (Behaviour on job)				
Level 4 (Results)				

Source: Birnbrauer, 1987, In Farmer DM & Hodell C. Evaluation of the Effectiveness of Training Programs (based on Don Kirkpatrick's 4 Levels of Evaluation). http://research.umbc.edu/~hodell/602rp7.html).

Use the Evaluation Matrix Worksheet to help you to design the evaluation for the course.

Please note that the designing and planning for the evaluation is done before the workshop is carried out i.e. in the preparation and planning for the workshop.

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Todesco A. from Training Evaluation to Outcome Assessment: What Trends and Best Practice tell Us. A Progress Report. Public Service Commission, Learning Services Directorate. 1997. (http://learnet.gc.ca/eng/rescentr/fulltx/outpap.html).

Chapter 13

Notes:

Chapter 14

Teaching Practice & Critique

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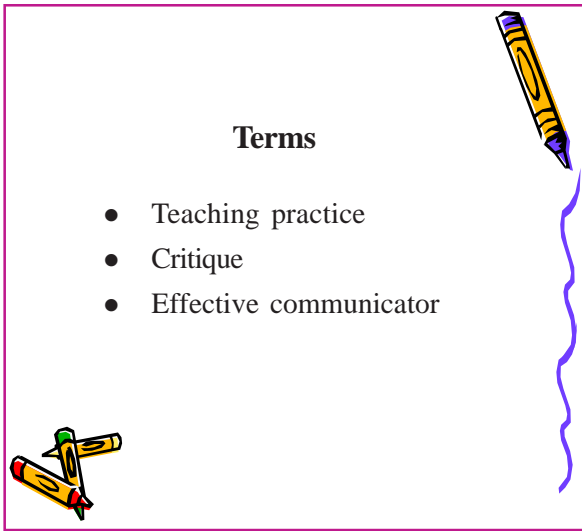Institute for Health Systems Research
Ministry of Health, Malaysia

Learning Objectives

At the end of the chapter, you will be able to:

- learn about teaching practice

- learn how to critically appraise teaching/training skills

Contents

Chapter 14

Terms

- Teaching practice
- Critique
- Effective communicator

■ **Teaching practice**

A teaching setting in which the normal complexities of the classroom are reduced. The trainee teacher will be allowed to act out as a trainer to a group of trainees/facilitator or alone, in front of a video recorder.

■ **Critique**

This session is required so that participants can point out the positive attributes as well as the negative aspects of the presentation during the teaching practice.

■ **Effective communicator**

This is important to ensure that the intended message of the sender and the interpreted meaning of the receiver are one and the same. Hence, a trainer needs to go through practical exercises and critique sessions to ensure one is suitable to be an effective communicator.

Why Do We Need A Teaching Practice?

- Refine Skills
- Increase range of teaching skills
- More effective trainer

■ To refine and increase the range of teaching skills through practice and constructive feedback.

■ To help one become a more effective trainer.

Specific Skills to Practice

- Set Induction
- Explaining
- Question and Reinforcement
- Closure
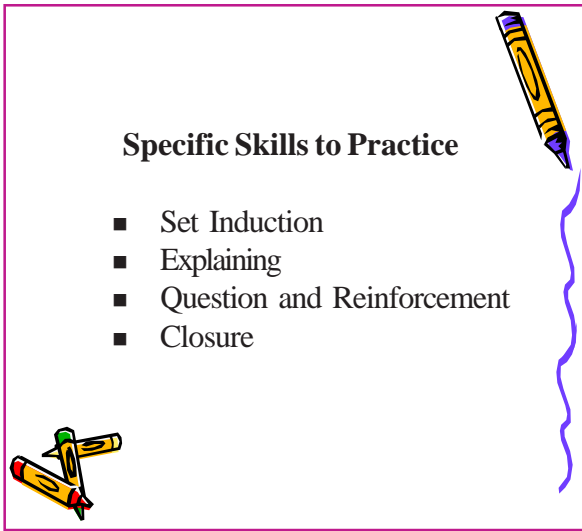
- Specific skills in a training practice which have been identified as activities that can be isolated and taught are:

  □ Set induction – the ability to prepare a class for learning, often by means of an analogy, a demonstration, or a leading question.

