

Resources for Trainers Contents

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Assessing the Needs of Your Training Participants

Why assess the needs of your trainees?

Since the most effective learning takes place when participants are motivated by a sense of immediate and personal benefit of the learning, it is helpful to tailor your training session toward the learners' interests and goals.

When we consider the learner to be an active participant in an information-sharing process, rather than a passive recipient of knowledge, the background experiences and knowledge that learners bring to the training are very important.

How do I conduct an assessment prior to the training?

If participants have pre-registered for the training session and there is sufficient time, you may want to survey them, either via email or mail, or by conducting brief telephone interviews. If a contact person has arranged the training, this person may be helpful in facilitating the gathering of information to guide your planning.

If you do not have access to the participants before the session, you can ask the planners of the training for basic background information on the target audience.

Below are factors to consider in approaching a pre-training assessment of your learners:

Context—In what context is the training session occurring? Is it part of a larger series, and if so, at what stage of the series is it scheduled? Is it aimed at a broad range of learners, or more focused on one profession? Is it expected to be a skill-building session, or more of an informational session?

Participant Information—From what profession(s) do the participants come? In what capacity do they provide palliative care? How many years have they spent working in that capacity? What are their interests? Where do they feel there are gaps in their knowledge?

Logistics—In what type of space will the training be held? What equipment and technical assistance is available? How many people will participate? How much time is allotted for the presentation?

This pre-training assessment can guide you in the development of learning objectives and an agenda for the presentation. See [Tips for Developing a Training Agenda](#) for more information.

How do I conduct an assessment during the training?

You may also want to ask several questions at the beginning of the session to assess the group. You can ask for a show of hands regarding participants' professions, backgrounds, and interests. If the group is small, you can ask participants to go around the room and introduce themselves, asking for information about their backgrounds and interests.

Frame your questions in a positive way; i.e., "How many people here today have had one or more years of experience working in this topic area?" not "How many people here know nothing about the topic?"

Some more possible questions include: "Why did you come to this presentation today?" "What are you hoping to learn today that might help you in your work?" You may need to be prepared to alter your plans according to the information you gather.

Tips for Developing a Training Agenda

Use your pre-training assessment as a base for building your training agenda. By knowing the skills, experience, expectations and motivations of your audience, you can develop an agenda to fit your participants. See [Assessing the Needs of Your Training Participants](#) for more information.

Base your agenda on the learning objectives found at the beginning of each module. Is there a hierarchy or order to the objectives? This will help you decide in what order to present the materials. Then identify what you will do to meet each objective. You will most likely decide on different teaching methods to convey concepts than you will to teach skills.

Identify the main take-home points, and don't try to pack too much into one session. You will have a more lasting impact if you teach a couple of main points thoroughly rather than covering multiple topics superficially.

Build in time for the following elements, based on adult learning theory:

Active participation—Encourage questions and comments from the audience.

Learner self-assessment—Ask the participant for their learning goals and interests.

Experiential activities—Use interactive exercises whenever possible to reinforce learning.

Provide a balance of interactive and didactic element, and anchor both lectures and activities to main take-home points.

Budget your time wisely. A minimum of one hour is required to effectively present each module. If using a PowerPoint presentation, allow one minute per PowerPoint slide; more if the slide content is complex or if you are going to solicit interaction or discussion. The amount of time increases as you add opportunities for interaction and discussion, as well as experiential exercises. Leave time for introductions, evaluation, and breaks.

Suggestions for Leading Effective Trainings

A number of educators have described key features of effective teaching of adult learners. This brief summary of those features may be useful for you to keep in mind when developing and implementing your training session. For further information on adult learning, see the [Trainer Resources](#) section related to adult learning.

Adult learners benefit from active participation in the learning process.

A typical lecture format does not allow learners to actively participate in the learning process. In a didactic format, the learner is seen as a passive recipient of information, the presenter is seen as the expert, and the learner's background knowledge is not important. Active learners, on the other hand, are seen as being engaged in an information-sharing process with the presenter, who acts more as a facilitator of learning than as an expert. With this perspective, the learner's background is seen as important –because the teaching process is one of give-and-take, and also because active learners are engaged in a self-assessment process of their own needs.

Educators can facilitate learner self-assessment.

The most effective learning takes place when participants are motivated by a sense of immediate and personal benefit of the learning. Instructors can facilitate self-assessment of benefits and needs by asking questions about learners' interests and goals. In this way, the training session content can be tailored to learner needs, and it becomes a joint effort among trainer and participants.

