Course Director’s Guide
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INTRODUCTION

Every year, women and babies die from well-known complications related to pregnancy and childbirth. Most of these deaths can be prevented and treated with basic, cost-effective interventions.

To reduce maternal and neonatal mortality and morbidity, the practices of health workers and others caring for pregnant women, new mothers and newborn babies must be improved. All skilled attendants must have core midwifery skills. In the hospital, "...first-level care should maintain the demedicalized and close-to-client characteristics of midwifery-led birth homes". This can be achieved by training more perinatal health workers who in turn can update the knowledge and skills of those caring for women and babies at the time of birth and in the early postpartum period.

The Effective Perinatal Care training package (EPC) is a tool developed to improve the quality of perinatal care and to address the specific challenges in the countries of Central and Eastern Europe and the New Independent States (CCEE/NIS). It is developed specifically for midwives, obstetrician-gynecologists; neonatologists and pediatric nurses working in maternity.

The EPC is based on existing materials developed and used by WHO Regional Office for Europe and partners (Effective antenatal, perinatal and post-partum care/EAPPC) and Effective newborn care and breastfeeding/ENCBF, and the experience gained in several countries of the European Region in the past decade. The package has been fully updated in collaboration by WHO Regional Office for Europe, JSI and USAID.

The objective of the EPC training course is to improve the quality and outcome of care for the mothers, the babies and their family, by updating and upgrading the professional and managerial knowledge and skills of health care providers at all levels.

The foundations of the updated EPC training package, as with the existing materials (EAPPC and ENCBF), are the fundamentals and principles for the WHO Regional Office for Europe/Making Pregnancy Safer program.

Making Pregnancy Safer – fundamentals and principles

Fundamentals:

- Care for pregnancy and childbirth calls for a holistic approach


Pregnancy and childbirth is an important personal, familial, and social experience.

In pregnancy and childbirth there should be a valid reason to interfere with the natural process.

Medical interventions for pregnant women, mothers and newborns, if indicated, need to be available, accessible, appropriate and safe.

**Principles:**

Based on these fundamentals, the care for pregnancy and childbirth should:

- be based on scientific evidence and cost/effective
- be family centered, respecting confidentiality, privacy, culture, belief and emotional needs of women, families and communities
- ensure involvement of women in decision-making for options of care, as well as for health policies
- ensure a continuum of care from communities to the highest level of care, including efficient regionalization, and multidisciplinary approach.

These fundamentals and principles of MPS/PEPC in the European Region were developed at PEPC/MPS Task Force meetings in Venice (1998), Verona (2003) and MPS Experts Meeting Catania, Italy 2007.

Promoting Effective Perinatal Care (PEPC) was the former European initiative which has now been integrated into MPS.

Updating and upgrading skills is not always enough to improve outcomes, therefore, the EPC training material also includes tools which allow the health care providers to question and in some cases discard routine practices which have previously been considered to be appropriate or even essential. The process of changing and discarding old and familiar methods of working takes courage and an open mind. Moving from a rigid health care system to a more open and user-centered one is a strenuous process, but breeds hope for the future. This course is designed to encourage health professionals and policy-makers to enter into that questioning process.

The subjects covered during the EPC training course include essential midwifery, obstetric and neonatal care, as well as a number of areas of special care, such as pre-eclampsia, post-partum hemorrhage, perinatal asphyxia and infection control. The format of the training is based on multidisciplinary collaboration, adult learning methods, group work, plenary sessions and supervised clinical practice.
The material contained in the EPC training package is arranged in modular form and can be adapted to meet the needs of any professionals who care for women and their babies during pregnancy, birth and the postpartum period. It is a flexible tool which can be adapted to the local conditions.

Who is the Course Director?

The Course Director should be an experienced trainer with specialist knowledge in maternal or newborn care, and excellent organisational and communication skills. The director must have core midwifery skills and should have either a midwifery, obstetric or neonatal professional background. The director should have a good knowledge of the health system and specific situation of the region and country. If possible the director should be from the region in which the course is held, and should speak the local language.

What does the Course Director do?

The director of the course has overall responsibility for the planning and running of the Effective Perinatal Care course.

The Course Director’s role during the preparation of the course is to:

- Coordinate with the organisation/persons requesting the EPC training course.
- Inform and advise the organisers of what the EPC training course involves including written support from the regional health administrative for the supervised clinical training.
- Conduct Facilitator training
- Check the course materials and visual aids are prepared beforehand
- If needed, make a preliminary visit to the teaching venue (maternity), meet maternity staff.
- Adjust timetable for week 1 and for week 2 according to clinical practice schedule
- Check arrangements for facilitators and participants accommodation
- Check participants have been invited
- Check with organisers who will open the course
- Carry out all tasks described in this Guide.

The Course Director’s role during the running of the training course is to:

- Open and close the course
- Give introductory information
- Introduce the materials
- Supervise the Facilitators

---

3 The asterisk refers to items that should be done by the administrative/support staff
• Ensure the MPS Fundamentals and Principles are implemented

Hold daily Facilitators meetings

• Monitor the course
• Evaluate the course
• Follow the timetable to ensure all the contents are covered, manage any necessary changes
• Ensure facilitators are well prepared and ready to lead the course in the second week.
• Ensure facilitators fulfil their obligations
• Liaison with the maternity management to ensure that participants can attend births and assess newborns during the second week. Discuss the clinical responsibilities of the participants and the maternity staff including emergency situations. This complex and important issue is clarified with the maternity administration before the clinical week begins.
• Give feedback to facilitators at the end of each day of the course
• Discuss and solve any conflict situations between participants and/or facilitators

The Course Director must be present throughout the entire course to offer help or advice whenever needed.

The Course Director’s role during the follow-up to the course will vary according to the local situation.
PART ONE: PLANNING AND ADMINISTRATIVE ARRANGEMENTS

Careful planning and strong administrative support are essential before, during, and after the Effective Perinatal Care training course. This section of the Course Director's Guide describes the necessary plans and arrangements.

Clinical practice is an essential part of the Effective Perinatal Care course. The course provides daily practice in using EPC clinical skills so that participants can apply these skills correctly when they return to their own hospitals and maternities.

The course has two main components: theoretical and practical. In addition to daily class room work, participants will visit clinical departments, where they practice the EPC principles and clinical skills with pregnant women and newborns. Approximately 6-12 weeks after the course, participants should receive a follow-up visit for reinforcement of skills and additional practice in their own hospitals and maternities.

The clinical facilities and logistical arrangements required for conducting this course and follow-up visits are considerable. It is critical to select a general location for the course (town or area) which has a suitable facility or facilities that can be visited by participants during the course. It is also critical to select suitable facilitators, some of whom may also be available to conduct follow-up visits to participants after the course.

The central Ministry of Health or local health authorities may be planning for a series of courses rather than a single course. Given the effort required to set up a course, the need to train facilitators, and the need for a series of courses to train a sufficient number of health workers to justify this investment, arrangements will often need to take into account longer term training plans. There may be a need to build a training team that can conduct courses on an ongoing basis. If so, long-term considerations may affect the choice of facilitators.

For example, a maternity with a large delivery department may have several staff who can be trained and then serve as facilitators on a rotating basis. The hospital and nearby clinics may have staff who can serve as facilitators for several courses each year.

Part One of this guide describes first how to select clinical facilities to be used during the course. It then presents a checklist of the necessary plans and arrangements for the entire course. Following the checklist are more detailed instructions for making some of the arrangements.

Criteria for Selecting Sites for Clinical Practice

Several towns or areas may need to be visited in order to locate one with clinical facilities that meet the criteria for this course. Basically, the selected facilities must have a sufficient number of women and newborns, acceptable quality of care, and a director and staff who are interested in the course and willing and able to cooperate.
1. Select a maternity which has at least 1500 deliveries per year.

2. The maternity should be within a reasonable distance of lodging and classrooms, as clinical practice will occur some days during the first week of the course and daily during the second week of the course. Transportation will need to be arranged.

3. The director of the maternity should be willing for groups of participants to visit the delivery area and postpartum rooms during a period of about 2 weeks (several groups per day for 2 weeks of the course). The dates of the course should be acceptable to the maternity director.

4. Some supplies are needed for clinical practice. They are listed in the Annex 1. It will be appropriate to send the recommended list 1 month before the course and ask the maternity staff to assess what is available. You may need to bring some of the supplies if the maternity does not have enough.

5. Management of pregnant women and newborns in the maternity should meet or exceed minimal standards of care.

6. Within or immediately adjacent to the maternity, there should be a large well-lit auditorium which could accommodate all course participants (about 40 persons) and two-three smaller areas for small group work. These areas should be relatively calm and quiet.

7. The clinic director and staff should be willing to accommodate use of the clinical approaches described in Effective Perinatal Care course. It is hoped the maternity selected for training can be where the staff already know the EPC and use it with confidence.

8. A staff member such as a nurse, midwife or a doctor should be available at the maternity to participate in the selection of cases. This person helps to identify woman and newborns to participate in the training process.

Checklist for Planning and Administrative Arrangements

As the Course Director, you may not be directly responsible for all of the items on this checklist, but you can ask questions to ensure that appropriate arrangements are being made, or can assign someone responsibility for making them.

Arrangements may not be listed in the exact order in which they will be made. Space has been left for any additional reminders.
Initial planning (tick appropriate square when done)

☐ 1. EPC clinical guidelines are in agreement with local policies and guidelines. (For example, policies on free visits by family members, or management of the third stage of labour.) If there are any discrepancies, and you still decide to hold a course, make sure they you know the details of those discrepancies and present EPC materials as formal WHO recommendations.

☐ 2. Plans for follow-up after training are developed before the training starts.

☐ 3. General location (town or area) of course selected. The clinical facility (maternity) selected. The location must also have adequate lodging and classroom facilities (see item 11 on this list).

☐ 4. General time-frame for giving the course identified.

☐ 5. Course materials are printed and prepared for the area in which it will be given.
   a. Participant Manuals
   b. Facilitator Guides
   c. Handout for participants
   d. Facilitator aids (visual aids) For example enlarged Partograph
   e. (Optional) New facilitator trainees or high-level course participants (such as teaching staff or representatives of MOH or local health authorities) may need technical background information not provided in the course materials.

☐ 6. Specific dates of course and facilitator training selected. As indicated on the schedules provided in Annex 3 and 4:
   a. 3-4 days (plus at least 1 day off) allowed for facilitator training.
   b. 11 days (plus days off) allowed for the course itself.
   c. Course Director available 1 day before facilitator training, as well as during all of facilitator training and the course itself.

☐ 7. Letters sent to the appropriate health authorities asking that them to identify appropriate health workers for training. Letter:
a. Announces the course in Effective Perinatal care and explains the purpose of the course.

b. Clearly states the number of participants to attend the course (36 maximum), and that these should be health workers who are responsible for management of labour and ensuring care for the newborns.

c. States the length of the course (11 days plus days off) and that participants should plan to attend the entire course.

d. Explains that participants will be visited in their own maternities approximately 6-12 weeks after the course in order to reinforce skills and assist in implementation of EPC in their own maternities.

e. States that participants who complete the course will receive a certificate signed by the course director and optionally by the organising body (Ministry of Health, local health authorities, implementing agency or other relevant organization).

f. Describes the general location and dates of the course.

g. States the date by which course participants should be nominated and the person to whom names should be sent.

8. Persons identified to conduct follow-up visits approximately 6-12 weeks after the course. (These may include course facilitators, supervisors in the district, or others staff with EPC and facilitation skills.) Plans made for preparing these individuals to conduct follow-up visits after training.

9. Facilitators selected and invited. (See "Criteria for Selecting Facilitators" on page 19)
   Ensure that:

   a. There will be at least one obstetrician-gynaecologist facilitator and one midwife facilitator for every 8-10 participants (midwives and obstetricians) and at least one neonatologist for every 8-10 participants (neonatologists and paediatric nurses) expected to attend the course.

   b. Facilitators will attend all of facilitator training and the course.

   c. Clinical staff from training maternity that will help to select cases during training is available during facilitator training and through the end of the course.

10. Arrangements made with maternity director and staff to conduct clinical practice sessions.
11. Precise locations selected and reserved for classrooms and lodging. (To minimize transportation needs, classrooms should be within easy walking distance of the lodging complex.) Selection based on availability of:

- Adequate lodging for all facilitators and participants
- Daily transportation to and from clinical practice sites
- Convenient meal service
- Large room for seating all participants, facilitators, and visitors to the course
- Video projector and videotape player and big screen (2 or more)
- Smaller room for groups of 10-15 people to work in. During the course, one room is needed for each small group of participants
- Tables, chairs, wall space for hanging charts, adequate lighting, and blackboard or poster stand for each of these small rooms
- Separate room for secretariat (optional)

12. List compiled of health workers who will be invited to participate in the course.

13. Letters of invitation sent out to selected health workers ideally 3 - 4 weeks before the training course. Letters:

- Briefly describe the purpose and organization of the course
- State desired arrival and departure times for participants and stress the importance of attending entire course
- Describe arrangements for travel and payment of per diem
- Explain that participants will be visited in their own clinics at least once, about 6 - 12 weeks after training, for follow-up and skill reinforcement.

14. (Optional) Arrangements made for a secretary to ensure that necessary administrative tasks are done. (See next section of this checklist for administrative tasks.) During the course the secretary will need to work with local staff to ensure that things go smoothly and that the facilitators' and participants' work is not unduly interrupted. This person may also need to pack up remaining materials and pay bills.

15. Travel authorizations sent to facilitators and participants if necessary.
16. Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities, and drugs and other supplies for clinical practice.

