Train the Trainers' Toolkit
Helping others to facilitate learning in the workplace:
A Practical Guide

NHS
Education
for
Scotland

Introduction
How to use the
Toolkit

Train the Trainers' Toolkit
Introduction to the Toolkit

Who is this toolkit for?

This toolkit is a training programme which can be delivered by experienced trainers / facilitators, with expert knowledge and skills in facilitating
work-based learning. Ideally you should have qualifications and experience in healthcare education, for example, those with a Post Graduate Certificate in Education or professionals who work in Continuing Practice and Professional Development departments or as a Practice Education Lead, GP Trainer or Learning and Development practitioners.

What is this toolkit for?

This toolkit provides information and practical guidance on preparing healthcare professionals and service users or carers, who may be involved in facilitating inter-professional learning (IPL), uni-professional learning or service user/carer education in the workplace. It will help them plan, deliver and evaluate their own learning programmes.

How to use this Toolkit

The toolkit is intended to be a flexible resource. You can use sections of the toolkit to support existing learning programmes or activities which you currently deliver, or plan specific programmes depending on local or individual needs. The content is broken down into eight units.

Unit	Title
1	Inter-professional and adult learning
2	Teaching and learning styles
3	Teaching a practical skill
4	Giving feedback
5	Effective group work
6	Writing aims and learning outcomes, and planning an inter-professional learning session
7	Managing difficult behaviours in groups
8	How to evaluate

Each unit has an aim, learning outcomes, suggested pre-unit preparation, suggested session plans with activities and delivery times, powerpoint presentations, handouts and references with links to supporting material. You can deliver the units as separate sessions or combine them into two one-day workshops or four half day workshops.

Who should attend Toolkit training?

The training is targeted at those involved in facilitating learning in the workplace, and require to develop their knowledge and skills within this area of practice. For example:

- GP trainers
- Dental trainers
- Allied Health Professionals
- Nurses and Midwives
- Hospital Specialists
- Pharmacists
- Knowledge Services Staff
- Clinical Psychologists
- Administrative and Clerical Mentors
- Healthcare Chaplains
- Support workers
- Healthcare users and carers
- Healthcare Scientists

Planning a programme of learning

How you plan and deliver the units in this toolkit will depend on the context, the learners and the time available. The time given in each unit is the suggested time to be allocated to each unit and is intended to be flexible:

- Timings for presentations – should be short and focused but responsive to questions and interactive with the audience
- Timings of group work – should match with the needs of the group whilst ensuring learning outcomes are met by the end of each Unit.

The units may be delivered as a two day programme (Appendix 1), four half day programme (Appendix 2), delivered as separate units, or combined in a way that meets the specific circumstances.

If delivering all the units over two or four days it is important to build in an introduction to the programme (see session plan Appendix 3). If delivering any of the units as stand alone units it is still important to build in an introduction session to facilitate positive group dynamics. You may also find slides/handouts from other units would be useful to enhance a stand alone unit. For example if running Unit 6 (Writing aims and learning outcomes and planning an inter-professional learning session) you may wish to add in slides on adult learning from Unit 1 as this is a very important context for this unit and also use slides and handouts from unit 8 on how they can evaluate their learning session.

The success of any programme of learning depends on the extent to which it responds to the needs of the participants as well as the needs of the organisation. The programme should be designed to ensure there are opportunities for group interaction to allow both participants and facilitators taking part in the training to learn from and about each other.

Depending on the numbers attending, you may wish to have a large group presentation using the slides and split into smaller groups for the discussions and activities, in which case you will require additional facilitators and resources. To optimise the learning experience groups should be no larger than eight.

A sample flyer to help advertise the training is provided (Appendix 4) It is also good practice to gather learning profiles for those attending your courses (Appendix 5). These can help you plan content and teaching and learning approaches that best fit with those attending. In terms of the learner profile another resource which you may find useful is the Readiness for Inter-professional Learning Scale (RIPLS) Questionnaire.

The purpose of this questionnaire is to examine the attitude of health and social care students and professionals towards inter-professional learning - http://www.med.monash.edu.au/srh/mudrih/document_links/hsin/ripls-questionnaire-0709.doc

Where did this Toolkit come from?

In 2008, the NHS Education Scotland (NES) South East Multi-Professional Team (SE MPT) developed an innovative approach to supporting inter-professional learning within the workplace, through the development and facilitation of an Inter-professional Masterclass. The aim of the Masterclass was to bring together a range of healthcare professionals to explore teaching methodologies and strategies which support inter-professional learning within the workplace.

The Masterclass was delivered over two days with the second day being held six – eight weeks after the first. There was pre-course preparation for both days which included: self-assessment of learning styles, background reading and reflective thinking of current practice. Each day incorporated small and large group presentations which set the scene, followed by experiential learning in facilitated, small inter-professional groups. This Toolkit brings together resources used in these Masterclasses.

Benefits of using this Toolkit

The NES SE MPT evaluated the impact of the Master classes on facilitating inter-professional learning in practice (NES 2011). Overall, pre- and post-course evaluations were evaluated from 52 staff and seven in-depth telephone interviews were conducted from the same cohort of participants. People attending the Master class said:

"I would recommend this course to others as it helped me to have a greater understanding of the roles of members of the multi disciplinary team and how we all need the skills of each other to give comprehensive care"

"The inter-professional mix in the small groups allowed me to become more comfortable with the concept of inter-professional learning"

"It gives the opportunity to enhance previous knowledge through reflection, discussion and sharing experiences from different professional perspectives"

"I will be able to apply the principles of adult learning theory, and design more robust aims and learning outcomes"

Key messages from the evaluation were:

- 90% (n = 43) of attendees rated the course as good or excellent
- Attendees self-rated confidence in their abilities rose
- A recurring theme was that attendees had adopted a person-centred approach to inter-professional teaching and learning.
- Participants had applied many aspects of their learning and had progressed from a purely theoretical understanding of inter-professional learning to applying and modifying them accordingly. For example: setting learning outcomes; teaching a new skill using the 4 stage approach: developing evaluation strategies for training delivered.

Examples of the ways that participants intended to use the learning gained from attending the IPL Master classes included in one to one supervision with students, facilitation of workshops at national events and designing and delivering learning programmes for staff working in acute and community settings.

Given the positive impact this course had on facilitating learning in practice, the NES SE MPT decided to further develop this Toolkit to enable it to be accessed and utilised by all NHS Boards.

This Toolkit has also been endorsed by the Scottish Diabetes Education Advisory Group (SDEAG) who has stated that the application of learning gained from taking part in this training will meet their education requirements in preparing healthcare staff to facilitating learning programmes for others.

'The Toolkit has been endorsed by the Scottish Diabetes Education Advisory Group (DEAG) as meeting the requirements of a 'trained educator' according to the NICE criteria for the delivery of structured patient education. All staff, support workers or patients who regularly teach patients or professionals about diabetes are strongly encouraged to attend this programme of learning.'

What is inter-professional learning?

The most commonly accepted definition of inter-professional learning is provided by the Centre for the Advancement of Inter-professional Education (CAIPE) (1997)

"*as occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care*"

The concept of IPL is not new with publications on the topic from the mid 1960s onwards (Barr 2009). Over the past ten years it has become an integral part of many pre- and post –registration health and social care professional programmes throughout the United Kingdom. The driver for this rapid growth in IPL activity is increasing reference to requirements that all health and social care graduates are competent regarding inter-professional collaboration and team working in a variety of settings, and in the delivery of safe effective and person- centred care. This is evident in Government policy (Better Health Better Care, Scottish Government (2007), Healthcare Quality Strategy, Scottish Government (2010)) educational directives (QAA 2004) and regulatory bodies for health and social care professionals (Health Professions Council 2008, Nursing and Midwifery Council 2008, General Medical Council 2009).

Inter-professional learning is also supported globally. The World Health Organisation (WHO) (2010) propose the purpose of this is to develop collaborative practice through which health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. This involves professionals engaging with any other person who could contribute to delivering desired health goals. The WHO proposes that this demands educational or learning approaches which enable the development of working together with a common purpose, commitment and mutual respect.

Using the Toolkit to obtain Recognition of Prior Learning

The concept of Recognition of Prior Learning (RPL) has been around for more than 30 years though the terminology used to describe it has varied over time.

The definition of RPL used here is "*the process for recognising learning that has its source in experience and/ or previous formal, non-formal and informal contexts*" (Scottish Credit and Qualification Framework (SCQF) RPL Toolkit 2010). The SCQF RPL Toolkit also describes how RPL can be utilised:

■ To recognise prior informal or non-formal learning as part of further learning and development that also can help build confidence. By mapping skills and knowledge to the SCQF level descriptors it can be shown how knowledge and skills can be further developed through learning or career planning.

This is described as formative recognition.

■ To demonstrate that a learner has the necessary knowledge and skills required to gain entry to a formal learning programme.

■ To assess informal and or non-formal learning and claim credit to

  ■ gain entry to a qualification

  ■ gain credit towards a qualification / learning programme and so allow the learner to join at a more advanced point in the programme / qualification and reduce the length of study time

  ■ gain credit within a qualification / learning programme already begun.

This is described as summative recognition

By facilitating the delivery of this Toolkit you are engaging in ongoing learning and development and you may wish to consider the possibility of RPL. Unless learning is formally recognised it can be lost to both you and your employing NHS Board. Effective Recognition of Prior Learning (RPL) systems can help to capture this learning. There are a number of factors and decisions to be made when considering RPL. Background information can be found on the NES website:
www.nes.scot.nhs.uk/education-and-training/educational-development/initiatives/recognition-of-prior-learning-(rpl).aspx

NES has produced an online workshop to help people consider the issues about RPL and come to the best decisions for their circumstances. To view this workshop click on the following link:
http://www.rrheal.scot.nhs.uk/educational-tools/pathways-to-recognition.aspx

If you have any questions about RPL please contact:
educational.services@nes.scot.nhs.uk

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World Health Organisation (2010) Framework for Action on Interprofessional Education and Collaborative Practice. World Health Organization, Geneva

Appendix 1

Introduction Unit
Sample Two Day Programme

Day 1

Unit	Content
Introduction day 1	■ Introduction, aims, learning outcomes and icebreaker(s)
Unit 1 Inter-professional and adult learning	■ Inter-professional learning ■ Adult learning theories
Unit 2 Learning and teaching styles	■ Group experiences of good and bad learning and teaching ■ Learning styles ■ Teaching styles
Unit 3 Teaching a practical skill	■ Teaching a clinical or practical skill ■ Applying practical skills teaching
Unit 4 Giving feedback	■ Key points to be considered when giving feedback ■ Principles of good feedback ■ Applying effective feedback skills
Summary/conclusion day 1	■ Summary of Day 1 ■ Preparation for Day 2

Day 2

Unit	Content
Introduction day 2	■ Introduction, aims, learning outcomes and icebreaker(s)
Unit 5 Effective group work	■ Groups and teams ■ Models ■ Group experiences of being a facilitator
Unit 6 Writing aims and learning outcomes, and planning an inter-professional learning session	■ Aims, objectives and learning outcomes ■ Planning a session
Unit 7 Managing difficult behaviours in groups	■ Managing difficult behaviours ■ Effective role modelling
Unit 8 How to evaluate	■ Evaluation ■ Evaluation models
Summary/conclusion day 2	■ Summary of Day 2

