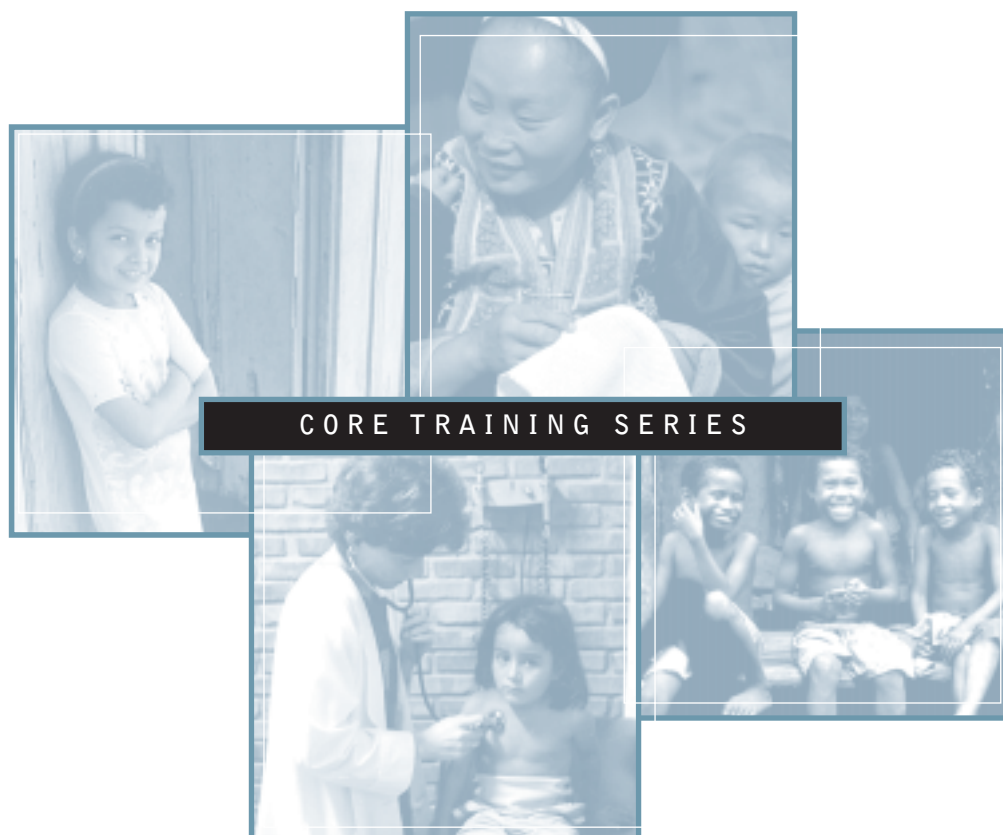


QUALITY

ASSURANCE

PROJECT



CORE TRAINING SERIES

Monitoring the Quality of Primary Care Instructor Manual



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OVERVIEW

Advice to instructor: this course is structured as five days. You may decide that you need to add one or more additional days.

BEFORE STARTING THIS TRAINING COURSE

This training course is different from traditional classroom training. First of all, it is based on the assumption that people participate in training courses because they:

- Are **interested** in the topic
- Wish to **improve** their knowledge or skills and thus their job performance
- Desire to be **actively involved** in course activities

For these reasons, all of the course materials focus on the participant. For example, the course content and activities are intended to promote learning, and the participant is expected to be actively involved in all aspects of that learning.

Second, in this type of training, the trainer and the participant are provided with a similar set of educational materials. The trainer by virtue of her/his previous training and experiences works with the participants as an expert on the topic and guides the learning activities. In addition, the trainer helps create a comfortable environment and promotes those activities that assist the participant in acquiring the new knowledge and skills.

Finally, this training focuses on what the participant will **do** as a result of the training, not what the participant will be capable of doing. In this course the participant will create an action plan for monitoring in a back home facility and will implement this action plan upon returning to the facility. Participants will actually perform the step by step skills in developing a monitoring process and will practice these skills in a facility setting as part of this training.

TRAINING APPROACH

The **mastery learning** approach to training assumes that all participants can master (learn) the required knowledge and skills provided there is sufficient time and appropriate training methods are used. The goal of mastery learning is that 100% of those being trained will “master” the knowledge and skills on which the training is based.

COMPONENTS OF THE TRAINING PACKAGE

This course is built around the use of the following components:

- Need-to-know information contained in a **Reference Manual**, *The Health Manager’s Guide: Monitoring the Quality of Primary Health Care* by Dr. Bruno Bouchet
- A **Participant Manual** containing an overview of the course, a questionnaire used to assess knowledge at the start of the course, exercises to build the skill of organizing a monitoring process and an action plan for implementing a monitoring process in the participant’s work site.
- **Instructor Notes** which include **teaching aids, exercises and audiovisual materials**
- **Competency-based performance evaluation**

In addition to the reference manual the following book will be available at specific times during the course for participants’ use: *Achieving Quality Through Problem-Solving and Process Improvement*, Franco, et al.

USING THE TRAINING PACKAGE

In designing the training materials for this course, particular attention has been paid to making them “user friendly” and to permit the course participants and trainer the widest possible latitude in adapting the training to participants’ (group and individual) learning needs. For example, at the beginning of this course an assessment is made of each participant’s knowledge related to monitoring. The results of this pre-course assessment are then used jointly by the participants and trainer to adapt the course content as needed so that the training focuses on acquisition of **new** information and skills.

A second feature relates to the use of the reference manual and participant manual. The **Reference Manual** is designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the “text” for the participants and the “reference source” for the trainer, special content handouts or supplemental materials are not needed. (Participants will receive handouts of items, which are returned to the trainer, such as evaluations.) In addition, because the manual **only** contains information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises.

The **Participant Manual**, on the other hand, serves a dual function. First and foremost, it is the road map which guides the participant through each phase of the course. It contains the course syllabus and course schedule as well as all supplemental printed materials (pre-course

questionnaire, individual and group assessment matrix and monitoring action plan materials).

The **Instructor Notes** contain the same material as the participant manual as well as material for the trainer. This includes pre-and post-course questionnaires and answer keys, and daily quizzes and answer keys.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the trainer continuously change throughout the course. For example, she or he is an instructor when presenting a classroom demonstration, a facilitator/coach when working with teams or helping participants practice a specific skill, and an evaluator when objectively assessing participant performance.

In summary, the Competency-Based Training approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of a teacher or lecturer. **Second**, it involves use of behavior modeling to facilitate learning a standardized way of performing a skill or activity. **Third**, it is competency-based. This means that evaluation of the participant is based on **how well** he or she performs the procedure or activity not just **how much** has been learned. Results of evaluation guide adaptation of the training to allow each participant to practice new skills until he or she becomes competent. By the time the training is complete, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**

INTRODUCTION

COURSE DESIGN

This course is designed help mid-level health managers develop skills in monitoring in the primary health care setting. The course builds on each participant's past knowledge and takes advantage of her/his high motivation to accomplish the learning tasks in the minimum time. This training emphasizes **doing**, not just knowing and uses competency-based evaluation of performance.