  □ Explaining – the ability to use both verbal and visual examples and illustrations at appropriate times in a discussion.

  □ Questioning and reinforcement – the ability to ask stimulating questions and to reinforce students' responses.

  □ Closure – the ability to bring a learning activity to a close in a way that not only summarizes the activity, but also draws it together into a new conceptualization or learning framework. At the end of the instruction, it is a complement to the set induction.

**What are the Ways to Conduct a
Teaching Practice?**

- Role playing
- Simulation and games
- Videotape
- Computer based method

The use of the correct teaching methods is one of the prerequisite of an effective trainer. This will allow better understanding and retention of the facts that have been communicated.
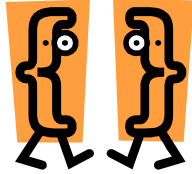
Role playing, simulation and games, videotape, computer based methods are the commonly used teaching practice methods. The details of each method is as described in the next few slides.

Chapter 14
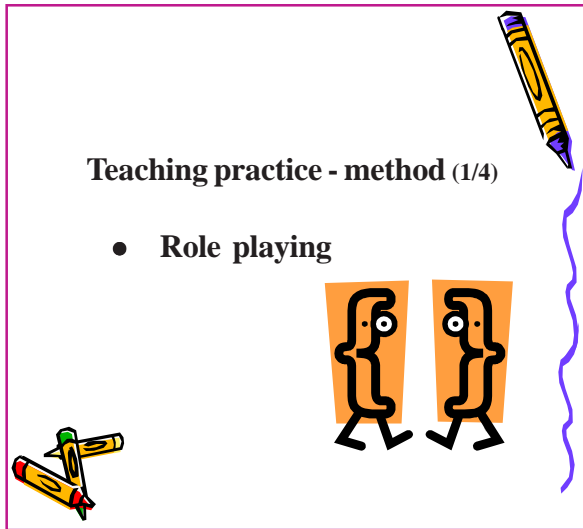
Teaching practice - method (1/4)

- **Role playing**

Role playing:

This is one of the most effective methods for learning skills in a controlled setting. It allows the trainer to 'try on' a variety of different styles and identify the ones that is best suited for the occasion.

One of the benefits of role playing is that it can be both educational and fun.

In role playing, the trainer creates a scenario of teaching through characters in a play. Actors are identified and scripts given for them to act. After the play, the trainer synthesizes the learning to the audience.

Example: To demonstrate interviewing technique, an interview scenario is created with scripts incorporating the important "do's" and "don't's" of a face-to-face interview. Q&A session is held after the play to synthesize the lessons learned.

Pantomime is particularly useful for analyzing the impact of non verbal communication such as eye contact, physical contact, postures, gestures, smiles, attitude, etc. Because no words are spoken, players and observers can focus all their attention on the non verbal communication.

Teaching practice - method (2/4)

● **Simulation and games**
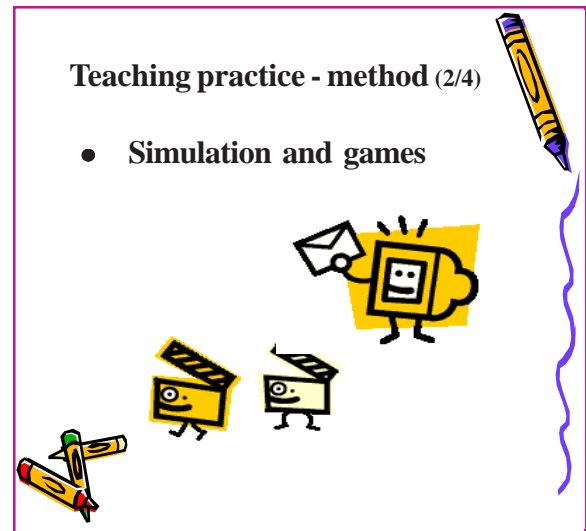
Simulation:

This is to reinforce understanding based on actual encounters.

Games are tried out, and situations that arise are documented, so that possible solutions could be planned.

Simulations involve imitating the conditions of a situation/process etc. for training. It resembles the real thing, but is not genuine.

E.g.: Testing out a game planned, but on peers instead of the actual participants.