Because it is important to adult learners that the material be relevant, you may want to inquire about the context –work situations or life experiences– that each participant brings to the training session, and reflect on ways in which the new learning may be relevant. You might want to ask participants in a training session, “What is your background in this area? What do you hope to learn today that might be useful to you in your work?”

Many activities can facilitate the active participation of learners.

Linking experiential activities to the training process may be very useful, particularly if the activities are approached from a variety of modalities – such as “hands-on,” visual, verbal, and problem-solving. Some of the activities that might be useful are discussions, case studies, role plays and other interactive exercises, and use of visual materials such as videotapes. An interactive teaching approach such as this reaches people with a range of learning styles, including those who benefit most from discussing, moving, and experiencing.

Preparation will facilitate active learning experiences.

- Know your material thoroughly, and rehearse what you intend to do and say. Be prepared to modify your plan according to participant needs, and to answer questions that participants may have.
- Set a climate of warmth, humor and respect.
- Be aware of your personal style – your voice tone and volume, speed of speech, volume, and your movements –and minimize those that might be distracting.
- It can be helpful to have a flexible approach to interacting with a variety of participant styles. For example, if a participant seems to be dominating the discussion, you may wish to validate their contribution and ask if there are others who would like to speak. For a learner who is not responsive, you may want to invite their participation. One way to facilitate this is to ask participants to jot down their ideas on a piece of paper before you ask the group for responses. It may help some learners to have a moment to think and prepare before responding. Another possibility is to ask participants to talk with one or two others before asking the group for ideas generated.

Giving a Successful PowerPoint Presentation

Check your equipment in advance.

Arrive early to make sure the equipment is in working order. Before you give the presentation, check the following:

- Make sure cables and cords are connected properly and all equipment is operating.
- If you are using someone else's computer, check to make sure that it has adequate disk space, adequate memory, and the appropriate versions of the software you need (including PowerPoint).
- Have a backup plan for equipment failure. Have your presentation copied onto a CD-Rom in case your laptop fails or is incompatible with the LCD provided.

Check your computer settings.

It helps to check the following ahead of time, especially if you are using someone else's computer:

- Make sure the "system standby" function on the computer is turned off. If this function is turned on, your computer might temporarily turn off if you don't use it for a designated time period. On a PC, you can check to make sure it's turned off by going to the Control Panel and looking at the Power Options.
- Turn off the screen saver, since a screen saver can also slow down your presentation. On a PC, you can turn this off by going to the Control Panel and then to Display. Click on the Screen Saver tab to turn the screen saver off.

Practice your presentation.

Review your materials and notes ahead of time. Plan what you want to say with each slide, and practice out loud, using an LCD and laptop. It is helpful to practice with someone who can give you immediate feedback.

Own your presentation.

Even if you are not the one who developed the slides, you can adapt them to your own style and manner of speaking. Once again, practicing until the slides and the medium are comfortable and familiar will allow you to relax enough to connect with audience during the actual presentation.

Interact with your audience.

Rather than read off the screen, use the slides as prompts, outlines or conversation points, not cue cards. Move around the room, and make eye contact with as many people as possible.

Use your finger as a pointer, not the mouse.

Although you can use the mouse to create a pointer on the slide, using your finger to point is generally more accurate and less distracting to the audience. When you move the mouse to point, it is often difficult to control the pointer. Also, some mice are confusing, especially ones that use touch-pads.

Role Play as a Teaching Technique

- ▶ Purpose and Benefits of Role Play
- ▶ Key Teaching Principles
- ▶ Trainer-Led Role Plays
- ▶ Small Group Role Plays

Purpose and Benefits of Role Play

1. Role play helps the learner develop empathy, it allows the trainee the opportunity to experience an interview from the patient's point of view, and to feel first-hand the effects of a specific protocol or communication skill or style.
2. Role play enables the practice of specific skills along with the ability to easily repeat the practice to incorporate learning.
3. Role play allows the learner the opportunity to experiment with new approaches and to make mistakes in safety without fear of causing patient harm.
4. Role play allows the instructor to give immediate feedback on trainee skills and accomplishments. The instructor can encourage repeat practice to reinforce the accomplishment of each skill.
5. Role play helps the learner to identify difficult issues and potential problem areas in communicating with patients. It also helps the learner to analyze, understand, and incorporate key concepts.
6. Role play allows for interactive learning; therefore it is more engaging to learners than a lecture format.
7. Role play is inexpensive compared to videotaped interviews or simulated patient exercises. It is convenient, requiring little set up or preparation.