17. Arrangements made for sending/transporting necessary materials and supplies to the course location.

At the Course Location, Before Facilitator Training Begins

A few days before the facilitator training, a responsible person takes care of administrative arrangements described in this section of the checklist.

One day before the facilitator training, the Course Director or one experienced facilitator visit the selected maternity to discuss/confirm arrangements.

18. Adequate lodging arrangements confirmed for all facilitators and participants.

19. Arrangements made for welcoming facilitators and participants at the hotel, airport and/or train station, and hotel.

20. Arrangements confirmed for rooms for conducting facilitator training:

a. one room for conducting facilitator training (with characteristics listed in 21 below)

b. (Optional) one room for the secretary with space for storing modules, forms, and other supplies, available during both facilitator training and the course

c. one video projector and one large screen

21. Arrangements confirmed for adequate rooms for conducting the course:

a. Large room available during the whole course for seating all facilitators, participants and visitors.

b. Smaller room available during the course for each small group of participants (10-15 persons), each room having:
   - sufficient table/desk area and chairs
   - blackboard or flipchart stand with paper
   - wall space for hanging charts
   - adequate lighting and ventilation
   - freedom from distractions noises or loud music
c. One video projector and screen for big auditory for the whole length of the course

22. Arrangements made for registering facilitators for facilitator training and participants for the course.
   a. Registration Form prepared (see Annex 5)

23. Arrangements made for preparation and copying of materials during the course (for example, registration forms, schedules, lists of participants, course evaluation questionnaires).

24. Arrangements made for meals and coffee/tea service, including the opening ceremony.

25. Arrangements made for reconfirming or changing airline, train, bus, car reservations for participants.

26. Arrangements made for paying per diem to participants and facilitators.

27. Maternity for training visited and confirmed to be suitable for clinical practice. Director and staff informed about practice sessions to be held during the course.
   a. Daily schedule discussed and agreed on with maternity director.
      dates and schedules confirmed in writing
   b. Drugs and supplies checked and supplemented as necessary
   c. Role of facilitators during practice sessions discussed with maternity director.

28. Arrangements made for daily transportation to and from clinical practice sites (if required).

29. Sufficient copies made of registration forms, schedule for facilitator training etc.
During Facilitator Training

☐ 30. Facilitators registered.

☐ 31. Schedule for facilitator training provided on the first day. (Suggested schedule for facilitator training is in Annex 4.)

☐ 32. Plans for opening ceremony of course finalised with local authorities.

☐ 33. Course schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and participant. (Suggested course schedule is in Annex 3.)

☐ 34. Facilitators assigned to conduct individual modules (near the end of facilitator training) and if possible pairs of facilitators assigned to work together during the course with different modules. To the extent possible, consideration given to the following when making assignments:

☐ a. fluency in language in which the course is given and language spoken with mothers in the clinic

☐ b. strengths (for example, clinical expertise, experience with EPC clinical guidelines, understanding of course content, capability as a classroom trainer or clinical trainer)

☐ c. motivation to be a facilitator

☐ d. personal dynamics/temperament (for example, shy paired with outgoing)

☐ 35. Facilitators introduced to staff at sites where they will be conducting clinical practice.

☐ 36. Course materials and supplies organized and placed in the appropriate rooms.
During the Course

☐ 37. Course participants registered using registration form in Annex 5.

☐ 38. Groups of obstetrician-gynaecologists and midwives as well as neonatologists and paediatric nurses formed, (close to the end of the first week of training course). Multidisciplinary teams are formed for the practical week: this approach fosters the implementation of EPC skills and teamwork. Each team will have at least 2 midwives, 2 obstetricians, 1 paediatric nurse and 1 neonatologist. The team assignments and practical week rotation are posted at the appropriate time.

☐ 39. Copies of Registration Forms for participants distributed.

☐ 40. Course Directory (including names and addresses of all participants, facilitators, and the Course Director) provided to everyone.

☐ 41. Course photograph, if desired, made in time to be developed before closing ceremony.

☐ 42. Course Evaluation Questionnaire, if desired, prepared and reproduced in sufficient quantity to give a copy to each facilitator and participant.

☐ 43. Arrangements made for closing session.

☐ 44. Course completion certificate prepared for each participant.

☐ 45. Plans for follow-up visits finalized and announced at closing session.

The chart on the next page shows a possible timeline for carrying out the items on this checklist.
### TIME LINE: PLANNING AND ADMINISTRATIVE ARRANGEMENTS FOR EFFECTIVE PERINATAL CARE

<table>
<thead>
<tr>
<th>Date/ 2-week period Beginning:</th>
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<th></th>
<th>COURSE</th>
</tr>
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<tbody>
<tr>
<td>Weeks Before Course:</td>
<td>16</td>
<td>14</td>
<td>12</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2 (Facilitator training)</td>
</tr>
<tr>
<td>(Months Before):</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Checklist Items**

- Steps 1-6 of Checklist (agreements, plans for follow-up, adaptation, translation, printing)
- Steps 7-16 (dates set, facilitators and participants selected, invitations, reservations, clinics identified, travel authorizations, etc.)
- Steps 17-18 (copies, materials, supplies)
- Steps 19-36 (on-site arrangements, facilitator training,)
- Steps 37-45 (course)

* Follow-up visits to participants take place approximately 6 -12 weeks after the course.
Selection of Facilitators

A group of motivated facilitators is also needed. The facilitators will work with individual modules (preferably in pairs). They will also lead activities in small groups.

The facilitators’ tasks are described in detail in the Facilitator Guide for Modules.

Criteria for Selecting Facilitators

Note: Facilitators may have different strengths and weaknesses. If a facilitator is weak in one of the following areas, it is important to pair him with another facilitator who is strong in that area.

1. Facilitators should be currently active in clinical care. They must have the core midwifery skills and technical knowledge which will allow them to teach the EPC clinical guidelines used in this course.

2. They must recently (ideally less than 1 year) have been participants in the EPC course or implementing EPC in their own facility.

3. They must have good communication skills, including the ability to explain things clearly and simply to others. Facilitators in this course are expected to give short presentations and also participate in role play exercises, discussions, clinical practice, etc. It is most important that facilitators be observant individuals who can see when participants are having difficulty, explain things clearly, and give helpful feedback.

4. If participants speak a language other than the language in which the course is written, it is helpful for at least one facilitator per group to speak that language.

5. Facilitators must be confident in clinical setting. They must be able to work with maternity staff in selecting cases for participants to see. They must supervise the participants’ work in the maternity by ensuring they are given cases to manage and checking their assessments, conclusions, management actions, and counselling.

6. They must be organized. They must be able to keep the group on schedule and ensure that they arrive for clinical practice on time and with the necessary supplies.

7. They must be flexible in order to use time well.

8. Facilitators must be available during all of facilitator training and during the entire course. They must have the energy and motivation to work a long day with participants.
and then attend a facilitator meeting to review the day's work and prepare for the next day.

9. Facilitators should be available to teach several subsequent courses over the next year, if possible.

Note: In any course, facilitators may identify participants who would eventually make good facilitators themselves. Ask facilitators to point out participants who:

- understand the modules easily,
- perform well in the clinical sessions,
- communicate clearly,
- help others and work well with others in their group,
- participate confidently in discussions and role plays.
Selection of Course Participants

It is recommended to have not more than 30-36 participants for EPC training course. This will give the optimum facilitator/participant ratio: 1 facilitator per 5-6 participants.

Criteria for Selecting Participants

1. Course participants should currently work in a maternity.
2. The total group should be multidisciplinary:
   a. Obstetricians, Neonatologists, Midwives and Paediatric Nurses. Where it is possible it is important to include Anaesthesiologists in the group of the course participants. Usually, the number of participants should be as following:
      - Obstetricians – 8-10 persons
      - Midwives – 8-10 persons
      - Neonatologists – 7-8 persons
      - Paediatric Nurses – 7-8 persons
3. Special attention should be given to selection of midwives. It is important to invite those working actively in the delivery room. These midwives will be trained as “leaders” for labour management and births during the second week of the course.
4. It is crucial to involve key persons of the health care facilities into the course (e.g. heads of maternities, departments, chief midwives and nurses). These key persons can become the best advocates for after-training changes in their health care facilities.
Scheduling Clinical Practice Sessions

Clinical practices during the training course have different schedules for the group of Neonatologists/Paediatric nurses and for the group of Obstetricians/Midwives.

For the group of Neonatologists/Paediatric nurses some clinical sessions/demonstrations could be organised during the first week of the training course depending of the case in the maternity, but the majority of practical sessions will be during the second week, according to the Course agenda (See Annex 3).

Special attention needs to be paid to the organization of practical sessions for the group of Obstetricians/Midwives. For this group the practical sessions will be conducted in the maternity during the second week of the training.

During the practical sessions the Obstetricians/Midwives group will attend deliveries. In case of no delivery the group(s) will go to the class room to work according to the agenda.

As it was mentioned before, usually the group of Obstetricians and Midwives is bigger than the group of Neonatologists and Paediatric nurses (See Selection of Course Participants). To avoid the situation of too many people in delivery room, obstetrical or postpartum department, for the practical week this group should be divided into 2 groups with small multidisciplinary teams e.g. 2 midwives, 2 obstetricians, 1 neonatologist and 1 paediatric nurse per team. Ideally, each team will provide labor, birth, and immediate newborn/postpartum care for at least 2 women and 2 newborns during the practical week.

Scheduling the clinical hours should be based on the local circumstances.

Different options are provided including 12 hour shifts and 24 hours shifts. Each option has benefits and challenges.

12 Hour Option: Appropriate for very active maternity, as the number of births during the 12 hours shift will allow a sufficient number of births attended and managed by participants. In addition and depending on the situation in the labour room (closer to the end of the shifting) the Course Director or responsible facilitator can decide to stay in the maternity longer than 9 pm with those participants involved in the management of ongoing labour or birth.

24 hour Option: The Course Director may need to adjust the module review schedule during the clinical week if the 24 hour is chosen.

| 12 Hour Shift Option (37 clinical hours with possibility to stay longer in case of a birth) |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|
| Second week                     | Day 8           | Day 9           | Day 10          | Day 11          |
| Group A                         | 9 am-9pm        | 8 am-2 pm       | 8 am-9pm        | 8 am-2 pm       |
| Group B                         | 9 am-2 pm       | 8 am-9pm        | 8 am-2 pm       | 8 am-9pm        |
### 24 Hour Shift Option (40-47 clinical hours)

<table>
<thead>
<tr>
<th>Second week</th>
<th>Day 8</th>
<th>Day 9</th>
<th>Day 10</th>
<th>Day 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>9 am-8am</td>
<td>off</td>
<td>8 am-8am</td>
<td>Off (total 47 h)</td>
</tr>
<tr>
<td>Group B</td>
<td>9 am-1 pm</td>
<td>8 am-8am</td>
<td>off</td>
<td>8 am- pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Total 40 h</td>
</tr>
</tbody>
</table>

The clinical time for groups A & B is different as well as working time of facilitator.
Checklist of Materials Needed at the Course

Materials Needed for Theoretical Sessions

The following materials will be needed to work on modules in the classroom setting.

<table>
<thead>
<tr>
<th>ITEMS NEEDED FOR MODULE WORK</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator Guide for Modules</td>
<td>1 for each facilitator</td>
</tr>
</tbody>
</table>
| Participant Manuals C and MO and N | C Module - 1 for each facilitator and 1 for each participant  
                                      MO Module - 1 for each facilitator and 1 for each participant of the obstetricians/gynaecologists and midwives group  
                                      N Module - 1 for each facilitator and 1 for each participant of the neonatologist and paediatric nurses group |
| Enlarged Form of Partograph if possible | 2                                                                             |
| CD with modules presentations | 2 (1 for each small group)                                                     |
| Presentations on transparency if no LCD projector and computer | 1 full set for modules C, MO and N                                              |
| Retro projector | 2                                                                 |
| LCD projectors and computers | 2 of each                                                                      |
| Flip chart of large paper to hang | 1 for each group                                                                |
| Markers | Sufficient number of various colours                                           |

Materials Needed for Clinical Practice

The following materials will be needed during clinical practice.

