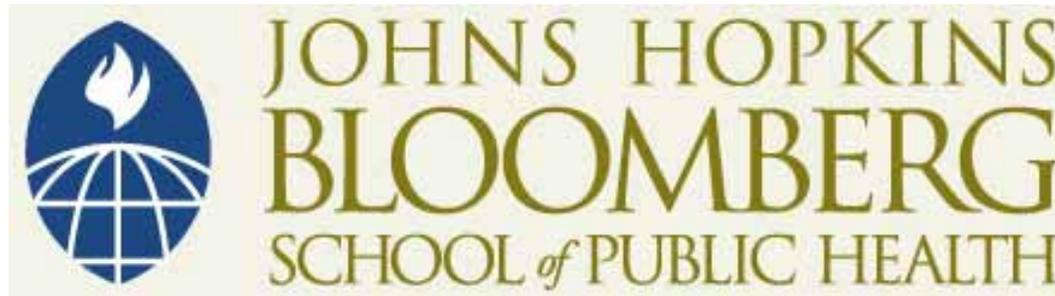


This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike License](https://creativecommons.org/licenses/by-nc-sa/4.0/). Your use of this material constitutes acceptance of that license and the conditions of use of materials on this site.



Copyright 2006, The Johns Hopkins University and William Brieger. All rights reserved. Use of these materials permitted only in accordance with license rights granted. Materials provided "AS IS"; no representations or warranties provided. User assumes all responsibility for use, and all liability related thereto, and must independently review all materials for accuracy and efficacy. May contain materials owned by others. User is responsible for obtaining permissions for use from third parties as needed.



JOHNS HOPKINS
BLOOMBERG
SCHOOL *of* PUBLIC HEALTH

Content and Objectives

William Brieger, MPH, CHES, DrPH
Johns Hopkins University



JOHNS HOPKINS
BLOOMBERG
SCHOOL *of* PUBLIC HEALTH

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*

Content from PMV Baseline Survey

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%*

More PMV Diagnostic Results

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*



Photo by John Oribhoboise

Role of analgesics/antipyretics in case management

Medication communication procedures and skills

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

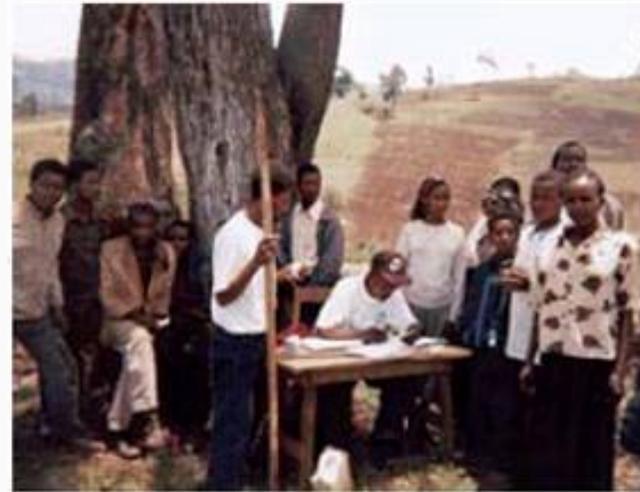
Just like training content, objectives must boil down to those that are

- *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 ...



Village-based ivermectin distribution

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

Remember: Objectives Are Sentences

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**



JOHNS HOPKINS
BLOOMBERG
SCHOOL *of* PUBLIC HEALTH

Section B

Smart Objectives

Good Objectives Are SMART

Specific

Measurable

Attainable

Realistic

Time-bound

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

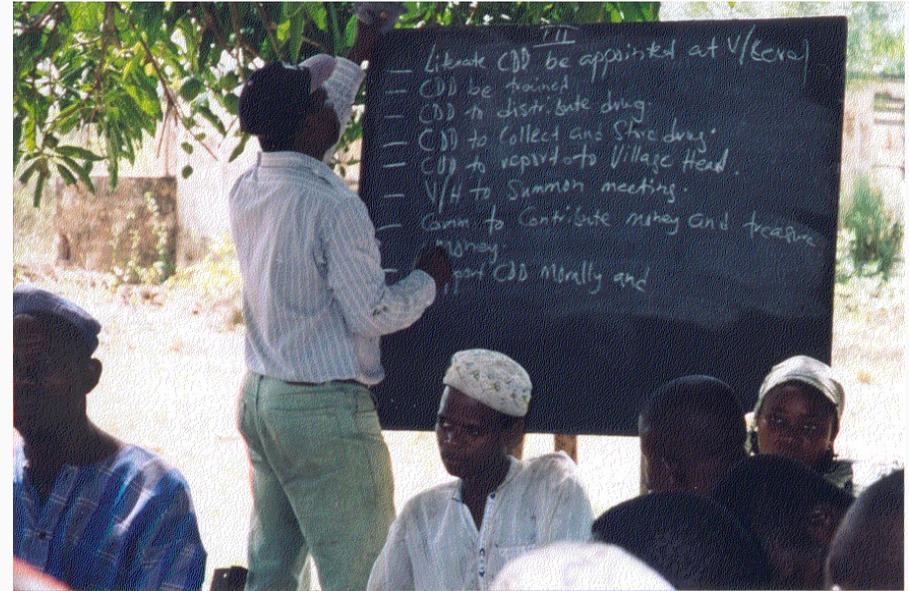
Thus, objectives have within themselves the basis for evaluation of the training program.

