Content and Objectives

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Section A

Content and Objectives
Training content derives from the results of diagnostic procedures

Content should be adapted to:

- The nature of the job description
- The level of trainee education
- The time available for the training
**Example of Patent Medicine Vendors**

**Job description** in this case means selling proprietary medicines in their original packaging

- *No dispensing (counting tablets)*
- *No antibiotics, psychotropics or “poisons”*

Education usually around high school level

PMVs are business people with little time

- *Sessions should be about one hour*
Mean education = 8.6 years

Learned the trade on-the-job

80% recognize malaria as
- Fever, chills, and aches

Drugs thought to treat malaria
- Chloroquine 50%
- Analgesics 25%
- Sulfadoxin-pyramethamine 15%
Knowledge of CQ dosage

- 75% knew correct dose for an adult
- 25% correct dose for a 2-year-old child

While 75% PMVs said they would instruct parent on administering the drug

- Actual observation found only 20% educated the clients

Shop inventories found expensive and inappropriate antimalarial drugs
Appropriate Content for PMV Training

Antimalarial drugs for children

- *Names of recommended first- and second-line drugs*
- *Dosages and different ages*

Role of analgesics/antipyretics in case management

Medication communication procedures and skills

Photo by John Oribhaboise
Objectives are like a road map telling us where we want to be at the end of training

Objectives are sentences, statements of intent built on baseline findings

As in all sentences:

- *There is a subject and a verb*
- *The subject is usually the “trainee”*
- *The verb should be an action verb*
Objectives Cannot Cover All

Just like training content, objectives must boil down to those that are

- **Feasible to the trainee to perform on the job**
- **Located within the basic educational level of the trainee**
- **Able to be presented within the time available for the training program**
Training Objectives Are Behavioral Objectives

They specify the behaviors that the trainee will perform as a result of undergoing the training.

Behaviors for village volunteers in ivermectin distribution include measuring height, counting tablets …
Training Objectives Are Behavioral Objectives

These objectives are also observable in that the trainee can actually be seen carrying out the behavior.

Observation makes it possible to evaluate the outcome of the training.
Since the objective must be observable, the verb must be an action verb

Objectives should *never* contain such words as:

- **Know, understand, appreciate, comprehend, be aware of, feel, or believe**
Remember: Objectives Are Sentences

One cannot observe knowledge

- *One cannot look inside the trainee’s head to see whether he/she possesses the knowledge*

But knowledge can be made evident through such behaviors as mention, list, state, or describe
Section B

Smart Objectives
Good Objectives Are SMART

- Specific
- Measurable
- Attainable
- Realistic
- Time-bound
Specific

The objective clearly mentions who will do what, when, and how

It draws on available data, such as baseline diagnosis, to target specific aspects of:

- Knowledge, attitudes, skills, and behaviors
- Of the people for whom the training program is intended
The objective must refer to behaviors that can be observed, and thereby be counted or measured.

Only through observation and measurement is it possible to determine whether an objective has been attained.

Thus, objectives have within themselves the basis for evaluation of the training program.

Action verbs include: **List, describe, demonstrate, prepare, construct, mention**
The objective must be achieved within the resources

- **Finance, time, manpower, logistics,**
- **Available to run the training program**

This implies the setting of objectives is inextricable from the overall program planning process

It is attainable and within program parameters to teach health staff to conduct brainstorming sessions at village meetings
The objective must be based on expected outcomes

- Knowledge, skills, attitudes, performance

That are relevant and appropriate to the

- Job description, community culture, and work setting of the trainees
For example, a training program on STDs would differ for

- Village volunteers
- High school teachers
- Community nurses
- Youth peer educators
- Laboratory staff
- Physicians
Community health programs have time limits and goals to be achieved within that period.

The objectives for training people to carry out a program must spell out the time frame within which the objectives will be achieved.

Some behaviors such as record keeping may involve “summarizing returns monthly.”
Objectives also may state a time reference such as “by the end of the workshop ...”

A program preparing trainees for the upcoming guinea worm transmission season may state:

- “Within one month of the workshop, trainees will have demonstrated filter use and distributed filters”
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<thead>
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Content from diagnosis

- Lack of communication with clients about medicines

At the end of training PMVs will

- Know the correct dose for a 2-year-old child
- Explain to clients how to divide tablets for a 2-year-old child dose
- Tell parents how to take the drug
### Where We’re Heading: Turning Objectives into Plans

**Objective:** The primary health worker will provide prompt treatment for a child with malaria

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<tr>
<td>1. Explain why prompt treatment is necessary and why malaria is dangerous</td>
<td>Brainstorming, followed by case study or story to show what happens when a child’s malaria goes untested</td>
<td>Chalkboard or flipchart paper, chalk, markers, handout containing the case study, trainer or trainee can tell the story—30 minutes</td>
<td>500</td>
<td>Questions to the trainees</td>
</tr>
<tr>
<td>2. Feel the child to determine if the temperature is elevated</td>
<td>Demonstration and return demonstration</td>
<td>Trainers and trainees to demonstrate; if possible, see a sick child in the clinic and compare with one that is well—15 minutes</td>
<td>N/A</td>
<td>Observe return demonstration with checklist</td>
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<td>3. Ask the mother about the history of the child’s illness</td>
<td>Role play and practical</td>
<td>Trainees perform the role play; may have roles and scenario written on handouts—20 minutes</td>
<td>100</td>
<td>Observe role play and give feedback based on checklist</td>
</tr>
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<td>4. Count out the correct doses of chloroquine for the child’s age</td>
<td>Demonstration, return demonstration supplemented with a job aid</td>
<td>Supply of chloroquine enough for each trainee to practice measuring, job aid—30 minutes</td>
<td>200</td>
<td>Observe return demonstration with checklist</td>
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<td>5. Explain to the mother how the medicine should be given</td>
<td>Role play</td>
<td>Trainees perform the role play; may have roles and scenario written on handouts—20 minutes</td>
<td>100</td>
<td>Observe role play and give feedback based on checklist</td>
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<td>6. Encourage the mother to give the child extra fluids and feed fruits, green vegetables</td>
<td>Role play</td>
<td>Trainees perform the role play; may have roles and scenario written on handouts—20 minutes</td>
<td>100</td>
<td>Observe role play and give feedback based on checklist</td>
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<td>7. Record the treatment in a treatment notebook</td>
<td>Practical</td>
<td>Notebooks, pencils, rulers—30 minutes</td>
<td>900</td>
<td>Review sample notebook entries for accuracy</td>
</tr>
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<td>8. Review the child’s condition on the third day</td>
<td>Brief lecture</td>
<td>Trainer—15 minutes</td>
<td>N/A</td>
<td>Questions to the trainees</td>
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**TOTAL**

**Time:** 3 hours 1,900