<table>
<thead>
<tr>
<th>ITEM NEEDED FOR CLINICAL PRACTICE</th>
<th>NUMBER NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid soap with dispenser.</td>
<td>6-8</td>
</tr>
<tr>
<td>Paper towels.</td>
<td>40-60</td>
</tr>
<tr>
<td>Wall clock (1 for each room)</td>
<td>2-3</td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Room thermometer (1 for each room)</td>
<td>2-3</td>
</tr>
<tr>
<td>Delivery ball (gymnastic ball, 65-70cm diameter)</td>
<td>2-3</td>
</tr>
<tr>
<td>Rubber carpet (blanket) 1,5x1,0 m (such carpet used in bathroom, pool)</td>
<td>4</td>
</tr>
<tr>
<td>Electronic thermometer for newborn temperature check up</td>
<td>2</td>
</tr>
<tr>
<td>Pinard stethoscope (obstetrical) 1 for each room</td>
<td>2-3</td>
</tr>
<tr>
<td>Adult sphygmomanometer</td>
<td>2</td>
</tr>
<tr>
<td>Non-sterile utility gloves</td>
<td>100</td>
</tr>
<tr>
<td>Plastic aprons</td>
<td>6</td>
</tr>
<tr>
<td>Sterile Exam gloves</td>
<td>60-80</td>
</tr>
<tr>
<td>Sterile paired gloves (4-5 pairs for each delivery)</td>
<td>80-100</td>
</tr>
<tr>
<td>Sol. Sterilium 5,0 ltr. (hands disinfection liquid)</td>
<td>2</td>
</tr>
<tr>
<td>Adult blanket</td>
<td>8</td>
</tr>
<tr>
<td>Umbilicus cord clamp (sterile, single use)</td>
<td>20-25</td>
</tr>
<tr>
<td>Cap for newborn</td>
<td>20-25</td>
</tr>
<tr>
<td>Baby socks</td>
<td>20-25</td>
</tr>
<tr>
<td>Baby shirts</td>
<td>20-25</td>
</tr>
<tr>
<td>Neonatal Ambu bag and masks</td>
<td>3</td>
</tr>
<tr>
<td>Adult Ambu bag and masks</td>
<td>2</td>
</tr>
<tr>
<td>2-4 blankets to dry and cover newborn</td>
<td>64</td>
</tr>
<tr>
<td>Warm blanket to cover newborn</td>
<td>20</td>
</tr>
<tr>
<td>Adult blanket</td>
<td>8</td>
</tr>
<tr>
<td>Suturing absorbable synthetic material (Vicryl Rapid, Vicryl, Dexon 2.0 with single use needle 21-22 gauge)</td>
<td>30</td>
</tr>
<tr>
<td>Sterile needles</td>
<td>20+40</td>
</tr>
<tr>
<td>Oxytocin (5 or 10 unit ampoules)</td>
<td>32-40</td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Sterile syringes 2 ml, 10ml</td>
<td>32+20</td>
</tr>
<tr>
<td>Solution Lidocaini 1% in ampoules</td>
<td>20</td>
</tr>
<tr>
<td>(20 ml vials are needed)</td>
<td></td>
</tr>
<tr>
<td>I/v catheter</td>
<td>20</td>
</tr>
<tr>
<td>Single use, i/v sterile droper system</td>
<td>20-40</td>
</tr>
<tr>
<td>Ung. Erythromycini 2%, Ung. Tetracyclini 0,1% (for newborn eyes, for Chlamydia &amp; gonoblenorea prophylactics)</td>
<td>20</td>
</tr>
<tr>
<td>Sol. Vit. K 0,1% for newborn</td>
<td>20</td>
</tr>
<tr>
<td>Suction pump</td>
<td>2</td>
</tr>
<tr>
<td>Gastric tube for newborn</td>
<td>2</td>
</tr>
<tr>
<td>Small cups to demonstrate cup feeding</td>
<td>2</td>
</tr>
<tr>
<td>Syringe of 10 ml for inverted nipple</td>
<td>1</td>
</tr>
<tr>
<td>Radiant heater (if needed)</td>
<td>2-3</td>
</tr>
</tbody>
</table>

**List of Other Supplies Needed for Classroom Work**

Supplies needed for each facilitator during facilitator training and each participant during the course:

- name tag and holder
- paper note
- ball point pen
- felt tip pen

Supplies for demonstrations, role plays and group activities for each small group:

- a baby doll (or a rolled up towel to represent a baby)
- a newborn resuscitation mannequin
- newborn Ambu mask and bag, bulb for newborn aspiration
- (if possible) mannequin of female pelvis, + foetus with cord and placenta
- (if possible) breast mannequin

Near the classrooms, all groups need access to the following equipment and supplies, to be shared by the groups:

- photocopy machine (optional)
- video projector and screen, preferably on a rolling cart
- WHO video tapes/CD on Breastfeeding, Kinderkrigen
PART TWO: TRAINING FACILITATORS

Preparation of a facilitator for the EPC course occurs in three phases:

1. The individual attends an EPC course as a participant in order to learn the course content and develop skill in managing women and newborns using effective perinatal care.

2. Within the next few months, the individual attends a facilitator training session (usually immediately prior to a course in which he or she will serve as a novice facilitator).

3. He or she has a first experience as a facilitator, paired with an experienced facilitator and closely supervised by the course director.

After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in EPC courses. Part Two of this guide describes in detail how to conduct the facilitator training session mentioned above.

General Structure of the Facilitator Training Session

The facilitator training session occurs before the course. As Course Director, you are responsible for conducting the facilitator training. You should be assisted by an experienced facilitator. As the training is intensive, it is very helpful to have two people work together. By working together, you can also demonstrate how co-facilitators share the work during the actual course.

Facilitator training is extremely important, and all new facilitators should attend. 8-10 facilitators may be trained during a session. Well-trained and supportive facilitators are necessary for the success of the EPC course.

All facilitators should have taken the course as participants within the previous few months. They should already have learned the course content and developed clinical skill in managing women and newborns using the Effective Perinatal Care. During facilitator training, they must learn how to teach the course.

Facilitators will take turns practicing the teaching activities described in the Facilitator Guide for Modules.

The facilitators will not visit delivery wards during their training, as they have already experienced clinical sessions during a previous course.

Four methods will be used to demonstrate and practice teaching activities:
1. You (the Course Director) act as a facilitator. Facilitators observe appropriate behaviours as you introduce a module, provide individual feedback, do a demonstration, conduct an exercise, lead a group discussion, coordinate a role play etc.

2. A facilitator trainee acts as a facilitator speaking to a group of participants. The trainee is practicing teaching activities when introducing a module, doing a demonstration, conducting an exercise, leading a group discussion, coordinating a role play, or summarizing a module. While practicing, the trainee is also demonstrating these teaching activities for the others in the group.

3. One trainee acts as a course participant and another act as a facilitator providing individual feedback. Both sit in front of the room positioned as a facilitator and participant would be. The facilitator trainee is both practicing and demonstrating feedback. He asks questions to ensure that the “participant” understands the exercise, discusses how the concept is applicable in real situations, and mentions all the major points specified in the Facilitator Guide for Modules.

4. A trainee acts as a facilitator who is supervising clinical practice. He identifies cases that are relevant for the module’s objectives, demonstrates a clinical skill to other facilitator trainees, or summarizes the module in a discussion.

**Daily Schedule**

The facilitator training schedule will focus on teaching skills to be used mainly in the classroom sessions.

A suggested schedule for facilitator training is provided in Annex 4. A suggested schedule for the course itself is provided in Annex 3. These schedules can be used to make more precise schedules including specific dates and times once you know the times for clinical sessions, transport to clinical sessions, and the arrangements for lunch, tea breaks, etc.

The schedule for facilitator training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 2-3 days what they will teach to course participants in 11 days. In facilitator training, modules will be reviewed very quickly; the facilitator trainees will not re-do the exercises that they have previously done, but will focus instead on learning to give feedback for those exercises to the groups or to the individuals. Some exercises will be skipped once trainees have learned the related teaching technique.

From time to time, you will need to remind facilitator trainees that the course will not be conducted the way that facilitator training is conducted. During the course, participants will do everything as described in the Facilitator Guide for Modules. Refer to the facilitator guides and the actual course schedule frequently, so everyone understands how the actual course will differ.
Practice of Facilitator Techniques

At appropriate points during the facilitator training, you will introduce the following facilitator techniques:

- introducing a module
- giving a presentation
- giving feedback
- working with a co-facilitator
- doing a demonstration required for a module
- leading a discussion
- conducting an exercise
- coordinating a role play
- summarizing a module
- doing a clinical demonstration
- monitoring and providing feedback on clinical practice

Once a technique has been introduced, you will assign facilitator trainees to practice the technique in front of the group. For all teaching activities, it is suggested that two trainees practice together, acting as co-facilitators. This will allow them to practice working in pairs, as they will in the course. After every practice activity, it is useful and important to discuss the trainees’ performance and give feedback.

Occasionally, if time allows, it is helpful to have two pairs of trainees practice the same demonstration one after the other. Then the group can compare the demonstrations, commenting on the strengths of each. This has the benefit of giving more opportunities to practice and also focusing on the teaching technique, instead of only the content.

By the end of the training, every trainee should have practiced each teaching technique several times.

Using this Guide to Conduct the Facilitator Training

We assume you are already familiar with the course and have been trained as a facilitator yourself. To prepare to teach others to be facilitators, read this guide, and reread and study the Facilitator Guide

When conducting the facilitator training, keep available the schedule in Annex A for an overview of the steps to be accomplished each day.

This guide gives instructions, day by day and step by step, for conducting the facilitator training. Just turn to the appropriate part, the appropriate day, and follow the instructions.

When you do that, leave the Course Director’s Guide open to keep your place. Therefore, it is a good idea to have a large area for yourself at the table so that you can arrange your guides and modules in front of you as you lead the training.)
Detailed suggestions for conducting Facilitator training

During the Facilitator training all facilitators will practice using the different teaching techniques used in the course. After this facilitator training they should present the Effective Perinatal Care Course to participants in an appropriate and effective manner.

This course contains several different modules:

- Common modules for all participants (Modules C)
- Obstetric modules for obstetrician-gynaecologists and midwives (Modules MO)
- Neonatal modules for neonatologist and paediatric nurses (Modules N)

It also contains different approaches to teaching. It uses an interactive approach which includes using PowerPoint presentations, practical demonstrations, small group work, role plays and exercises.

In all modules suggested questions are given to stimulate discussion or constructive thinking about the topic being studied.

Facilitated group work and role play are important elements of many modules. Several modules include a mixture of two or more of these presentation styles.

Individual activities included in the modules last from 20 to 90 minutes in length with an average of 50 to 60 minutes. Consider using “warm-up activities” during long classroom sessions. Facilitators often have their own favourite “warm-up activities” that encourage an exchange of ideas among the facilitators.

A set of possible presentations to be used during Facilitator training is given in Annex 5.
PART THREE: RESPONSIBILITIES OF THE COURSE DIRECTOR DURING THE COURSE

It is important to remember that as a course Director you should give the best example to your course facilitators and to the course participants. Depending on the arrangements for the course you may be asked to lead the most difficult part of the course and certainly you will be responsible for coordinating all responses to the different technical issues which might be raised during the course. Along with the important responsibilities related to technical issues, the Director monitors and ensures the MPS Fundamentals and Principles are explicitly incorporated throughout the course content, learning activities and clinical practice.

It is the responsibility of the course director to know and strictly implement the local legislation on medical responsibility as well as the legal duration of work.

Suggestions for Opening Remarks to Course Participants

As Course Director you will want to make some opening remarks to all participants, probably during the opening ceremony. Keep in mind, however, that facilitators will provide a detailed introduction to the course in their small groups. Your remarks should be on a more general scale, perhaps focusing on the importance of the course to health care in the country. You may wish to adapt the following outline:

Welcome and introductions

Introductory Lecture

Give an introductory lecture which presents the need for the course on Effective Perinatal technologies. Highlight the MPS Fundamentals and Principles. Explain the rationale for EPC; explain that all technologies (from hand washing, human presence, upright positioning to surgical techniques) included in EPC are evidence based, and the fact that this course has been specially adapted for this country. It is also important to state the commitment of the Ministry of Health to the Effective Perinatal Care and this training course.

Key characteristics of the course

1. This course may be rather different from many you have attended in that you will actually practice the skills being taught, both in a classroom and in a clinical setting.
2. You will be working in small groups where there will be many opportunities for individual and group discussion.

3. The course will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually use on the job when you return home.

4. After you return home, you will be visited in your clinics to help you apply your new skills on the job.

Announcements about schedule, posting of group assignments, etc.

Supervision of Facilitators

Observe facilitators at work

1. Visit each small group in their classrooms each day. Also observe clinical sessions each day during the second week of training.

2. When observing facilitators, refer to the “Performance Criteria for Facilitators” listed on the next pages. Use the appropriate section(s) of the list for the activity that is underway when you visit the group. For example, if they are having a group discussion, refer to the sections titled “Facilitator Technique: Leading a Discussion.” Also refer to the section titled “Facilitator Technique: Working with a Co-Facilitator.”

The performance criteria are not intended to be used as a “report card” for the facilitators, but rather as a job aid for your observations and feedback. You do not need to mark on the list for each facilitator; simply keep it in front of you as you make your observations. After your visit to each group, make notes on things that the facilitators were doing well, and things that could be improved. You may give feedback to a facilitator privately, or if the feedback applies to a number of facilitators, in a daily facilitator meeting. Be careful never to embarrass a facilitator by correcting him in front of his group.

3. On the first day of the course, tactfully but firmly enforce good working atmosphere. Be sure that facilitators have set up and are using a comfortable place for group work. Ensure that the facilitators are mentioning all the major points of each module specified in the Facilitator Guide.

4. During clinical sessions, be sure that facilitators are observing participants and giving feedback as needed. Ensure that facilitators are using time wisely during clinical sessions. For example, be sure that they are not taking too long to do the demonstration. Be sure that they are not leaving some participants idle while talking at length with another.
Performance Criteria for Facilitators

When observing facilitators during their work with modules, refer to this list as a reminder of appropriate facilitator techniques for the activity observed. Technique 1 (working with a co-facilitator) is applicable in both the classroom and the clinical sessions. Techniques 2 – 9 are typically used in the classroom setting. Techniques 10 – 12 apply in the clinic setting.