Appendix 2

Introduction Unit
Sample Four Half Day Programme

Session 1

Unit	Content
Introduction	▪ Introduction, aims, learning outcomes and icebreaker(s)
Unit 1 Inter-professional and adult learning	▪ Inter-professional learning ▪ Adult learning theories
Unit 2 Learning and teaching styles	▪ Group experiences of good and bad learning and teaching ▪ Learning styles ▪ Teaching styles
Summary/conclusion day 1	▪ Summary of Day 1 ▪ Preparation for Day 2

Session 2

Unit	Content
Introduction day 2	▪ Introduction, aims, learning outcomes
Unit 7 Managing difficult behaviours in groups	▪ Managing difficult behaviours ▪ Effective role modelling
Unit 3 Teaching a practical skill	▪ Teaching a clinical or practical skill ▪ Applying practical skills teaching
Summary/conclusion session 2	▪ Summary of Session 2

Session 3

Unit	Content
Introduction day 3	▪ Introduction, aims and learning outcomes
Unit 4 Giving feedback	▪ Key points to be considered when giving feedback ▪ Principles of good feedback ▪ Applying effective feedback skills
Unit 5 Effective group work	▪ Groups and teams ▪ Models ▪ Group experiences of being a facilitator
Summary/conclusion session 3	▪ Summary of session 3

Session 4

Unit	Content
Introduction session 4	▪ Introduction, aims and learning outcomes
Unit 6 Writing aims and learning outcomes, and planning a learning session	▪ Aims, objectives and learning outcomes ▪ Planning a session
Unit 8 How to evaluate	▪ Evaluation ▪ Evaluation models
Summary/conclusion whole course	▪ Summary of course

Appendix 3

Introduction to programme

(if delivering as two day course or four half day course)

Aim of programme

To bring together a range of health care professionals and maybe patients to explore teaching methodologies and strategies which prepare participants to be involved in learning and teaching within the practice setting.

General learning outcomes

By the end of the programme the learner should be able to:

- discuss theories of adult learning and their application within the context of learning
- plan a learning event that promotes a positive learning environment
- apply a range of tools to facilitate effective uni- or inter-professional, patient and carers, learning.

Time	Content	Suggested activities	Resources
15 mins	- Introduction 　　- group introductions and ice breaker	- Presentation and discussion - Icebreaker e.g. share one personal and one professional achievement within the last year	Slides 1-3
15 mins	- Reason for attending course - experience of IPL to date	- Ask group to share their reason for attending course and their experiences of IPL	Flip chart
10 mins	- Agreement of ground rules	- Group discussion	Flip chart
10 mins	- Review aims and learning outcomes	- Group discussion to agree and clarify if any additional learning needs to be included within the programme	Slides 4-5

Appendix 4

Training Educators: A practical guide to facilitate learning in the workplace (A Two-Day Course)

Date	
	(attendance required on both days)
Time	
Venue:	

Date	
	(attendance required on both days)
Time	
Venue:	

Aim:

To bring together a range of health care professionals and maybe patients to explore teaching methodologies and strategies which prepare participants to be involved in learning and teaching within the practice setting.

Learning outcomes:

By the end of the course, participants will be able to:

■ Discuss theories of adult learning and their application within the context of learning

■ Plan a learning event that promotes a positive learning environment

■ Apply a range of tools to facilitate effective uni- or inter-professional, service user and carer learning.

"Most valuable aspects were networking, learning from other professionals and group discussions"

"The inter-professional mix in the small groups allowed me to become more comfortable with the concept of inter-professional learning"

"Great to get the opportunity to see how other professions learn/ teach"

Target Audience

We are inviting health associated groups to access this innovative approach to learning. Participants will be from a range of staff groups who are currently involved in supporting learning in the workplace, but with no formal academic preparation in teaching and learning, including: Dental; GP and Medical Staff; Allied Health Professions; Nursing and Midwifery; Pharmacy; Psychology; Health Care Chaplaincy; Knowledge Services; Ambulance Services; Health Care Scientists; Support Services, Healthcare service users and carers.

Facilitated by:

Appendix 5

PRE-COURSE DELEGATE INFORMATION
Training Educators: A practical guide to facilitate learning in the workplace

Name:

Date(s) Attending:

In order to help our research and continuing quality of the course could you please answer the following questions:

1 Briefly explain your current role/position in relation to education, training or supervision – (If there are any acronyms in your position could you please explain them).

2 What do you hope to gain from the course?

3 To help us ensure that all delegates attending the workshops are able to participate fully, please let us know below about any requirements you may have eg. accessibility or sensory impairment.

4 In case we cannot reach you could you please provide the contact detail of either your department reception or a colleague who could pass on any messages.

Please return your completed form to:

Train the Trainers' Toolkit
Unit 1 Inter-professional and Adult Learning

Aim

- Explore the concept of inter-professional learning
- Provide an overview of adult learning and its application within practice

Learning Outcomes

By the end of the session the learner should be able to:
- describe the key elements of inter-professional learning
- discuss the benefits and challenges of inter-professional learning
- describe key elements of adult learning theory

Suggested pre-unit preparation

Ask learners to:
- Think about inter-professional learning that they have delivered or experienced and consider why it went well or badly

References

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Unit 1: Inter-professional and Adult Learning: Session Plan

Time	Content	Suggested activities	Resources

5 mins	▪ Introduction to session
	  ▪ aims and learning outcomes
	  ▪ group introductions *
	  ▪ ice-breakers *
	* if stand alone session
		▪ Presentation	Slide 1:1
			Slide 1:2
			Flipchart

45 mins	▪ Inter-professional learning (IPL):
	  ▪ definition
	  ▪ benefits and challenges
		▪ Ask each person to write down what IPL means to them
		▪ Facilitators to share what IPL means to them
		▪ Presentation
		▪ Group discussion:
		  ▪ What are the benefits of IPL and to whom?
		  ▪ What challenges does IPL bring and for whom?
		▪ Use pre-unit work to share experiences and why IPL went well or badly and relate to benefits and challenges
		▪ Group consensus of key elements of IPL
			Post-its
			
			Slides 1:3 – 1:5
			Slide 1:6
			Flipchart
			
			Flipchart

45 mins	▪ Adult learning theories
	  ▪ principles and features
	  ▪ Knowles' Andragogy
	  ▪ educational hierarchy (Maslow)
	  ▪ learners in transition
		▪ Presentation
		▪ Group discussion:
		  ▪ How do these theories, relate to you as a learner and to the learning environment?
		  ▪ How do you create a positive learning environment? (Maslow)
		  ▪ What other theories do you like or use
		▪ Relate to IPL – how are these useful, how can we apply them?
			Slides 1:7 – 1:21
			Handouts 1.1-1.4
			Flipchart

5 mins	▪ Evaluation/ reflection
	  ▪ main learning points
	  ▪ changes in practice
	  ▪ additional learning needs
		▪ Group discussion	Flipchart

Unit 1: Handout 1
Adult Learning: Principles and Features

- Conducive **climate** established

- Not beginners, bring **past experiences** and personal values and beliefs

- Come to education with intentions and expectations and like to be involved in the design of the process

- Need to know why they need to learn

- Learning activities **relevant** to circumstances and learn best when the topic is of immediate value

- Individual **learner's needs and styles** taken into account

- Adults need to learn experientially, like a problem solving approach and when it is interactive

- Have competing interests – the realities of their lives

- Have their own set patterns of learning but best if encouraged to be self directed and are encouraged to learn rather than are taught

(This mainly comes from the work of Brookfield, Rogers and Knowles)

Adult Learning (Brookfield 1986)

- Not beginners – in a continuing process of growth

- Bring a package of experiences and values – each unique

- Come to education with intentions

- Bring expectations about the learning process

- Have competing interests – the realities of their lives

- Have their own set patterns of learning

Key Features of Productive Adult Learning (Rogers 2001)

- Conducive **climate** established

- Learning activities **relevant** to circumstances

- Learner's **past experiences** used in process

- Engagement of learner in **design** of process

- Encourage learner to be **self-directed**

- Educator **facilitative** rather than didactic

- Individual **learner's needs and styles** taken into account

Unit 1: Handout 2
Knowles Andragogy (Knowles 1990)

Andragogy assumes that the point at which an individual achieves a self-concept of essential self-direction is the point at which he psychologically becomes adult. A very critical thing happens when this occurs: the individual develops a deep psychological need to be perceived by others as being self-directing. Thus, when he finds himself in a situation in which he is not allowed to be self-directing, he experiences a tension between that situation and his self-concept. His reaction is bound to be tainted with resentment and resistance.

Principles of Andragogy

The need to know   adult learners need to know why they need to learn something before undertaking to learn it.

Learner self-concept   adults need to be responsible for their own decisions and to be treated as capable of self-direction.

Role of learners' experience   adult learners have a variety of experiences of life which represent the richest resource for learning. These experiences are however imbued with bias and presupposition.

Readiness to learn   adults are ready to learn those things they need to know in order to cope effectively with life situations.

Orientation to learning   adults are motivated to learn to the extent that they perceive that it will help them perform tasks they confront in their life situations.

Unit 1: Handout 3
Hierarchy of Needs (Maslow 1943)

Abraham Maslow was a psychologist and wrote his original article on the five needs in 1943. Since then, a number of variations and additions have been suggested.

Self-actualisation needs
Personal growth and fulfilment.

Self-esteem needs
Achievement, status, responsibility, reputation.

Belongingness needs
Family, affection, relationships, work group.

Safety needs
Protection, security, order, law, limits, stability.

Physiological needs
Air, food, drink, shelter, warmth.

Maslow's hierachy of needs helps explain how these needs motivate us all and, working from the bottom up, reminds us how important it is to help learners survive at the beginning. We will not be motivated by any higher-level needs unless the lower-level needs have been met.

http://www.learningandteaching.info/learning/motivation.htm#Levels of Motivation

Unit 1: Handout 4
Learners in Transition

Please use the following link to access the most up to date version of JM Fisher's 'The Process of Transition diagram'.
http://www.businessballs.com/freepdfmaterials/processoftransitionJF2012.pdf

Please use the following link to access more detailed information on each of the stages of the Process of Transition diagram.
http://www.businessballs.com/personalchangeprocess.htm

Train the Trainers' Toolkit
Unit 2 Learning and Teaching Styles

Aim

■ Explore different teaching and learning styles and their application

Learning Outcomes

By the end of the session the learner should be able to:

■ Describe different learning and teaching styles and able to apply this knowledge effectively in practice

■ Discuss the causes of mismatch between educator and learner

Suggested pre-unit preparation

Ask learners to:

■ Complete a learning styles questionnaire

If using the Honey and Mumford Learning Styles Questionnaire, there will be a cost involved but your organisation may have a licence

Use the link below for access to the VARK questionnaire.

http://www.vark-learn.com/english/page.asp?p=questionnaire

■ Think about a good and bad learning/teaching experience you have encountered and bring a summary with you

References

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Angles on learning http://www.learningandteaching.info/learning/

Business Balls http://www.businessballs.com/kolblearningstyles.htm

Gerald Grow http://www.longleaf.net/ggrow/SSDL/ImpTeach.html

Honey and Mumford learning styles questionnaire
http://www.nwlink.com/~donclark/hrd/styles/honey_mumford.html