**I hear and I forget;
I see and I remember;
I do and I understand.**

Chinese Proverb

Key Teaching Principles

1. Role play helps the learner develop empathy: It allows the trainee the opportunity to experience an interview from the patient's point of view, and to feel first-hand the effects of a specific protocol or communication skill or style.
2. Help the learners acquire a systematic approach to dealing with difficult end-of-life case: Focus the group on key issues and learning goals and have trainees practice a specific set of skills or a protocol. One example is to have the group learn and practice the six steps in giving bad news.
3. Don't provide all the answers as the facilitator: Let the learners figure out how to resolve the case. The facilitator's job is to ask questions that will motivate the group to want to resolve the problem. Sample discussion questions are provided with each of the role play exercises. However, make sure that the correct information is presented before the end of the session.
4. Model constructive feedback and support: Give specific instructions about feedback to minimize discomfort to the role players. For example, instruct observers to be supportive and to give positive feedback and gentle criticisms. Feedback should be based on the session's specific learning objectives and on the role player's own learning agenda.

Trainer-Led Role Plays

Trainer-led role play formats:

In this type of role play, a scenario is acted out in front of the group of participants with the trainer facilitating both the action and the feedback. Some possible formats for this type of role play include:

- Have two trainers demonstrate a scenario.
- Have two participants demonstrate a scenario with coaching from the audience and facilitation by the trainer.
- Have participants rotate through a role play developed by the trainer that is happening in front of the class.
- The participants can act out a situation from their own work experience, first showing how they did it at the time, then applying what they learned from the training.

Pros: The trainer has more control over what skills are learned and how they are learned. The trainer can guide the feedback role players receive.

Cons: This approach limits how many people can practice the skills. Participants feel most vulnerable and exposed.

Setting up the role play:

1. Clarify objectives—Decide which skills or protocol participants should learn, and then clearly outline the objectives to the learners.
2. Demonstrate skills—Go over the skills from the didactic portion of the training and demonstrate before asking trainees to do a role play themselves. This can be done using a videotaped example or with a live performance by the instructor(s).
3. Describe the role play process—Provide both oral and written instructions to the role players. Discuss potential discomfort and normalize it. Ask participants to be aware of feelings that come up during the role play. Emphasize that this is a learning process—it's ok not to be perfect.
4. Choose a scenario:
 - Have the audience give examples of scenarios with which they have had difficulty.
 - The trainer can provide an example or examples and the audience can select which ones they would like to try.
 - The trainer can prepare scripted scenarios in advance—people are then assigned roles with lots of background information and instructions.
 - A scenario can arise spontaneously during group discussion and the trainer can lead an impromptu role play with the group.
 - Don't choose the most difficult case.
 - Make sure the case meets the learning objectives, and make the number of learning objectives per case manageable for discussion.

Conducting the role play:

1. Solicit volunteers. If no one volunteers, consider choosing someone from the audience. As a last resort, the trainer can play the clinician.
2. Set a reasonable time limit for the role play.
3. Give permission for the role players to ask for help when stuck.
4. It is ok to stop the action to discuss, advise, then replay.

Handling Feedback:

1. Give specific instructions about feedback to minimize discomfort to the role players. For example, instruct observers to be supportive and to give positive feedback and *gentle* criticisms. The feedback should be based on the learning objectives of the session and on the clinician role player's specific learning agenda.
2. It is best to have the person in the clinician role speak first. He or she could spell out their own learning goals and tell the group what kind of specific support and feedback they would like. S/he could also say what they felt worked well, and share how they felt doing the role play. "What problems did you experience in this role play?" "What help would you like from the group?"
3. It is useful to next ask the person in the patient role to comment on how s/he felt during the role play. What worked for her/him? What might have been done differently? What might be the next step in the conversation?
4. Then the discussion can be opened up to the wider group, with strong facilitation and feedback from the instructor.
5. Other questions for the larger group to consider: What didn't work for you in your past encounters? What have you learned today that you may do differently? How do you see using these skills in your own work?
6. It can be useful to have the trainee to replay the role play after the discussion, incorporating the feedback. This offers the possibility for the trainee to truly integrate the skill.
7. Remember to give lots of positive feedback for just participating and for anything the trainee does well. Be gentle but clear with constructive criticism.
8. Provide feedback on intent and content:
 - Intent—The speaker goes into the conversation with confusion about what is to be accomplished. To clarify, ask, "What do you want to accomplish with this conversation?"
 - Content—The speaker knows the goal but is not sure how to communicate it and what to say next. Ask the group to give suggestions.
9. Instruct the group to give descriptive feedback of specific behaviors rather than judgmental feedback. "Here's what I saw and heard. What do you think?"