This course consists of three components:

- **Provision of monitoring knowledge.** Participants learn about monitoring in the primary care setting. A building block approach is used in this course whereby each concept builds on the previous concept taught.
- **Provision of monitoring skills.** Participants learn about and practice monitoring skills in the classroom and in an primary care site.
- **Practice in designing and implementing a monitoring activity.** Throughout the course participants are provided the opportunity to immediately apply new knowledge and skills through the completion of an action plan which develops a monitoring activity for the participant's work site. In addition, the clinical portion of this course provides the opportunity to design and implement a monitoring activity.

Successful completion of the course is based on mastery of both the knowledge and skills components.

EVALUATION

This course is designed to develop competency in monitoring skills for mid-level health care managers. Competency is attained through successful completion of all course activities.

Competency is a statement by the training organization that the participant has met requirement of the course in knowledge, skills and practice.

Competency does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Competency is based on the participant's achievement in three areas:

- **Knowledge** – Satisfactory performance on the **Post-course Questionnaire** and in-class and take home quizzes.
- **Skills** – Satisfactory performance of all activities in class and in the facility in organizing and implementing a monitoring process
- **Practice** – Demonstrated ability to plan and conduct a monitoring activity in an primary

health care setting.

The participant and the trainer share responsibility for the participant's being considered competent.

The evaluation methods used in the course are described briefly below:

- **Post-course Questionnaire.** This knowledge assessment will be given on the last day of the course after all subject area has been presented and practice in each area has been accomplished. Review the results with the participants and guide them in using the reference manual to learn the required information.
- **Skills.** Satisfactory performance of monitoring skills assessed during the course. The trainer will observe participants as they complete assignments during the course.
- **Practice.** Demonstrated ability to conduct monitoring. This activity will take place at a local health center and will be supervised/observed by the training staff of this course.

COURSE SYLLABUS

Course Description

This competency-based training course is designed to prepare the participant to develop skills in monitoring in a primary health care facility.

Course Goals

To provide mid-level health managers the knowledge and skills needed to design and implement a monitoring process in a health facility. This monitoring system will assess the quality of health service provision over time.

Participant Learning Objectives

By the end of the training course, the participant will be able to:

- Select a priority health service which will be monitored
- Identify the standard of care for the priority health service
- Identify the process of care for the health service to be monitored
- Identify the health care provider's performance standards to monitor
- Develop performance indicators for each standard selected
- Design monitoring tools to collect information
- Utilize monitoring tools to collect the necessary information
- Tabulate and display the collected information
- Analyze and interpret the information

Design a strategy to feed back the results of the data gathering to the staff of the facility in a way that will support change and improve quality of services

Training/Learning Methods

- Illustrated lectures and group discussions
- Individual and group exercises, including case studies
- Completion of Action Plan for home facility application
- Guided practice in developing and using a monitoring tool at a local facility

Training Materials

The training materials for this course include the following:

- **Reference Manual:** *The Health Manager's Guide for Monitoring the Quality of Primary Care* by Dr. Bruno Bouchet, Quality Assurance Project.
- "Part II: Tools for Quality Improvement" in *Achieving Quality Through Problem-Solving and Process Improvement* by Franco, Newman, Murphy and Mariani, Quality Assurance Project. This book is listed because it has an excellent tools section (including run charts and bar graphs), in case a review is needed. One copy should be sufficient.
- **Instructor Notes** containing a day-by-day description of the five-day course and an appendix containing all supporting materials for each day's activities, including pre- and post-course questionnaires and answer keys and overheads to accompany illustrated lectures throughout the course.
- **Participant Manual** containing the work sheets needed to complete a monitoring activity here in this course and in a back-home facility setting.

Participant Selection

Participants for this course may be mid-level health managers (district level supervisors) with Quality Assurance awareness, math skills, and the ability to draw and interpret bar graphs and run charts (if participants cannot draw and interpret bar graphs and run charts, the instructor will provide help). In addition, participants will have an awareness of standards (implicit and explicit) and their work will require them to visit facilities and draw conclusion about the quality of services rendered at the facility level. This course is for those managers who want to develop and apply indicators in real time and experience a monitoring process from beginning to end.

Note: If participants cannot draw and interpret bar graphs and run charts, this course must be adapted to include those topics. The “tools” section of the monograph, *Achieving Quality Through Problem-Solving and Process Improvement*, Franco, et al., includes instruction on data displays and other tools.

Methods of Evaluation

Participant

- Pre- and Post-Course Questionnaires
- Daily quiz: in-class and take home
- Completion of Action Plan for organizing a monitoring process at participant work site

Course

- Daily Evaluations
- Course Evaluation (Participant Reaction form to be completed by each participant)

Course Duration

- 5 sequential days of training

Suggested Course Composition

- 12 participants: trainer to participant ratio 1:6
- 2 trainers experienced in Quality Assurance and in training

Agenda Options

You may need to reorder activities because a half-day on Friday morning may be too brief for data collection. An alternate agenda may be of use in this situation.

Agenda

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
<ul style="list-style-type: none"> • Welcome • Course Overview Goals, Objectives • Participant/Trainer Expectations • Pre-Course Questionnaire • Individual & Group Matrix 	<ul style="list-style-type: none"> • Warm Up • Review Take Home Quiz • Review Indicator Development • Data Collection Methods • Insuring Successful Data Collection 	<ul style="list-style-type: none"> • Warm Up • Review Take Home Quiz • Tabulate and Display Data • Aggregated and Disaggregated Data • Group Work using simulated data 	<ul style="list-style-type: none"> • Final Preparation for Facility Visit • Travel to Facility • Facility visit to determine focus of monitoring activity 	<ul style="list-style-type: none"> • Data Collection at Facility
BREAK 15'	BREAK 15'	BREAK 15'	BREAK 15'	BREAK 15'
<ul style="list-style-type: none"> • Review Course Materials • Important Issues In Quality Assessment 	<ul style="list-style-type: none"> • Designing Monitoring Tools 	<ul style="list-style-type: none"> • Groups create run chart, bar chart & individual grouped bar charts • Analyze & Interpret the Information 	<ul style="list-style-type: none"> • Return from facility 	<ul style="list-style-type: none"> • Return from facility
LUNCH 60'	LUNCH 60'	LUNCH 60'	LUNCH 60'	LUNCH 60'
<ul style="list-style-type: none"> • Introduction to Monitoring • Choose Health Service to Monitor • Identify Process of Care 	<ul style="list-style-type: none"> • Special Issues: Monitoring Tools • Testing Monitoring Tools • Insuring Successful Data Collection 	<ul style="list-style-type: none"> • Groups report to total group • Storage, Retrieval & Dissemination of Information 	<ul style="list-style-type: none"> • Develop Monitoring Tool for Data Collection • Participants design data collection tool for facility 	<ul style="list-style-type: none"> • Debrief Data Collection Activity • Tabulate & Display Data • Analyze Tabulated Information
BREAK 15'	BREAK 15'	BREAK 15'	BREAK 15'	BREAK 15'
<ul style="list-style-type: none"> • Select a Standard to Monitor • Input, Process & Outcome Standards • Implicit & Explicit Standards • Select Health Care Provider to be Monitored • Introduction to Developing Indicators • Review of Day • Distribute Take Home Quiz 	<ul style="list-style-type: none"> • Insuring Successful Data Collection (continued) • Evaluation of the Day • Take Home Quiz 	<ul style="list-style-type: none"> • Preparation for Site Visit to local facility to Collect Data • Group work to prepare for visit • Daily Quiz • Review Quiz • Review of Day 	<ul style="list-style-type: none"> • Test and revise tools • Plan for having tool typed and reproduced for next day • Review of Day 	<ul style="list-style-type: none"> • Post-Course Questionnaire • Course Evaluation • Wrap Up and Adjourn

PRE-COURSE QUESTIONNAIRE: HOW THE RESULTS WILL BE USED

The main objective of the **Pre-course Questionnaire** is to assist both the **trainer** and **participant** as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topic. This allows the trainer to identify topics which may need additional emphasis during the course. Providing the results of the pre-course assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

The questions are presented in a true-false format. A special form, the **Individual and Group Performance Matrix**, is provided to record the scores of all participants. Using this form, the trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire results will identify particular topics which may need additional emphasis during learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

For participants: to make the best use of the limited course time, participants are encouraged to address their individual learning needs by studying the designated material in the reference manual.