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

Techniques Used in the Classroom

2. Facilitator Technique: Introducing a Module
   a. keeps introduction brief
   b. includes all points mentioned in the Facilitator Guide

3. Facilitator Technique: Feedback on participants work
   a. listens as participant discusses reasons for his answers
   b. encourages and reinforces participant’s efforts
   c. helps participant to understand any errors; gives clear explanations
   d. when appropriate, asks questions about the participant’s own clinic and how the exercise applies to the situation there

4. Facilitator Technique: Leading a Discussion
   a. sets up the discussion by explaining its purpose and how it will proceed
   b. involves all participants in the discussion
   c. reinforces participants by thanking them for comments, praising good ideas, etc.
   d. handles incorrect or off-the-subject comments from participants tactfully
   e. asks questions to keep the discussion active and on track
   f. responds adequately to unexpected questions; offers to seek answers if not known
   g. records ideas on the flipchart in a clear, useful manner
   h. includes points listed in the Facilitator Guide
   i. at the end of the discussion, summarizes the major points made
5. Facilitator Technique: Coordinating Role Plays  
   a. sets up role play carefully by obtaining any necessary props, briefing those participants who will play roles, and allowing time to prepare  
   b. clearly introduces role play by explaining the purpose, the situation being enacted, background information, and the roles being played  
   c. interrupts only if players are having tremendous difficulty or have strayed from the purpose of the role play  
   d. guides discussion after the role play so that feedback is supportive and includes things done well and things that could be improved  

6. Facilitator Technique: While Participants are Working  
   a. looks available, interested, and willing to help  
   b. encourages questions  
   c. watches participants as they work; offers individual help to participants who appear confused  
   d. gives individual help quietly, without disturbing others in the group  

7. Facilitator Technique: Summarizing the Module  
   a. keeps summary brief and clear  
   b. includes the major points to be remembered from the module  

Techniques used during Clinical Sessions  

8. Facilitator Technique: Clinical Demonstrations  
   a. states the objectives of the demonstration (that is, the clinical steps to be demonstrated and the EPC techniques to be used)  
   b. follows the instructions in the Facilitator Guide  
   c. demonstrates the entire correct procedure (no short cuts)  
   d. describes the steps and procedures aloud while doing them  
   e. projects voice so all can hear; stands where everyone can see  
   f. encourages questions from participants  
   g. asks participants questions to check understanding  
   h. at the end of the demonstration, summarizes and highlights main points  

9. Facilitator Technique: Assigning Patients to Participants  
   a. selects suitable patients for the module’s objectives  
   b. keeps participants busy by promptly giving feedback and assigning another case  
   c. when there are not enough cases, finds ways to use the time well (e.g., by assigning several participants to one case, or by conducting an exercise or demonstration until more cases arrive)  

10. Facilitator Technique: Monitoring Clinical Practice
a. observes participants carefully while they work  
b. reviews participants’ work and discusses findings with them  
c. tries to get participants to see and correct their own errors (e.g., by asking them to look or try again); provides assistance only as needed  
d. provides feedback on things done well and on things that need improvement  

**Conduct daily facilitator meetings**

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

1. Begin the meeting by asking a facilitator from each group to describe progress made by his group, to identify any problems impeding progress, and to identify any skill or any section of the modules which participants found especially difficult to do or understand.

2. Identify solutions to any problems related to any particular group’s progress or related to difficult skills or sections of the modules.

3. Discuss teaching techniques which the facilitators have found to be successful.

4. Provide feedback to the facilitators on their performance. Use the notes that you have taken while observing the groups during the day.

5. Mention a few specific actions that were well done (for example, providing participants with feedback; making all the major points listed in the Facilitator Guide; using role-plays etc).

6. Mention a few actions which might be done better. (For example, explain more clearly which tasks should be practiced; review any major points of the last module before introducing the next module.)

7. Remind facilitators of certain actions which you consider important, for example:

   a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the Course Director. The Course Director may be able to deal with these situations.

   Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.
b. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time, over dinner). If a question will be answered later in the course, explain this. If unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.

c. Interact informally with participants outside of scheduled class meetings.

d. For participants who may be doing a bit slower than the rest of the group the facilitators should: reinforce small successes, be patient (or ask another facilitator to help).

8. Remind the facilitators to consult the Facilitator Guide and gather together any supplies needed for the next day.

9. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).

10. After the first week of the course, ask facilitators to point out to you any participants who might be good candidates for facilitator training. These would be participants who:

   a. understand the modules easily,
   b. demonstrate good clinical skills,
   c. communicate clearly,
   d. help others and work well with others in their group,
   e. participate confidently in discussions and role plays.

**End-of-Course Evaluation**

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

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

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

1. What are your responsibilities in your maternity or hospital?

2. For each module listed in the left column, tick (✓) the box which you think best describes it.

<table>
<thead>
<tr>
<th>Common modules</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Somewhat Useful</th>
<th>Useless</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<td>5</td>
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<td>7</td>
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<td>13</td>
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<td>14</td>
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<td>15</td>
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</table>

<table>
<thead>
<tr>
<th>Midwifery/Obstetric modules</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Somewhat Useful</th>
<th>Useless</th>
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<tbody>
<tr>
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<td>7</td>
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</tbody>
</table>
3. Which module or part of a module, if any, did you find especially difficult to understand? Why?

4. Which EPC clinical skills did you find especially difficult to understand or learn to do? What would have helped you learn the skill more easily? (For example, more explanations, video? More clinical practice?)

5. What was good about the course? What was not good and should be improved or left out for future courses?
6. Are there any skills that you need in managing labour, delivery or newborn conditions that you think should be added to the course? What are they?

7. Do you have any other comments or suggestions for improvement of the content of the course or the way in which it was conducted?

8. For each activity listed below, tick one box to indicate whether you thought the time spent on that activity was too short, adequate or too long.

<table>
<thead>
<tr>
<th>Type of Activity</th>
<th>Time Spent Was:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Too Short</td>
</tr>
<tr>
<td>Presentations</td>
<td></td>
</tr>
<tr>
<td>Group Exercises</td>
<td></td>
</tr>
<tr>
<td>Role plays</td>
<td></td>
</tr>
<tr>
<td>Group discussions</td>
<td></td>
</tr>
<tr>
<td>Clinical sessions</td>
<td></td>
</tr>
<tr>
<td>Entire course</td>
<td></td>
</tr>
</tbody>
</table>

9. Are there health care practices that you will do differently when you return to maternity, hospital as a result of what you learned in this course? If so, what are they?
Closing Session

1. Prepare and give a brief summary of the entire course. The summary may include a review of the learning objectives from the beginning of each module and any important points that may have been raised during the course.

2. Discuss plans for follow-up after training. Explain that participants will be visited in their clinics at least once, about 4-6 weeks after training. The visit will be an opportunity for skill reinforcement. Participants should try to begin using the Effective Perinatal Care in their clinics when they return. If they encounter difficulties, the follow-up visit will be an opportunity to obtain help in resolving those difficulties.

3. Present course certificates to the participants and facilitators and congratulate them on their hard work.
ANNEXES

Annex 1. Model Programme for training course on Effective Perinatal Care

A possible schedule is on the next pages. When adapting this schedule, keep the following points in mind:

1. Since groups will work at different paces, the schedule should be flexible. It should not list precise times for completion of modules but should indicate general time frames instead.

2. Approximately eleven days of work are required for the participants to complete the modules and clinical practice. The possible schedule provided assumes that the course will run Monday through Saturday of the first week and Monday through Friday of the second week.

3. Homework on exercises is not recommended for participants. The course work is tiring, so participants should not be asked to do additional work in the evenings.

4. Schedule a specified time apart from regular course hours when at least one facilitator is available to discuss any problems or questions.

5. During the second week of the training every day should include clinical practice. Clinical practice should be scheduled at the time of day when most women and newborns are available for practical work. Different schedule options are provided from page 52. If the maternity is extremely active, the number of births during a 12 hour shift will be enough to allow each participant to attend and manage at least two births. However as labour and birth can occur at any hour, a 24 hours schedule is proposed that includes coverage during the day and night.

6. Schedule some free time for participants to go to the bank and post office, shopping, sight-seeing, etc.

Note for special courses: Occasionally the course may be used with special participants (managers or consultants) who already have a high level of clinical training but need to learn the EPC approach in order to teach others or begin plans for implementation of Effective Perinatal Care in their areas. These participants may need more technical background. If you as the Course Director feel that this type of technical information will be needed for your course, you may schedule technical seminars in the evenings or add time to the course (e.g., an extra half day at the beginning or end of the course). Do not shorten the actual course time to allow for these technical seminars.
Example of Programme of Effective Perinatal Care Training Course:

First week

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00-10:00</td>
<td>• Opening</td>
</tr>
<tr>
<td>(60 min.)</td>
<td></td>
</tr>
<tr>
<td>10:00-10:45</td>
<td>• MODULE 1C. Safe Motherhood and Effective Perinatal Care: Are Changes Necessary?</td>
</tr>
<tr>
<td>(45 min.)</td>
<td></td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>• Module 2C. Introduction to Evidence-Based Medicine</td>
</tr>
<tr>
<td>(120 min.)</td>
<td></td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-15:45</td>
<td>• Module 3C. Counselling Skills in Maternal and Neonatal Care</td>
</tr>
<tr>
<td>(105 min.)</td>
<td></td>
</tr>
<tr>
<td>15:45-16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00-16:45</td>
<td>• Module 3C. Counselling Skills in Maternal and Neonatal Care (continuation)</td>
</tr>
<tr>
<td>(45 min.)</td>
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</tr>
<tr>
<td>16:45-17:45</td>
<td>• “The Icebreaker”</td>
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<tr>
<td>(60 min.)</td>
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</tr>
<tr>
<td>17:45-18:00</td>
<td>• Day summary by facilitators and group representatives</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>09:00-09:30</strong></td>
<td>• Group representatives report on topics of Day 1</td>
</tr>
<tr>
<td><strong>09:30-10:45</strong></td>
<td>• Module 1MO. Antenatal Care.</td>
</tr>
<tr>
<td>(75 min.)</td>
<td>• Module 1N. Complete Examination of a Newborn</td>
</tr>
<tr>
<td><strong>10:45-11:00</strong></td>
<td>Coffee break</td>
</tr>
<tr>
<td><strong>11:00-12:00</strong></td>
<td>• Module 4C. Assessment of Foetal Well-Being During Pregnancy and Labour and Assessment of Small for Gestational Age (SGA) Foetuses</td>
</tr>
<tr>
<td>(60 min.)</td>
<td>• Module 5C. Management of Normal Labour and Delivery</td>
</tr>
<tr>
<td><strong>12:00-13:00</strong></td>
<td>Lunch</td>
</tr>
<tr>
<td><strong>13:00-14:00</strong></td>
<td>Lunch</td>
</tr>
<tr>
<td><strong>14:00-15:45</strong></td>
<td>• Module 5C. Management of Normal Labour and Delivery (continuation)</td>
</tr>
<tr>
<td>(105 min.)</td>
<td>• Module 5C. Management of Normal Labour and Delivery (continuation)</td>
</tr>
<tr>
<td><strong>15:45-16:00</strong></td>
<td>Coffee break</td>
</tr>
<tr>
<td><strong>16:00-17:45</strong></td>
<td>• Module 5C. Management of Normal Labour and Delivery (continuation)</td>
</tr>
<tr>
<td>(105 min.)</td>
<td>• Module 5C. Management of Normal Labour and Delivery (continuation)</td>
</tr>
<tr>
<td><strong>17:45-18:00</strong></td>
<td>• Day summary by facilitators and group representatives</td>
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</table>
### DAY 3 – Wednesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td><strong>Midwifery Group</strong></td>
<td><strong>Neonatal Group</strong></td>
</tr>
<tr>
<td>09:00-09:15</td>
<td>• Group representatives report on topics of Day 2</td>
</tr>
<tr>
<td>09:15-10:45</td>
<td>• Module 2MO. The Use of Partograph</td>
</tr>
<tr>
<td></td>
<td>(90 min.)</td>
</tr>
<tr>
<td>09:15-10:45</td>
<td>• Module 1N. Complete Examination of a Newborn (continuation)</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>• Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-15:45</td>
<td>• Module 7C. Breastfeeding</td>
</tr>
<tr>
<td></td>
<td>(105 min.)</td>
</tr>
<tr>
<td>15:45-16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00-17:45</td>
<td>• Module 8C. Postpartum Care of Mothers and Newborns</td>
</tr>
<tr>
<td></td>
<td>(105 min.)</td>
</tr>
<tr>
<td>17:45-18:00</td>
<td>• Day summary by facilitators and group representatives</td>
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<tr>
<td>Time</td>
<td>Topic</td>
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<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>09:00-09:15</td>
<td>• Group representatives report on topics of Day 3</td>
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<tr>
<td>09:15-10:45</td>
<td>• Module 9C. Neonatal Resuscitation</td>
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<td>(90 min.)</td>
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<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
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<tr>
<td>11:00-12:00</td>
<td>• Module 9C. Neonatal Resuscitation (continuation)</td>
</tr>
<tr>
<td>(60 min.)</td>
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<tr>
<td>12:00-13:00</td>
<td>• Module 10C. Integration of Prevention of Mother To Child HIV Transmission into Effective Perinatal Care</td>
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<tr>
<td>(60 min.)</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-15:45</td>
<td>• Module 11C. Infections in Pregnancy, Childbirth and Postpartum</td>
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<tr>
<td>(105 min.)</td>
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<tr>
<td>15:45-16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00-17:45</td>
<td>• Module 11C. Infections in Pregnancy, Childbirth and Postpartum</td>
</tr>
<tr>
<td>(105 min.)</td>
<td>(continuation)</td>
</tr>
<tr>
<td>17:45-18:00</td>
<td>• Day summary by facilitators and group representatives</td>
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**DAY 5 – Friday**