This will help:
■ giving more confidence, at least to have tried out this procedure/game/play this once, i.e. during the simulation exercise.
■ providing a list of possible scenarios/situations/issues that may arise during the process, and
■ one or more methods/ways to handle these situations/issues

Hence, it helps the trainer to be more prepared.

Teaching practice - method (3/4)
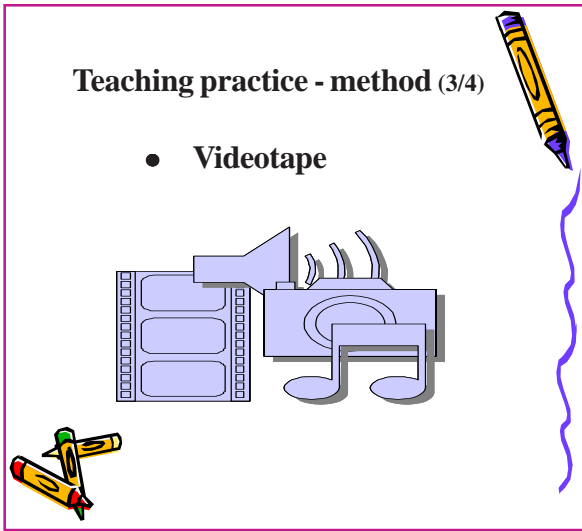
- **Videotape**

Videotape:

This is another highly effective training device which includes video or audio taping. Seeing or hearing oneself on tape makes one more aware of one's own communication style. Video or audiotape can be used in a variety of ways. Role playing can be recorded and played back instantly so that players can see how they acted and the impact of their behavior on others.

The advantage of recording is that the tapes can be played over and over and used to analyze the practice sessions.

Feedback from peers are invaluable in helping trainers develop training skills.

Criticism and feedback from participants should be valued, and necessary action taken by the trainer for self improvement.

Teaching practice - method (4/4)

• **Computer Based Method**
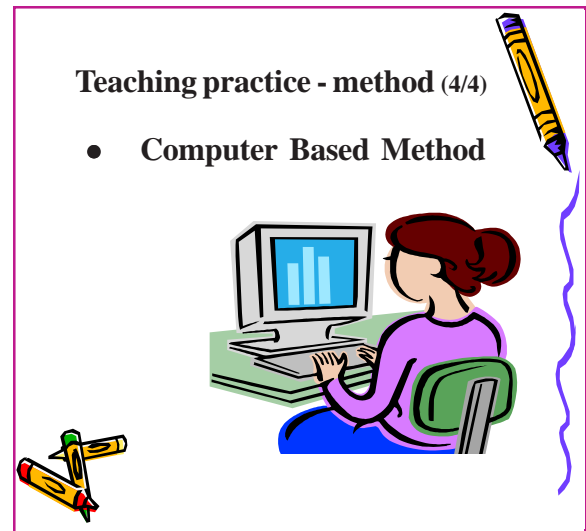
Computer-based method: This could be

1. E-mail

- Can communicate directly with individuals or group on same subject matter.
- Allows the sender to communicate with members of the group/ participants quickly and simultaneously.
- Allows interactive communication

2. Internet

- Can be used as:
  - a search engine, i.e. to find relevant material from web sites, data bases, electronic journals etc.
  - tutorial sessions for self paced learning
  - for feedback, answering questions and queries through chat groups, news room etc.

How to Conduct a Teaching Practice?

- Choose a topic/skill to master
- Deliver topic
- Videotape it
- Analyze it

In a teaching practice session:

- A trainer is required to practice in front of 4 to 5 'students'. (These students may be real students, or peers (i.e. other trainers).

- Trainer to choose a topic and focus on mastering a specific skill.

- Deliver the topic in 5 to 7 minutes.

- The lesson segment is videotaped.

- The taped lesson is observed and analyzed by the trainee and his or her peers with the assistance of a facilitator.

Criticism should be constructive with the aim to improve the training skills of the trainer. Non verbal and verbal communication and mannerism are noted, and commented on for improvement.

Chapter 14

What Is A Critique/Appraisal Session?

A session during which the trainers are informed how well or poorly they have done during the teaching practice session

This session is important for the trainers to learn how to correct their negative behaviors and retain their positive conduct.