HOW THIS INSTRUCTOR MANUAL IS ORGANIZED

The remainder of this manual is organized in three sections:

The first section contains the daily outline for each day of the course including instructions and timing for all activities throughout each day.

The second section is an Appendix organized by each day of the course and contains all the supporting materials needed to implement each day's activities.

The third section contains the hard copy of all overheads in the order they are presented. The overheads are available through QAP in electronic format so that they may be used as slides or overheads.

**MATERIALS
NEEDED FOR DAY
ONE**

- “WELCOME” sign posted on door of training room
- Flipchart with sentence completions for Introductions Activity
- Flipchart with Course Goals and Course Objectives

Morning Session

- Container and small pieces of folded paper with a number written on each paper (one for each participant)
- Sufficient copies of Pre-Course Questionnaire (one each)
- Copy of Individual and Group Performance Matrix
- Copies of Participant Manual (one each)
- Overheads for illustrated lectures
- 2 flipcharts and markers for use each day of the course
- Overhead or slide projector for use the first three days
- Training room arrangement: you may want tables to be set up in U-shape (easier for participants to see and communicate with one another) with correct number of chairs and course materials at each participant’s place; space for trainer’s materials

Afternoon Session

- Overheads for illustrated lectures
- Flipchart of the chart in the Reference Manual entitled “Overview of the Quality Monitoring Process: The Road to Quality Monitoring”
- Participant Manual: Action Plan, Part 1 – “IDENTIFY PROCESS OF CARE TO MONITOR,” identifying priority health services delivered in participant’s facility and using matrix to choose which monitor
- Reference Manual – review case example
- Participant Manual: Action Plan, Part 2 – “IDENTIFY PROCESS OF CARE TO MONITOR”
- Participant Manual: Action Plan, Part 3 – “SELECT A STANDARD TO MONITOR”
- Homework assignment: Participant Manual: Action Plan, Part 4 –

“DEVELOPING INDICATORS TO MONITOR”

- Assign Take Home Quiz: Participant Manual

Time/Materials

Content/Activities

Complete all administrative issues related to participants before beginning course: e.g., sign-up sheet, registration forms, distribute per diem, assign rooms.

Welcome – URC staff person and in-country representative

45 minutes

Introductions: Suggestion for introductions: Participants pair off (you can use animal icebreaker and have them match animal halves), interview each other with the following sentence completions which are recorded on flip chart in front of training room:

- 1) Name, place of work, what I do in my job...
- 2) The most challenging part of my job is...
- 3) The most enjoyable part of my job is...

Individuals introduce their partner to the group and relate the sentence completions to the group.

Course Overview

15 minutes

Using flip chart review the goals of the course and the course objectives which are written on flip chart paper and will remain in view throughout the course. Review the course briefly by discussing the course schedule.

Participant Expectations

20 minutes

The group is divided into two groups. The groups are asked to discuss and record on flip charts what they expect from the course; what they hope to apply to their jobs.

Each group reports to the total group; questions for clarification only at this time.

Trainer Expectations/ Ground rules

10 minutes

Respond to the expectations being clear about what is included in this course and what is outside the scope of this course.

Write “Ground rules” at the top of a blank flip chart. Discuss your expectations for how the group will function and record on flip chart. For example: sessions begin and end on time; all participants are expected to attend all sessions every day of the course; homework

assignment and quizzes will be completed, and any other items that will support the participants in learning. Ask participants what else they would like to add and get group agreement.

**Pre-Course
Questionnaire**

Introduction to Pre-Course Questionnaire

**Purpose of
Questionnaire**

Explain to the participants that the purpose of the Pre-Course Questionnaire is to assist the trainer and participants by assessing what the participants, individually and collectively, know about the course topic. This is not intended as a test, but participants may become anxious. Be sensitive to this attitude and administer the questionnaire in a neutral and non-threatening way. Use the results of the questionnaire to identify with participants topics which may need additional emphasis during the course. Participants can use the results to focus their study during the course.

**Participants draw
numbers**

Have ready a small box or bag with folded slips of paper which are numbered from 1 to the maximum number of participants in the group. Participants draw numbers to assure anonymity. Numbers instead of names are used for identification to prevent embarrassment should some participants not do well on the questionnaire. Ask participants to remember their number and use same number for post-course questionnaire. (The difference between their scores on each will be used to compute a “gain” or “difference” score.)

**Distribute
Questionnaire**

When each participant has a number, distribute the questionnaires. Tell participants to lightly write their number in the upper right corner of the questionnaire so they can reclaim their own questionnaire after questionnaires have been corrected. Emphasize this is not a test. Be sensitive to the anxiety of the participants and administer the questionnaire in a neutral and non-threatening way. Explain that the results of the questionnaire will be used to guide the course design and guide the study for participants.

Read aloud the directions at top of the questionnaire. Inform participants they have 30 minutes to complete the questionnaire.

30 minutes

Participants fill in questionnaire.

**Correct
Questionnaire**

Collect questionnaires from participants and redistribute them so no participant is correcting his or her own. (Alternately, you may allow participants to correct their own paper.) Read the questionnaire item, ask the group for the answer, then give the correct answer. Instruct participants that if an item is incorrect, mark an “X” next to incorrect item. If a debate arises about the correct answer, listen and then either accept their reasoning as correct or tell the group you will be giving the rationale for your answer during the course (and remember to do so!).

If participants exchanged tests, when finished answering all items, collect questionnaires, move around the U-shaped table with the questionnaires asking participants to retrieve their own questionnaire. Note: we do not call out the numbers on the questionnaires to maintain anonymity.

Individual and Group Assessment Matrix

Have ready a copy of the **Individual and Group Performance Matrix** to pass around the group. The vertical axis contains the numbers for the 26 items in the questionnaire. The horizontal axis contains the numbers identifying participants. The purpose of the Matrix is to record all **correct** answers by all participants. When completed, the trainer and the group can easily determine the collective strengths and weakness of the group and jointly plan how to use course time to achieve the workshop learning objectives.

Fill in Matrix

Matrix is passed around group with each participant finding his or her identifying number on the horizontal axis and filling in an “X” for each item answered **correctly**. When matrix is completed, tape it on the flip chart and review the results with the group. Save these results so that you can compare pre- and post-course results.