Unit 2: Learning and Teaching and Styles: Session Plan

Time	Content	Suggested activities	Resources

5 mins	▪ Introduction to session
	  ▪ aims and learning outcomes
	  ▪ group introductions *
	  ▪ ice-breakers *
	* if stand alone session
		▪ Presentation	Slide 2:1

10 mins	▪ Group experiences of good and bad learning and teaching	▪ Group discussion
		  ▪ Using pre-unit work, share your experiences of good and bad learning and teaching experiences?
		  ▪ How do these experiences relate to theories discussed in Unit 1?
			Flipchart

20 mins	▪ Learning styles
	  ▪ Honey and Mumford
	  ▪ VARK
		▪ Presentation
		▪ Group discussion
		  ▪ Share learning styles
		  ▪ How does awareness of these learning styles help both the facilitator and learner?
			Slides 2:2 – 2:4
			Flipchart
			Handout 2.1

20 mins	▪ Teaching styles
	  ▪ types
	  ▪ match and mismatch to learner stages
		▪ Presentation
		▪ Group discussion
		  ▪ how appropriate is each teaching style?
		▪ Link to educational hierarchy/ learner stages
		▪ Discuss when mismatch may occur
			Slides 2:5 – 2:6
			Flipchart
			Handouts 2.2-2.3

20 mins	▪ Learning experiences	▪ Using pre unit preparation of good/bad learning/teaching experiences discuss why you thought this relating to previous presentations (mismatch diagram)	Flipchart

5 mins	▪ Evaluation/ reflection
	  ▪ main learning points
	  ▪ changes in practice
	  ▪ additional learning needs
		▪ Group discussion	Flipchart

Unit 2: Handout 1
Learning Styles: Honey & Mumford

http://www.nwlink.com/~donclark/hrd/styles/honey_mumford.html

Individuals develop their own learning styles through strategies and tactics that they have found helpful. Through custom and habit, people develop their own ways of learning. Four key learning styles are frequently used:

Activists Activists immerse themselves fully and without bias in new experiences, enjoying the moment. They are enthusiastic and open-minded and thrive on a new challenge. They like brainstorming and will act without thinking through the outcomes. They get bored easily and may struggle to follow a project through to completion.

Reflectors Reflectors listen to others, analysing the content of the conversation before contributing their own input. Reflectors therefore need time to think through the options and will not give an immediate answer to questions. They tend to be cautious, thoughtful people and consider the wider picture when arriving at decisions.

Theorists They like basic assumptions, principles, models, systems and theories on which to base their experiences. They like to think through their problems on a step by step basis to analyse and synthesise information. They like objectivity rather than subjective judgements.

Pragmatists Pragmatists like trying out ideas, theories and techniques to see if they work in practice. They can be impatient to get on with things and act quickly and confidently on things that appeal to them. They are practical, down to earth people who like solving problems.

Learning Styles : VARK
To access information on VARK A guide to learning styles please click on the following link:

http://www.vark-learn.com/english/page.asp?p=categories

Unit 2: Handout 2
Teaching Styles

TEACHING LEARNERS TO BE SELF-DIRECTED By Gerald Grow
It helps explore the journey a learner takes from being dependent to self directed and identifies the right teaching styles required for the different stages of the learner's journey. It particularly highlights how mismatch occurs between learner and teacher.

Authority	This style is traditional and didactic. Conveys facts that the teacher thinks the learner needs to know and may answer questions but only relating to what's been said. Likened to a parent and child relationship.
Motivator	Less didactic and based on questions and answers but it is still the teacher's agenda. The teacher gives new facts but only when the learner shows they don't know. Thus is still teacher driven although more learner centred and supportive. Can motivate the interested learner to learn and at some stage move onto more independent learning.
Facilitator	More facilitating along the line of "Find out for yourself." Teacher happy to share information and knowledge and recognizes that each party knows some things but not necessarily the same. Sharing approach good for training.
Delegator	Discussion between equals and as if the teacher holds up a mirror, helping the learner to understand what the problem is, and to look at relationships and communication. Acts as a consultant when needed but mainly happy to delegate to the individual their self directed learning.

Learning Stages
Learners tend to go through **stages** as they progress and in due course develop an increasing amount of self direction.

> **1** Dependent
> **2** Interested
> **3** Involved
> **4** Self directed

Credit for this work goes to Gerald Grow

Please use the following link to access more detailed information on this model:
http://www.longleaf.net/ggrow

Unit 2: Handout 3

Match and Mismatch Between Learner Stages and Teacher Styles

In this model, teachers adapt their teaching styles to match the student's stage of learning and degree of self direction, and in order to increase that self-direction. Problems occur when dependent learners are mismatched with non-directive teachers and when self-directed learners are mismatched with highly directive teachers.

	T1: Authority	T2: Motivator	T3: Facilitator	T4: Delegator
S4: Self-Directed Learner	**Severe Mismatch** Students resent authoritarian teacher	*Mismatch*	Near Match	**Match**
S3: Involved Learner	*Mismatch*	Near Match	**Match**	Near Match
S2: Interested Learner	Near Match	**Match**	Near Match	*Mismatch*
S1: Dependent Learner	**Match**	Near Match	*Mismatch*	**Severe Mismatch** Students resent freedom they are not ready for

Credit for this work goes to Gerald Grow

Please use the following link to access more detailed information on this model
http://www.longleaf.net/ggrow

Train the Trainers' Toolkit

Unit 3 Teaching a Practical Skill

Aim

■ Provide the opportunity to practice teaching a practical skill

Learning outcomes

By the end of the session the learner should be able to:

■ Demonstrate teaching a practical skill using the 4 stage approach

■ Apply effective teaching skills

Suggested pre-unit preparation

Ask learners to:

■ Consider a simple, non-clinical, practical skill which they are competent at and able to teach to another person. The skill must take no more than two minutes to complete by a competent person (them) as it will be repeated up to four times in the skills teaching session. Ask them to bring any small props that are required along with them on the day. (Previous examples include making a paper plane, tying a knot, fitting a camera battery, folding a napkin etc.)

■ Think about how they have **learnt and taught clinical skills.**

References

Hays R (2006) Teaching and Learning in Clinical Settings. Radcliffe Publishing Ltd. Oxford

Lake FR and Hamdorf JM (2004). Teaching on the run tips 5: Teaching a skill. Medical Journal of Australia 181:6:327-328

Business Balls: Conscious Competence learning model
http://www.businessballs.com/consciouscompetencelearningmodel.htm

Please note: Units 3 and 4 go well together.

Unit 3: Teaching a Practical Skill: Session Plan

Time	Content	Suggested activities	Resources
5 mins	▪ Introduction to session ▪ Aims and learning outcomes ▪ Group introductions * ▪ Ice-breakers * ** if stand alone session*	▪ Presentation	Slide 3:1
45 mins	▪ Teaching a clinical/ practical skill using a 4 stage approach ▪ the training journey ▪ four-staged approach 1 Facilitator demonstrates – no commentary 2 Facilitator demonstrates – with commentary 3 Facilitator demonstrates – learner commentates 4 Learner demonstrates – learner commentates	▪ Presentation ▪ Group activity Each group has opportunity to: 1 Teach a practical skill, 2 Be taught a practical skill 3 *Observe facilitator and give feedback 4 *Observe person giving feedback and comment	Slides 3:2 – 3:4 Handout 3.1 Handout 3.2 (for noting feedback)
20 mins	▪ **Putting practical skills teaching into practice	▪ Group discussion ▪ How can you use/apply this approach in practice? ▪ It is useful to explore how to set the scene and need for the skill? ▪ Also to discuss what should happen after the teaching. For example handouts, You - tube clips, skills lab etc	Flipchart
5 mins	▪ Evaluation/ reflection ▪ main learning points ▪ changes in practice ▪ additional learning needs	▪ Group discussion	Flipchart

* You will see that in the suggested activities we mention feedback. Our experience is that Unit 3 and Unit 4 (Giving Feedback) work well together.
Our practice has been to split participants into trios for the practical skill teaching exercise. A teaches B and C observes and practices giving feedback to A. The facilitator keeps an eye/ear out and offers suggestions as is appropriate.

** The 4 stage approach needs to be put into context for the different professions and individuals in the group. The group should also discuss what needs to be done before and after the teaching session. This discussion is therefore about ensuring all participants have an opportunity to identify exactly what they would do to train a student or trainee in a particular skill.

The paper mentioned in the reference by Lake et al (2004) is a useful guide for this discussion.

Unit 3: Handout 1
Teaching Clinical Skills

The process of gaining knowledge and skills can be likened to a journey with several stages to pass through on the way from being **unskilled to skilled.**

Models

1 **Awareness**

   First there is the awareness of the existence of a knowledge or skill – this awareness may be raised by self-recognition of a gap in knowledge or through interaction with others. A teacher should be able to help a learner recognise their needs and identify how these should be met.

2 **Acquisition**

   The acquisition of new knowledge or skills can be done in a number of ways and this should suit the learning style of the learner whilst always remembering that patient care comes first. For example learning could be achieved informally through colleagues, during tutorial time, in discussion in small groups, through e-learning or by a formal teaching course.

3 **Development**

   The trainee then develops their knowledge and ability to perform the skill. This requires four 'R' words which help develop a cycle of learning: *Reflection, Rehearsal, Repetition* and *Review*.

   The teacher can support this by encouraging the learner to reflect upon what they are doing, providing the opportunities for rehearsal and repetition and regularly reviewing progress.

   But remember that practice does not make perfect – it makes permanent. Only perfect practice makes perfect performance. One description of this calls this 'deliberate practice'. This is activity that's explicitly intended to improve performance that reaches for objectives just beyond one's level of competence, provides feedback on results and involves high levels of repetition.

4 **Mastery**

   Eventually the teacher's review concludes that the learner has mastered the skill and is able to do this independently. They should also have reached a stage where they can teach others. It should be remembered that once a skill is learned it will become rusty and potentially dangerous if there is not ongoing practice and repetition.

5 **Adaptability**

   Once we have learned one skill it then becomes possible to adapt it to other skills. For example once we can take a blood sample, it becomes easier to learn how to gain intravenous access for a drip.

Developed from NHS Education for Scotland Supporting Clinicians on Training in Scotland (SCOTS) Clinical Supervision Course.
http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/about-medical-training/generic-training/scots-(supporting-clinicians-on-training-in-scotland).aspx

A second but parallel model of the journey from novice to expert is depicted in the ***Conscious-competence framework*** which consists of four stages.

1   **Unconscious Incompetence (UI)**
    The person is unaware of the existence of the skill and therefore of its relevance to the role they are performing. This typically is true of new learners but there is a danger that established professionals/patients remain unaware of changes in practice whilst thinking they are competent.

2   **Conscious Incompetence (CI)**
    The person becomes aware of the existence of the skill and how it could be used to enhance their knowledge and improve their working practice. They then aim to acquire that skill.

3   **Conscious Competence (CC)**
    The person acquires the skill and reaches a level where they are comfortable performing the skill and can perform it consistently to a reasonable standard. Because it requires concentration of thought this can lead to a rather robotic performance or loss of focus if other things happen. At times this means that there can be a temporary loss of competence when working under pressure or having to multitask.

4   **Unconscious Competence (UC)**
    The person has acquired a level of performance that enables them to perform the skill with little mental effort, it has become second nature and often intuitive. The person who has reached this stage is not necessarily the best teacher of a skill as they no longer need to think about the actions they are performing and therefore may have difficulty in articulating all the aspects of the skill to a novice.