This session is done after each practice session so that the trainer will know how well or how poorly one has done, so that corrective action can be taken to make one's presentation better and become a more effective trainer.

The team member who took the role of the critique must be intellectually capable, temperamentally inclined and appropriately skilled.

The critique takes a mental step back from the team to judge, to consider possibilities, to look for possible pitfalls, to sound notes of caution, and to question and challenge ideas.

He/she confronts the team/trainer with objective observational and carefully weighted opinions.

The critique`s comments should be objective and constructive, not negative or degrading.

Appraisal Guide For A Practice Session

- Content
- Sequence
- Training Methods
- Media
- Trainer
- Place
- Time

■ During a practice session, observe and analyze the above areas. Reviewing a videotape greatly enhances an appraisal as one can rewind and stop at certain sections for peer discussion.

■ Remember, all the above areas need to be appraised in the context of the principles of learning.

■ These issues are interactive. Generally, a selected method will affect the choice of trainees, the media for training, accommodation and time requirement.

■ The next slides describe what to look for in these issues.

Appraisal Guide For A Practice Session (1/7)

1. Content
cover objectives?
- ▫ what MUST be learned?
- ▫ what SHOULD be included?
- ▫ what COULD be included?

Could
Should
Must

optional	**Objectives**	optional
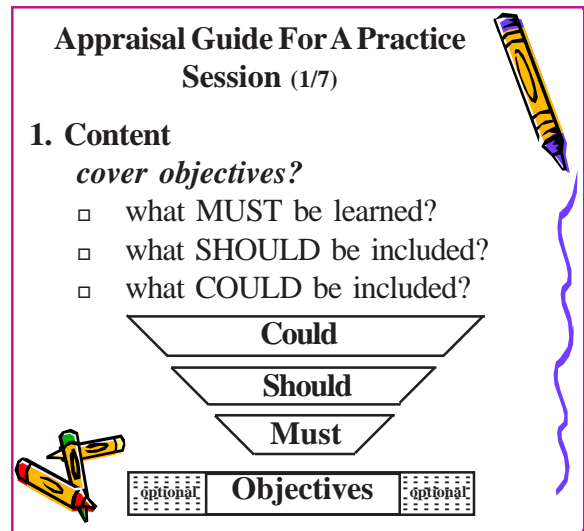
- ■ Observe and analyze the content delivered during the practice session

- ■ Ask these questions:
  1. Contents delivered cover the objectives?
  2. What **must** be learned are taught?
  3. If possible, what **should** be learned is included in the delivery?
  4. What **could** be included is covered in the delivery?

- ■ At minimum, what **must** be learned (to achieve objectives of the lessons) must be delivered. What **should** be learned is included if there is more time, and what **could** be included is just the icing on the cake, not really needed to achieve the objective.

- ■ As mentioned earlier, all these issues in the appraisal guide are interconnected and interactive. Hence, the sequence of contents of a session could follow also this guide.

Chapter 14

Appraisal Guide For A Practice Session (2/7)

1. **Content**
2. **Sequence**
   Should be:

Known	**to**	Unknown
Concrete	**to**	Abstract
General	**to**	Particular/Specific
Observation	**to**	Reasoning/Theory
Simple	**to**	Complex
Overview	**to**	Detail

- One needs to evaluate the sequencing of contents of a learning event (e.g. lecture) and a series of learning events (e.g the workshop sequence of sessions).

- The sequence needs to build on the entry knowledge/behavior of participants.

- Evaluate the contents delivered at the practice session. Is this fulfilled?

Ask these questions
1. Did trainer start from existing knowledge, skills, attitude? That is from "known" (i.e. was there a set induction?).
2. Was the whole learning put in context? Then the parts of learning introduced later?
3. Continuity of subject matter demonstrated/shown clearly?
4. Did the trainer build on simple facts or jump straight into complex issues?
5. Was an overview provided?
6. Were details subsequently supplied?

Please note that sequence follows from content and learners. It should not be imposed independently.

