Selecting Appropriate Training Methods

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Section A

A Variety of Methods
A variety of training methods is available

First it is necessary to realize that different methods are best for providing different learning experiences for

- Acquiring skills
- Forming attitudes
- Enhancing knowledge
There is need adapt these to the training for volunteer village health workers who often have low literacy skills.

Finally, it is important to distinguish between training methods and the supportive materials used in delivering the various methods.
<table>
<thead>
<tr>
<th>Antecedent Factor</th>
<th>Behavioral Diagnosis</th>
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<tbody>
<tr>
<td><strong>Predisposing</strong></td>
<td></td>
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<tr>
<td>- Attitudes, knowledge, perceptions, beliefs</td>
<td></td>
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<tr>
<td><strong>Reinforcing</strong></td>
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<tr>
<td>- Influence of clients, coworkers, supervisors</td>
<td>In the case of training, one looks at the behaviors involved in job performance</td>
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<tr>
<td><strong>Enabling</strong></td>
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<tr>
<td>- Skills, equipment, policies</td>
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<tr>
<td>Antecedent Factor</td>
<td>Examples of Strategies and Methods</td>
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<tr>
<td><strong>Predisposing</strong></td>
<td>• Lectures with handouts</td>
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<tr>
<td>• Attitudes, knowledge, perceptions, beliefs</td>
<td>• Reading assignments</td>
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<tr>
<td><strong>Reinforcing</strong></td>
<td>• Role play</td>
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<td>• Influence of clients, coworkers, supervisors</td>
<td>• Group tasks</td>
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<tr>
<td><strong>Enabling</strong></td>
<td>• Demonstration with return</td>
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<tr>
<td>• Skills, equipment, policies</td>
<td>• Practicals, labs</td>
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<tr>
<td>Purpose</td>
<td>Methods</td>
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<td>---------------------------------------------</td>
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<tr>
<td>To provide information and knowledge</td>
<td>Written and oral instruction, readings, lectures</td>
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<tr>
<td>To provide examples to show tasks and attitudes</td>
<td>Demonstrations pictures, slides, videos, films, drama, case studies, discussions</td>
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<tr>
<td>To provide practice/skill</td>
<td>Role play exercises, return demonstration, supervised practice, writing up experiences</td>
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### Another Perspective on Experiential Methods

<table>
<thead>
<tr>
<th>Increasing Role Experience</th>
<th>Nature/Level of Role Experience</th>
<th>Examples of Methods</th>
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<tbody>
<tr>
<td></td>
<td>Vicarious</td>
<td>Lectures, readings</td>
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<td></td>
<td>Observational</td>
<td>Demonstrations, field trips</td>
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<td>Reflective</td>
<td>Critical incident studies, brainstorming</td>
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<td></td>
<td>Integrative</td>
<td>Discussion groups following lectures, films, case studies</td>
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<td></td>
<td>Simulated</td>
<td>Case studies, role plays, learning games</td>
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<td></td>
<td>Direct</td>
<td>Field projects, internships, on-the-job training, supervised practice, experiments</td>
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The African Program for Onchocerciasis Control

17 million people at risk of river blindness in Africa

Community Directed Treatment (CDT) with ivermectin annually helps reduce the effects

This must be maintained for 15 years

Anecdote: River blindness is a parasitic disease that often affects many in one community. In the village of Cambre, Nigeria, the chief's vision improved after taking Mectizan (R), and he quickly spread the word to other villagers. Around the world, onchocerciasis has an enormous economic impact, preventing people from working, harvesting crops, receiving an education, or taking care of children.
CDT Components

CDT involves village members in managing their own onchocerciasis control activities.

Annual treatment with ivermectin is provided.

Villagers must plan for annual distribution in their own village.

After a series of village meetings:
- Volunteers known as Community Directed Distributors (CDDs) lead tasks.
Some CDT Activities

Conducting a village census by age group

Educating villagers about the importance of treating onchocerciasis annually with ivermectin

Estimating drug needs and collecting supplies

Guiding villagers to select

- Distribution mode
- Dates for distribution
More CDT Activities

Explaining exclusion criteria

- *Serious sickness, < 5 years, pregnancy*

Calculating dosage with height measurement

Ensuring people swallow all tablets within view

Recording treatment given

Treating minor side effects (e.g., itching)

Reporting results to district health team
CDD Characteristics

Actual resident of the village
Someone respected
Possibly having primary school education
Willingness to serve

In short: the CDD is likely to be a well known and possibly older local person with a little formal education
Some Training Objectives for CDT

Prior to distribution, CDDs will educate villagers on the threat of onchocerciasis and the need to take ivermectin annually.
Some Training Objectives for CDT

Within two weeks of training, CDDs will estimate the number of eligible people and number of tablets needed by conducting a village census.
Section B

Sample Methods for Learning about Educating Villagers
At the end of the first session, CDDs will:

- *State the signs, symptoms and complications of onchocerciasis*

Skin conditions: rashes, leopard skin, rough patches, nodules

Visual impairment leading to blindness
At the end of the first session, CDDs will:

- *Explain the cause of onchocerciasis*
Educating Villagers: Sub-Objectives

Simulium fly as vector

Fast flowing rivers as environment

Tiny worms (microfilariae) as the parasite causing damage

Simulium fly vector

Photo: The World Health Organization
At the end of the first session, CDDs will:

- *Describe the aspects of ivermectin treatment*
Educating Villagers: Sub-Objectives

Appearance of tablets

Frequency of administration

Benefits of treatment

Side effects and their management

Photo: Mectizan Donation Program
On “recognition” of signs, symptoms

- This is basically a knowledge objective
- It would therefore be easy to prepare a lecture in simple English or the local language that lists the signs, symptoms, and complications
- This could be enhanced with photographs and posters
- But this approach would not be participatory and active!
Brainstorming

- In this area, how do we know someone has narun (onchocerciasis)?
- What are the problems facing someone with narun?