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>09:00-09:15</td>
<td>Group representatives report on topics of Day 4</td>
</tr>
<tr>
<td>09:15-10:45</td>
<td>- Module 3MO. Hypertension in pregnancy</td>
</tr>
<tr>
<td></td>
<td>- Module 2N. Post-Resuscitation Neonatal Care</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00-13:00</td>
<td>- Module 4MO. Obstetric Haemorrhages</td>
</tr>
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<td></td>
<td>- Module 3N. Breathing Difficulty</td>
</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-15:45</td>
<td>- Module 12C. Preterm Labour</td>
</tr>
<tr>
<td>15:45-16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00-17:45</td>
<td>- Module 5MO. Prelabour Rupture of Membranes</td>
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<td></td>
<td>- Module 4N. Neonatal Jaundice</td>
</tr>
<tr>
<td>17:45-18:00</td>
<td>Day summary by facilitators and group representatives</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
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<tr>
<td>09:00-09:15</td>
<td>• Group representatives report on topics of Day 5</td>
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<tr>
<td></td>
<td>• Module 5N. Neonatal Bacterial Infections</td>
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<tr>
<td>(60 min.)</td>
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<tr>
<td>10:15-10:45</td>
<td>• Module 7MO. Unsatisfactory Progress of Labour</td>
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<tr>
<td></td>
<td>Intrapartum Oxytocin - Administration</td>
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<tr>
<td>(30 min.)</td>
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<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>• Module 7MO. Unsatisfactory Progress of Labour</td>
</tr>
<tr>
<td></td>
<td>Intrapartum Oxytocin - Administration (continuation).</td>
</tr>
<tr>
<td>(30 min.)</td>
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<tr>
<td>11:30-13:00</td>
<td>• Module 2MO. The Use of Partograph (continuation).</td>
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<tr>
<td>(90 min.)</td>
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<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00-14:45</td>
<td>• Module 13C. Sudden Infant Death Syndrome (SIDS)</td>
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<td>(45 min.)</td>
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<tr>
<td>14:45-15:45</td>
<td>• Module 14C. Postpartum Depression, Loss and Tragedies</td>
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<td>Time</td>
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<tr>
<td>15:45-16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00-17:45</td>
<td>• Module 5C. Management of normal labour and deliveries (continuation).</td>
</tr>
<tr>
<td>(105 min.)</td>
<td>• Module 6N. Care of a Newborn with Birth Defect/Congenital Malformation or Birth Trauma</td>
</tr>
<tr>
<td>17:45-18:00</td>
<td>• Dividing of midwifery group into 2 subgroups for the clinical week.</td>
</tr>
<tr>
<td></td>
<td>• Summary of theoretical week. Preparation for clinical week.</td>
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</table>

DAY 7 - Sunday – DAY OFF
### Example of Programme of Effective Perinatal Care Training Course:
#### Second week - Clinical Sessions

**12 Hour shift Option**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td></td>
<td>Day 8 – Monday</td>
</tr>
<tr>
<td></td>
<td>Midwifery subgroup 1 – working hours: 09:00-21:00 (visiting labour – depends on the situation at the maternity ward)</td>
</tr>
<tr>
<td></td>
<td>Midwifery subgroup 2 – working hours: 09:00-14:00</td>
</tr>
<tr>
<td></td>
<td>Neonatal group – working hours: 09:00-18:00</td>
</tr>
<tr>
<td></td>
<td>Lunch – 13:00 – 14:00</td>
</tr>
<tr>
<td></td>
<td>Coffee breaks – 10:45 and 15:45</td>
</tr>
</tbody>
</table>

#### Midwifery Group
- Module 5C. Management of Normal Labour and Delivery (continuation).
- Module 7N. Low-Birth Weight Baby/”Small Baby” Care and Feeding
- Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).
- Clinical work

#### Neonatal Group
- Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).
- Clinical work

**Topics for discussion:**
- Module 3MO. Hypertension in Pregnancy (continuation).
- Module 1MO. Antenatal Care (continuation).
- Module 7N. Low-Birth Weight Baby/”Small Baby” Care and Feeding (continuation).
- Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).
• Module 7C. Breastfeeding (continuation).

• Demonstration and discussion of films: “Caesarean section” “Vacuum extraction of foetus”, “Delivering together”, “Postpartum contraception”.

17:45-18:00
• Day summary by facilitators and group representatives

DAY 9 – Tuesday

Midwifery subgroup 1 – working hours: 08:00-14:00
Midwifery subgroup 2 – working hours: 08:00-21:00 (visiting labour – depends on the situation at the maternity ward)

Neonatal group – working hours: 09:00-18:00

Coffee breaks – 10:45 and 15:45

09:00-10:00
(60 min.)
• Participation in the morning clinical conference
• Reports by group representatives

10:00-13:00
(165 min.)
• Module 9C. Neonatal Resuscitation (continuation).

13:00-14:00
Lunch
Midwifery Group

- Clinical work

Topics for discussion:

- Module 3MO. Hypertension in Pregnancy (continuation).
- Module 1MO. Antenatal Care (continuation).

17:45-18:00
- Day summary by facilitators and group representatives

Neonatal Group

- Clinical work

Topics for discussion:

- Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).
- Module 2N. Post-Resuscitation Neonatal Care (continuation).
- Module 7C. Breastfeeding (continuation).
- Module 3N. Breathing Difficulty (continuation).

DAY 10 – Wednesday

Midwifery subgroup 1 – working hours: 08:00-21:00 (attending labour – depends on the situation at the maternity ward)
Midwifery subgroup 2 – working hours: 08:00-14:00

Neonatal group – working hours: 09:00-18:00

Coffee breaks – 10:45 and 15:45

09:00-10:00
(60 min.)
- Participation in the morning clinical conference
- Reports by group representatives

10:00-13:00
(165 min.)
- Module 9C. Neonatal Resuscitation (continuation).

13:00-14:00
Lunch
Midwifery Group

- Clinical work
  Topics for discussion:
  - Module 8C. Postpartum Care of Mothers and Newborns (continuation).
  - Module 4C. Assessment of Foetal Well-Being During Pregnancy and Labour and Assessment of Small for Gestational Age (SGA) Foetuses (continuation).
  - Module 11C. Infections in Pregnancy, Childbirth and Postpartum (continuation).

Neonatal Group

- Clinical work
  Topics for discussion:
  - Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).
  - Module 5N. Neonatal Bacterial Infections (continuation).
  - Module 4N. Neonatal Jaundice (continuation).
  - Module 8C. Postpartum Care of Mothers and Newborns (continuation).

17:45-18:00

- Day summary by facilitators and group representatives

DAY 11 – Thursday

Midwifery subgroup 1 – working hours: 08:00-14:00
Midwifery subgroup 2 – working hours: 08:00-21:00 (visiting labour – depends on the situation at the maternity ward)

Neonatal group – working hours: 09:00-18:00

Lunch – 13:00 – 14:00
Coffee breaks – 10:45 and 15:45

09:00-10:00

- Participation in the morning clinical conference
- Reports by group representatives

(60 min.)

Midwifery Group

Clinical work
Topics for discussion:

- Module 7C. Breastfeeding (continuation).
- Demonstration and discussion of films: “Caesarean section” “Vacuum extraction of foetus”, “Delivering

Neonatal Group

Clinical work
Topics for discussion:

- Module 4N. Neonatal Jaundice (continuation).
- Module 8C. Postpartum Care of Mothers and Newborns (continuation).
together”, “Postpartum contraception”.

- Module 8C. Postpartum Care of Mothers and Newborns (continuation).
- Module 4C. Assessment of Foetal Well-Being During Pregnancy and Labour and Assessment of Small for Gestational Age (SGA) Foetuses (continuation).
- Module 11C. Infections in Pregnancy, Childbirth and Postpartum (continuation).
- Module 6N. Care of a Newborn with Birth Defect/Congenital Malformation or Birth Trauma (continuation).

17:45-18:00  •  Day summary by facilitators and group representatives

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>DAYS</strong></td>
<td><strong>SCHEDULE</strong></td>
</tr>
<tr>
<td><strong>DAY 12 – Friday</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 09:00-9:45 |  •  Participation in the morning clinical conference  
| (45 min.) |  •  Reports by group representatives |
| 09:45-10:45 |  •  Module 15C: How to Improve Existing Practices: Strategy of Changes  
| (60 min.) | |
| 10:45-11:00 | Coffee break |
| 10:30-11:30 |  •  Module 15C: How to Improve Existing Practices: Strategy of Changes (continuation).  
| (60 min.) | |
| 11:30-13:00 |  •  Module 15C: How to Improve Existing Practices: Strategy of Changes (continuation).  
| (90 min.) | |
| 13:00-14:00 | Lunch |

51
14:00-15:45  • Module 15C: How to Improve Existing Practices: Strategy of Changes (continuation).

15:45-16:00  Coffee break

16:00-18:00  • Conclusion. Closing of the course.
Example of Programme of Effective Perinatal Care Training Course:  
Second week - Clinical Sessions

24 Hour Shift Option

The 24 hour Shift Option requires flexibility. The priority is actual clinical experience. Every effort is made to review the modules per the outlined schedule. The Course Director will adjust the time and/or order of the modules as needed.

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
</table>

DAY 8 – Monday

**TEAM A**
Midwifery multidisciplinary team 1 – working hours: 09:00 through 08:00am
Midwifery multidisciplinary team 2 – working hours: 09:00 through 08:00am

**TEAM B**
Midwifery multidisciplinary team 1 – working hours: 09:00 through 13:00am
Midwifery multidisciplinary team 2 – working hours: 09:00 through 13:00am

Neonatal group – working hours: 09:00-18:00 (The course director will decide if neonatologists and midwifes will be requested to attend birth after 18:00 pm)

Lunch – 13:00 – 14:00
Coffee breaks – 10:45 and 15:45

<table>
<thead>
<tr>
<th>Midwifery Group</th>
<th>Neonatal Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-13:00 (225 min.)</td>
<td>• Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).</td>
</tr>
<tr>
<td></td>
<td>• Module 7N. Low-Birth Weight Baby/ “Small Baby” Care and Feeding</td>
</tr>
<tr>
<td></td>
<td>• Module 5C. Management of Normal Labour and Delivery (continuation).</td>
</tr>
</tbody>
</table>
• Clinical work

**Topics for discussion:**

• Module 3MO. Hypertension in Pregnancy (continuation).

• Module 1MO. Antenatal Care (continuation).

• Module 7C. Breastfeeding (continuation).

• Demonstration and discussion of films: “Caesarean section” “Vacuum extraction of foetus”, “Delivering together”, “Postpartum contraception”.

17:45-18:00

• Day summary by facilitators and group representatives

• Review options for night clinical work e.g. continue care for labouring women, postpartum/breastfeeding rounds, clinical chart reviews.

---

**DAY 9 – Tuesday**

**TEAM B**

Midwifery multidisciplinary team 1 – working hours: 08:00 through 08:00am

Midwifery multidisciplinary team 2 – working hours: 08:00 through 08:00am

Neonatal group – working hours: 09:00-18:00

Lunch – 13:00 – 14:00

Coffee breaks – 10:45 and 15:45

08:00-08:30 Clinical report from Team A to Team B

09:00-10:00

• Participation in the morning clinical conference

(60 min.)

• Reports by group representatives
10:00-13:00
• Module 9C. Neonatal Resuscitation (continuation).
(165 min.)

13:00-14:00
Lunch

<table>
<thead>
<tr>
<th>Midwifery Group</th>
<th>Neonatal Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinical work</td>
<td>• Clinical work</td>
</tr>
<tr>
<td><strong>Topics for discussion:</strong></td>
<td><strong>Topics for discussion:</strong></td>
</tr>
<tr>
<td>• Module 3MO. Hypertension in Pregnancy (continuation).</td>
<td>• Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).</td>
</tr>
<tr>
<td></td>
<td>• Module 2N. Post-Resuscitation Neonatal Care (continuation).</td>
</tr>
<tr>
<td></td>
<td>• Module 7C. Breastfeeding (continuation).</td>
</tr>
<tr>
<td></td>
<td>• Module 3N. Breathing Difficulty (continuation).</td>
</tr>
<tr>
<td>If babies after resuscitation are not available –</td>
<td></td>
</tr>
</tbody>
</table>

17:45-18:00
• Day summary by facilitators and group representatives
• Review options for night clinical work e.g. continue care for labouring women, postpartum/breastfeeding rounds, clinical chart reviews.
DAY 10 – Wednesday

TEAM A
Midwifery multidisciplinary team 1 – working hours: 08:00 through 08:00am

Midwifery multidisciplinary team 2 – working hours: 08:00 through 08:00am

Neonatal group – working hours: 09:00-18:00

Lunch – 13:00 – 14:00
Coffee breaks – 10:45 and 15:45

08:00-08:30 Clinical report from Team B to Team A

09:00-10:00
- Participation in the morning clinical conference
- Reports by group representatives

10:00-13:00
- Module 9C. Neonatal Resuscitation (continuation).

13:00-14:00 Lunch

<table>
<thead>
<tr>
<th>Midwifery Group</th>
<th>Neonatal Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topics for discussion:</td>
<td>Topics for discussion:</td>
</tr>
<tr>
<td>Module 8C. Postpartum Care of Mothers and Newborns (continuation).</td>
<td>Module 6C. Initial Rapid Assessment of the Newborn and Principles of Neonatal Care (continuation).</td>
</tr>
<tr>
<td>Module 4C. Assessment of Foetal Well-Being during Pregnancy and Labour and Assessment of Small for Gestational Age (SGA) Foetuses (continuation).</td>
<td>Module 5N. Neonatal Bacterial Infections (continuation).</td>
</tr>
<tr>
<td>Module 11C. Infections in Pregnancy, Childbirth and Postpartum (continuation).</td>
<td></td>
</tr>
</tbody>
</table>

17:45-18:00
- Day summary by facilitators and group representatives
- Review options for night clinical work e.g. continue care for labouring women, postpartum/breastfeeding rounds, clinical chart reviews.
## TEAM B
Midwifery multidisciplinary team 1 – working hours: 08:00 through 18:00 to 20:00

Midwifery multidisciplinary team 2 – working hours: 08:00 through 18:00 to 20:00

Neonatal group – working hours: 09:00-18:00

Lunch – 13:00 – 14:00
Coffee breaks – 10:45 and 15:45

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00-08:30</td>
<td>Clinical report from Team A to Team B</td>
</tr>
<tr>
<td>09:00-10:00</td>
<td>Participation in the morning clinical conference</td>
</tr>
<tr>
<td></td>
<td>(60 min.)</td>
</tr>
</tbody>
</table>

### Midwifery Group
- Clinical work
- Module 7C. Breastfeeding (continuation).
- Demonstration and discussion of films: “Caesarean section” “Vacuum extraction of foetus”, “Delivering together”, “Postpartum contraception”.
- Module 8C. Postpartum Care of Mothers and Newborns (continuation).
- Module 4C. Assessment of Foetal Well-Being During Pregnancy and Labour and Assessment of Small for Gestational Age (SGA) Foetuses (continuation).
- Module 11C. Infections in Pregnancy, Childbirth and Postpartum (continuation).