Chapter 14

Appraisal Guide For A Practice Session (3/7)

1. Content
2. Sequence
3. **Teaching Methods**
   Any method used need to have:
   □ Explanation
   □ Advice
   □ Demonstration
   □ Practice
   □ Feedback

- In selecting a teaching method, consider
  □ objectives
  □ entry behavior
  □ the trainer herself/himself
  □ accommodation
  □ time
  □ resources

- In a practice session, not all of these may be evaluated/analyzed as some aspects may not be videotaped, though it should still be discussed.

- Training methods could be face-to-face, or not face-to-face. It could be for solo learning or group learning. Refer to the next slide for the list of teaching methods.

- However, in any learning event, there needs to be explanation, advice, demonstration, practice and feedback.

- Observe and analyze the practice session. Are all of the above needs addressed?

   1. Was there sufficient explanation?

   2. Was advice/guidance provided?

   3. Was there demonstration (of its application, its function etc...)?

   4. Was practice allowed? (This may not be included in the practice session especially if the session covers only the lecture portion and not the accompanying group work). However, its planned approach should still be discussed.

   5. Was feedback provided to participants? Was it prompt? During lectures, feedback can occur through the Q&A sessions, by detecting non-verbal communication of the participants (dazed look, blur or confused expression) and repeating oneself when this (unvoiced confusion) happens.

Chapter 14

List of Teaching Methods

Solo Learning	Group Learning
Assignments	Lecture
Programmed learning	Role playing
Individual project	Discussion
Action maze	Project-group
Computer based training	Exercises-skills
Interactive video	Exercises-group
Simulation	Case study
Guided practice	Simulation
Coaching	Games
Counselling	Brainstorming
Mentoring	Field trips
Demonstration	Open forum
Guided reading	Demonstration
Tutorial	

The above are methods of teaching which could be employed, depending on the objectives, entry behavior, the trainer, resources, accommodation and time, as mentioned earlier.

Appraisal Guide For A Practice Session (4/7)

1. Content
2. Sequence
3. Teaching Methods
4. **Media**
   □ Selection appropriate?
   □ Help and support learning?
   □ Support performance of trainer?
   □ Comfortable in its use?
   □ Multiple media used?

- Training media is used to support teaching methods. The basis for selecting any medium must be the support it provides for learning.

- Media should assist learning in the context of the teaching methods selected for learning event. The list of training media is shown in the next slide.

- Other considerations in choosing a media include:
  □ availability
  □ cost
  □ ability of trainer (i.e. software/hardware use)

- Some trainers may need support because they are less experienced or have limited expertise in a particular area. The choice of the media may help, by giving structure and direction to the learning event to help the trainer.

- Example: Use of transparencies on Overhead Projector System versus just the use of a white/black board or the use of both together.

- Trainer's confidence in using the media selected? Used correctly?

- Multiple media may be used to enhance learning and keep participants focused/alert/interested. In this situation, appraise:
  □ Was the transition smooth?
  □ Did the use of multiple media increase/facilitate learning or lead to more confusion?

List of Training Media

Whiteboard	Film
Blackboard	Audiotape
(chalkboard)	Telephone/
Flip chart	teleconferencing
Overhead projector	Electronic mail
LCD projector	Handouts
Teletext	Workbook
Satellite	Books
Videotape	Posters
CD-ROM	

Appraisal Guide For A Practice Session (5/7)

1. Content
2. Sequence
3. Training Methods
4. Media
5. Trainer
   □   Available?
   □   Skilled? Knowledgable?
   □   Play role expected?
   □   Credible?
   □   Presentable?
   □   Multiple trainers needed?

Answers to the following questions would be useful when considering the trainer in the practice session (learning event).

1. Trainer(s) available for the learning session? (E.g: The practice session is a game with facilitators)

2. Does trainer(s) possess skills and expertise in the subject area (of the learning objectives)? Able to implement the learning event and assessment measures?

3. What role is the trainer expected to play in the session? Did he/she fulfill this?

4. How credible is the trainer with the learners?

5. Was the trainer appropriately dressed? Presentable?

6. How many trainers are needed for the methods/learners? Is it sufficient in the practice session? Too many?

Appraisal Guide For A Practice Session (6/7)
1. Content
2. Sequence
3. Training Methods
4. Media
5. Trainer
6. Place
   □ Fit expectations and status of learners?
   □ Able to concentrate?
   □ Allow use of methods and media selected?
   □ Accommodations needed?