Break 15 minutes

Review of Course Materials

15 minutes

Ask each participant to open the course Reference Manual, *Health Manager’s Guide: Monitoring the Quality of Primary Health Care*. Review the sections in the manual and describe how participants will use the manual during the course. Group reviews the Participant Manual.

Explain that by the end of the course, the participants will have the skills to develop a monitoring process for their health facilities. The Participant Manual is structured so that they will be able to replicate the development of a monitoring process with their peers and subordinates.

IMPORTANT ISSUES IN QUALITY ASSESSMENT

Illustrated Lecture

60 minutes

• **Learning Objectives:**

Define Quality Assurance

Describe the dimensions of Quality of Care which might be monitored in the primary health care setting

Discuss the basic principle of monitoring of QOC

Discuss three advantages of using a systems view when planning monitoring process

List the activities that must be performed in balance of each other in order to produce an effective monitoring process

Discuss the “risk” of measurement systems “developing a life of their own”

- **Method:**

Use the overheads to present an illustrated lecture on Issues in Quality Assurance

- **End of Session Evaluation:**

Instructions: Complete the following checklist at the end of each session:

1. Was there enough time to complete the session?
2. Did the Reference Manual give you enough information to present the topic?
3. Were the instructions for the participants clear?
4. Were the overheads and other supporting materials adequate for the presentation?
5. Do you feel the participants gained the necessary knowledge and skills to use the information from this session?

If you answered “No” to any item, please give suggestions for improvement.

Lunch 1 hour

**INTRODUCTION
TO MONITORING**

15 minutes

- **Learning Objectives:**

Define monitoring

State three criteria that monitoring should meet

Explain in detail the three steps of the Quality Assessment Process

Discuss and give rationale for using an incremental approach to monitoring when establishing the monitoring program

- **Method:**

Using overheads, create an illustrated lecture to present the introduction to monitoring.

- **End of Session Evaluation:**

Instructions: Complete the following checklist at the end of each session:

1. Was there enough time to complete the session?
2. Did the Reference Manual give you enough information to present the topic?
3. Were the instructions for the participant activities clear?
4. Were the overheads and other support materials adequate for the presentation?
5. Do you feel the participants gained the necessary knowledge and skills to use the information from this session?

If you answered “No” to any items, please give suggestions for improvement.

**CHOOSE A
HEALTH SERVICE
TO MONITOR**

Place flip chart in view with the figure in the **Reference Manual** that shows the process and steps of Quality Monitoring and refer to this diagram as the workshop proceeds through each step in developing a monitoring process.

- **Learning Objectives:**

Explain the three criteria (high volume, high risk, problem-prone) that

are used to determine which health conditions or health care services should be given priority in establishing monitoring in participant's health care facility

Using case data from the participant's facility, select three to six priority health services delivered at that site and develop a priority matrix to establish a recommended order of monitoring

Method: Illustrated lecture using overheads followed by work on Action Plan, Part 1, in Participant Manual

10 minutes

If participants have not been divided into groups already, you may wish to divide the class into small groups who work together, perhaps they are from the same facility. Have each group work together to fill out a single action plan and identify one service to monitor. To reduce confusion, the groups may choose a leader, a recorder, and time-keeper.

Explain to the group that you have been talking about developing monitoring to achieve quality health care in the facilities they supervise. They will now focus on the facility they supervise or one of the facilities in the district for which they are responsible. For our purposes now, they should select one facility.

Discuss with participants how to identify which health services are "priority." For instance, some districts have a yearly action plan or a strategic plan that states their health priorities. Sometimes no priority activities are identified, but the health facility knows the range of services that it is supposed to provide. In another scenario, no priority activities have been defined and health facilities are not clear on the services they should provide. In this case, one has to look at the service statistics to see which services are provided.

Ask each group to agree on which are their priority health services and write them in the left-hand column of the prioritization matrix in Action Plan Part 1. If time permits, ask some groups to state what they listed. This discussion may take 5 to 10 minutes.

To Groups: In reviewing the health conditions and services for which this facility provides care, how do we choose which one to monitor? When initially setting up monitoring, it is important to focus on one health service at a time. From the list of priority health services you have recorded, we are going to learn a decision-making method that uses criteria for determining which health service to monitor. In choosing what to monitor, we want to focus on health conditions that are: high volume – most common; high risk – most serious, and problem-prone – most difficult to handle. These are our criteria.

Participants Select One Service That Best Meets the Criteria

15 minutes

Instruct groups that they are going to select the one service which is most appropriate for monitoring.

For each service listed, each small group as a whole will agree on scores and rate one service at a time on each of three criteria. As a group, assign a value of 1, 2, or 3, with 1 being the lowest and 3 being the highest. If the group disagrees on the rating for a criterion, then each person will vote and the votes will be averaged. After all services have been rated, add each score across to get the totals. The health service with the highest total score is selected.

Fill in priority matrix

15 minutes

Participants fill in the matrix following these instructions:

1. List the priority health services delivered at the facility in left hand column.
2. For each service on the left, each small group will rate (score) one service at a time on each of three criteria. Assign a value of 1, 2, or 3, with 1 being the lowest and 3 being the highest. If the group disagrees on the rating for a criterion, then each person will vote and the votes will be averaged.
3. After all services have been rated, add the numbers across to get the totals.
4. The health service with the highest total score is selected.

The health service with the highest number represents the top priority health service for which monitoring will be developed in this course.

Circulate among participants and work with those who need help. If there is a tie for the top priority health service, explain how to weight the most important criterion and recalculate. You may want to explain how to break a tie anyway because this situation may occur in the future. In case of a tie between two or more services, the group can assign a numerical weight such as “2” to the most important criterion, multiply the scores of that criterion by 2, and calculate the totals again. For example, if volume is the most important criterion, multiply each number in the High Volume column by 2 and then add up the totals again (for additional information, see “Criteria (Prioritization) Matrices” in the tools section of *Achieving Quality Through Problem-Solving and Process Improvement*).

The important learning now is to understand how to develop a monitoring process from the very beginning.

Summary

5 minutes

Ask one or more participants to **review** for the group how we reached this conclusion:

1. Identify the three to six priority health services provided in the facility
2. List these in the left-hand column of the priority matrix
3. Taking one service at a time, rate it on each criterion using a scale of 1, 2, 3 with 1 representing the lowest and 3 representing the highest
4. Tally the totals

Summarize the importance of setting priorities for health conditions treated and services delivered in a primary care setting.

• **Evaluation of Session:**

1. Was there enough time to complete the session?
2. Did the Reference Manual give you enough information to present the topic?
3. Were the instructions for the participant activities clear?
4. Were the overheads and other support material adequate?
5. Do you feel the participants gained the necessary knowledge and skills to use the information from the session?

Suggestions for change:

**IDENTIFY
PROCESS OF
CARE TO
MONITOR**

(35 minutes total)

• **Learning Objectives:**

Define “process of care” as used for monitoring

Using a health condition treated in high volume at the participant’s facility, outline the main steps of the care process by drawing a high-level flow chart for that condition.

- **Method:**

Using overheads, create an illustrated lecture on defining the process of care.

Once the health priority has been identified, it is critical to understand exactly the process of care for this high risk and complicated case.

Discuss the primary care process

The primary care process must be made explicit by listing the activities and tasks to be carried out by the health care provider: history taking, physical exam, counseling, treatment and follow-up.

