



FACULTY OF
PUBLIC HEALTH



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Report of Train the Trainer Workshop held in Odisha, India

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Background

The Government of Odisha has shown an increasing interest in the development of a trained and effective public health workforce within its state health service. In October 2015, an international Memorandum of Understanding (MoU) was signed between the Government of Odisha, India and the UK Faculty of Public Health (FPH) to develop a cadre of public health specialists with the knowledge, skills and attitudes to become effective public health professionals and trainers.

A training needs assessment was conducted by the UK FPH international public health team in February 2016. A random sample of the Odisha public health workforce was interviewed using semi-structured interviews. Functions of the workforce were mapped against the training received and a list of training requirements were drawn up. Train the Trainer (TtT) training was in the top three needs identified, along with leadership & management and health economics training.

A team consisting of Dr Sushma Acquilla (SA) the UK FPH International advisor and Chair of the FPH India Special Interest Group (SIG), Dr Bharat Sibal (BS), Lead Consultant in Communicable diseases, and Dr Anjali Pai (AP), Specialty Registrar in Public Health, (also members of the India SIG) was convened to prepare the material and delivery of TtT training in Bhubaneshwar, Odisha in July 2016. Arrangements in Bhubaneshwar were facilitated by the State Public Health Project Coordinator.

Aim

To train health professionals in the state of Odisha, India to become effective public health trainers

Objectives

1. To provide an overview of public health system in the United Kingdom and links to Odisha, India
2. To understand the theoretical basis of learning and teaching methods and models
3. To demonstrate how techniques learnt can be implemented in practice
4. To provide opportunities to discuss and learn from each other

Participants

The Government of Odisha has proposed that a total of 377 senior and junior health officers across the State should receive training. In the first instance, the government invited 70 senior state health officers across all 30 districts for the training in July 2016. In total 43 health officers from 24 districts attended the two sessions. These officers will be required to cascade training to junior health officers and so on till the entire public health workforce of 377 health officers in the state have received the TtT training. Figure 1 illustrates the distribution of participants across the state. All participants had substantial experience in public health and the levels of seniority and experience varied.

Training Content and Delivery

Two TtT workshops over 2.5 days each were delivered to 43 senior clinical and public health officers at the Department of Health and Family Welfare, Government of Odisha, Bhubaneswar, Odisha, India from 18th to 23rd July 2016.