### Neonatal Group
- Clinical work
- Module 4N. Neonatal Jaundice (continuation).
- Module 8C. Postpartum Care of Mothers and Newborns (continuation).
- Module 6N. Care of a Newborn with Birth Defect/Congenital Malformation or Birth Trauma (continuation).
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>17:45-18:00</td>
<td>• Day summary by facilitators and group representatives</td>
</tr>
<tr>
<td></td>
<td>• Assess whether the midwifery multidisciplinary teams will stay to complete a labour in progress. Report to maternity staff when leaving facility.</td>
</tr>
<tr>
<td><strong>DAY 12 – Friday</strong></td>
<td></td>
</tr>
<tr>
<td>09:00-9:45</td>
<td>• Participation in the morning clinical conference</td>
</tr>
<tr>
<td></td>
<td>• Reports by group representatives</td>
</tr>
<tr>
<td>(45 min.)</td>
<td></td>
</tr>
<tr>
<td>09:45-10:45</td>
<td>• Module 15C: How to Improve Existing Practices: Strategy of Changes</td>
</tr>
<tr>
<td>(60 min.)</td>
<td></td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>10:30-11:30</td>
<td>• Module 15C: How to Improve Existing Practices: Strategy of Changes (continuation).</td>
</tr>
<tr>
<td>(60 min.)</td>
<td></td>
</tr>
<tr>
<td>11:30-13:00</td>
<td>• Module 15C: How to Improve Existing Practices: Strategy of Changes (continuation).</td>
</tr>
<tr>
<td>(90 min.)</td>
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</tr>
<tr>
<td>13:00-14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00-15:45</td>
<td>• Module 15C: How to Improve Existing Practices: Strategy of Changes (continuation).</td>
</tr>
<tr>
<td>15:45-16:00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00-18:00</td>
<td>• Conclusion. Closing of the course.</td>
</tr>
</tbody>
</table>
Annex 2. Model Programme for Effective Perinatal Care Facilitator’s Training

A possible schedule for facilitator training is provided on the next pages. When adapting this schedule, keep the following points in mind:

1. The schedule at least 2-3 working days.

2. Facilitator training is critical to the success of the training effort. The schedule is very full. Do not try to shorten the schedule.

3. The schedule will require facilitators to work in a concentrated way. Some homework will be needed each night.

4. The schedule should include time for discussion of facilitator techniques such as presentation skills, provision of feedback to participants, leading discussions, etc.

5. When planning the schedule, consider whether facilitator trainees may need technical background information related to the rationale for the Effective Perinatal Care or management of certain conditions. If technical information is needed, add time to present additional lecture(s); for example, begin a half day early, or extend by a half day.

6. The schedule should be flexible. If work is completed ahead of schedule on a certain day, facilitator trainees can begin work on the next module or be released early.

7. Reserve one to two hours of the last day for arrangements such as discussion of the schedule for the course, assignments of classrooms, and distribution of instructional materials and supplies.

8. Before the end of facilitator training, assign pairs of facilitators to work together. This will allow the facilitator pairs time to plan how they will work together.

9. There should be at least one day off prior to the course to allow facilitators to rest.
### Example of Programme for Training of Facilitators

<table>
<thead>
<tr>
<th>FACILITATOR DAY 1</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity</strong></td>
<td></td>
</tr>
<tr>
<td>1. Opening Session</td>
<td></td>
</tr>
<tr>
<td>a. Introductions</td>
<td></td>
</tr>
<tr>
<td>b. Administrative Tasks</td>
<td></td>
</tr>
<tr>
<td>c. Review of principles of Effective Perinatal Care</td>
<td></td>
</tr>
<tr>
<td>2. Introduction to Facilitator Training and <em>Facilitator Guide</em></td>
<td></td>
</tr>
<tr>
<td>a. Context of Facilitator Training Materials Needed</td>
<td></td>
</tr>
<tr>
<td>b. Objectives of Facilitator Training</td>
<td></td>
</tr>
<tr>
<td>c. Teaching Methods</td>
<td></td>
</tr>
<tr>
<td>d. Schedule for Facilitator Training</td>
<td></td>
</tr>
<tr>
<td>e. Introduction of Facilitator Guide</td>
<td></td>
</tr>
<tr>
<td>3. Modules – To be decided by the course director</td>
<td></td>
</tr>
<tr>
<td>a. Review and Demonstration</td>
<td></td>
</tr>
<tr>
<td>b. Facilitator Techniques: Making presentation and working with a Co-Facilitator</td>
<td></td>
</tr>
<tr>
<td>c. Practice of Facilitator Techniques</td>
<td></td>
</tr>
<tr>
<td>4. Module: To be decided by the course director</td>
<td></td>
</tr>
<tr>
<td>5. Review of the module content</td>
<td></td>
</tr>
<tr>
<td>a. Facilitator Techniques: Introducing a Module</td>
<td></td>
</tr>
<tr>
<td>b. Facilitator Techniques: Conducting a Demonstration</td>
<td></td>
</tr>
<tr>
<td>c. Practice of Facilitator Techniques</td>
<td></td>
</tr>
<tr>
<td>d. Facilitator Techniques: Leading a Discussion</td>
<td></td>
</tr>
<tr>
<td>6. Assignments for the Next Day:</td>
<td></td>
</tr>
<tr>
<td>a. Prepare for assigned teaching activity</td>
<td></td>
</tr>
<tr>
<td>b. Continue review of corresponding facilitator guidelines.</td>
<td></td>
</tr>
</tbody>
</table>
## FACILITATOR DAY 2

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Module: To be decided by the course director</strong></td>
<td></td>
</tr>
<tr>
<td>a. Review and Demonstration</td>
<td></td>
</tr>
<tr>
<td>b. Facilitator Techniques: Making presentation and working with a Co-Facilitator</td>
<td></td>
</tr>
<tr>
<td>c. Practice of Facilitator Techniques</td>
<td></td>
</tr>
<tr>
<td><strong>2. Module: To be decided by the course director</strong></td>
<td></td>
</tr>
<tr>
<td>a. Review of the module content</td>
<td></td>
</tr>
<tr>
<td>b. Facilitator Techniques: Introducing a Module</td>
<td></td>
</tr>
<tr>
<td>c. Facilitator Techniques: Conducting a Demonstration</td>
<td></td>
</tr>
<tr>
<td>d. Practice of Facilitator Techniques</td>
<td></td>
</tr>
<tr>
<td>e. Facilitator Techniques: Leading a Discussion</td>
<td></td>
</tr>
<tr>
<td><strong>3. Assignments for the Next Day:</strong></td>
<td></td>
</tr>
<tr>
<td>a. Prepare for assigned teaching activity</td>
<td></td>
</tr>
<tr>
<td>b. Continue review of corresponding facilitator guidelines.</td>
<td></td>
</tr>
</tbody>
</table>

## FACILITATOR DAY 3 (Optional)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Module:</strong></td>
<td></td>
</tr>
<tr>
<td>a. Review and Demonstration</td>
<td></td>
</tr>
<tr>
<td>b. Facilitator Techniques: Making presentation and working with a Co-Facilitator</td>
<td></td>
</tr>
<tr>
<td>c. Practice of Facilitator Techniques</td>
<td></td>
</tr>
<tr>
<td><strong>2. Module:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. Review of the module content</strong></td>
<td></td>
</tr>
</tbody>
</table>
a. Facilitator Techniques: Introducing a Module
b. Facilitator Techniques: Conducting a Demonstration
c. Practice of Facilitator Techniques
d. Facilitator Techniques: Leading a Discussion

4. Assignments for the Next Day:
   a. Prepare for assigned teaching activity
   b. Continue review of corresponding facilitator guidelines.
Annex 3. Example Course Registration Form

Please write clearly.

Your Name:

Best Mailing Address (include e-mail and telephone, if available):

Name and location of maternity (health facility) where you work:

District: ___________________ Region: _________________

What is your current work position or job title?

What health care training have you previously received (either in school or in relation to your job)?

What year did you finish your basic clinical training?

THANK YOU
## Annex 4. Course Director Summary

**Effective Perinatal Care**

<table>
<thead>
<tr>
<th>Location of course:</th>
</tr>
</thead>
</table>

**Facilitator Training:**

Dates of Facilitator Training: ___/___/___ -- ___/___/___

Number of full days: _____

Number of facilitators trained: ____*

**Course:**

Dates of course: ___/___/___ -- ___/___/___

Number of full days: _____

Total number of hours worked in course: _____

Number of participants: _____

- Number of obstetricians-gynaecologists _____
- Number of midwives _____
- Number of neonatologists _____
- Number of paediatric nurses _____
- Number of others ______

Number of hours devoted to clinical sessions: ____

Proportion of total course hours devoted to clinical sessions: ____%  

Modules completed: (Tick if all completed, or indicate number of participants who completed.)

<table>
<thead>
<tr>
<th>Common modules:</th>
<th>All completed</th>
<th>_____ completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric modules:</td>
<td>All completed</td>
<td>_____ completed</td>
</tr>
<tr>
<td>Neonatal modules:</td>
<td>All completed</td>
<td>_____ completed</td>
</tr>
</tbody>
</table>
*Number of facilitators serving at course: _____ If different from the number trained above, please explain:

Ratio of facilitators to participants: 1 to _____

Course Director Comments and Observations (On the reverse side, please comment on administrative issues, staff attitude and drug supply at clinical training sites, problems and how you solved them, constructive suggestions for future courses, etc.)
Annex 5. Example of presentations to be used during Facilitator training

Module 1FT. Effective Perinatal Care (EPC)

**Effective Perinatal Care (EPC)**

**Motherhood Is a Positive Experience for the Majority of Women**

“Motherhood brings with it the strong desire to see our children grow up happily and in good health. This is one of few constant points in life in all parts of the world."

WHO Director General, Dr. Lee Jong-won, World Health Day, Geneva, April 2005

**However, in the World Today...**

- Every minute one woman dies due to pregnancy-related complications
- 1,600 mothers die every day, which translates into more than 500,000 dying every year
- Eight million women suffer from pregnancy-related complications every year
- Millions suffer from disabilities as the result of pregnancy-related complications

**It Is Impossible to Accept High Numbers of Maternal Mortality Because...**

- Evidence-based data demonstrate that 80% of all death cases happen due to four main obstetrical reasons and can be prevented with help of simple, effective and low-cost interventions...

**Child Mortality in the World**

- Every minute 20 children under 5 die in the world.
  - This means that about 30,000 children die each day and more than 10 million children die each year
  - 4 million of these are neonatal deaths
  - 2/3 of neonatal mortality happens in the first week of life and 2/3 of these cases happen in the first 24 hours of life
- There are 4 million still births each year

**It Is Impossible to Accept High Numbers of Neonatal Mortality Because...**

- Many cases of infant and neonatal mortality can be prevented by known, available and low-cost technologies if they are accessible to all
Course Director's Guide

Conference on Appropriate Technology for Birth
Fortaleza, Brazil, 1985 (PAHO & WHO/EURO)

- Each woman has the right to receive proper perinatal care
- The woman has a central role in all aspects of this care
- Social, emotional and physiological factors are decisive in the understanding and implementation of proper perinatal care
- Recommended evidence-based technologies
  - Complement delivery
  - Early breastfeeding and spacing
  - Free-will in post-partum
- Not recommended practices
  - Delivery lithotomy position
  - Routine episiotomy
  - Routine pushing and straining
  - Prohibition of eating and drinking in delivery

The Information to Think About

- Studies reported that women still have negative experiences of birth in public healthcare facilities in many countries of Eastern and Central Europe
- Such healthcare facilities still widely use out-dated NON-EVIDENCE-BASED technologies in Obstetrics and Neonatology

Safe Motherhood Initiative
Making Pregnancy Safer Initiative

- Safe Mother Initiative (SMI) – 1987 to 2000
  - Goal: decrease maternal mortality (MM) by 50% by 2000
  - Strengthened international efforts through MM unchanged
  - Lessons learned from achievements & ineffective strategies

- Making Pregnancy Safer Initiative (MPSI) 2000–today
  - Goal: Ensuring skilled care at every birth within the context of a continuum of care
  - Global strategies and health sector focus
  - Provide technical support and building national capacity

Making Pregnancy Safer Fundamentals

- Care for pregnancy and childbirth calls for a holistic approach
- Pregnancy and childbirth is an important personal, familiar, and social experience
- In pregnancy and childbirth there should be a valid reason to interfere with the natural process
- Medical interventions for pregnant women, mothers and newborns, if indicated, need to be available, accessible, appropriate and safe

Making Pregnancy Safer Principles

- Care should:
  - be based on scientific evidence and cost-effective
  - be family-centered, respecting confidentiality, privacy, culture, belief and emotional needs of women, families and communities
  - ensure involvement of women in decision-making for options of care, as well as for health policies
  - ensure a continuum of care from communities to the highest level of care, including efficient regionalization, and multidisciplinary approach
**Safe Motherhood Principles**