Review case example in the Reference Manual.

The purpose of flowcharting (mapping) the process of care is to explicitly detail the main steps of the process so that the entire proceeding can be seen sequentially from start to finish.

Flowcharting the Process of Care for Identified Health Condition

20 minutes

Instruct participants to use questions in the table, “Checklist to Identify the Process of Care,” in the Reference Manual and the case example of ARI to identify the process of care for the priority health condition selected. Have participants draw a high level flow chart to identify processes of care upon which to focus (first, draw an example so they can see what you expect them to draw—see case example). Fill in the Action Plan, Part 2 in Participant Manual.

It is important to stress with the participants that the selection of the critical steps in the process of care be based on scientific evidence. If there are resource people available to participate in this portion of the afternoon, this will support this stance. If there are no resource people available, the trainer works with the group to make the judgements that need to be made on each of the difficult issues.

Trainer to group: (if time permits)

Take the health priority you have chosen and list the main steps of the care process for this health condition. After you have finished working on your own health priority, share your work with another participant.

- **End of Session Evaluation:**

1. Was there enough time to complete the session?
2. Did the Reference Manual give you enough information to present

the topic?

3. Were the instructions for the participant activities clear?
4. Were the overheads and other support material adequate?
5. Do you feel the participants gained the necessary knowledge and skills to use the information from the session?

Break 15 minutes

**SELECT A
STANDARD TO
MONITOR**

55 minutes

- **Learning Objectives:**

Define and discuss “standard of care”

Discuss the four characteristics of a “good standard”

List four major sources of established standards of care

(Application) Describe the process for making explicit standards from identified implicit standards of care

(Application) Describe a plan for ensuring availability of explicit standards of care for the participant’s care delivery site

Give an example of a process standard using a health condition common to the participant’s care delivery site

- **Methods:** Illustrated Lecture, group discussion, Action Plan

Create a flip chart of the following statement and place in front of the room: “Quality is Doing the Right Thing Right, Right Away”

Discuss what a standard is.

Take an example of a standard with which everyone is familiar and discuss the standard according to these 4 points: who should be doing what, in which way, at which level of the health system, and at what time

Ask for an example of a standard from one of the participants and compare it to the four points.

**Input, Process and
Outcome
Standards**

10 minutes

Using overheads, discuss input, process and outcome standards and differentiate between the two types of process standards.

Without standards, it is impossible to build a monitoring process. Why is this so?

Standards are the heart of the monitoring process. Standards give us a foundation, a place to stand. They provide us with the basics upon which we can compare what is actually happening with a patient with what ideally needs to happen with a patient.

Trainer:

Some of you may not be sure if there is a formal standard in the health facility for your priority health condition. People seem to agree about what to do but there have not been any big meetings to talk about it. No one has the time! Let's discuss in more detail what constitutes a good standard.

Sources to Establish Standards

5 minutes

Define each term (valid, reliable, clear, realistic) as explained in the Reference Manual.

Discuss how to identify the best sources for standards (Ministry of Health, World Health Organization, professional organizations, teaching institutions, research findings).

Divide group into trios, discuss how you will identify the best sources to establish standards for priorities for your health facility(ies).

When trios report to large group; list sources on flip chart avoiding duplication

For some health conditions in your facility, you may need to formalize implicit standards. How do you go about doing this?

Implicit and Explicit Standards

Lead a discussion on the effects of implicit standards and the necessity for explicit standards

In this next section, trainer uses examples from the participants' systems outline. There will be some situations in the field where there are no standards or poor standards. This section is intended to help the participant problem-solve the difficult situations.

Lead a discussion on the problems encountered in the process of identifying standards and the resolution of those problems. Place emphasis on making explicit standards from standards implicit in the practice.

Identifying Standards in Participant's Facilities

Using the results of "IDENTIFY PROCESS OF CARE TO MONITOR" from Action Plan Action Plan Part 3, "SELECT A STANDARD TO MONITOR." Review each care process (e.g. history taking) using the four questions below to determine the status of standards for this care process at the facility.

standards for this care process at the facility.

- 1) those standards which are clear in the facility
- 2) those standards which exist but have not been communicated
- 3) those standards which are implicit and have not been formalized in writing
- 4) those standards which exist and need revision

For this activity, select one area of the process and write an explicit standard. For a standard to be monitored, all standards are written explicitly.

Trainer to group:

Now that you have chosen the standard you wish to monitor, we will spend the remainder of our time today developing indicators for the standard.

- **Evaluation of Session:**

1. Was there enough time to complete the session?
2. Did the Reference Manual give you enough information to present the topic?
3. Were the instructions for the participant activities clear?
4. Were the overheads and other support material adequate?
5. Do you feel the participants gained the necessary knowledge and skills to use the information from the session?

Suggestions for change:

SELECT HEALTH CARE PROVIDER TO BE MONITORED

10 minutes

- **Learning Objective:**

Discuss the rationale for identifying whose performance is being monitored

- **Method:**

Discuss the issues related to determining whose performance is to be monitored.

Discuss level to be monitored.

Discuss considerations in choosing individuals who will be monitored.

Discuss with participants possible ways to ensure random selection. Emphasize regardless of unit monitored, be sure selection of sample is random; for example, every other patient seen or first patient seen on the hour.

- **End of Session Evaluation:**

1. Was there enough time to complete the session?
2. Did the Reference Manual give you enough information to present the topic?
3. Were the instructions for the participant activities clear?
4. Were the overheads and other support material adequate?
5. Do you feel the participants gained the necessary knowledge and skills to use the information from the session?

Suggestions for change

**INTRODUCTION
TO DEVELOPING
INDICATORS**

10 minutes

- **Learning Objectives:**

Explain “indicator” as used in the Quality Assessment process

Create at least one indicator for 3 different health problems treated at the participant’s care delivery site

Discuss two issues related to data availability to consider when developing indicators

- **Method:** Illustrated lecture

Discuss the issues relevant to developing indicators. Using Slide #32, place emphasis on insuring data is easily available; for example, knowing where the data is collected.

Refer to Reference Manual to review examples of indicators.

The key question to ask when formulating indicators: Is the data easily available?

- **Evaluation of Session**

Homework assignment:

Instruct participants to turn to Participant Manual, Action Plan, Part 4 and review the following homework assignment with them.

Action Plan, Part 4:

For the standard you chose for Action Plan, Part 3, develop 3 indicators and answer the following questions for each indicator:

10 minutes

- 1) Which part of the system does it monitor (input, process, outcome?)
- 2) Where will the data come from?
- 3) How will data be easily gathered?

Evaluation of the Day

Format for end of day evaluation: lead a group discussion and elicit information for each of the following items:

How will you be able to use the content from today's session at your home work site?

What was unclear in today's presentation? (Trainer will have to decide how to clarify areas of difficulty: individual talk vs. group discussion)

Are the concepts making sense as they are presented? If not, find out which concepts are presenting difficulty.

**WRAP UP AND
ADJOURN**

Overall, how did you feel during the day? (high energy, challenged, perplexed, confused, anxious, frustrated)

Draw a scale from 1 (negative) to 5 (positive). Ask participants to pick a number which represents the day as a whole for them. Do this each day and ask the participants to interpret the scale with you.