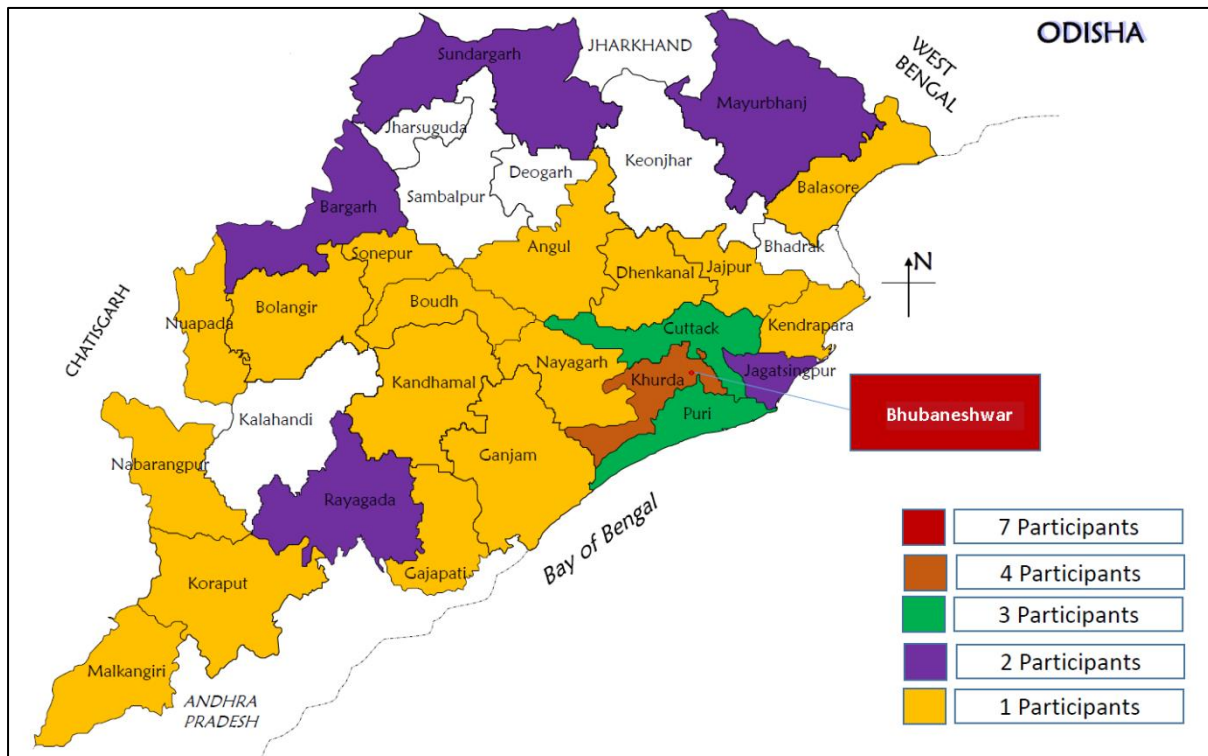


Figure 1: Location of participants for TtT workshop from across Odisha

Material for the workshop was taken from the NHS Education for Scotland Train the Trainer toolkit¹ and other material used in local training, and adapted to the Indian public health context. This included identifying training needs, adult learning theories, teaching styles (Gerald Grow), learning styles (Honey & Mumford, VARK), stages of learning, stages of working in groups (Tuckman), team roles (Belbin), evaluation, feedback (Sandwich technique and Pendelton's rules) and reflective practice (Gibb's cycle).

Training was delivered using a power point presentation and flip charts, and pre-prepared handouts were given to participants. Amendments were made to the presentation based on feedback received from the State Public Health Project Coordinator and participants to improve engagement and learning. The final presentation circulated to all participants for use in future TtT sessions has been amended following feedback received from both training sessions.



SA, BS, AP pre-agreed delivery of sections of the presentations between themselves and made every effort to imbibe the training techniques taught into delivery of the training to set good examples and increase shared learning from this process. The training was mainly delivered in English, with some use of vernacular language when considered useful, and a mix of didactic, motivational and facilitative teaching styles were used. Trainers included case studies and

encouraged participants to work in pairs or groups as well as in role plays as part of the workshop to ensure maximum participation and learning. Again, these were adapted to the local context as much as possible at short notice based on feedback received during the week. On day 3 of the workshop, participants were given an opportunity to prepare and present a teaching plan for a given scenario using all the taught elements of the training programme.



The aim and objectives of the workshop were identified at the beginning and, along with the participants' expectations, were re-visited on the last day of the workshop to ensure expectations were met.

Results of Evaluation

All participants were given evaluation questionnaires at the end of each workshop and although no questions were compulsory they were encouraged to complete all sections. The questionnaire was adapted from an evaluation form used by Health Education East Midlands. It included scores for different aspects of the training on a Likert scale and free text boxes for comments on what went well, areas of improvement and general feedback (Appendix 1).

In total 39 completed forms were received (four participants left the course early) though only 27 had completed all eight scoring questions. Microsoft Excel 2010 was used to save transcribed data and complete basic analysis.

Amongst all participants 89% felt their expectations were well met and majority (54%) felt that the information presented was informative and useful. The facilitators were rated very good (87%) or good (13%) and 67% said the materials provided were good. Majority of the participants rated days 1, 2 and 3, as well as the overall training as 'very good', with 74% rating day 2 as being 'very good'.

Themes that emerged on improvement suggestions included further practical examples applied to the local context, more audio-visual elements, improvement in materials, providing it as soft copies, and longer course duration. Some of these have been incorporated in the recommendations.



From the comments received, it was obvious that all participants appreciated the training and embraced what was felt to be a unique and interesting training workshop using unusual teaching techniques compared to conventional models. Credit was given in particular to the facilitative style of teaching and interactive elements.

Conclusion and Recommendations

Two TtT sessions each of 2.5 days durations were delivered to 43 participants in total (39 completed the full course) by three facilitators from the UK FPH. The material used was adapted from a freely available TtT toolkit and adapted to the local context. Evaluation of the course revealed that the training was informative and useful, with suggestions to improve material and use of local context with more examples.

The recommendations have been summarised after discussions between SA, BS, AP and the State Public Health Project Coordinator based on participants' feedback and suggestions from evaluation forms as well as those communicated verbally during the workshop. It is good practice to ensure that these recommendations are considered for all future training programmes delivered in India.