- Human life is precious
- Safe motherhood is a human right
- All women should have access to emergency obstetrics care (EmOC)
- Delivery attended by well-trained health professionals

**Development of EPC Training Materials (1)**

WHO European Bureau

- End of 1990s – conducted several meetings to discuss the status of perinatal care
- 2000 – Development of “Promoting Effective Perinatal Care” (PEPC) guidelines
- 2001 – 2004 – WHO consultants visited several CIS countries to discuss possible ways to improve mother and infant care
- 2003 – Revision of PEPC guidelines

**Development of EPC Training Materials (2)**

WHO European Bureau, JSI and USAID

- 2005 – The initiative group suggests to revise the existing training materials
- 2006 – Development of training materials adapted for countries of WHO European region
- 2007 – Finalization of the training materials
  - 5 training manuals
  - Training aids
Module 2FT. Education of Healthcare Providers

**Education of Healthcare Providers**

**Effective Perinatal Care Facilitator’s Training**

**When is Education More Effective?**

Some information

**Knowledge, Skills and Attitude**

- **Knowledge:** What we know
- **Skills:** What we do or perform
- **Attitudes:** How we feel about what we know and do

**Teaching and Learning are more Effective when:**

1. Participants are ready and want to learn
2. Participants are aware of what they need to learn (i.e., there are clear learning objectives or expected outcomes)
3. New knowledge, skills, and attitudes build upon what participants already know or have experienced
4. Participants are active and participate in their learning

**Teaching and Learning are more Effective when:**

2. Participants are encouraged to apply critical thinking and alternative approaches supported by sound reasons
3. Teaching moves step-by-step from simple to complex, and is organized, logical and practical
4. New knowledge, skills, and attitudes are realistic, relevant, and can be put to immediate use

5. Numerous opportunities are given for participants to practice both ideas and skills, and to receive feedback on their performance through self, peer, or teacher assessment
6. Feedback to participants on their performance is immediate, constructive and nonjudgmental
7. Teaching is interesting, pleasant, and exciting
8. A variety of teaching methods and techniques is used
Teaching and Learning are more Effective when: (4)
- Ideas and concepts are presented clearly, alternative explanations are presented, and facilitators check frequently for participants' understanding.
- The learning environment is realistic, relevant, and one of trust, mutual respect, relative calm, helpfulness, freedom of expression, and acceptance of different opinions and approaches.

Effective Teaching, WHO, 2005

Training Strategy

I forget what I hear
I remember what I see
I understand what I do

Confucius

Adult Education

A little bit of theory

"Pike's Laws of Adult Learning"

- Law 1: Adults are babies with big bodies
- Law 2: People do not argue with their own data
- Law 3: Learning is directly proportional to the amount of fun you are having
- Law 4: Learning has not taken place until behavior has changed

Robert W. Pike, 1960

Four adults’ “wants” of Irving Lorge

- Adults have "wants" in the following four areas:
  1. To gain something
  2. To be something
  3. To do something
  4. To save something

Irving Lorge, 1947

Knowles’ Theory

- Knowles (1960) suggested that because adults come to the learning experience with a vast amount of previous knowledge and experience, the usual methods of teaching are inappropriate.
- He suggested that a learner should be allowed to be self-directed, even so far as helping to formulate the curriculum.

Malcolm Ddeganad Knowles (1910 - 1997)
Adults who Come for Training

- Should be perceived as individual personalities
- Should be respected
- Are expecting much from themselves and from facilitators
- Have personal needs that should be respected

Effective Teaching, WHO, 2005

Participants' Concerns

- Fear of making mistakes or facing difficulties
- Fear of establishing relationships with other participants
- Fear of establishing relationship with facilitators
- Fear of facing learning difficulties
- Fear of uncertainty in their practical skills

Effective Teaching, WHO, 2005

Adult Learning Conclusions for Facilitators (1)

- Participants should be respected for their previous experiences
- A spirit of mutual cooperation should exist between facilitators and participants
- Facilitators should assist participants to self-diagnose their learning needs
- Participants should be involved in planning how their learning needs will be met

Effective Teaching, WHO, 2005

Adult Learning Conclusions for Facilitators (2)

- The facilitator is a guide who helps participants learn, rather than an instructor in charge of knowledge
- Facilitators assist participants to assess the progress they are making toward their goals
- Both facilitators and participants evaluate a course or academic program

Effective Teaching, WHO, 2005

Educating Healthworker

Why is it not always easy?

Challenges in Educating Healthworkers

- Information overloaded
- Professional conservatism
- Impossibility (inadmissibility) of using experimental methods
- Influence of "strong traditions"
- Etc...
Module 3FT. Specificity of Effective Perinatal Care Course & Facilitators’ Responsibilities

**EPC Participant’s Manuals**
- 3 categories of manuals
  - 15 "common" modules to teach to obstetric-gynaecologists, midwives, neonatologists, and paediatric nurses all together
  - 7 "obstetrical" modules to teach specifically to obstetric-gynaecologists and midwives
  - 7 "neonatal" modules to teach specifically for neonatologists and paediatric nurses
- During the course the main source of information knowledge and skills are the facilitators and course director
- The participants’ manuals is intended to be used as a reference AFTER the training course

**EPC Facilitator’s Guide**
- Part I. Course peculiarities and teaching methods
  - General recommendations on the role and duty of facilitator
  - Methods of facilitator’s work
- Part II. Module instructions
  - Detailed instructions to teach each module, including clinical practices
  - Cases study/exercises with their answers
- Part III. Instructions on course organization
  - Criteria for selecting facilitators
  - 2 models of training course agenda
  - General modules
    - Opening ceremony
    - “The Icebreaker”

**EPC Course Director’s Guide**
- Part I. Planning and administrative arrangements
  - Criteria for selecting sites for clinical practice
  - Selection of facilitators
  - Selection of course participants
  - Scheduling clinical practice sessions
  - List of necessary equipment and supply
- Part II. Training facilitators
- Part III. Responsibilities of the course director
  - Suggestions for opening remarks to course participants
  - Supervision of facilitators
  - Conduct daily facilitators meeting
  - End-of-course evaluation
  - Closing session
- Annexes
  - 2 model programmes for training course on EPC
  - Model programme for EPC facilitator’s training

**Structure of the EPC Course**
- Duration: 11 working days
  - Mainly theoretical classroom work: 6 days
    - 1 day break
    - Clinical practice 5 days
- The clinical practice is an essential part of the training course
- Criteria for success are strict planning and administrative support before and during the EPC course
Participants and Facilitators

- Participants
  - Maternity staff: obstetrician-gynaecologists, midwives, neonatologists, and paediatric nurses
  - Optimal number 32-36 divided into 2 categories:
    - Preferably same number of obstetrician/gynaecologists and midwives
    - Neonatologists and paediatric nurses
- Facilitators
  - At least 6 people (2 obstetrician-gynaecologists, 2 midwives, and 2 neonatologists)
- Course director
  - Experienced trainer with excellent organizational and communication skills
  - With midwifery, obstetric or neonatal background

Facilitator's Requirements

- Facilitators have to be clinicians
- Have to be convinced by the effectiveness of the presented technologies
- Need to have expertise in implementing the presented technologies
- Being experienced and skilled and being able to train are different talent/capacities

Facilitator's Requirements

- Must have good organizational abilities
- Must be amicable and sociable
- Must be a good teacher
- Must be good self-organized and keep the course schedule
- Must be flexible
- Must participate in the facilitators' training and during the all training course

BE ENERGETIC AND MOTIVATED!!!
Characteristics of Good Facilitators

Effective Facilitator
- Focuses on the practical side of teaching
- Encourages cooperation
- Tries to minimize the stress
- Encourages "two-sides" communication
- Considers himself a person who assists in the teaching process

Non Effective Facilitator
- Focuses on the theory
- Keeps distance between himself and participants
- Creates stressful situations
- Discourages communication ("one-side" communication)
- Considers himself the main authority in a classroom and the only one informational source

What NOT to do (1)
- During times scheduled for course activities, do not work on other projects or discuss matters not related to the course
- Do not review the Guideline text paragraph by paragraph
  - This is boring and suggests that participants cannot read for themselves
- Avoid being too much of a showman. Enthusiasm (and keeping participants awake) is great, but learning is most important

What NOT to do (2)
- Do not be condescending.
  - Do not treat participants as if they are children. They are adults.
- Do not talk too much. Encourage the participants to talk.
- Do not be shy, nervous, or worried about what to say

How to Prepare Each Module (1)
- Read the module and work the exercises
- Read in the Facilitator Guide all the information provided about the module
- Plan exactly how work on the module will be done and what major points to make
- Collect any necessary supplies for exercises in the module, and prepare for any demonstration or role plays

How to Prepare Each Module (2)
- Think about sections that participants might find difficult and questions they may ask
- Plan ways to help with difficult sections and answer possible questions
- Think about the skills taught in the module and how they can be applied in participants' own clinics
- Ask participants questions that will encourage them to think about using the skills in their clinics

Methods to Assist Co-Facilitators (1)
- Spend some time with your colleagues before the activities
- Share your training experience
- Discuss strengths and weaknesses, and preferences of each facilitator
- Discuss the roles and responsibilities of each facilitator and how you will work as a team
Methods to Assist Co-Facilitators (1)

- Help each other while conducting activities
  - One facilitator can conduct brainstorming and the co-facilitator can write down the main points on the flipchart
  - One facilitator can conduct group discussion and the co-facilitator can compare the points discussed with Facilitator Guide and add missed points

Methods to Assist Co-Facilitators (2)

- At the end of each day
  - Review the training activities that are planned for the next day
  - Decide who will do demonstrations, be an actors in role play, collect materials, etc.
  - Work together on each module instead of being responsible for particular module one by one

Main Activities Used in the EPC Training Course

- Lecture
- Interactive presentation
- Group discussion
- Work in small groups (targeted questions, case studies)
- Brainstorming exercise
- Role play
- Demonstration session in the classroom
- Video films
- Practical work in clinic with women and newborns
Module 4FT. How to Use Visual Aids

**How to Use Visual Aids**

Effective Perinatal Care Facilitator’s Training

**Type of Teaching Activity**

<table>
<thead>
<tr>
<th>Percentage of Material Recalled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>After 3 hours</strong></td>
</tr>
<tr>
<td>Verbal (one-way) lecture</td>
</tr>
<tr>
<td>Visual (reading)</td>
</tr>
<tr>
<td>Visual and verbal (illustrated lecture)</td>
</tr>
<tr>
<td>Participatory (role play, case study, practice, etc.)</td>
</tr>
</tbody>
</table>

**Visual Aids**

- Writing board
- Flipchart
- Transparencies
- Slides
- Video
- Computer

**Use of Flipchart/Writing Board**

The possible uses are:

- Document ideas during discussion or brainstorming exercises
- Draw a sketch of anatomy or physiological response
- Note points you wish to emphasize
- Create flowcharts to work through clinical decision-making in different situations
- Note objectives or outcomes before or after clinical practice sessions
- Record discussions or ideas during small group exercises

**Tips for Using a Flipchart/Writing Board**

- Make it easy to read:
  - Use wide-tipped pens or markers
  - Use bullets to highlight item
  - Use different colors
  - Use big block-letters
  - Make it attractive (use heading, cartoons, colors...)

- Avoid putting too much information on one page

- Face the participants, not the flipchart, while talking

- When finish with a page, tape it to the wall where you can refer to it

**Working with a Flipchart/Writing Board**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t need electricity</td>
<td>Not much space for information</td>
</tr>
<tr>
<td>Relatively inexpensive and easy to use</td>
<td>Writing takes time</td>
</tr>
<tr>
<td>Easy to move from room to room</td>
<td>It is difficult to write and speak at the same time</td>
</tr>
<tr>
<td>Small enough that several may be used simultaneously</td>
<td>It is difficult to write large enough to be seen from the back of large classroom</td>
</tr>
<tr>
<td>Pages of information can be prepared in advance</td>
<td></td>
</tr>
</tbody>
</table>
Use of Transparencies
The possible uses are:
- Provide an outline for the facilitator to follow the main points of a presentation
- Show images, illustrations, charts, or diagrams to support the topic
- Provide visual support to students as they make their own presentations and oral reports
- Show them to clinical practice sites to describe practices and procedures to participants

Tips for Using an Overhead Projector
- Before the presentation begins:
  - Locate and check the operation of the on/off switch
  - Make sure the bulb is working
  - Focus the projector and check the position of the image on the screen
- Avoid blocking the students' view of the screen
- Face the students, not the screen, while talking
- Use a pointer or pencil to show one point at a time
- Control the pace of the discussion
  - Cover selected information with a piece of paper
  - Reveal new information when you are ready

Working with a Transparencies
- Advantages:
  - Can be prepared quickly and easily
  - Can be stored and reused in the future
  - Can save the facilitator's time and allow more time for discussion
- Disadvantages:
  - Text and images cannot be projected directly from the printed page, but must be enlarged and copied onto a transparency sheet
  - Points gathered from a discussion can be immediately written on a transparency

Use of Video
The possible uses are:
- Provide an overview or introduction to a topic
- Stimulate interest and discussion
- Allow the facilitator to model a technique or procedure (i.e. how to counsel adolescents, how to assess breastfeeding attachment, etc.) in a clear, step-by-step manner
- Allow students to practice identifying clinical signs (i.e. sunken eyes, fast breathing)

Tips for Using Video (1)
- Use several short video segments with pauses in between for explanations or discussion, rather than one long video
- Preview the videotape to ensure that it is appropriate for the participants and consistent with the course objectives
- Make sure that the information in the video is up-to-date with current practices and standards
  - If there are some differences – tell the participants about them before showing the video
  - If there are considerable differences – do not show the video

Tips for Using Video (2)
- Check to be sure that the video is compatible with the video player
- Arrange the room so that all participants can see the video monitor or screen and hear the audio
- Prepare the participants to view the video
- State the objective
- Give the overview of the video's content
- Focus participants' attention by asking that they look for a number of specific points as they watch the video
- Discuss the video after it has been shown
Showing Video

Advantages

- Videos capture events that the eye alone would not see
- Individual steps of a clinical procedure or technique can be shown by slowing down the video or stopping (pausing) to analyze a single frame
- Can be purchased or borrowed
- Can show rare signs or symptoms
- Can be used as a demonstration tool at any time
- By showing interactions with patients, videos can demonstrate communication skills

Showing Video

Disadvantages

- Commercially prepared videos are often outdated and may show techniques that are inconsistent with currently approved practices
- May have been edited and therefore omit or rearrange key training steps in a procedure
- Participants may be distracted by cultural differences (i.e. accents, appearance, or communication customs)

Conclusion

No matter which visual aids you use, remember the following:

- Keep it simple
- Keep it relevant
- Keep it focused
Module 5FT. Developing Effective Presentation

Developing Effective Presentation

Effective Perinatal Care Facilitator's Training

How to Make a Good Presentation?