Assign Take Home Quiz: Participant Manual

**MATERIALS
NEEDED FOR DAY
TWO**

- Move “Overview” flip chart from front of room, a medium size ball to throw across circle of participants
- Review Reference Manual for Take Home Quiz answers

Morning Session

- Methods of data collection
- Participant Manual Action Plan, Part 5 – “CHOOSING DATA COLLECTION METHODS” for back home facility
- Checklist vs. open-ended approach to data collection
- Issues related to the development and use of data collection forms
- Participant Manual, Action Plan, Part 6 – “DESIGNING MONITORING TOOLS”
- Strengths and limitations of who collects data
- Testing monitoring tools
- Flip chart with questions for assessing validity of monitoring tool

Afternoon Session

- Areas which ensure successful data collection
- Participant Manual: Action Plan, Part 7 – “PLANNING THE IMPLEMENTATION OF THE MONITORING ACTIVITY”
- Arrange for facility staff to attend Day 3 afternoon session to help prepare for facility visit.

**Begin the Day With
Energy** Warm-up

Before starting this activity, remove the “overview” flip chart (from page 7 of the Reference Manual) from the front of the room. Participants stand in a circle; trainer is inside of the

15 minutes

circle holding a ball.

Task: the first person trainer throws the ball to is to name the first activity in developing a monitoring system; person with the ball throws it to another participant and this participant names the second step in developing a monitoring system and so on until all the steps that have been covered thus far in the course have been named by the participant.

If a participant answers incorrectly, he or she passes the ball to person to the right. This person answers and throws to another person in the group.

Review Take Home Quiz

Review Take Home Quiz

15 minutes

Ask participants to read the quiz items and give the answers. If there is disagreement, trainer leads the discussion until a consensus is formed.

REVIEW INDICATOR DEVELOPMENT

Review Indicator Development

30 minutes

Review homework – If this activity results in some participants needing more work on their indicators, trainer arranges time for this to be accomplished.

DATA COLLECTION METHODS

15 minutes

- **Learning Objectives:**

Describe the four most frequently used methods for data collection

Discuss two advantages and two limitations for each of the 4 frequently used methods of data collection

- **Method:** Illustrated Lecture

Discuss the various data collection methods and place emphasis on the most frequently used methods. Elicit from the group two advantages and two limitations for each of the four most frequently used methods.

Data Collection Methods, cont'd.

Trainer leads a discussion with group asking which method(s) they think are appropriate for their particular indicators in their work plans, citing the advantages and disadvantages of each approach in their work site.

If time permits, trainer cites the results of the two studies performed by the Center for Human Services which compared the validity of

different methods of collecting data on providers performance:

- Direct observation is the most valid method if observers are trained well.
- Exit interviews of patients can provide valid data but results vary according to task being observed.
- Record review provides good data on treatment, but not for most other tasks.
- Provider interviews do not always provide valid data on their performance because they do not necessarily perform tasks they report they do.
- Therefore, using a combination of methods is usually more reliable.

Trainer asks group to turn to Reference Manual to review the data collection methods for the case example.

Have participants form pairs and discuss which data collection methods they will use for their indicator.

Instruct participants to look at Participant Manual, Action Plan, Part 5 and fill in the data collection methods they will use in your facility.

Learning Objectives:

**DESIGNING
MONITORING
TOOLS**

Discuss the contents of the three parts of any data collection form.

Using the health problem identified as the priority concern at the participant's care delivery site, design a data collection tool to include the three parts of a form and at least eight data points.

Discuss three activities that will help to make sure that data collection tools are properly used.

**Participants take a
break as needed
during the next 2
hours**

Discuss three factors that influence the frequency of data collection in the monitoring process.

- **Method:**

Discuss the checklist versus open-ended questionnaire approach to data collection.

Trainer to group: Based on your data collection methods, which tool will be best suited for recording your data for your action plan? Have

30 minutes

will be best suited for recording your data for your action plan? Have each participant decide between a checklist or open-ended questionnaire.

Discuss issues related to the development and use of data collection forms

Data Collection Form

Discuss each section of the form emphasizing what goes into each section; for example, in administrative section the following information is recorded: facility identification, date of observation, name of observer and health worker's name.

90 minutes

Invite participant to turn to the Reference Manual and review the content of each section. Participants work in Participant Manual, Action Plan, Part 6 to fill in administrative section of their data gathering tool. For remainder of time until lunch, participants work alone to develop the technical part and coding system for the tool. Trainer is available to work individually with participants as needed. Plan to use the last 15 minutes of allotted time to discuss at least two participants' data collection tools.

- **End of Session Evaluation**

Break 1 hour

Lunch

SPECIAL ISSUES TO CONSIDER WITH MONITORING TOOLS

Learning Objectives:

Compare and contrast the strengths and limitations of data collection done by self-assessment, peer assessment and outsider assessment

Discuss the two levels of validation to consider for the data being collected

60 minutes

Discuss approaches to testing monitoring tools prior to actual data collection (actual use, panel of experts)

- **Method:**

Lead a discussion on the strengths and limitations of who collects the data and issues related to the two levels of validation

- **End of Session Evaluation**

**TESTING
MONITORING
TOOLS**

30 minutes

- **Learning Objectives:**

-(Application) Suggest two approaches to test monitoring tools for actual data collection (actual use, panel of experts)

- **Method:**

Discuss testing monitoring tools.

Task: Participants are divided into 2 groups. Each group will act as a group of “health care providers” or “panel of experts” for the participant presenting his or her monitoring tool.

Write the following checklist on a flip chart and post in front of the room:

Checklist to assess the validity of the monitoring tool:

1. Are data readily available for each item?
2. Is each item clear?
3. Does each item measure only one thing?

- **End of Session Evaluation**

**INSURING
SUCCESSFUL
DATA
COLLECTION**

35 minutes

Learning Objectives:

List the twelve areas of consideration (advise the health providers in advance of the day they will be monitored, ensure that appropriate vehicles are available and running, etc.) to be addressed when establishing the actual data collection activities.

Present the twelve areas that ensure successful data collection.

-(Application) For the monitoring activity at the participant’s care delivery site, plan a specific data collection activity addressing each of the twelve areas identified above.

- **Method:**

Have each participant take one of the twelve areas and discuss what she or he thinks is the rationale for it and why it is important. Ask participant what might happen to the data collection activity if the item is not addressed.

Break 15 minutes

Trainer completes discussion of twelve points to ensure successful data collection. Instruct participants to work on the Action Plan, Part 7 in the Participant Manual

This plan will take into consideration all of the twelve points if they are applicable to their situation. When participants have completed their plan of action, they share with one other participant. If time allows, ask one participant to report his or her plan to the rest of the group.

- **End of Session Evaluation**

**Wrap up and
Adjourn**

20 minutes

Evaluation of the Day – follow format given on Day 1

Assign take home quiz: Participant Manual

Adjourn

**Materials
Needed for Day
Three**

- Review Reference Manual for Take Home Quiz answers

Morning Session

- Discuss aggregated and disaggregated data
- Copies of the following document for reference:
Achieving Quality through Problem-Solving and Process Improvement, Franco, Newman, Murphy and Mariani
- Material for Tabulation and Data Exercise in Day 3 Appendix. Sufficient copies for all participants
- Discuss analysis of data

Afternoon Session

- Storage and retrieval of information
- Dissemination of information
- Feedback of monitoring information to facility staff and managers
- Review Trainer Checklist in preparation for facility visit
- Arrange for facility staff to join the participants during the afternoon of Day 4 for the purpose of testing the monitoring tool which will be used in the facility on Day 5

Time/Materials Content/Activities

Warm Up

15 minutes

Warm-up: Boom!