Please use the following link to access the diagram and further information on this model.
http://www.businessballs.com/consciouscompetencelearningmodel.htm

Extracted from the full article with permission.

Unit 3: Handout 2
Feedback template

Practice giving non judgemental, specific and descriptive feedback

What was done well?

What needs development and worked on?

What are the options for change?

Agreed action plan

Train the Trainers' Toolkit
Unit 4 Giving Feedback

Aim

- Provide the opportunity to develop feedback skills

Learning outcomes

By the end of the session the learner should be able to:

- List the key points to be considered when giving feedback
- Apply effective feedback skills

Suggested pre-unit preparation

Ask learners to:

- Reflect on past experiences of receiving feedback, both positive and negative experiences, that they would be willing to share.

References

General Practice Training - Feedback
http://www.gp-training.net/training/educational_theory/feedback/index.htm

Health Education Academy (2004). *Enhancing student learning through effective formative feedback*. Available at
http://www.heacademy.ac.uk/resources/detail/resource_database/id353_effective_formative_feedback_juwah_etal

Johari Window
http://www.businessballs.com/johariwindowmodel.htm

Pendleton, D., Scofield, T., Tate, P., Havelock, P. (1984). *The consultation: An approach to learning and teaching*. Oxford University Press, Oxford.

Unit 4: Giving Feedback: Session Plan

Time	Content	Suggested activities	Resources
5 mins	■ Introduction to session 　■ aims and learning outcomes 　■ group introductions * 　■ ice-breakers * * *if stand alone session*	■ Presentation	Slide 4:1
20 mins	■ Principles of good feedback 　■ Higher Education Authority 7 　　principles 　■ Pendleton 　■ Johari 　■ Feedback sandwich	■ Presentation	Slides 4:2 – 4:8 Handouts 4.1 4.2
20 mins	■ Giving feedback	■ Relate to pre- unit preparation for group discussion on feedback experiences of groups and teams 　■ What are your experiences of feedback (good and bad) you have received? 　■ Why is feedback important? 　■ What are the key elements of good feedback?	Flipchart
30 mins	■ Applying effective feedback skills*	■ Group activity 　■ Use examples from unit 3 teaching a practical skill activity to focus on/ improve the feedback element　**OR** 　■ The art class activity (see tutor notes)	Flipchart Handout 4.3 Handout 4.4 Slides 4:9-4:11
5-10 mins	■ Evaluation/ reflection 　■ main learning points 　■ changes in practice 　■ additional learning needs	■ Group discussion	Flipchart

* We identified the exercise in Unit 4 can be used to practice feedback skills. You might find it helpful to run units 3 and 4 together. However, if you are running this as a stand alone unit, we offer the art class as a way we have found useful for exploring giving feedback in a relevant, but non threatening and fun way.

Unit 4: Handout 1
Feedback 1

Non Judgemental Specific and Descriptive Feedback

DESCRIPTIVE		EVALUATIVE
(I noticed that 20 seconds into the consultation you asked the following closed questions. How might this have affected the consultation?)	V	(Is better than "Why did you interrupt the patient so early?")
SPECIFIC		GENERAL
(At 1, 3 and 6 minutes you spent time looking at the computer whilst they were talking. How would the patient know you were listening?)	V	(Is better than "You often don't appear to be looking at the patient")
BEHAVIOUR		PERSONALITY
(You were talking for 70% of the consultation. What issues might this raise?)	V	(Is better than "You're a bit of a loudmouth with patients!")
CHOICES		TELLING WHAT TO DO
(Offer options of management so that the patient can share decision- making.)	V	(Most clinicians/ practitioners after time will have clear opinions on how to manage a condition. They need to remember the patient should be involved and trainers should not just give one opinion to a learner.

- Choose the time and give in a quantity that can be coped with
- Check feedback is understood
- Avoid collusion

Developed from Silverman JD, Kurtz SM, Draper J (1998) *Skills for Communicating with Patients.* Radcliffe Medical Press, Oxford.

Feedback 2

Quick feedback can be done using a Feedback Sandwich:

- Identify something that went well
- Then suggest something that would benefit from change
- Then reinforce the positives

Feedback 3

More detailed feedback can follow **Pendleton's Rules**:

- Briefly clarify matters of fact
- The learner goes first and discusses what went well
- The trainer discusses what went well
- The learner describes what could have been done differently and makes suggestions for change
- The trainer identifies what could be done differently and gives options for change

David Pendleton is a Chartered Psychologist who with Dr Theo Schofield, Dr Peter Tate and Dr Peter Havelock wrote The Consultation in 1984 which included advice about how to give feedback and this was labelled 'Pendleton's Rules'.

Pendleton D, Schofield T, Tate P, Havelock P (2003) *The New Consultation: Developing doctor-patient communication*. Oxford Medical Publications, Oxford

Some strengths of Pendleton's Rules

1. Offers the learner the opportunity to evaluate their own practice and allows even critical points to be matters of agreement.
2. Allows initial learner observations to be built upon by the observer(s).
3. Ensures strengths are given parity with weaknesses.
4. Deals with specifics.

Some difficulties with Pendleton's Rules

1. People may find it hard to separate strengths and weaknesses in the formulaic manner prescribed. Insisting upon this formula can interrupt thought processes and perhaps cause the loss of important points. Though it sets out to protect the learner, it is artificial.
2. Feedback on areas of need is held back until part way through the session, although learners may be anxious and wanting to explore these as a priority. This may reduce the effectiveness of feedback on strengths.
3. Holding four separate conversations covering the same performance can be time consuming and inefficient. It can prevent more in-depth consideration of priorities.

Feedback 4

The seven principles of good feedback practice (HEA 2004)

1. Facilitates the development of self-assessment (reflection) in learning.
2. Encourages teacher and peer dialogue around learning.
3. Helps clarify what good performance is (goals, criteria, standards expected).
4. Provides opportunities to close the gap between current and desired performance.
5. Delivers high quality information to students about their learning.
6. Encourages positive motivational beliefs and self-esteem.
7. Provides information to teachers that can be used to help shape the teaching.

Unit 4: Handout 2
JOHARI Window

The Johari Window model is a simple and useful tool for illustrating and improving self-awareness, and mutual understanding between individuals within a group. The Johari Window tool can also be used to assess and improve a group's relationship with other groups. The Johari Window model was developed by American psychologists Joseph Luft and Harry Ingham in the 1950s, while researching group dynamics.

The four Johari Window perspectives are called 'regions' or 'areas' or 'quadrants'. Each of these regions contains and represents the information - feelings, motivation, etc - known about the person, in terms of whether the information is known or unknown by the person, and whether the information is known or unknown by others in the group.

The Johari Window's four regions, (areas, quadrants, or perspectives) are as follows, showing the quadrant numbers and commonly used names:

1. what is known by the person about him/herself and is also known by others - open area, open self, free area, free self, or 'the arena'

2. what is unknown by the person about him/herself but which others know - blind area, blind self, or 'blindspot'

3. what the person knows about him/herself that others do not know - hidden area, hidden self, avoided area, avoided self or 'facade'

4. what is unknown by the person about him/herself and is also unknown by others - unknown area or unknown self.

Extracted from the full article with permission.

Please use the following link to access further information on Johari Window
http://www.businessballs.com/johariwindowmodel.htm

Unit 4: Handout 3
Feedback template

Practice giving non judgemental, specific and descriptive feedback

What was done well?
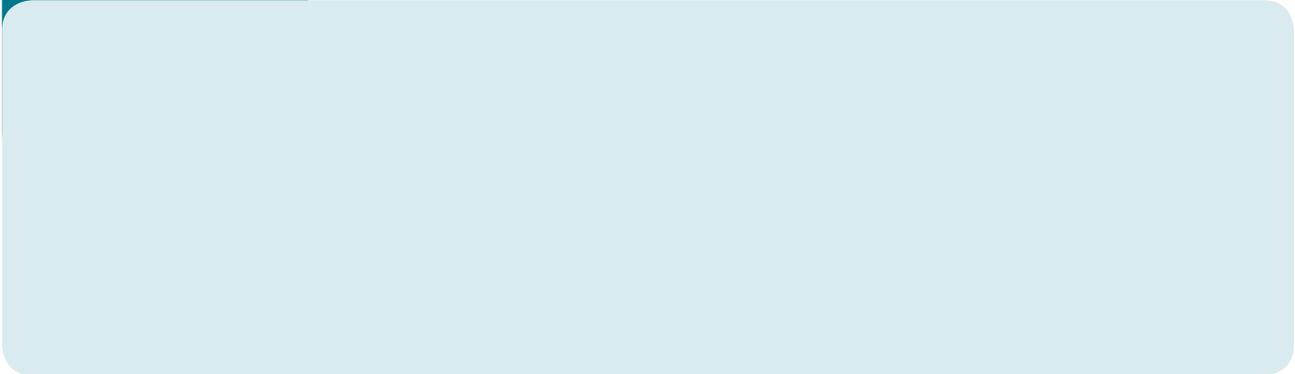
What needs development and worked on?
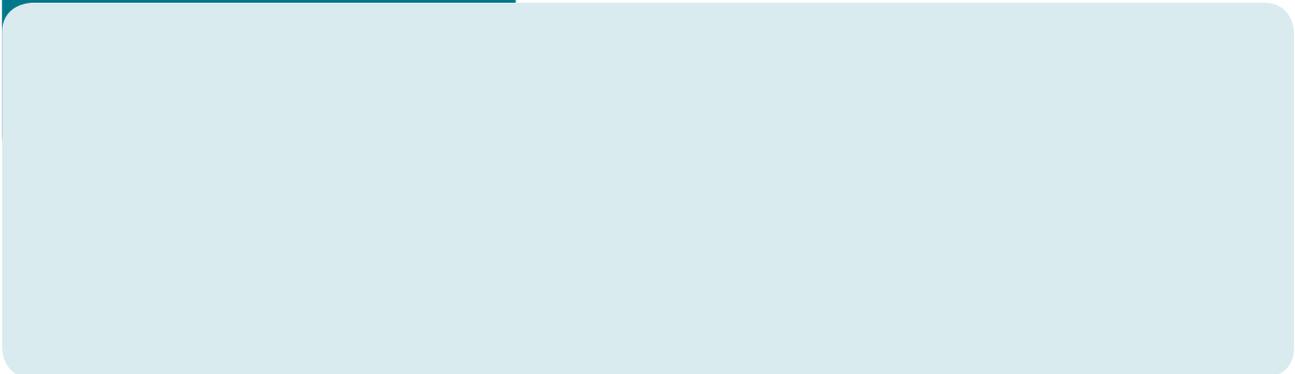
What are the options for change?
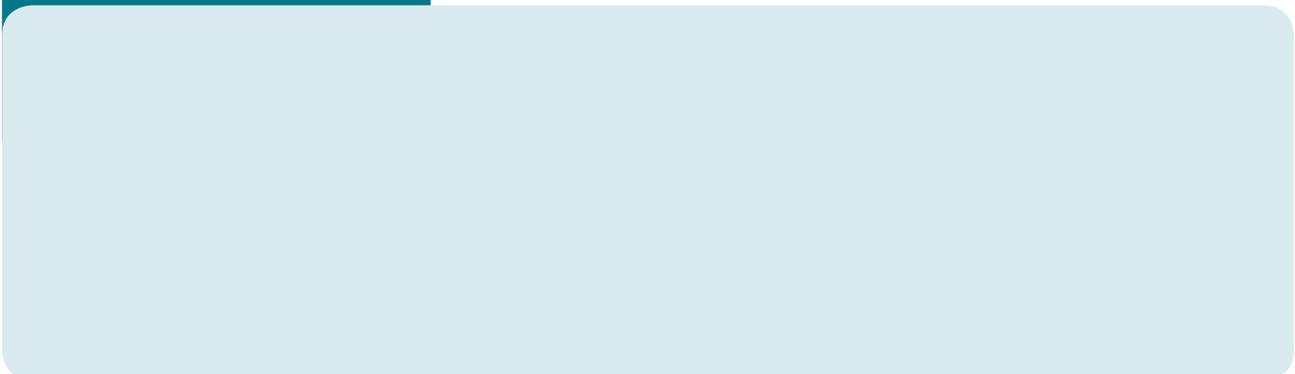
Agreed action plan
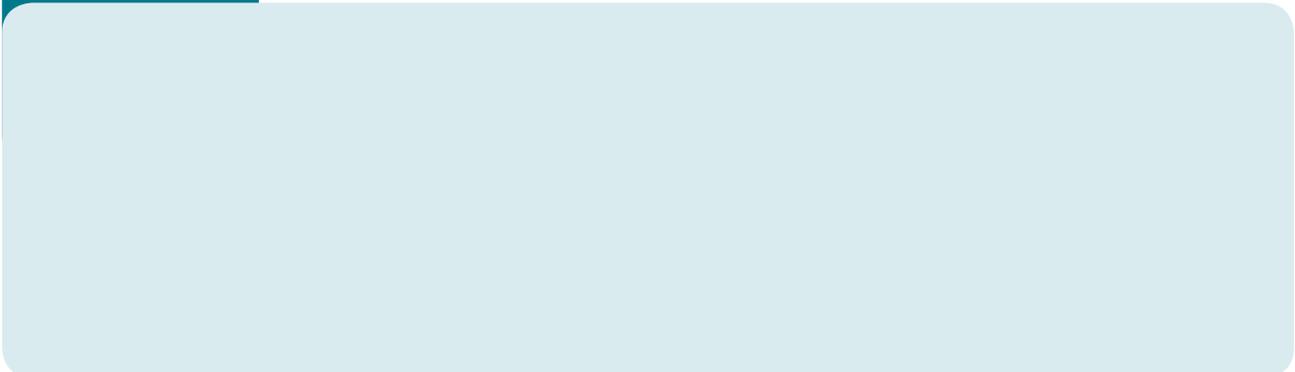
Unit 4: Handout 4
Art Class Marking Schedule