Wrapping up the session:

End on a positive and constructive note. Summarize what was learned and relate it back to the original learning objectives. The group could do a round of asking all the participants to say one thing they learned; then the instructor could summarize and add anything the group missed.

Small Group Role Plays

Small group role play formats:

In this type of role play, the participants divide into small groups and each group acts out a scenario. Group members give each other feedback on the role play. Possible formats for this type of role play include:

- Divide into groups of three. Two people will play scripted roles. One person will observe and provide feedback.
- A small group can get together and develop a role play together, assign roles, rehearse, and act out for the larger group.

Pros: More people have a chance to practice the skills. Scenarios can be adapted or individualized to each person's learning goals. Participants may feel less vulnerable and self-conscious in a small group.

Cons: Trainer cannot observe each role play in its entirety. Participants might be practicing the wrong skills or practicing them incorrectly. Trainer has limited control over the feedback given to the role players.

Setting up the role play:

1. Clarify objectives—The instructor should decide which skills or protocol to be learned, and then clearly outline the objectives to the learners.
2. Demonstrate skills—The skills from the didactic portion of the training should be gone over and demonstrated before trainees are asked to do a role play themselves. This can be done using a videotaped example or with a live performance by the instructor(s).
3. Describe the role play process—Provide both oral and written instructions to the role players. Discuss potential discomfort and normalize it. Ask participants to be aware of feelings that come up during the role play. Emphasize that this is a learning process—it's ok not to be perfect.
4. Choose a scenario:
 - Have the small group give examples of scenarios with which they have had difficulty and then chose one to act out.
 - The trainer can provide examples and the group can select which example they would like to try.
 - The trainer can prepare scripted scenarios in advance—people are then assigned roles with lots of background information and instructions.
 - Don't choose the most difficult case.
 - Make sure the case meets the learning objectives, and make the number of learning objectives per case manageable for discussion.

Conducting the role play:

1. Divide into groups of three. One person will be the clinician, another will be the patient and the third the observer. Each person will be able to play each role.
2. Set a reasonable time limit for the role play, for example 5 minutes to set up, 10 minutes to play the part, and 10 minutes to process as a small group.
3. Give permission for the role players to ask for help when stuck.
4. The instructor can walk among the small groups, acting as a consultant.

Handling feedback:

1. Give specific instructions about feedback to minimize discomfort to the role players. For example, instruct observers to be supportive and to give positive feedback and *gentle* criticisms. The feedback should be based on the learning objectives of the session and on the clinician role player's specific learning agenda.
2. The feedback process in small group role plays should be structured, with the instructor preparing questions for each participant (clinician, patient, observer) ahead of time.
3. It is best to have the person in the clinician role speak first. He or she could spell out their own learning goals and tell the group what kind of specific support and feedback they would like. S/he could also say what they felt worked well, and share how they felt doing the role play. "What problems did you experience in this role play?" "What help would you like from the group?"
4. It is useful to next ask the person in the patient role to comment on how s/he felt during the role play. What worked for her/him? What might have been done differently? What might be the next step in the conversation?
5. Then the observer gives his or her comments.
6. After all the participants have taken turns being the clinician, the instructor should open up the discussion for the small groups to share some of their experience with the larger group.
7. Other questions for the larger group to consider: What didn't work for you in your past encounters? What have you learned today that you may do differently? How do you see using these skills in your own work?
8. It can be useful to have the trainees replay the role play after the discussion, incorporating the feedback. This offers the possibility for the trainee to truly integrate the skill.
9. Remember to give lots of positive feedback for just participating and for anything the trainees do well. Be gentle but clear with constructive criticism.
10. Instruct the group to provide feedback both on intent and content:
 - Intent—The speaker goes into the conversation with confusion about what is to be accomplished. To clarify, ask, "What do you want to accomplish with this conversation?"
 - Content—The speaker knows the goal but is not sure how to communicate it and what to say next. Ask the group to give suggestions.
11. Instruct the group to give descriptive feedback of specific behaviors rather than judgmental feedback. "Here's what I saw and heard. What do you think?"

Wrapping up the session:

End on a positive and constructive note. Summarize what was learned and relate it back to the original learning objectives. The group could do a round of asking all the participants to say one thing they learned; then the instructor could summarize and add anything the group missed.