The objective of this warm-up is to have some light hearted fun before delving into the serious work of tabulating and displaying data. All participants sit in a circle.

1. Instruct them to count out loud around the circle. Any person whose number is a **multiple of 3** (3-9-6-12, etc) or a number that **ends with 3** (13-23-33, etc.) must say **BOOM!** instead of the number. The next person continues the normal sequence of numbers.

Example: the first person starts with **1**, the second one says **2**, the person who should say **3** says **BOOM!** instead, and the next person says **4**.

2. Anyone who fails to say **BOOM!** or who makes a mistake with the number that follows **BOOM!** is disqualified and leaves the circle.
3. The numbers must be said rapidly (5 seconds maximum); if a participant takes too long to say her/his number, he or she is disqualified.

Review Quiz

15 minutes

Review the answers to the Take Home Quiz. If debate arises regarding a particular answer, lead a discussion that supports consensus. Use Reference Manual as a guide.

TABULATE AND DISPLAY DATA

(2 hours and 30 minutes total time for tabulation)

• **Learning Objectives:**

Describe the difference between aggregated and disaggregated data results.

Discuss the advantages and disadvantages of using a global score (derived from aggregated data).

(Application) Given a set of hypothetical data, tabulate and display data in a table format and a bar graph format.

Tabulate and Display Data

15 minutes

- **Method:**

Lead a group discussion about aggregated and disaggregated data, the differences between them and the advantages and disadvantages of each.

30 minutes

GIVE INSTRUCTION for the beginning of the tabulation and display data activity. (for this activity the trainer will need to have several manuals available which describe bar/pie charts for review and clarification for participants if they need it. [reference Franco et al, *Achieving Quality Through Problem Solving and Process Improvement*, pp. 2-32, 2-33] Find out whether participants know how to construct simple and grouped bar charts and pie charts. If group is unfamiliar with them, give them a brief review. Try to ensure that there is a participant in each group who is familiar with each of these types of data display.)

Part 1

1. Break large group into three small groups and have each group work at a separate table where they can spread out the papers.
2. Assign each group one data set-**either** data point 1, data point 2 **or** data point 3. These data sets are found in Participant Manual pp. 3,4-2.
3. Distribute the data sets and individual matrices for each data point to the correct group. (NOTES TO INSTRUCTOR-There are two main ways to tabulate these data: by service provider or aggregated by each item measured. Depending on the time available and the assessed needs of the group you may decide to review this with the group prior to starting the activity and instruct them in one way or the other, or both. If time is too short you will have to decide on which way the group should tabulate the data in order to have all groups working with the same focus. This exercise is set up to focus on disaggregated data.)
4. Using the matrix for the appropriate data point have each group tabulate and display its data according to the instructions on the matrix. Be available for questions and check their work as they progress.

NOTE: You may want to post the instructions on a flip chart and

review with the group before the work begins.

Tabulate and Display Data, continued

10 minutes

LARGE GROUP DISCUSSION OF PART I: Have participants discuss which display method they feel is best for the data, or suggest another method which they feel may be better, and give rationale for the method they select as the best. Discuss attributes of bar and pie charts. If other methods are mentioned as possibly better, will need to consider their rationale and help them think through methods of data display.

10 minutes

Have each small group reconvene to review its data set and make some preliminary statements about what the data may be indicating about the performance measured. Do not have group share the numbers they tabulated, but have them share their deliberations in the large group. (IMPORTANT POINT TO BE MADE: it is difficult to make definitive statements about performance with only a single data point. A single measure only tells what is happening at the time of measurement, and several data points are needed to show performance over time.)

Break 15 minutes

Break

Part 2

(Prior to the break post newsprint with a matrix of all three data points and column totals similar to the one in Appendix, Day Three. This will provide the participants the necessary work space to fill in their data columns during this break. [These work sheets may vary depending on the level of detail that was used to tabulate the data in the earlier exercise. This exercise is set up to deal with disaggregated data.] NOTE: Completed matrix should appear as the one in Appendix, Day Three.

45 minutes

Reconvene the 3 small groups and give the following instructions. (It may be helpful to either post these instructions on a piece of newsprint at the front of the room, or to have them printed up to give to each participant group.)

INSTRUCTIONS FOR ACTIVITY: (Be available for questions and check their work as they progress.)

1. Create a run chart for each of the totals from data points 1, 2 and 3 for items numbered 2, 4a, 4b, 5, and 9.
2. Create aggregated grouped bar charts for items numbered 1, 3, 6, and 11.
3. Create individual grouped bar charts for MD 1 and MD 2 for items numbered 3, 6, 7, and 9.

15 minutes

Have small groups reconvene to discuss what the run charts and grouped bar charts are showing about their data, and review their original thoughts to see how they differ once several data points are available.

- **End of Session Evaluation**

- **Learning Objectives:**

Discuss four questions that need to be used to analyze the collected data.

Describe six possible explanations for lack of compliance with standards.

List five possible strategies for improving performance problems

(Application) Suggest at least two possible interpretations for the data analyzed.

(Application) Confirm the importance of forwarding collected data into the problem-solving/decision making process

ANALYZE AND INTERPRET THE INFORMATION

(1 hour and 30 minutes total)

15 minutes

- **Method:**

In the large group, provide an illustrated lecture to discuss the four questions in Reference Manual that need to be asked/answered to analyze data collected.

30 minutes

Reconvene the three small groups from the earlier tabulation exercise to review all the data and the displays they created. Have them suggest at least two possible interpretations for each display they created. (run charts, bar graphs, etc.)

Break 1 hour

Lunch

ANALYZE AND INTERPRET THE INFORMATION, (continued)

30 minutes

In large group share findings of small group discussions and encourage the group to explore further possible analyses of the data.

15 minutes

Confirm the importance of forwarding collected data into the problem solving/decision making/intervention strategy planning process. (It is important to get the group to discuss what happens if the data are not forwarded for problem solving.)

- **End of Session Evaluation**

STORAGE RETRIEVAL AND DISSEMINATION OF INFORMATION

1 hour total

- **Learning Objectives:**

Storage of Information:

Suggest two options for data storage and retrieval of collected data at the participant's work site

Dissemination of information:

Describe four possible approaches for dissemination of the results of the monitoring activities to the staff/facilities from whom/which it was collected.

Effective Feedback:

Discuss three issues to be considered to increase the potential for feedback to be effective.

- **Method:**

Storage and Retrieval of Information

20 minutes

Use an illustrated lecture approach in the large group to discuss:

-options for, rationale for and issues related to storage and retrieval of information. (consider format available at site, computer or hard copy only; who on the staff is available to be responsible for storing and retrieving data; are special forms needed to compile and synthesize data; consider storage/retrieval issues not only at facility level but also at the district and regional levels.) Use case example in Reference Manual if time permits.