■ In a practice session, observation of the place may not be applicable, unless it was done on site, as it could have been done at the office of the trainers. However, discussion should still cover this issue.

■ Location must fit the **expectation** and **status** of learners if optimum learning conditions are to be achieved.

■ For individualized learning, the place must allow freedom to concentrate without work place interruptions.

■ Rooms must be large enough for the group to be trained, and allow use of methods and media selected.

■ Accommodations needed? If yes, are provided for?

TIME TO LEARN
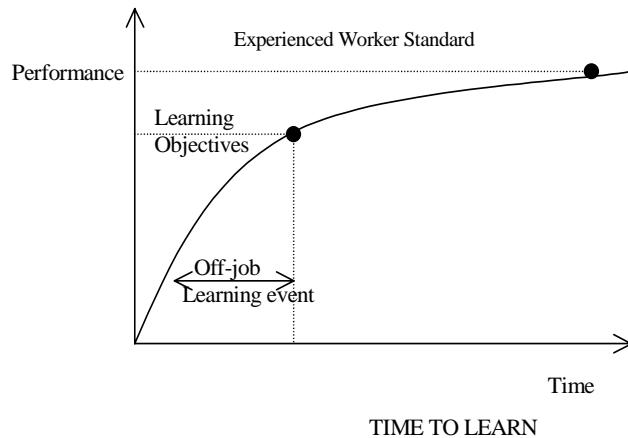
Appraisal Guide For A Practice Session (7/7)

1. Content
2. Sequence
3. Training Methods
4. Media
5. Trainer
6. Place
7. **Time**

■ In principle, the time required for a learning event is the time required to achieve the learning objective.

■ Time for group learning events is decided initially after considering training gap and methods used.

■ Input of knowledge should be limited to a maximum of one hour at a time. Practice should follow input immediately e.g. giving a lecture on QI tools (eg: brainstorming) then immediately followed by a practice on brainstorming on a particular issue/problem.

Ask:

1. Was time sufficient? Too long? Too short?

2. Was there concentration difficulties among the learners?

3. Timing of sessions (in the overall sessions for the whole workshop) appropriate? Could be improved? E.g: Giving a lecture on Quantitative tools (such as Run Charts and Control Charts) at 2.00 P.M. in the afternoon is not a good idea!

4. Should there be a review of selected methods and learning objectives after considering time allocation?

A general rule:

■ If more time is available, then increase practice.

■ When time is inadequate, review selected methods and learning objectives.

Chapter 14

Summary

For an effective critique, give:

□ Positive reinforcement
□ Constructive feedback/criticism
□ Comment on areas for improvement
□ Suggestions on how to improve/ better ways to do it

Positive reinforcement:

■ Highlighting the good aspects of the presentation.

E.g. "Your presentation is clear and well coordinated"

Constructive criticism/feedback:

■ Give feedback on problem areas without getting personal or demotivating the trainer.

E.g. "The learners found the sequencing of your lecture confusing. Perhaps we could improve it by ......"

Comment for improvement areas:

■ This should be done skillfully to avoid embarrassment/or putting down the trainer.

E.g. "As an alternative to what you have just said, I would suggest that…."

Summary:

■ Need to summarize the comments already made. This will give the trainer an added feeling of achievement.

E.g. "It was a good/excellent session. What was good was that …….."

"What need improvement are……….."

Exercise

You have to organize a practice session for a trainer.

Prepare an observation/analysis checklist on the issues that the other trainers and the audience are to comment upon.

Answer:

Your checklist should cover the following aspects:

1. Content
a) Adequate to answer learning objectives?
b) Extra information delivered?

2. Sequence
a) Build on entry knowledge/behavior?
b) Continuity?
c) Put in context?
d) Build on simple facts?
e) Overview?
f) Details following overview?

3. Training methods
a) Sufficient explanation?
b) Advice given?
c) Any demonstration?
d) Practice allowed?
e) Feedback given?

4. Media
a) Selection appropriate?
b) Support learning?
c) Support performance of trainer?
d) Trainer comfortable using it?
e) Multiple media usage? Problem?

5. Trainer
a) Available?
b) Skilled? Knowledgeable?
c) Play role expected?
d) Credible?
e) Presentable?
f) Multiple trainers needed?