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”*

| Objective | S | M | A | R | T |
|---|----------|----------|----------|----------|----------|
| By the end of training, PMVs will name the first-line drug for treating childhood malaria | ✓ | ✓ | ✓ | ✓ | ✓ |
| PMVs will appreciate that child doses are lower than adult doses | ? | X | ? | ? | X |
| PMVs will count out the correct number of chloroquine tablets for a 12-year-old child | ✓ | ✓ | ✓ | ? | X |

| Objective | S | M | A | R | T |
|---|----------|----------|----------|----------|----------|
| By the end of training, PMVs will name the first-line drug for treating childhood malaria | ✓ | ✓ | ✓ | ✓ | ✓ |

| Objective | S | M | A | R | T |
|---|----------|----------|----------|----------|----------|
| By the end of training, PMVs will name the first-line drug for treating childhood malaria | ✓ | ✓ | ✓ | ✓ | ✓ |
| PMVs will appreciate that child doses are lower than adult doses | ? | X | ? | ? | X |

| Objective | S | M | A | R | T |
|---|----------|----------|----------|----------|----------|
| By the end of training, PMVs will name the first-line drug for treating childhood malaria | ✓ | ✓ | ✓ | ✓ | ✓ |
| PMVs will appreciate that child doses are lower than adult doses | ? | X | ? | ? | X |
| PMVs will count out the correct number of chloroquine tablets for a 12-year-old child | ✓ | ✓ | ✓ | ? | X |

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 | | | | |
|--|--|--|-------------|--|
| Steps | Methods | Resources | Cost | Evaluation |
| 1. Explain why prompt treatment is necessary and why malaria is dangerous | Brainstorming, followed by case study or story to show what happens when a child's malaria goes untested | Chalkboard or flipchart paper, chalk, markers, handout containing the case study, trainer or trainee can tell the story—30 minutes | 500 | Questions to the trainees |
| 2. Feel the child to determine if the temperature is elevated | Demonstration and return demonstration | Trainers and trainees to demonstrate; if possible, see a sick child in the clinic and compare with one that is well—15 minutes | N/A | Observe return demonstration with checklist |
| 3. Ask the mother about the history of the child's illness | Role play and practical | Trainees perform the role play; may have roles and scenario written on handouts—20 minutes | 100 | Observe role play and give feedback based on checklist |
| 4. Count out the correct doses of chloroquine for the child's age | Demonstration, return demonstration supplemented with a job aid | Supply of chloroquine enough for each trainee to practice measuring, job aid—30 minutes | 200 | Observe return demonstration with checklist |

Where We're Heading: Turning Objectives into Plans

| Objective: The primary health worker will provide prompt treatment for a child with malaria | | | | |
|--|----------------|--|--------------|--|
| Steps | Methods | Resources | Cost | Evaluation |
| 5. Explain to the mother how the medicine should be given | Role play | Trainees perform the role play; may have roles and scenario written on handouts—20 minutes | 100 | Observe role play and give feedback based on checklist |
| 6. Encourage the mother to give the child extra fluids and feed fruits, green vegetables | Role play | Trainees perform the role play; may have roles and scenario written on handouts—20 minutes | 100 | Observe role play and give feedback based on checklist |
| 7. Record the treatment in a treatment notebook | Practical | Notebooks, pencils, rulers—30 minutes | 900 | Review sample notebook entries for accuracy |
| 8. Review the child's condition on the third day | Brief lecture | Trainer—15 minutes | N/A | Questions to the trainees |
| TOTAL | | Time: 3 hours | 1,900 | |

Copyright 2005, Bill Brieger and The Johns Hopkins University. All rights reserved. Use of these materials permitted only in accordance with license rights granted. Materials provided "AS IS"; no representations or warranties provided. User assumes all responsibility for use, and all liability related thereto, and must independently review all materials for accuracy and efficacy. May contain materials owned by others. User is responsible for obtaining permissions for use from third parties as needed. Unless otherwise stated, all photos are the work of Bill Brieger.