Instructional guidelines for trigger tapes

The video trigger tapes provided here are intended to be used as an interactive component to a training session. The purposes of using a tape as part of your training are to help create an atmosphere of participation and dialog in the training session, to stimulate thinking about the topics to be covered, and to “trigger” discussion about key concepts. Most commonly, a tape may be played at the beginning of a session, followed by PowerPoint presentation, with discussion and other interactive exercises. The concepts discussed in the trigger tape could then be revisited at the end of a session, time permitting. The PowerPoint presentations available here generally are not developed with a break in the middle to stop and play a tape, but the materials are flexible, and you are free to use them to best meet the needs of your training.

The scenarios depicted here are not intended to show “perfect” clinician performance, nor are they intended to show the worst possible communication, but rather to provide an opportunity for learners to see strengths and possible areas for improvement.

To create an atmosphere of participation and dialog in your training session, it may be helpful to remind participants to be supportive of one another in discussion, and to give positive feedback.

Suggestions for using the individual video trigger tapes are offered here:

1. [Communicating about antiretrovirals and complementary medicine](#)

The tape shows Angie, newly-diagnosed with HIV, returning to her physician for a follow-up appointment after two weeks of taking her first antiretroviral regimen. She is experiencing significant side effects and wonders if she might take alternative medicines instead. This tape may be used for participant discussion related to a number of topics, including general patient/provider communication, alternative medicine, and pain and symptom management.

Some questions which might be useful to pose after participants view the video include:

- What do you think were the main points covered in this conversation?
- What did you think the clinician did well in communicating with Angie?
- What did you think he didn’t do well?
- What do you think about the way the clinician addressed Angie’s interest in alternative medicines?
- What questions are raised for you in watching this – what would you like to ask Angie next?
- What direction would you like to take this conversation if you were the clinician?
- Can you think of examples in your own work that remind you of this situation?

If you have time, you may want to re-visit this conversation at the end of the training session, and ask:

- Now that you have had more time to consider the issues, what do you think about this dialog? What would you like to see done differently?
- What will you do differently in your own work?

2. Addressing cultural and family issues in palliative care

The tape shows Dean, a 29 year old man who has been HIV positive for 10 years, meeting with a nurse to discuss a new antiretroviral regimen. Dean has taken a number of antiretroviral medications, and has developed resistance to most of them. He recently was hospitalized with pneumocystis pneumonia, his first serious incident since his HIV diagnosis. He is out of the hospital now, living at home with his parents, and dealing with the reality of his HIV progressing. This tape may be used for participant discussion related to a number of topics, including general patient/provider communication, cultural issues, and advance care planning.

Some questions which might be useful to pose after participants view the video include:

- What do you think were the main points covered in this conversation?
- What did you think the clinician did well in communicating with Dean?
- What did you think he didn't do well?
- What do you think about the way the clinician addressed Dean's concern that "this is it"?
- What were your impressions regarding how the clinician addressed the cultural issues brought up in this conversation?
- What questions are raised for you in watching this – what would you like to ask Dean next?
- What direction would you like to take this conversation if you were the clinician?
- Can you think of examples in your own work that remind you of this situation?

If you have time, you may want to re-visit this conversation at the end of the training session, and ask:

- Now that you have had more time to consider the issues, what do you think about this dialog? What would you like to see done differently?
- What will you do differently in your own work?

3. Spirituality and control over the dying process

In this tape, an AIDS-care pastor, Thomas Allsopp, tells a story from his experience working with dying patients. This story illustrates his belief in the ability of patients to have some control over their dying experience. The patient in this case was a Native American man who requested a traditional ceremony and who died at the third pass of an eagle feather wafting smoke over his body. This tape may be used to stimulate discussion of spiritual issues in palliative care, cultural issues, and advance care planning.

Some questions which might be useful to pose after viewing this tape include:

- What do you think of the premise that patients have some control over their dying process? Do you agree or disagree with that, based on your own beliefs?
- Do you have experiences with dying patients that tend to support or refute this belief?
- What about the cases where patients seem to be dying very difficult deaths? How does that relate to this premise?
- Can you think of examples in your work where you were able to help patients achieve their wishes for cultural practices to be followed?
- Can you think of examples where there were barriers to achieving this?

4. Respecting the spiritual experiences of dying patients

In this tape, an AIDS-care pastor, Thomas Allsopp, tells a story from his experience working with dying patients. This story illustrates his belief in respecting the experiences of dying patients, even those experiences that may meet clinical criteria for delusions. The patient in this case was a man who said that he had given birth to a baby – with wings - and described it being in the room with them as they spoke. This tape may be used to stimulate discussion of spiritual issues in palliative care, and psychosocial/psychiatric issues in palliative care.