Sharing experiences

- Can we share some examples, without mentioning people’s names?
Brainstorming: “People Call It Ajaka Oko”

Nárun àjàká òkò
- Onchocerciasis, with spots all over the body

“Ta ŋ wolé”
- “Who is entering?”

“Mátè mi mólè”
- “Please don’t step on me!”
The Praise Poem

Asimo lówó oko riro
- That stops a child from hoeing

Apani lókó
- That kills the penis

Bani lárajé sákásàka
- That spoils the body with rashes

Fowó tálè
- Groping about with hands on the ground
People say “It doesn’t know bus stop”

- You will itch in public and scratch and embarrass yourself

There was the example of a young woman who always wore long dresses

- She had serious rashes on her skin
- Finally, she had to move to Lagos to avoid embarrassment and find a husband
How do people get *narun*?

- *Eating yarin (a vegetable)*
- *Eating groundnuts*
- *Eating cheese*
- *We are born with tiny kokoro inside*
- *We need some kokoro narun to be fertile, but too much causes infertility, impotence*
People associate *narun* with nomadic Fulani cattle herders.

In truth, they are highly exposed to simulium bites.

The next logical step in forming a belief is to say Fulani are affected because of the cheese they eat.
Not all local beliefs about cause are “accurate”—but are often “logical”

- People have allergic reaction to yarun
- People observe that Fulani have narun and associate the cause with their lifestyle
- In fact, the kokoro can be compared to microfilariae, so this is a “take home point”
- The ivermectin controls the kokoro
In Conclusion

After hearing from the trainees, the trainer can ask participants to summarize lessons:

“From our discussions, what are the main signs and symptoms?”

“Please summarize the problems facing people with onchocerciasis”

And finally, emphasize those local beliefs that will help promote the program.
Sample Methods for Learning about a Census
At the end of the second session, CDDs will:

- **Outline the procedures for conducting a village census**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
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<tbody>
<tr>
<td>Ibrahim</td>
<td>35</td>
</tr>
<tr>
<td>Mariam</td>
<td>28</td>
</tr>
<tr>
<td>Sule</td>
<td>8</td>
</tr>
<tr>
<td>Aisha</td>
<td>6</td>
</tr>
<tr>
<td>Moshood</td>
<td>3</td>
</tr>
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</table>

Continued
Estimating Tablets: Sub-Objectives

Definitions of a census

Determination of whom to count

Steps to take to encourage accuracy and completeness
Estimating Need

After completing the village census CCDs will:

- *Estimate the number of eligible people and calculate the number of ivermectin tablets needed*
Estimating Need

Knowledge of eligibility criteria

Ability to calculate tablets needed for eligibles

Children < 5 years are part of the population, but not eligible for ivermectin
Here, it would be tempting to lecture the CDDs about the definition of a census.

Then one would outline the steps:

Using a flipchart or chalkboard, the trainer might then show who to calculate numbers eligible and tablets.
Problems in the Field

After initial training, several discrepancies were found

- Normally one would expect maximum coverage of 85% if only eligibles treated
- In some villages, reported coverage exceeded 100%—while in other villages, reported coverage fell way below an acceptable 65%
- These figures disagreed with follow-up coverage surveys!
Local Perceptions

Training had not accounted for local perceptions of village population and beliefs about census

- *In some cases, it is bad luck to count children*
- *In some villages, relatives living outside were still counted as members*
- *In other areas, neighbors came for ivermectin thinking they belonged*
Guided Discussion

Lets talk about our villages

Who are members of our village; who belongs?

Where are the boundaries?

Is this one or two villages? Who defines a settlement?

Continued
Guided Discussion

Do all members of your village live here?

Who travels, why, where and when?

Who stays around most of the time?
More Discussion

What are some of the occasions and reasons why we count people in the village?

Are there some people who are counted even though they are not present?
- Relatives in the city?

Are there some who shouldn’t be counted?
- Children?
- Migrant workers?
Brief Lecture on Eligibility

Here a mini-lecture is appropriate to explain who is eligible for ivermectin and why.

Next can come a problem-solving discussion:

- *Trainees can be broken into small groups*
- *Groups must develop a plan for counting the number of people who will actually be around “next month” at distribution*
- *Groups report back on their ideas and debate these*
Demonstration and Role Play

Trainers can actually demonstrate how to use a small notebook to record family data.

Trainees can role play visiting a home and asking for family information, showing how they will guarantee that only those present during distribution will be counted.

Photo by John Oribhabor
Practical field work can be arranged where CDDs visit a nearby village to conduct a census.

The results can be used by the trainees to calculate the number of tablets needed.

Photo by John Oribhaborise
In Summary

Training methods should maximize participation and experience

Methods should match the nature of the content

- **Knowledge**: brainstorming
- **Skills**: practicals
- **Attitudes**: discussions and role play
Local cultural factors should guide methods selection

Read about more methods in your course notes