For the Trainers

1. Confirm training dates at least one month in advance of any future workshops to give trainers sufficient time to prepare and plan training material and interactive sessions (including group work, working in pairs, role plays, and presentations). This would also ensure up-to-date hard copies and handouts are provided to participants at the start of the workshop.
2. Disseminate soft copies of the presentation to participants soon after the workshop if pragmatic to do so. This may not always be possible if the material needs to be updated. If not, arrangements must be made to send these soon after the session.
3. Ascertain internet availability at the venue to assist with planning (such as playing online videos to the group)
4. Engage with an Indian public health consultant for assistance at an early stage to provide a local context for examples used and exploring the possibility of one field-based training day as part of the workshop. This is also essential for sustainability of future programmes.
5. Explore the possibility of a larger venue with 'cabaret-style' arrangement of tables and chairs to encourage flexibility for interactive work and can improve dynamics between trainers and participants.
6. Include more examples in the training material, add audio-visual learning aids such as videos, and increase the number of role-plays and exercises in groups/pairs; all adapted to the local context as far as possible.
7. Incorporate regular breaks with simple stretching exercises to improve engagement and enhance concentration
8. Provide contact details for all trainers within the training material

9. Ensure evaluation forms capture feedback for individual days by requesting daily feedback if feasible to do so

For the State

1. Prioritise districts that did not have any representation during the two workshops for future TtT training
2. Ensure that a robust element of quality control is built in ideally through support from FPH for further cascading of training
3. Endeavour to compile a list of mandatory public health training for the new PH cadre to be developed and incorporate a system of continuous professional development (CPD) akin to the FPH system in the UK

Although suggestions were made to extend the duration of the course, the trainers believe that it would neither be feasible nor beneficial to do so. Requests were made for more material on 'barriers to training', 'evaluation techniques' and 'working in groups'. While some of these aspects will be covered in more detail in the 'leadership and management' workshop, references provided with the presentation can be accessed for those who wish to have further details on these topics.

Next steps

The UK FPH is in the process of planning a management and leadership training programme in October/November 2016 and recommendations above should be considered. It is also hoped that a further TtT workshop can be delivered to a new set of state health officers by a team selected from the 39 trained health officers in July 2016, with support from the UK FPH during this visit.

Specialty Registrar Reflections

Group de-briefing sessions were conducted on a daily basis which included ongoing reflective practice from all involved. From a registrar's perspective, this was an excellent opportunity to work with an international public health team, learn about the public health system in India, improve communication, inter-personal and language skills as well as other soft skills, and establish working relationships with Indian public health counterparts.

We faced a few challenges such as short notice of confirmed training dates, changing needs of the audience resulting in re-structuring material, and adapting material to the local context. The ability to be flexible, adaptive and dynamic with fluency in spoken Hindi or an appropriate Indian state language, as well as previous experience working in India would prove extremely useful for a registrar interested in similar work in the future.

Overall the training provided excellent experience and is highly recommended for anyone wishing to pursue an interest in international public health.

Acknowledgements

SA, BS and AP would like to thank all the participants for their active participation in the workshop, as well as the State Public Health Project Coordinator and officers in the Government of Odisha, FPH, and DfID for their assistance and cooperation in making this workshop a success.

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References

¹ NHS Education for Scotland. *Train the Trainer Toolkit* 2013. Available at: http://www.nes.scot.nhs.uk/media/2042600/trainthetrainers__final_.pdf

Appendices

Appendix 1: Copy of the Evaluation form

EVALUATION FORM – PUBLIC HEALTH TRAIN THE TRAINER PROGRAMME BHUBHANESHWAR, ODISHA

Date:

Speakers:

Day of course: 1 2 3

Please circle the relevant response for each question:

1.Overall the information presented over the three days was:	Very Informative & useful	Informative & useful	Reasonable	Limited	I do not think I gained anything
2. The materials were:	Very good	Good	Reasonable	Poor	Very Poor
3. My expectations and goals were:	More Than Met	Well Met	Just Met	Partially Met	Not Met At All
4. The facilitators were:	Very good	Good	Reasonable	Poor	Very Poor
5. Day 1 was:	Very good	Good	Reasonable	Poor	Very Poor
6. Day 2 was:	Very good	Good	Reasonable	Poor	Very Poor
7. Day 3 was:	Very good	Good	Reasonable	Poor	Very Poor
8.Overall the course was:	Very good	Good	Reasonable	Poor	Very Poor

What was good about this course?

What can be improved?

Any suggestions, general comments or feedback?

Thank you for taking the time to complete our evaluation form.

Appendix 2: Excel spreadsheet collation and transcription of evaluation forms received



Feedback from TTT
training Odisha July 2