Some questions which might be useful to pose after viewing this tape include:

- What do you think of the possibility that the patient wasn't merely having delusions? How would you work with him as he described what he was seeing?
- Have you had similar experiences with dying patients, in which “visions” or other extraordinary things happened?
- What do you think of the interaction between the pastor and the care nurse which Thomas described?

5. Pain management for patients with a history of substance use

In this segment, a physician is meeting with a patient who has recently been experiencing moderate to severe pain due to hepatocellular cancer. The patient, Harvey, has a history of heroin use, and has come to see his physician to get treatment for his pain.

This tape has one break, at approximately 3 minutes, which can be used as a point for discussion. Possible questions at the break might include:

- What is your personal reaction to Harvey's request for medication?
- Do you think Harvey is likely using drugs actively now?
- How would you proceed from this point?

After completing the tape, questions which may be useful include:

- Do you agree with the physician's decisions?
- What would you think of prescribing methadone as an alternative?

- Do you believe any opiate medication is appropriate here?
- What other assessment do you think is needed?
- What other elements would you include in his plan?
- Does this person likely need addiction treatment?
- What do you think about the rapport that developed between the doctor and patient?
- What might you have done to improve the rapport?

6. Physician - family conference about end of life care

In this segment, Dr. Small is meeting with an ICU nurse and the mother, sister, and son of Lina, a patient who is critically ill and receiving multiple life support measures. The family is meeting with the clinicians to discuss Lina's prognosis and next steps for her care.

Some possible discussion questions for this segment include:

- What do you think are the important elements to have in a family conference like this?
- In what ways did Dr. Small do these well?
- What would you have like to see done differently?
- What did you think about the way Dr. Small opened the meeting, asking the family members about what they know?
- Dr. Small gave the family some grave information about Lina's condition. What are your impressions regarding the way he gave information to the family? What might you have done differently?
- What did you think about the way Dr. Small talked about transitioning from life sustaining treatments to comfort care?
- What did you think about how the session closed?

7. Nurse - family conference about end of life care

In this segment, the ICU nurse, Eve, is meeting with the mother, sister, and son of Lina, a patient who is critically ill and receiving multiple life support measures, following a meeting with Lina's attending physician.

Some possible discussion questions for this segment might include:

- How do you see the nurse's role in working with the family at this point?
- What do you think are the important elements to have in a follow-up meeting like this?
- In what ways did Eve do these well?
- What would you have liked to see done differently?
- What did you think of the way Eve responded to the family members' emotions?
- What experiences have you had working with patient and family members who are expressing strong emotions, and what have your own reactions been? What do you think are useful things to keep in mind in this situation?

Evaluating Your Training Session

The evaluation tools provided here are designed to provide information to trainers and program staff regarding participant satisfaction and program effectiveness. These tools were pilot-tested during training sessions which were conducted using these palliative care modules during 2002 and 2003. They are intended to be used intact or modified as desired.

What tools are available here?

- Evaluation surveys for training modules
- Trainer self-evaluation questions
- Trainer evaluation using annotated transcript

What do these tools evaluate?

We have used a pre-training and post-training survey format to glean information about program effects. Surveys contain questions designed to elicit information in the following areas:

- Satisfaction with the training session
- Suggestions for improvement of training
- Pre- and post-training self assessment of participant skills
- Pre- and post-training assessment of content knowledge
- Intention to change behavior
- Follow-up assessment of skills retention and satisfaction with training.

How do I use these tools?

Decide what your goals are for the session or sessions you are conducting, and review the learning objectives to see if they fit. The questions you include in your own evaluation should reflect the goals you have for your training. For example, when we pilot-tested these curricula, we were interested in receiving information to guide our program development, so we asked open-ended questions about program strengths and weaknesses to gain information which might lead to improvements in our program. We also hoped to see gains in participant content knowledge, so we asked pre-training and post-training content questions. We asked the open-ended question, “What do you intend to do differently in your work as a result of this training?” to yield information about possible attitude change and behavior change resulting from the training.

Our surveys have several content questions related to the subjects of each training module. We have found that some content questions yield more useful information than others, and are more likely to improve from the pre-training survey to the post-training survey. You may wish to look carefully at what content questions you want to include, and revise or write your own. Including some open-ended content questions, such as “List 3 cultural differences in preferences for end of life care,” may also be useful.