Practical advices

Organization & Preparation

- Start with the end in mind
- Before you even open up PowerPoint, think about:
  - What is the real purpose of your talk?
  - What does the audience expect?
  - What are the most important parts of your topic for the audience to take away from your presentation?

Content, Content, Content

- No matter how great your delivery, or how professional and beautiful your supporting visual aids, if your presentation is not based on solid content, you can not succeed

- Your presentation preparation starts with solid content (appropriate for your audience) which you then build into a winning story that you'll use to connect with your audience

Be Simple

- "Not complicated" does not mean "simplified"

- Simple can be difficult for the presenter, but it will be appreciated by the audience
  - Simplicity takes more forethought and planning on your part

- If your audience will be able to remember only 3 points from your lecture, what are these points?

Start from a Blank Sheet

- Even though you have the presentation ready, take a sheet of paper and write all you want to say

- If you have done it, you are like a movie director hiring actors and starting to film before there is a script in hand
Think about the Goal and Clear Structure
- If you want to provide information
  - How much information can you provide within your time frame?
  - How important is this information for your audience?
- If you want to convince
  - What is the problem?
  - What does it touch upon?
  - What is the solution suggested?

Presentation: Rules of Preparation (1)
- Keep it simple
  - The less cluttered the slide is, the more powerful visual message will become
  - The information on the slide should demonstrate only the basic idea
- Limit bullet points and text (not more than 35 words on a slide)
  - Slides are meant to support the narration of the speaker, not make the speaker superfluous
- Limit animation
- Use appropriate charts and picture to illustrate
  - Tables are good for side-by-side comparisons of quantitative data

Presentation: Rules of Preparation (2)
- 1 slide takes 2 minutes
- No more than 30 slides by presentation
- It should be easy to read
  - Do not use more than 2-3 colours on one slide
  - Use appropriate font
- Limit the use video or audio
  - The use of superfluous sound effects is a sure way to lose credibility with your audience
- Add intrigue is possible
- Questions and tasks
- Conclusions and outcomes

Check if the Presentation Passes the "Elevator Test"?
- Check if you can "sell" the basic idea of your presentation during 30-45 seconds while you are going up in the elevator
- Your presentation should be also able to pass the David Belasco test:
  - Try to summarize your presentation as a simple sentence on the back of a business card

Use Your Own Experience
- The best presentation are those based on the real situations from your life
- Audience will remember real stories
- As a rule, they are more convincing for the audience

... HOWEVER, DO NOT GO TOO FAR!!!

Advices for the Speaker
- Try to speak emotionally, but remember about the content
- Start presentation boldly
- Be short
- Do not be afraid to approach the audience
- Keep an eye contact
- Be polite, friendly and professional at all time
Effective Presentation Skills

- Follow the plan and use the notes
- Communicate in a way that is easy to understand
- Interact with participants
- Display enthusiasm about the topic and its importance
- Use appropriate visual aids
- Provide positive feedback
- Provide smooth transitions between topics
  - Presenting a brief summary
  - Asking a series of questions
  - Relating content to practice or using an application exercise (case study, role play, etc.)

Ideally

- Make an effective introduction
- Outline the goals of the session as a part of the introduction
- Ask the questions to the whole group and certain participants
- Ask questions of different complexity
- Answer the questions of participants
- Refer to the participants by names
- Give positive feedback
- Keep eye contact
- Speak loudly
- Move around the room
- Demonstrate appropriate sense of humour
- Make an effective conclusion
Module 6FT. Checking Participants’ Understanding

Checking Participants’ Understanding

Effective Perinatal Care Facilitator’s Training

Questions, Answers and Reactions

- Question:
  - Any eliciting of an answer (response) regardless of grammatical form
- Answer:
  - Any response that fulfills the expectation of the question
- Reaction:
  - Any response that modifies (clarifies, expands) or rates (positively or negatively) a previous statement (question, answer, or another reaction)

Why to Ask Questions?

- To keep participants’ interest during a presentation
- To develop participant’s problem-solving skills
- To check participants’ understanding
- To engage participants in the training process

The key in asking questions is to avoid a pattern
- Use different techniques to provide variety and to maintain the participants’ attention

Questions to Participant

How to Ask Questions

Questioning Techniques

- Follow the rule to ask “open-ended” questions:
  - “Open-ended” questions encourage the speaker to find optimal answer and develop thinking
  - “Open-ended” questions cannot be answered with “yes” or “no”
- Ask “convergent” and “divergent” questions:
  - “Convergent” - answers to these types of questions are usually within a very finite range of acceptable accuracy
  - “Divergent” - these questions allow participants to explore different avenues and create many different variations and alternative answers or scenarios

Questioning Techniques

- Ask a question of the entire group
- State the question, pause and then direct the question to a specific participant
- Target the question to one participant by using that person’s name before asking the question
- Repeat a participant’s correct answer
- Provide positive reinforcement for correct responses
- Respond to partially correct answers:
  - Compliment the participant for the correct part and correct the inaccurate part, and/or
  - Restate the question
  - Redirect it to another participant
**Pauses and Silences**
- Remember that pauses and silences are not an inappropriate class behavior.
- Be patient. Give participants time to think.
- Take your time, this will help participants feel confident in expressing their thoughts, opinions and questions.

**Questions to the Facilitator**
How to Answer Questions

**How to Answer Participant’s Questions (1)**
- Answer directly the question:
  - Simplest option but not always the best one
  - Not recommended if you want to foster thinking or problem-solving skills
  - If you decide to answer directly make your answer brief and understandable
- Repeat or paraphrase the question:
  - Ensures that the entire class hears the question
  - Lets the questioner check understanding of the question
  - Give the possibility to fully understand the question

**How to Answer Participant’s Questions (2)**
- Redirect the question:
  - To another student (one who might know the answer)
  - To the entire group in case if there are few answers
- Ask additional questions:
  - To attract attention to a particular aspect of the topic
  - To help the participant to answer to her/his own question

**How to Answer Participant’s Questions (3)**
- Initiate a discussion among participants to convert the dialog between one participant and facilitator into a group discussion
  - Use concrete questions to discuss any specific problem
- Postpone answering the question:
  - If you don’t have enough time
  - If the answer is too complicated and may take a lot of time
  - If the answer is contained in the next course’s materials

**How to Answer Participant’s Questions (4)**
- Discourage inappropriate questions:
  - If the question is not topic related, tactfully stop it saying that this interferes other participants attention
  - But in future this participant will be not willing to ask questions
- Admit not knowing the answer:
  - When you don’t know the answer, acknowledge it
  - Incorrect answers will damage your credibility
  - After the session, research the answer and share it during the next session
  - Remember if you promised to give an answer later, you should do it to the ENTIRE participants’ group
Module 7FT. Role Play

**Role Play**

Is a learning activity in which participants play out roles in a simulated situation that related to learning objectives:
- Encourage participation and stimulate thinking
- Motivate participants by involving them in a realistic situation
- Give participants opportunity to receive feedback on their performance in a safe setting; this feedback provides insight into their own behavior, and helps them to understand how other view them
- Inform, assess and improve a variety of participant's skills and attitudes

Before the Role Play (1)

- Explain the nature and purpose of the exercise (objectives)
- Define the setting and the situation of the role play
- Brief the participants on their roles
- Explain what the other participants should observe and what kind of feedback they should give

Before the Role Play (2)

- Identify the roles
  - Ask participants if some one want to act in the play; or select communicative participants, who are not shy
- Give to the "actors":
  - The role play scenario simple but detailed
  - All necessary materials, for example the doll (baby), drugs, etc
- Ask the "actors" to speak loudly while playing the roles
- Give "actors" some time for preparation

During the Role Play

- Organize the room in order that all participants can easily observe the role play
- Keep the role play brief and to the point
- Be ready to handle unexpected situations that might arise (confusion, argument, etc.)

After the Role Play

- Thank participants who took part in the role play
- Engage as many participants as you can in a follow-up discussion by asking questions of both the players and observers
- Provide feedback, both positive and suggestions for improvement
- Summarize what happens in the session, what was learned, and how it applies to the skill been learned
### Module 8FT. Group Work & Discussion

**Group Work & Discussion**

Effective Perinatal Care Facilitator's Training

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**Advantages of Group Learning**

- Involve all participants
- Allow participants to interact, ask questions, and learn from one another
- Give participants opportunities to identify, analyze, and solve problems
- Permit participants to express their thoughts, opinions, and concerns
- Provide opportunities for practice in presenting information to a large group
- Help participants explore and change attitudes

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**Group Work Planning**

- Plan carefully to make the most of the time, resources, and space available
- Activities should be:
  - Challenging
  - Interesting
  - Relevant to the participants' background and learning objectives
- List the supplies you will need
- Consider the number of participants in each group

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**Before the Group Work**

- Divide the participants into groups
- Clearly describe the activity to all participants
- Ask if any clarification is needed
- Explain how each group should record its decisions:
  - A recorder should keep notes, OR
  - Write decisions in flipchart paper
- Suggest how each group's discussion should be reported back to the larger group
- Give strict time limits to the group work

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**During the Group Work**

- Move among the participants to monitor the work of each group
- Remind participants of the task and time limit
- Offer suggestions to groups that are having difficulties or straying from the main task

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**After the Group Work**

- Bring participants together as a large group
- Discuss the activity:
  - The discussion may involve:
    - Oral reports from each group
    - Responses to questions about the activity
    - Recommendations from each group
- Summarize the group activity by stressing the main points and relating them to the learning objectives
- Encourage participants
How to Encourage Participants

- Compliment for giving ideas
- Compliment for comprehension of the lesson
- Compliment for their ability to work in group
- Provide positive appreciation for their useful suggestions on implementing new learned skills in their practice
Module 9FT. How to Keep Participants’ Attention

How to Keep Participants’ Attention

Effective Perinatal Care
Facilitator’s Training

Warming-up

- Objective:
  - Break the monotony
  - Increases participants’ attention
  - Increases their interest in the work
- ... allows participants involvement in the training process
- ... allows participants to establish relationships with one another
- ... helps participants put aside personal problems; focus

Warming-up Exercises

- At least once a day, if needed more often
- Facilitators/trainers have to participate in these exercises
- Exercises have to be:
  - Interesting
  - Active
  - Optimistic
  - Safe
  - Simple
  - Short

Who Can Conduct the Exercises?

- The facilitator
- Some of participants who are “pre selected”
  - Inform these participants in advance that they will conduct the exercises
  - Discuss with them possible exercises
- The facilitator needs to be ready to replace the participant not able to conduct this exercise

Humor

- ... assists in group work
- ... creates and maintains positive climate
- ... should not be offensive and should NEVER be used to attack participants
- When the humor is soft and cautious it allows relaxation
  - Caricatures related to the topic
  - Puns and stories
  - Caricatures in manuals or presentations

Warning-up Exercises

- Sometimes not taken seriously by adults
  - Can be considered as children’s games
- Therefore the facilitator need to have different kinds of warming-up exercises
  - “Informal”
  - More formal
- Before starting warming-up exercises explain why you are doing them
"Relaxation" Methods

- Game acquaintance (i.e. "ice-breaker")
- "Gymnastics"
- Video "jokes"
- Jokes
- Joyous introductions with abstract topics
- Games
- Pictures
- etc...
Module 10FT. Preparation of Teaching Environment

Preparation of Teaching Environment

Effective Perinatal Care 
Facilitator’s Training

Prepare the Classroom Environment

- When assessing the classroom, consider the following questions:
  - Is the space large enough for all participants?
  - Is the room properly heated or cooled and ventilated?
  - Is the lighting adequate?
  - Is the seating appropriate?
  - Is there audiovisual equipment in working order available?

Select Site for Clinical Practice

- When preparing for clinical practice, consider the following questions:
  - Is the environment consistent with the skills being taught?
  - Is the staff receptive to supervise participants?
  - Is there adequate space for the number of participants?
  - Are there enough patients?
  - Are there appropriate types of patients?
  - Is the site easily accessible for participants?

Preparation for Clinical Practice

- When preparing for clinical practice, consider the following questions:
  - Has a room been reserved for gathering participants for discussion or small group activities?
  - Are essential drugs, supplies, and equipment available?
  - Is practice scheduled at a time when patients are available and that is convenient for clinical staff?
  - With whom do you need to coordinate clinical practice?