6. Place
a) Fit expectations and status of learners?
b) Able to concentrate?
c) Allow use of methods and media selected?
f) Accommodation needed?

7. Time
a) Time adequate? Too long?
b) Concentration difficulties among learners?
c) Timing of sessions appropriate?
d) Need review of methods and learning objectives to suit time allocation?

Chapter 14

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Notes:

Questionnaire

Pre & Post Test

Training Module:
Training of Trainers for
Quality Assurance

Questions For Pre & Post Test (TOT BOOK)

1. For all effective presentation, one needs to: (Circle all that apply)

    A. Prepare the materials and contents.
    B. Plan and organize for the actual presentation by asking for OHP or LCD etc. 5 minutes before your session.
    C. Obtain feedback on presentation or lecture via e-mail.
    D. Identify the objectives of the session earlier.
    E. Read out the lecture in its original form.

2. The following statements refer to facilitating learning and facilitators. (Tick the correct answer for each statement.)

    Yes ☐   No ☐   A. Provide activities to stimulate learning.

    Yes ☐   No ☐   B. Adults learn better when they see things than when they do it themselves.

    Yes ☐   No ☐   C. In facilitating groupwork, it is generally preferred that the facilitator is to direct and determine what the participants is to learn.

    Yes ☐   No ☐   D. Facilitators should not explain in detail what participants are to do at the beginning of a game or play.

    Yes ☐   No ☐   E. Always try to end a game or play session within the allocated time even when energy of the group is high.

3. The following statements are about evaluating training. (Tick True or False.)

    True ☐   False ☐   A. Evaluation of training is done for big training sessions only.

    True ☐   False ☐   B. Before doing an evaluation, one needs to identify what the training is supposed to achieve.

    True ☐   False ☐   C. Reaction of trainees to a particular program is measured only after the end of the training program.

    True ☐   False ☐   D. Change in behavior expected from a training program is usually evaluated at the end of the training workshop.

    True ☐   False ☐   E. Evaluation of training usually looks at behavior changes and whether the cost of training is worth to the organization.

4. The following are roles you would be expected to play as a trainer. (Please tick True or False.)

    True ☐   False ☐   A. You have to facilitate learning and control the process of the event.

    True ☐   False ☐   B. You might be nominated in your organization to guide people.

    True ☐   False ☐   C. You have to give or offer advice on the learners personal welfare when necessary.

Questionnaire

True ☐ False ☐ D. You need to work on and develop strategies for advertising your training program.

True ☐ False ☐ E. You are allowed to be unprepared for training and may ignore questions or queries from participants.

5. Circle all areas which you feel should be appraised by observers during a proactive session given by a new trainer. (Multiple answers allowed)

A. Method selected by trainer

B. Amount of time taken for the session.

C. Whether learning objectives achieved by the contents delivered.

D. Whether the participants learned anything from the session using evaluation forms for the "trainees".

E. Whether sequence of content in delivery appropriate.

6. The following statements pertain to teaching practices. (Tick True or False.)

True ☐ False ☐ A. Set induction is preparing the group for an exam.

True ☐ False ☐ B. Questioning and reinforcement is optional during a learning event or session.

True ☐ False ☐ C. A trainer should not repeat key or pertinent points at the end of the session as participants are keen to go off.

True ☐ False ☐ D. Explanations should be done using both verbal and visual examples or illustrations to enhance understanding.

True ☐ False ☐ E. A trainer has to go through teaching practice sessions and appraisal to improve and be a more effective trainer.

7. Tick True or False for each of the following statements.

True ☐ False ☐ A. Contents is to be learned through building something that a person already knows.

True ☐ False ☐ B. Obtain feedback after a lecture to discover if you have given a stunning presentation.

True ☐ False ☐ C. Limit you Question and Answer session if you run out of time during your lecture.

8. Why is a critique session important ? (Tick True or False)

True ☐ False ☐ A. To find fault with the presenter.

True ☐ False ☐ B. To criticize the presenter on the contents of the teaching session.

True ☐ False ☐ C. To criticize on the methods used in the teaching session.

Questionnaire

True ☐ False ☐ D. To inform presenter how well or poorly they have performed in an objective in a positive manner.