Criteria	Marks (out of 20)	
	Poppies	**Singing Butler**
4 people provide the main focus on the painting		
Red should be used to provide stark contrast with other colours		
The painting emphasises social class differences		
The painting evokes a feeling of movement (10 marks) and sound (10 marks)		
The painting gives a strong sense of foreboding		
TOTAL		

Train the Trainers' Toolkit
Unit 5 Effective Group Work

Aim

- Explore different aspects of group learning.

Learning Outcomes

By the end of the session the learner should be able to:

- Analyse the learning needs of groups when planning learning
- Describe the way groups form and develop
- Develop some tools to help facilitate groups

Suggested pre-unit preparation

Ask learners to:

- Think about their good and bad experiences of being a facilitator and write down some examples.

References

Coombes D (2008) *Guide to Facilitation*. Vitae,Cambridge. www.vitae.ac.uk

Edward de Bono's Six Thinking hats: http://www.sixhats.co.uk/

Heron, J. (1999) *The Complete Facilitators Handbook*. Kogan Page, London:

Houston G (2004) *The Red Book of Groups*. The Rochester Foundation, Rochester MN

Jaques D (2000). *Learning in Groups*. 3rd Ed.Kogan Page, London

Kaner S (2007) *Facilitator's Guide to Participatory Decision-Making* 2nd Ed Jossey – Bass, San Francisco

Leigh D (2006) *The Group Trainer's Handbook* 3rd Ed. Kogan-Page, London

Quinn FM, Hughes S (2007) *Quinn's Principles and Practice of Nurse Education* 5th Ed. Cengage Learning, Hampshire http://www.cengage.co.uk/

Saltman DC, O'Dea NA, Farmer J, Veitch C, Rosen G, Kidd MR. (2007) Groups or Teams: Finding the best fit. *Journal of Evaluation in Clinical Practice* 13:1:55-60

Tuckman BW(2005) Forming, storming, norming and performing in groups, *The encyclopaedia of informal education*, www.infed.org/thinkers/tuckman.htm.

West, M.A. (1994) *Effective Teamwork*. British Psychological Society Books, Leicester

Unit 5: Effective Group Work: Session Plan

Time	Content	Suggested activities	Resources
10 mins	■ Introduction to session ■ aims and learning outcomes ■ group introductions * ■ ice-breakers * *if stand alone session*	■ Presentation ■ Ask each person to identify how confident they are in facilitation skills, both at the begining and end of the unit	Slide 5:1 Handout 5.1
5 min	■ Reflection on group experiences of being a facilitator	■ What are your own experiences of being a facilitator (good and bad)	Flipchart
1 hour	■ Groups ■ group dynamics ■ Models ■ Tuckman's model ■ Belbin's team role theory ■ Facilitation ■ Heron's model	■ Presentation ■ Group discussion on own experiences of groups and teams? ■ what type of learners are involved in group? ■ what are the common and unique features of these groups? ■ what things do you need to consider when facilitating groups? ■ Presentation (In particular concentrate on how to get groups forming and performing quickly, the importance of facilitating the task, process and support.) ■ how does Belbin help you understand how you work with others ? Note how useful Heron can be if involved in supporting long-life running groups	Slides 5:2 –5:4 Handout 5.2 Flipchart Slides 5:5-5:6 Handout 5.3, 5.7 Handout 5.4 Slides 5:8-5:16 Handouts 5.5
15 mins	■ Analyse group experiences of facilitation	■ Group discussion ■ In what ways do your experiences relate to the models discussed?	Flipchart
5 mins	■ Evaluation/ reflection ■ main learning points ■ changes in practice ■ additional learning needs	■ Group discussion	Flipchart

Unit 5: Handout 1
Group Facilitation Skills
(useful to complete at beginning and end of unit)

Skills	Feel confident about (✔)	Need practice (✔)	Unfamiliar (✔)
Being well organised			
Being able to utilise activities and resources			
Being able to manage time effectively			
Being able to give clear instructions			
Being able to pose open questions			
Being a good listener			
Being able to judge when to intervene			
Being able to give constructive feedback			
Being able to paraphrase or restate ideas			
Being able to prompt, probe and clarify ideas when necessary			
Being able to link points and build up understanding			
Being able to steer discussions and keep them focused			
Being able to summarise and draw together learning			
Being able to record outcomes of group work			
Being able to see other points of view			
Being able to respond to problems			
Being able to 'think on your feet'			
Being able to challenge excluding or discriminating behaviour or language appropriately			
Being able to lead without dominating			
Being helpful and supportive without spoon-feeding			
Being able to monitor and influence what is going on in the group			
Being able to respond flexibly to the learning needs of the group			
Being able to hold back and let the group buzz			
Generating energy and enthusiasm in the group			
Being friendly and approachable			
Promoting a climate of acceptance, warmth and support			
Being alert to issues of equal opportunity and diversity			
Being able to use feedback and evaluation constructively			

Adapted by Queen Margaret University from Cole, S et al (1999). *Effective Group Work*. The Open University, Milton Keynes.

Unit 5: Handout 2
Group working

Some questions to ask

- Am I facilitating, chairing or leading
- Does the group have a clear task and outcome?
- Are we meeting common vision or meeting individual needs?
- Is there a hierarchical or sharing and collaborative approach as to how the group runs?
- How structured and managed is the group work?
- Is the group working towards solving problems or information sharing?

These are just a few questions worth considering because if you do not define what kind of group work is required or wanted there is a danger of **mismatch** about expectations and a danger of conflict between or poor engagement from members.

There are some models and theories that help explore this more fully.

The group dynamic triangle
Encourages facilitators to consider three key requirements of group work.
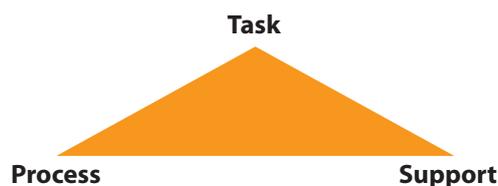
A group is truly in a dynamic state, and moves around within the area of the triangle during its life. What does this mean?
Task: the piece of work that the group has set itself to do: looking at communication skills, working for an exam, preparing to meet needs of a curriculum. A task requires a group to meet set aims and learning outcomes.

Support: making use of the environment to share experiences and concerns, and get advice, feedback or just empathy from the other group members. This is a difficult area to measure but one that many groups identify as being of core value. A facilitator has a key role in setting the culture of the group work and helping make it supportive as well as effective. At one stage, a group may be devoted more to task and less to support or process but at other times it may need to focus on support.

Process: This is happening at some level within the group all the time. It is to do with interactions, feelings and social skills. Some groups are set up primarily to look at process. When the process is taking over from the task and support, the facilitator needs to make an intervention to look at the process that is happening, and ensure it is not preventing the other functions of the group. They should remember how much "hidden" learning goes on during the process of working together and remember the definition of Inter- professional learning being about learning **with, from and about each other** to improve collaboration and the quality of care.

Unit 5: Handout 3
Forming, storming, norming, performing team-development model

Dr Bruce Tuckman published his Forming, storming, norming, performing team-development model in 1965, adding a fifth stage, adjourning, in the 1970's. The theory is a useful description explaining how teams develop and behave.

The progression is:
1. forming

2. storming

3. norming

4. performing

5. adjourning

Tuckman's model explains that as the team develops maturity and ability, relationships establish, and the leader changes leadership style. Beginning with a directing style, moving through coaching, then participating, finishing delegating and almost detached. At this point the team may produce a successor leader and the previous leader can move on to develop a new team.

Extracted from the full article with permission.

Please use the following link to access additional information on this model
http://www.businessballs.com/tuckmanformingstormingnormingperforming.htm

Unit 5: Handout 4
Belbin's Team Role Theory

Please click on the following link http://www.belbin.com/rte.asp?id=396 to download and print the following selection of handouts.

- **Team Role Summary Descriptions**

  A one page handout that summarises the strengths and allowable weaknesses for each of the nine Team Roles.

- **Team Roles in a Nutshell**

  A two page handout that explains the theory of Team Roles and introduces the concept of strengths and allowable weaknesses.

- **Things 'To do' and 'Not to do'...**

  This handout helps an an individual to become a 'good example of the type' by giving advice on things to do, and things to avoid doing, for each Team Role.

- **Team Role Circle**

  This handout can be used by participants to help understand the Belbin Team Role distribution of their team. An outline of this session can be found at Team Session Ideas.

- **Belbin FAQs**

  A great 2 page handout that answers the most frequently asked questions, including "What is an Allowable Weakness" and "Can I change Team Roles?".