Dissemination of Information

30 minutes

-options for, rationale for and issues related to dissemination of information from monitoring activities. (Consider whether there are meetings, communication opportunities that exist already that can be used; who needs to be included in the information sharing; how often does information need to be shared; how much time should elapse between getting and disseminating information; who is to disseminate the information at the facility, district and regional levels.)

Use case example in Reference Manual if time permits.

Effective Feedback

30 minutes

-issues related to improving the effectiveness of giving feedback related to monitoring activities. (Consider who in the organization should be giving the feedback; the balance of positive and negative points to manage any resistance to the feedback.)

Design a strategy for providing feedback/dissemination of results to the staff at the participant's care delivery site

- **End of Session Evaluation**

Break 15 minutes

Break

**PREPARATION
FOR SITE VISIT TO
LOCAL FACILITY
TO COLLECT
DATA**

45 minutes

Staff member(s) from clinical site where data will be collected come to classroom to discuss with participant group: health conditions treated at facility; information on general facility population and staff, and any special issues relevant to the facility. The discussion should center on perceived problems at the facility which might be a focus for a monitoring activity. Discussion also includes the communication mechanisms which might be used to communicate monitoring findings, and issues related to the storage and retrieval of monitoring data. Questions from participants are part of this allotted time.

**Trainer Checklist
to Prepare for
Facility Visit**

Review and insure the following are ready for data collection activity:

1. Facility management and staff members know when participants will arrive at facility and how long they will stay.
2. Arrange for transportation vehicles if needed.
3. Sufficient supplies: pens, pencils, observation forms.
4. Discuss roles and responsibilities of all involved.
5. Team leader appointed to oversee activities of participants.
6. Facility staff member assigned to coordinate activities with team leader.
7. Agenda of participant activities to be given to facility coordinator.
8. Participants are made aware they are guests in this facility and understand the need to be polite and respectful. Create some guidelines with the participants to heighten awareness; for example, “Do not be intrusive in the examining room”; “Do not criticize a facility staff person in public”.

15 minutes

Have participants form a group to process the information they received from the facility staff. Central to this discussion is deciding the focus of the data collection activity the next day. The group begins this discussion now and will have 30 minutes the next morning to prepare for the facility visit.

15 minutes

Daily Quiz

**Wrap Up and
Adjourn**

Review quiz

Wrap-up and adjourn

15 minutes

**Materials
Needed for Day
Four**

- Morning Session**
- Prepare for meeting with participants to complete plan for facility observation and interviews
- Afternoon Session**
- Reference Manual
 - Make arrangements to have the data collection tool typed and reproduced and ready by 8 a.m. on Day 5

Time/Materials	Content/Activities
FINAL PREPARATION FOR FACILITY VISIT	Participants prepare for their visit to the facility for observation, interview and general assessment of what they are going to monitor and how they are going to go about it. Trainer reviews each participant’s plan for the visit.
<i>30 minutes</i>	
<i>15 minutes</i>	Travel to facility
<i>3 hours</i>	Facility visit to determine focus and issues related to monitoring activity
<i>1 hour, 30 minutes</i>	Return from facility and lunch
DEVELOP MONITORING TOOL FOR DATA COLLECTION	<ul style="list-style-type: none"> Learning Objectives:
<i>3 hours, 15 minutes</i>	Using the health problem/issue identified as the priority concern at the visited facility, design a data collection tool to include the three parts of a data collection form.
(Trainer decides with group regarding appropriate breaks during this afternoon)	(Application) Use course instructors and clinical representatives as a “panel of experts” to test the tool and make the required changes in the tool and data forms.
	(Application) Test and revise the tools until they are considered ready for use in the data collection activity.
	There are no Overheads for this section.
	<ul style="list-style-type: none"> Method
	Develop monitoring tool for data collection
	1) Using reference manual as a guide, design a data collection tool (to include the 3 parts of a data collection form-administrative,

technical and coding) for the health problem/issue identified as the priority concern at the morning facility visit.

- 2) [For this part of the class there will need to be some representatives from the facility where the data will be collected to give feedback to help the participants test the tool they intend to use.] Using course instructors and clinical representatives as a 'panel of experts,' test the tool by asking them to review it for clarity and any problems they might identify or anticipate from its use. Make any required changes in the tool and data forms as a result of the feedback from the instructors and clinical representatives.
- 3) Test and revise the tools by repeating the step above (testing and revising the tools) until they are deemed ready for use in the data collection activity.

****Special notes to the instructor:** Assist the participants to move along in the activity so they can complete the task in the short amount of time allowed. Plans will have to be made to have the data collection tool typed and reproduced and available by 8:00 am the next class day.

No Quiz today

- **End of Session Evaluation**

**Materials
Needed for Day
Five**

- Morning Session**
- Sufficient copies of data collection tool for participants
- Afternoon Session**
- Sufficient materials (grids, pencils and paper) for participants
 - Reference Manual
 - Sufficient copies of:
Post-course Questionnaire
Course Evaluation

Time/Materials Content/Activities

**DATA
COLLECTION
ACTIVITY AT
FACILITY**

***4 hours, 15
minutes***

Participants meet at facility and proceed with data collection activity.

***1 hour, 15
minutes***

Return to classroom and lunch

**DEBRIEF DATA
COLLECTION
ACTIVITY**

15 minutes

Discuss data collection activity

Allow time for participants to discuss any difficulties, or anything of interest which occurred at the data collection activity. Provide clarification, support as required.

**TABULATE AND
DISPLAY DATA**

- **Learning Objective:**

Tabulate and display data

45 minutes

- **Method:**

Provide the necessary materials (grids, pencils, paper) to tabulate and display data.

- **End of Session Evaluation**

**ANALYZE
TABULATED
INFORMATION**

Learning Objective:

Discuss four questions that need to be used to analyze data collected.

Suggest at least two interpretations for data collected.

Prepare a feedback report to be given to the facility where the data were collected

-(Application) Confirm the importance of forwarding collected data into the problem solving/decision making/intervention strategy planning process

- **Method:**

Discuss the tabulated data using the four questions as needed to analyze the data collected.

Have participants suggest at least two interpretations for data collected.

Have participants prepare a feedback report to be given to the facility where the data were collected. Trainer gives guidance to participants on report presentation being aware of political and professional ramifications.

- **End of Session Evaluation**

15 minutes

Break

POST-COURSE

Post-course Questionnaire – Instruct participants to write their name in

QUESTIONNAIRE	the top right corner of the Questionnaire. (or number?)
30 minutes	Collect Questionnaires from participants. Assign them to work on their Action Plan, Part 8 while you correct the Questionnaires
1 hour	Instruct participants to complete the Action Plan, Part 8 that will be used in the facility sites back home. Use Participant Manual to deal with application issues dealing with tabulation, analysis, interpretation of data, storage, retrieval and dissemination of data. If there is time, participants discuss their Action Plans with a partner.
End of Course Tasks	While participants are completing their Action Plans, trainer corrects Questionnaire. Trainer returns questionnaire to participants.
30 minutes	Course Evaluation – page 5-5 and 5-6 of Section One in Instructor Manual (copies should be made for distribution). Hand out evaluation and have participants complete it Trainer collect evaluations and return to URC. In addition all “Evaluation of Session” notes are to be returned to Training Office, Quality Assurance Project, URC. Wrap-up and Adjourn