True ☐ False ☐ E. To provide feedback so that the presenter can take corrective actions where necessary.

9. Why is a teaching practice relevant? (Circle all that apply. Multiple responses allowed)

    A.   To increase teaching skills.
    B.   To become an effective teacher.
    C.   To become a good critic.
    D.   To become a good listener.
    E.   To provoke the participants.

10. The following statements pertain to learning styles and approaches. (Tick True or False)

True ☐ False ☐ A. Structuring of training programs is based to a certain extent on the learning styles of the trainees.

True ☐ False ☐ B. The activist learning style is to observe, think upon and review what they have learnt. The activist does not like to be in the limelight.

True ☐ False ☐ C. A good training program will have a mix of theory input, practical, application sessions and idea generation to fulfill learning needs of participants.

True ☐ False ☐ D. Experiential learning is learning through experiments.

True ☐ False ☐ E. Linking new knowledge with old known facts helps a learner build on his or her knowledge better.

11. A trainer should: (Tick True or False)

True ☐ False ☐ A. Encourage learning among the participants.

True ☐ False ☐ B. Control the emotional and mental processes of participants when they are awkward.

True ☐ False ☐ C. Make learning easy and fun.

True ☐ False ☐ D. Leave the logistic preparation of a training session to the participants so that they can do as they like.

True ☐ False ☐ E. Keep up-to-date with current information skills and practices in his or her field or discipline.

12. Trainers are needed because: (Tick True or False)

True ☐ False ☐ A. They introduce new skills or knowledge to new personnel to make the organization run smoothly.

Questionnaire

True ☐ False ☐ B. They organize workshops designed to fulfill the needs of trainer.

True ☐ False ☐ C. They create more cost benefit training by tailoring training programs to achieve a more skilled workforce.

True ☐ False ☐ D. They make sure every staff gets opportunity to go off for a training session.

True ☐ False ☐ E. They can coach and guide staff on a day-to-day basis, especially if they are also line managers.

13. Circle all the things that you would need to prepare in planning for a training program or course.
(Multiple responses allowed)

    A. Timetable of events.

    B. Program book.

    C. Prepare the hotel bill.

    D. Structure of training.

    E. Written text or training workbook.

14. In organizing a training course, one should carry out the following.
(Circle all that apply. Multiple responses allowed.)

    A. Have a checklist on all the things that need to be done.

    B. Prepare assessment sheets on evaluation of participants behavior back on-the-job for use during the last day of the training course.

    C. Outline and identify resources needed.

    D. Plan and identify type of room set-up for each and every learning event.

    E. Make sure the room is small so that you can notice if someone plays truant.

15. The following statements are regarding training design and organizing training.
(Tick True or False)

True ☐ False ☐ A. Training design is determined by the learning objectives stated.

True ☐ False ☐ B. The need for the training can only be spelled out when the learning objectives have been identified.

True ☐ False ☐ C. Entry behavior affects training design.

True ☐ False ☐ D. It is often acceptable to set a learning objectives differently from job performance level.

True ☐ False ☐ E. A performance gap after training means that the training has failed.

Questionnaire

Answers

1.   A, D

2A.   Yes   **2B.**   No   **2C.**   No   **2D.**   No   **2E.**   No

3A.   False   **3B.**   True   **3C.**   False   **3D.**   False   **3E.**   False

4A.   True   **4B.**   True   **4C.**   False   **4D.**   True   **4E.**   False

5.   A, B, C, E

6A.   False   **6B.**   False   **6C.**   False   **6D.**   True   **6E.**   True

7A.   True   **7B.**   False   **7C.**   False

8A.   False   **8B.**   False   **8C.**   False   **8D.**   True   **8E.**   True

9.   A, B

10A.   True   **10B.**   False   **10C.**   True   **10D.**   False   **10E.**   True

11A.   True   **11B.**   False   **11C.**   True   **11D.**   False   **11E.**   True

12A.   True   **12B.**   False   **12C.**   True   **12D.**   False   **12E.**   True

13.   A, B, D, E

14.   A, C, D

15A.   True   **15B.**   False   **15C.**   True   **15D.**   True   **15E.**   False

Questionnaire