- **How to use your Belbin Team Role report**

  An exercise to work through once an individual has their full (SPI and Observers) report. Aimed to give a better understanding on the contributions made to the team.

Unit 5: Handout 5
What is Facilitation?

Facilitation is the work involved in ensuring the right structures and processes exist for helping the group to meet its agreed objectives, and in helping the group members to identify and overcome problems in communicating with one another and in managing emotion. Facilitation allows learners to discover the way forward by using and developing their own skills. They should:

- Observe the group dynamics
- Manage the group process
- Obtain the best possible outcomes from the sum of the parts

Facilitation is about making it easy for groups to learn/solve problems/generate new ideas and is about enabling individuals and groups to take responsibility and ownership for their decisions and achieve their learning outcomes.

The Three Modes of Facilitation for Small Group Work (Heron 1999)

1. The hierarchical mode

Here you, the facilitator, direct the learning process, exercise your power over it, and do things for the group: you lead from the front by thinking and acting on behalf of the group. You decide on the objectives and the programme, interpret and give meaning & challenge resistances, manage group feelings, provide structures for learning and honour the claims of authentic behaviour in the group. You take full responsibility, in charge of all major decisions on all dimensions of the learning process.

2. The co-operative mode

Here you share your power over the learning process and manage the different dimensions with the group: you enable and guide the group to become more self-directing in the various forms of learning by conferring with them. You prompt and help group members to decide on the programme, to give meaning to experiences, to do their own confrontation, and so on. In this process, you share your own view which, though influential, is not final but one among many. Outcomes are always negotiated. You collaborate with the members of the group in devising the learning process: your facilitation is co-operative.

3. The autonomous mode

Here you respect the total autonomy of the group: you do not do things for them, or with them, but give them freedom to find their own way, exercising their own judgement without any intervention on your part. Without any reminders, guidance or assistance, they evolve their programme; give meaning to what is going on, find ways of confronting their avoidances, and so on. The bedrock of learning is unprompted, self-directed practice, and here you give space for it. This does not mean the abdication of responsibility. It is the subtle art of creating conditions within which people can exercise full self-determination in their learning.

When looking at the above 3 modes, we can also look at 6 different dimensions of group work and then work out which is the best mode to use. The 6 dimensions are;

1. Planning   2. Meaning   3. Confronting

4. Feeling   5. Structuring   6. Valuing

Self-Assessment of Facilitator Style

Adapted from Heron (1999)

Dimensions of Facilitation	Decision modes of the facilitator		
	Hierarchical: Facilitator does it **for** people	Cooperative: Facilitator does it **with** people	Autonomous: Facilitator gives it **to** people
Planning The program of learning and development	Plan for the group. Chose what they will learn, make decisions for the learners	Plan program with the group. Negotiate, seek agreement, integrate their ideas with yours.	Delegate the planning to the group. Get out of their way. Group works out its own design
Structuring The current learning activity of the group	Structure learning activities for the group. Design the exercises.	Structure learning methods with the group. Collaborative design of exercises.	Delegate control to the group of own learning exercises. Peer directed.
Meaning Making sense of experiences, images and ideas	You make sense of what's going on for the group. You are source of understanding of what is going on.	Group members participate with you in the generation of meaning. Collaborate in making sense.	Delegate interpretation, reflection and review to the group. Self-generated meaning making.
Confronting And raising consciousness about defences, distortions, and avoidances.	You point out avoided issues and defensive behaviour. You interrupt rigid behaviour.	Work with the group to raise consciousness about avoided issues. Compare and share views with them.	Create a climate which enable group members to practice self- and peer confrontation
Feeling The presence and managing the emotional dynamic of the group.	You take full charge of the affective dynamic of the group for the group.	Work with the group, eliciting, prompting, and encouraging views as to different ways of handling feeling and emotions	Delegate the process of managing the group's own affective domain – its life of feeling and emotion.
Valuing Choice and creating a climate of celebration and respect for persons	You care for group members. You reinforce your commitment to their fundamental worth as persons.	Create a community of value and mutual respect with group members, Inclusive and interactive as all emerge as self-creating persons	Delegate the affirmation of self -worth to group members. Let them celebrate the value of personal identity in their own way

Self-scoring of a recent facilitation assignment:
TM=too much , **TL**=too little, **AR**=about right, **NA**=not applicable

Train the Trainers' Toolkit
Unit 6 Writing Aims and Learning Outcomes
and Planning an Inter-Professional Learning Session

Aim

- To provide participants with the knowledge and skills required for planning and delivering an effective inter-professional learning session.

Learning Outcomes

By the end of the session the learner should be able to:

- Apply the principles of adult learning theory to facilitate learning in the workplace

- Design a set of robust aims and learning outcomes

- Plan an inter-professional learning session that promotes an effective learning environment

Suggested pre-unit preparation

Ask learners to:

- Consider an inter-professional learning session they would like to deliver. This will give the group ideas for planning a session.

References

Biggs J (2003) Formulating and clarifying curriculum objectives. Chapter 3 In: Biggs J, Teaching for Quality Learning at University. 2nd Ed. Open University Press, Maidenhead

The following link to The Higher Education Academy (HEA) provides additional information on constructive alignment and its importance to the learning process.

http://www.engsc.ac.uk/er/theory/constructive_alignment.asp

Unit 6: Writing Aims and Learning Outcomes and Planning an Interprofessional Learning Session: Session Plan

Time	Content	Suggested activities	Resources
5 mins	■ Introduction to session 　■ aims and learning outcomes 　■ group introductions * 　■ ice-breakers * * if stand alone session	■ Presentation	Slides 6:1 – 6.2
30 mins	■ Aims and learning outcomes 　■ constructive alignment 　■ course design 　■ writing aims and learning outcome 　■ Blooms Taxonomy of Educational Objectives	■ Presentation ■ Group activity (in pairs) 　■ Think of an educational programme you are currently involved in delivering 　■ Write one learning outcome	Flipchart Slides 6:3 – 6:5 6:6 – 6:15 Handouts 6.1-6.3
60 mins	■ Planning a session 　■ preparation criteria 　■ aim 　■ learning outcomes 　■ learning activities	■ Presentation ■ Group activity (use pre-unit work preparation examples). 　■ Think about what criteria you need to consider when designing and planning this session 　■ Write the aim and develop the learning outcomes 　■ Think about appropriate activities to achieve learning outcomes	Slides 6:16 – 6:21 Handouts 6.4-6.5
5 mins	■ Evaluation/ reflection 　■ main learning points 　■ changes in practice 　■ additional learning needs	■ Group discussion	Flipchart

Unit 6: Handout 1

Writing and Using Aims and Learning Outcomes: A Short Guide

The following is a copy (with minor adaptations) of a handout written for use within Dentistry and therefore includes references to that area of healthcare. The principles outlined can be applied to any educational setting.

Aims, objectives and learning outcomes are often used interchangeably. Depending on what paper or book you read or what course you have attended, you might come away with conflicting definitions. This short guide will help you to write aims and learning outcomes and to develop an outcomes based approach to your teaching. This will ensure that your aims and learning outcomes meet with professional requirements, are in line with all UK Higher Educational Institutions and last, but not least, are student centred.

What is an aim?

An aim should give a broad purpose or general teaching intention of the course/session. For example: The aim of this course is to introduce participants to NHS rules and regulations in relation to dentistry, so that they will be able to apply these effectively within the general practice setting.

The aim can also serve as a statement of introduction to a course and help potential participants decide if the course is right for them. It might also give an indication of prior experience necessary to participate for the requirement of a professional or academic qualification. An aim can be a paragraph in length. It does not need to be written in one sentence.

What are learning outcomes?

The traditional way of designing courses or study days was to start with the content of the course. Teachers decided on the content that they intended to teach and planned how to deliver this content. This type of approach focused on the teacher's input. Course descriptions referred mainly to the content of the course which would normally be delivered in lecture format - death by PowerPoint! This approach to teaching has been referred to as "teacher-centred". A criticism of this type of approach is that it can be difficult to identify precisely what the student should be able to do as a result of attending the course or study day. International trends in education show a shift from the traditional teacher centred approach to a student centred approach. This latest model focuses on what the students are expected to be able to do at the end of the course or study day. Hence, this approach is commonly referred to as an outcome-based approach. Statements called "intended learning outcomes", commonly shortened to "learning outcomes", are used to describe what the students should be able to do at the end of the learning period. So learning outcomes can:

1. Give the course participant a clear indication of what is expected of them in terms of quantity and quality of learning.

2. Help learners plan their learning.

3. Provide information to managers, mentors, and supervisors about the anticipated learning of participants on a course. Intended learning outcomes should inform directors, advisors, trainers and participants of the minimum level of learning that is expected to be achieved by attendance on a study day.

4. Align the learning outcomes to the assessment criteria if a course is to be assessed.

How do you write a learning outcome?

A good starting point is to establish what the student/participant will be expected to be able to do at the end of the course/session.

Here are some examples of learning outcomes:

By the end of this session participants should be able to:

1. Discuss the use of summative and formative assessment in training

2. Provide quality feedback for your dental trainee which facilitates improved performance and is motivational

3. Derive a set of learning and teaching principles which can be applied to your role as a Trainer/Facilitator

The learning outcome should start with an unambiguous action **verb**, enabling the result to be observed or measured in some way.

In learning outcome 2, "*provide*" is the verb.

The next step would be to state the **object** of the verb, for example, in learning outcome 2, "*quality feedback*" is the object of the verb "*provide*".

Lastly, there should be a phrase that indicates the **context** or provides the **condition**. In learning outcome 2, "*for your dental trainee*" indicates the context and "*that facilitates improved performance and is motivational*" would be the condition.

Thinking up words to demonstrate learning can be difficult, so the following list of verbs should help. Adapted from Bloom, (1956) by Moon, J, (2002)

1. Knowledge: The recall of information.
define, describe, label, list, match, arrange, name, recite, recall, relate, repeat, order, recognise, record, reproduce, state, underline.

2. Comprehension: The translation, interpretation or extrapolation of knowledge.
arrange, classify, describe, discuss, sort, explain, express, identify, indicate, translate, interpret, locate, report, restate, extrapolate

3. Application: The application of knowledge to a new situation.
apply, practice, solve, choose, prepare, use, illustrate, schedule, sketch, use, demonstrate, operate, sketch, measure

4. Analysis: Break down knowledge into parts and show relationships among the parts.
analyse, diagram, question, appraise, discriminate, test, calculate, distinguish, differentiate, categorise, examine, compare, contrast, experiment, inventory, criticise

5. Synthesis: Bring together parts (elements, components) of knowledge to form a whole and build relationships for new situations.
arrange, design, prepare, assemble, formulate, propose, collect, manage, compose, organise, synthesise, create, plan, write, construct, modify, conduct

6. Evaluation: Judgments about the value of material and methods for given purposes.
appraise, estimate, select, argue, evaluate, support, assess, judge, value, attack, predict, score, compare, rate, defend

Reference: Davidson L (2008) *Start learning and teaching in dentistry* NHS Education for Scotland, Edinburgh.

Handout 1 was adapted from guidance by Lynne Davidson, NHS Education for Scotland, Dental Deanery, Edinburgh.

Unit 6: Handout 2
Blooms Taxonomy

There are several resources on the internet and in literature about the development of Bloom's Taxonomy over many years. There are three constructs to the taxonomy addressing the following aspects: knowledge and intellect (Cognitive Domain); attitude and beliefs (Affective Domain); and the ability to put physical and bodily skills into effect - to act (Psychomotor Domain).