As with all educational interventions, evaluating outcomes may also include conducting follow-up surveys, interviews, and other data collection, depending on the program and evaluation design. So, look at the evaluation resources that your program has and your goals, and adjust your evaluation to meet those needs.

How can I encourage responses to surveys?

We have found that it is useful for the trainer to make a request at the beginning of the session, explaining how the evaluation information will be used. You may wish to give a few minutes before beginning, and request that participants complete the pre-session survey at that time. You may also request that participants stay and complete the post-session survey, again emphasizing the value of these and thanking participants for the extra effort involved. Completing the survey should take no more than 5 to 10 minutes.

What other ways might I evaluate my training?

We have used an observation/debriefing format to work with trainers to increase their own skills and improve their presentations. In this format, an evaluator observes the session and meets with the trainer immediately afterwards to discuss the session. We use the Trainer Self-Evaluation, a series of questions that elicits trainer reactions to his or her performance, strength areas, and areas in need of improvement. Finally, the trainer and observer spend some time problem-solving ways to improve in subsequent trainings.

Another technique we have found useful was providing Annotated Transcripts of learning sessions to the trainers. The annotations highlight actions or quotes in which the trainer's behavior was likely to contribute to a positive learning experience for participants. For example, in a pilot session using the Advance Care Planning module, Dr. Tony Back was eliciting responses from participants regarding a trigger tape that he showed. He paraphrased participants' comments and wrote them on a board at the front of the room: "It sounds like to me that you, in a way, thought it was a good way to bring it up, and in another way not, is that what you're saying?" In the annotated transcript, the following positive trainer behaviors were noted: *Is personable. Models listening skills. Incorporates visual form of content.*

Trainer Evaluation Using Annotated Transcript

Trainer Behaviors
↓

Training Notes
↓

Advance Care Planning Training 3/9/02

Time/Place: 9am-12 noon at CHER

Attendees: 8 nurses from Mary Mahoney Nurses' Association, plus 3 staff

Trainer: Tony Back, M.D.

Shows warmth, friendliness

Side 1: Introduction: Explain evaluation process and that we're a new program. Want to hear about you and your work, to know how you'd like to use this training and take it forward.

Acknowledges cultural issues

It's really wonderful for me to be able to work with the African American community and a professional organization within that because I think it's something that, as a palliative care educator, I think we've not made many inroads so I'm really excited about this as an opportunity for me.

Set expectations for training content, participant involvement

Tony introduces self, his work, palliative care - Defines palliative care.

Any questions for me?

Ask for introductions from others – some gathering of information regarding goals for this training. Introduction to this training session–

Sets expectations of self –model techniques, be consultant

Lynette had mentioned to me that you all were putting on a conference, so one of the things I wanted to do was demonstrate a bunch of different things that you might consider doing at the workshop. So I'll be demonstrating a bunch of techniques that you guys can experience and then consider trying out. And I've left a little time at the end of the day for us to talk about the different techniques, so that if you have some ideas or want to think about them with me, we have some time to do that today. All the materials that I'm going to use today I can provide to you, the PowerPoint etcetera, if you'd like to use them in your workshop, or I can help you talk about other materials...I'd be happy to help you design whatever it is you're going to do.

Sets expectations for training content and process, and

Walk you through the morning...Goes through notebook.

Again asks for questions about what he just went through.

Also give Liz contact info for people if they need help...

Walk through the agenda.

One of the educational principles I'm operating on is that we're adult learners who are motivated by wanting to use information in a very practical way. And so what we need as adult learners is a framework to think about the topic and then some actual practice. Because talking to people about sticky stuff like end of life care or permanency planning, or any of these things, involves not only content knowledge

about the topics we need to cover but also a certain comfort level in talking about them.

Finish walking through the agenda – ask for questions again.

Demonstrates openness to participant questions, input

Even though we have this kind of mapped out, my idea about this is fairly fluid, and if we get into this and it turns out that you want to do something a little bit different, I'm open to suggestions, so please raise your hand or talk to me at the break.

Evaluation stuff – introduce PIF, identifiers.

Tony introduces pre-quiz. We won't be grading you and publicly humiliating you later.

Reinforce participant involvement, participant responsibility

Tony asks – what are your personal goals for today.

(free to get up whenever you need to – you don't need permission from me)

I'm interested in knowing, to help us make the best use of our time here, what are your personal goals for this, or goals in terms of helping you do your conference? What would you like to get out of our work today?

Reinforces participation by validating comments, recurring

Writes down what people say...

Yeah. Great. I think that would be wonderful... We can have two very similar goals... Whatever is important to you is what we should put up here – I don't care if she said it already or not.