Bloom's Taxonomy Overview

Cognitive	Affective	Psychomotor
knowledge	attitude	skills
1. Recall data	1. Receive (awareness)	1. Imitation (copy)
2. Understand	2. Respond (react)	2. Manipulation (follow instructions)
3. Apply (use)	3. Value (understand and act)	3. Develop precision
4. Analyse (structure/elements)	4. Organise personal value system	4. Articulation (combine, integrate related skills)
5. Synthesise (create/build)	5. Internalise value system (adopt behaviour)	5. Naturalisation (automate, become expert)
6. Evaluate (assess, judge in relational terms)		

Unit 6: Handout 3
Effective Learning Outcomes should be SMART

Specific
- Well defined learning outcomes and action plan
- Clear to anyone that is involved
- Try and express it in positive terms

Measurable
- Know if the learning outcome is obtainable and how far away completion is
- Know when it has been achieved
- Document and track progress

Agreed upon and achievable
- Agreement with all the stakeholders what the learning outcomes should be
- Prepare thoroughly and deal with any obstacles beforehand

Realistic
- Learning outcomes should be achieveable within the availability of resources, knowledge and time
- Set with enough challenge but not out of reach

Time-based
- Enough time to achieve the learning outcome
- Not too much time, which can affect performance
- Set time targets for the steps towards the final learning outcome
- Build in time for the unexpected and monitor progress regularly

Unit 6: Handout 4
Writing Learning Outcomes

VERB	OBJECT	CONTEXT/CONDITION

Unit 6: Handout 5

Criteria to Consider when designing, planning and delivering learning programme

Designing

Why is this learning programme needed?

Is it based on Learning Needs Analysis?

Aims and learning outcomes

Target audience

Planning

Learning styles

Learner profile

Learning environment

Programme planning

Presentations

Speakers

Learning Activities

Number of delegates

Number of facilitators

Marketing

Administration support

Pre programme preparation for delegates

Delivering

Delegate pack

Facilitator crib sheet

Facilitation style

Size of groups

Resources eg. Handouts, flipcharts, IT, budget

Teaching styles

Ice breakers

Evaluation of programme

Train the Trainers' Toolkit
Unit 7 Managing Difficult Behaviours in Groups

Aim

- To provide an overview of managing difficult behaviours by individuals within groups

Learning outcomes

By the end of the session the learner should be able to:

- Discuss ways of managing difficult behaviours by using a range of tools
- Apply strategies for managing challenging situations
- Discuss the importance of effective role modelling

Suggested pre-unit preparation

Ask learners to:

- Think about experiences they have had in small group facilitation. What have been their nightmare situations and how did they deal with them? If they haven't had any, what would they really dread happening?
- Read the following article; Cruess S, Cruess R, Steinert, Y (2008) Role Modelling-Making the most of a powerful teaching strategy. BMJ. 336:7646:718-721

References

Allery L.A. (2005) Deal with challenging group member. *Education for Primary Care* 16:1:91-3

Dodd M, Rutt G, Suchdev MS (2002). Identifying and addressing registrars' concerns using a discomfort log. *Education for Primary Care* 13:4:490-496

Highmore-Sims N (2006) *How to Run a Great Workshop*. Pearson Prentice Hall, Harlow, England

Leigh D (2006) *The Group Trainer's Handbook* 3rd ed Kogan Page, London

Miller W & Rollnick S (2002) *Motivational Interviewing-Preparing people for change*. 2nd Ed. Guilford Publishing. New York

Unit 7: Managing Difficult Behaviours in Groups: Session Plan

Time	Content	Suggested activities	Resources
5 mins	■ Introduction to session 　■ aims and learning outcomes 　■ group introductions * 　■ ice-breakers * ** if stand alone session*	■ Presentation	Slide 7:1
30 mins	■ Managing and engaging learners with difficulties 　■ who causes difficulties in groups? 　■ issues that cause poor performance 　■ managing the difficult situation in groups	■ Presentation ■ Group Activity 　■ Discuss each character and potential solutions ■ Group discussion 　■ What difficult situations have you encountered in small group facilitation? 　■ How did you/they deal with them? 　■ How could you deal with them now?	Slides 7:2 – 7:11 Handout 7.1 Pre course work Handouts 7.2 – 7.6
20 mins	■ Effective role modelling	■ Presentation ■ Group discussion 　■ Discuss article given as pre-unit preparation (importance as a facilitator to be a role model on how to facilitate learning)	Slides 7:12 – 7:15
5 mins	■ Evaluation/ reflection 　■ main learning points 　■ changes in practice 　■ additional learning needs	■ Group discussion	Flipchart

Unit 7: Handout 1
Considerations in Group Dynamics

Remember the importance of:

- Flexibility of teaching styles so that there is a mix of ways of doing things since you need to assume members of the group will have different learning styles. If a group member is difficult try and understand their learning style.
- Remember the Educational Hierarchy and the importance of getting the foundations of learning right.
- Are participants in transition and if so what stage are they at?
- Remember to follow the principles of good adult education.
- The principles are similar to one to one teaching but there are many more one to one relationships.
- Good feedback to members is important.

This next section of the handout has been taken from:
Davis, M, Seigel S, Lamb I. When groups go wrong: troubleshooting.
http://www.essentialgptrainingbook.com/resources/web_chapter_06/06%20when%20groups%20go%20wrong%20-%20troubleshooting.pdf

There are particular types of individual behaviour which may become evident when they are in a group, and there are certain skills that can be used to manage a group situation.

The Dominating Talker

Behaviour: Constantly interrupts, talks over people, is sure that their point of view is the most important, puts down others' contribution and causes boredom in the rest of the group.

Problem: If one person is talking too much, it means the others are not able to participate.

One of the possible solutions for each of the behaviours is 'Challenge/Confront the Behaviour'. This approach should only be used by skilled/experienced facilitators.

Possible solutions:

- Focus on the others and encourage talking in turn around the group. *'Shall we hear what others might like to say'*
- Set up a structured exercise to look at the level of each individual's contribution, and how the members feel about it.
- Challenge the behaviour: *'You come across as talking more than some of the others'.* Be careful: in the short term this interaction might focus the group on the dominant member even more!
- Use a non-verbal intervention such as gently holding your hand up to signal them to cut them short.

The Silent-Submissive Participant

Behaviour: Sits quietly, reluctant to verbally join in and generally watches what is going on. There may be some non-verbal participation.

Problem: If they don't participate, their point of view may never be heard – limiting the cross fertilisation of ideas. Those 'hidden' views may be quite different and/or interesting from that of others.

Possible solutions:

- First, figure out if it is a problem. Although they may be sitting quiet, they may be reflecting quite a lot internally. It might be your problem, not theirs.
- Encourage them to say something early on. An easy contribution that they find non-threatening might encourage them to engage more later on.
- Break up the large group task - they may find it easier working in smaller groups or writing down ideas individually and then reporting back.
- Encourage them to participate in other tasks, such as writing on the flipchart.
- Confront the behaviour in a sensitive manner: that is an observation of the behaviour, not a judgement of it. *'Sally, we've heard what a number of the other members in the group think, but we've not heard yours. How do you think or feel on the matter?'*

The Silent-Powerful Participant

Behaviour: Says little and seems bored. Will often watch what is going on, little non-verbal participation and never volunteers. Can make others feel uncomfortable. They may even be doing another task, such as reading the newspaper.

Problem: They can dampen the educational climate which may infect others and is unfair on the group as a whole.

Possible solutions:

- Encourage them to say something early on: *'I would really like to hear what you think about this John'*
- Encourage them to participate in a specific task, such as scribe or timekeeper.
- Challenge the behaviour without being belittling: *'Jack, I noticed that we've not heard much from you and it makes me wonder if you're interested in what we are discussing. Is there another approach that you would prefer?'*
- Confront the behaviour: reflect back to them how their behaviour is making others feel. 'Sonya, I feel really uncomfortable about you not joining in, I wonder if others do too?'

The Expert

Behaviour: Has always got an academic answer to everything. They use acronyms unknown to anyone else and tend to talk to the air, rather than to an individual, often as a speech. Confirms, or more often disputes, whatever is being said (even the principles of peer learning!).

Problem: Can create tension in the group by belittling the views of others or by confusing them. The person tries to make self appear intelligent/superior and others less so.

Possible solutions:

- Make sure that others are able to respond.
  - *'Mmm.. Can we hear what the others think about that?'*
  - *'I'm afraid I don't understand, so I expect some of the others don't either.'*
  - *'I would be interested to see how we can make that more relevant to the rest of our discussion.'*
- Try to paraphrase what has been said in order to encourage others to get involved.
- Challenge the behaviour: *'Fair enough, but I would really like to know a bit more about what YOU personally think or feel about this.'*

The Joker

Behaviour: Brings humour in at every opportunity - sometimes appropriately but sometimes to deflect some real emotional content that might be surfacing. They can produce an anecdote or joke for every occasion.

Problem: Cracking jokes results in discussions being kept at a superficial level. Whilst some humour can enhance the educational climate, too much can hamper it.

Possible solutions:

- Acknowledge the humour, and then suggest it can be kept for later over coffee.
- Refocus the discussion with humour: *'Jake, you're such a comedian that you should be on TV! Anyway, let's be a bit more serious and get back to the discussion.'*
- Refocus the discussion without humour: *'Okay, enough of the jokes. But seriously, getting back to the discussion, what do people think of…'*
- Is it time for a break? Perhaps the joke is an indication of the joker disengaging – which might mean others are disengaging too.
- Challenge the behaviour: *'Whilst I like some of your humour Sarah, it is interesting that you like to turn everything into a joke. I wonder why that is?'*

The Broken Record*

Behaviour: Uses every possible chance to bring up the same subject - a dispute at work, the trouble with patients, no-one understands me and so on. Because of these, rejects solutions from other members in the group. *'Everything would be alright if it wasn't for my wooden leg'.*

*'You sound like a broken record' is a saying used when you want to shut someone up who is saying the same thing over and over again.

Problem: Can limit group discussion by going around in circles. By blaming everyone or everything else, directs group members away from what they can do to make things better.

Possible solutions:

- Acknowledge the problem and deflect it: *'I think we have discussed this before Mark. Can I suggest we move on? Otherwise, we'll end up going around in circles and get nowhere.'*
- Use other members in the group to deflect it: *'I think we've discussed this before Mark so rather than spending time going over it again, let's ask what others would like to bring to the discussion.'*
- Stacking: ask who else wants to say something, and give them an order to bring their point to the discussion, so that they know they will get a chance.
- Acknowledge the lack of progress: *'I don't think we've really helped you much with that, so perhaps we had better leave it for today.'*
- Challenge the behaviour: *'We seem to have come up with a lot of solutions, but you seem to find it difficult to try any of them.'*

The Chatterer

Behaviour: Unable to stay quiet. If not talking in the group, they will turn to their neighbour and start a rival discussion, make a joke, or run a private conversation that excludes the rest of the group.

Problem: The chatterer stops the person they're chatting to from getting involved in the discussion (as well as themselves). The person may also distract the group at large.