Sets expectations for training content and process: length of tape, what to watch for, how to participate

Intro trigger tape.

Our next item is going to be a videotaped vignette of a doctor talking to a patient about a living will. And the reason I'm showing this is that I think for many clinicians, they haven't actually seen one to look at that they can talk about and sort of dissect... I'd like you to watch this interaction with an eye towards what did I like about it and what did I not like about it... and you can look at that from clinician's point of view, as things you could use, or you could look at it from the patient's point of view... So I'm going to show the tape, it's about 5 minutes long, and then we're going to talk about what we liked about it and what we did not like about it.

Is personable. Models listening skills. Incorporates visual form of content

Listens, paraphrases. Laughs along with group. Writes participants' comments on board.

Group goes through discussion of tape.

It sounds like to me that you in a way thought it was a good way to bring it up, and in another way not, is that what you're saying?

Offers problem solving challenge and engages

In response to criticism re language used in the tape -...

I'll write that down, medical lingo, can I say that, very clinical? That was one of the things that you were concerned about... put it in everyday words. So for instance, how might you open that up or start that?

Reinforces and invites participation

More paraphrasing. Invite participation from everybody

Everyone has air time here...

Did any other people feel the same way?

Relates training content to participants' lives

Responding to comment about how society deals with death:

It turns out the way we deal with it in our society and culture, it's a really awkward thing. That's a really good point. And I actually think you as nurses know that a lot of times it's nurses that have a more person-to-person relationship with a patient or client, and that can actually be a better starting point from which to bring this up...

Evaluating Your Training Session

Trainer Self-Evaluation

As soon as possible after the training or presentation, answer the questions below. It is helpful to have another person (preferably a colleague who was at the training) ask the questions and try to draw out detailed answers. You can then use these responses combined with the evaluation responses of the learners to revise future trainings and to increase your own skills.

1. Overall, how do you think the training went?
2. What do you think went well?
3. What do you think did not go so well?
4. In particular, how do you think each of these elements went?
 - Timing, flow of the agenda
 - Content covered (include areas covered well, areas not covered as well as you hoped, content areas that were missing)
 - Trainee participation
 - Logistics—room, AV equipment, food, etc.
5. What were some parts you were nervous or concerned about prior to the training?
6. How did those parts work out?
7. What do you think you might try differently next time?

Resources

Evaluation of Palliative Care Provider Education

Articles

Argent, J., Faulkner, A., Jones, A. & O’Keefe, C. (1994). Communication skills in palliative care: Development and modification of a rating scale. *Med Educ* 28(6): 559-65. [PubMed Abstract](#).

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Weissman, D., Ambuel, B., Norton, A., Wang-Cheng, R. & Schiedermayer, D. (1998). A survey of competencies and concerns in end-of-life care for physician trainees. *J Pain Sympt Manage* 15(2): 82-90. [PubMed Abstract](#).

Websites

Evaluation of the Outcomes of EPEC - epec.net/downloads/evalsandoutcomes.pdf. Part of the *Education for Physicians on End-of-Life Care Trainer's Guide*, this site provides general information on evaluating palliative care education, with links to assessment tools.

Instruments Used in End of Life (EOL) Care Education - mayday.coh.org/pdf/Instruments.pdf. City of Hope researchers have compiled these instruments for evaluation of palliative care education. The authors caution that there are no reliability or validity data available for these tools; they are newly developed and modifiable according to users needs.

Trainer Resources

Articles

Arnold, R. (2002). Setting up and conducting a role play. *Unpublished guidelines*.

Cantillon, P. (2003). ABC of learning and teaching in medicine: Teaching large groups. *BMJ* 326: 437-440. [PubMed Abstract](#).

Jacques, D. (2003). ABC of learning and teaching in medicine: Teaching small groups. *BMJ* 326: 492-5. [PubMed Abstract](#).

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Silberman, M. (1998). *Active training: A handbook of techniques, designs, case examples, and tips (2nd ed)*. San Francisco, CA: Jossey-Bass/Pfeiffer.

Websites

Active Training - www.activetraining.com. This website includes training ideas, tips, and suggestions from Mel Silberman, as well as a list of available resource materials.

Bob Pike Group - www.bobpikegroup.com. This website features resources, seminars, and other tools for trainers, including articles on such topics as *Dealing with Difficult Participants* and *19 Ways to Help Transfer Training*.

Jossey-Bass Publishers - www.josseybass.com. This website includes a variety of books, VHS tapes, and other trainer resources under the heading General Education.