Possible solutions:

- Include them in the group: *'What do you think about this Dhilan?'*
- Ask them to repeat back what someone else has just said - they may be able to talk and listen at the same time!
- Change the seating or divide into smaller groups, so that they're not sitting with their usual neighbour.
- Remind them or the group as a whole of the group rules about one person speaking at a time.
- Point out that sometimes other people might think they are talking about THEM.
- Check whether others are becoming bored with the topic as well.

The Intellectual Thinker-Analyst

Behaviour: Avoids anything to do with emotions - produces intellectual arguments and interrupts with rationalisations if any emotions are being discussed. Refers to emotions as touchy feely.

Problem: The group discussion can be kept at an intellectual level with the feelings of individual members being ignored. Feelings are important too, especially if you want to get people to change.

Possible solutions:

- Acknowledge what they say, then provide a 'safe space' to encourage the 'intellect' to talk about his/her feelings. *'That's very interesting and stimulating, but I would really like to know what you actually **feel** about this?*

- Encourage other members to talk about their feelings.

- Lead a discussion about whether the group wants feelings to be on the agenda.

- Challenge the behaviour: *'It seems to me Declan that you would prefer not to discuss anything to do with feelings. I wonder whether you have thought about that?'*

Unit 7: Handout 2
Managing Difficult Behaviours in Groups

If a difficulty arises with a group member it may be necessary to manage this as an individual problem so attached are some tools to help with this.

Consider the following four categories:

- Personal conduct
- Professional conduct
- Competence and performance issues
- Health and sickness

Consider how the following issues affect the understanding and management of problems or difficulties.
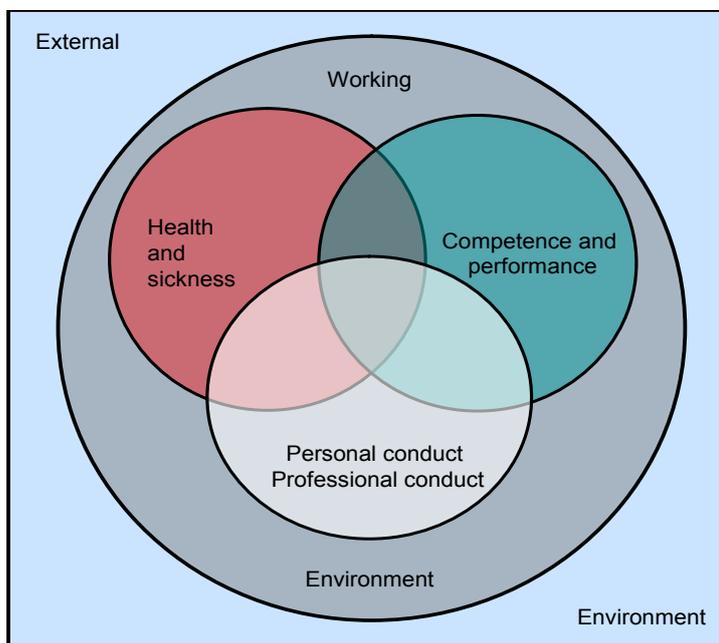
Questions for the trainer, teacher or supervisor.
- Am I dealing with competence and performance or conduct issues
- Is there an underlying health issue
- What overlap is there between these
- Is the working environment causing difficulties
- Are there issues outside work influencing things

NHS Education for Scotland (2005) Management of Doctors in Difficulty. NES, Scotland

Examples

Personal Conduct

- Bullying behaviour.
- Lack of respect for colleagues.
- Working under the influence of alcohol or drugs.

Professional Conduct

- Neglect of professional responsibilities to patients.
- Inappropriate attitude to patients, relatives or colleagues.

Competence and Performance

- Lack of knowledge about a clinical area or how to perform a task.
- Poor communication, examination or practical skills.

Health and Sickness

- Consider how personal and professional conduct, competence and performance may impact on health problems and also how they may also cause health problems.

Unit 7: Handout 3
Managing an Individual

1. SID: Share, Involve, Document

Share   Share your concerns with others. Don't get stuck with trying to solve things by yourself. Some issues will just benefit from discussion with colleagues.

Involve   Involve the learner in those concerns and discussions. Even though it might be difficult it is important to speak to the learner because there may be 2 sides to a story or something that is at the ROOT of the difficulty.

Document Keep detailed specific documentation of the facts of what has happened and any other relevant issues. What you record should be

- Accurate
- Factual
- Objective
- Justifiable
- Relevant

Also the Data Protection Act governs how personal information is collected and stored. Any data on a learner's performance will be classed as personal data and subject to the act. So you may have to justify what you have recorded and what evidence you have to back it up.

2. Assessment of readiness

On a scale of 1-10, how motivated are you to change?
You say you are a 4. Why not a 1 and what would move you to 10?

On a scale of 1-10, how confident are you that you can change?
Why a 5 and not a 2 and what do you need to take your confidence to a 10?

Motivation to change

0---10

Confidence to change

0---10

Note the wording used that encourages a person to identify what they've already achieved before looking at what needs to be done next

3. Are they ready to change?

Look at the **PROS** and **CONS** of change versus no change and ask the learner to write these up in the boxes on the following grid.

	PROs	CONs
Change		
No change		

Unit 7: Handout 4
A Template to Help Find Solutions to Difficult Situations

Managing the difficulty	Answer
What is the REAL difficulty?	
Why has it happened?	
Why has it happened now?	
Who is it causing difficulty for?	
What is the effect of the difficulty?	
Does the learner have insight that there is a difficulty?	
What might happen if I do nothing about it?	
Suggestions for how things might resolve	
Action plan, how it will be monitored and what are the consequences of failure to meet agreements.	
Who else does this involve, how will they be informed and are there any possible spin off benefits or difficulties from the action plan?	
Signed agreement to the plan learner and facilitator	Signed: Date:

This template is built on Helman's Folk Model of the consultation
Helman C G (2001) *Culture, Health, and Illness* 4th Ed, Arnold, London

Unit 7: Handout 5
Managing Difficulties with Individuals

Consider whether the difficulty is with an individual or with the group. If it is with the group, consider whether the task or outcomes are clear. Use Heron's modes and dimensions to consider whether you as the facilitator are performing in the right boxes for the group.

If it is with an individual, consider whether you or the group should deal with the problem. Any one-to-one action should be:

- in an appropriate setting where there are no interruptions and there is adequate time to deal with the issues. Other people should be consulted for advice.

- use a SPECIFIC and DESCRIPTIVE statement of what the problem is.
  (An example would be to describe the expected requirement and what the learner is doing that differs from their EDUCATIONAL CONTRACT or GROUP RULES).

At some stage the judgment needs to be made as to whether the problem is one of **ABILITY** or **MOTIVATION.**

Is the problem:

Ability?	**Motivation?**
Ask for ideas/suggestions	Communicate the consequences of not making change
⬇	⬇
Work out a jointly agreed plan and set review date	Determine who will do what and set review date
⬇	⬇
Resolved?	Resolved?
⬇	⬇
YES ➜ finish	YES ➜ monitor
NO ➜ try again or is it motivation?	NO ➜ get appropriate advice
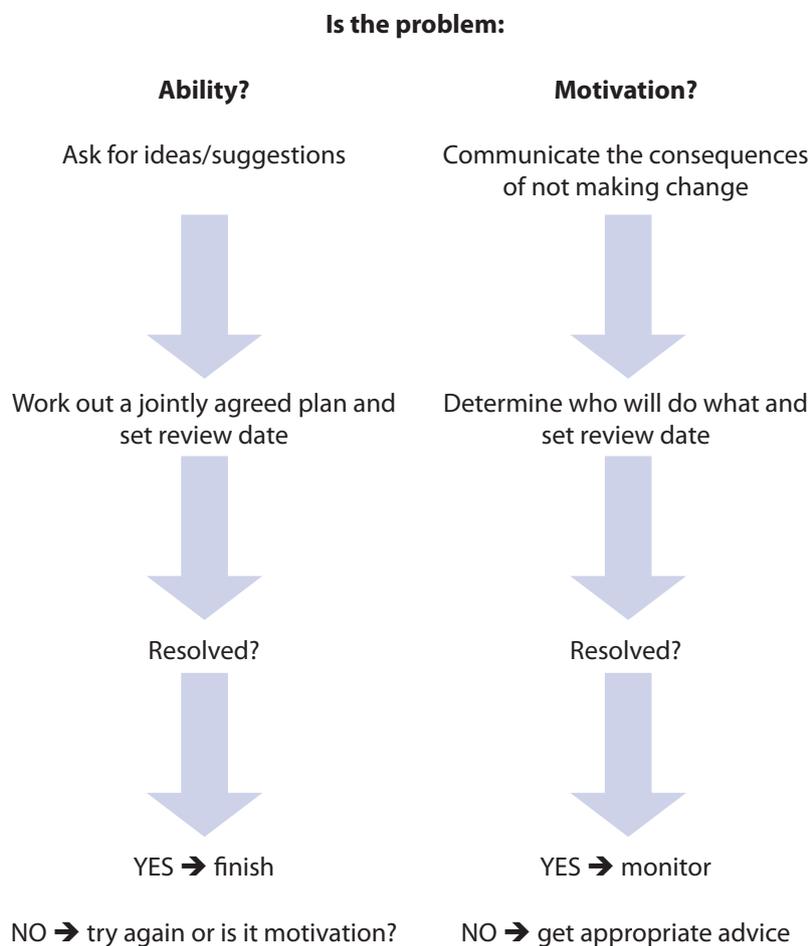
At all stages **document everything**

Challenging Group Members

- For ongoing groups GROUP RULES allow you to use the group to help deal with behaviour that is out-with that signed up to. For short term groups, ask if setting out some rules as to how the group will work may help encourage commitment from all members

- Facilitators should have some ICE BREAKERS for getting groups started but also to keep things going if the group is flagging

- Break groups up into pairs or trios to get all engaged with some specific tasks

- Why is their behaviour challenging? For example, are quiet members happy listeners, bored and disinterested, lacking in confidence or frustrated reflectors who aren't being given time to think before they speak? Are the loud members enthusiastic activists, using chat and jokes to cover their anxiety?

- If the task for the group isn't clear then the group work is likely to be dysfunctional

- If the group work doesn't have some structure then members are likely to be anxious and withdraw or rebel. Structure for different LEARNING STYLES

- The facilitator should be prepared. By this, the suggestion was not to provide the answers but to have a variety of tools to help the group meet desired outcomes

- It will depend on circumstances who decides the desired outcomes but groups that have a say in what the outcomes should be and how they might be met are likely to function well

- Deflect the group away from negative personal comments and focus difficult discussion on the behaviour that is occurring and try to involve the whole group in this process. A good facilitator understands the EMOTIONAL aspect of group dynamics including their own feelings which can be shared

- Be available to group members (or arrange to meet up with members) to discuss issues one to one if this is appropriate. Step into their shoes to understand their point of view

- Use all your communication skills (verbal and non verbal) to run the group

- As a facilitator, role modelling is important.

Unit 7: Handout 6
The Cycle of Change

What is this good for? To help learners change behaviour

How do you use it? Use it in the way you'd encourage patients to stop smoking for example. So check you know the stage the learner is at and consider what skills you need to use to help them move on from this stage.

Cycle of change model developed in 1982 by ***Prochaska and Diclemente***

Prochaska JO, DiClemente CC, Norcross JC (1992). In search of how people change. Applications to addictive behaviours. *American Psychology* 47:1102.
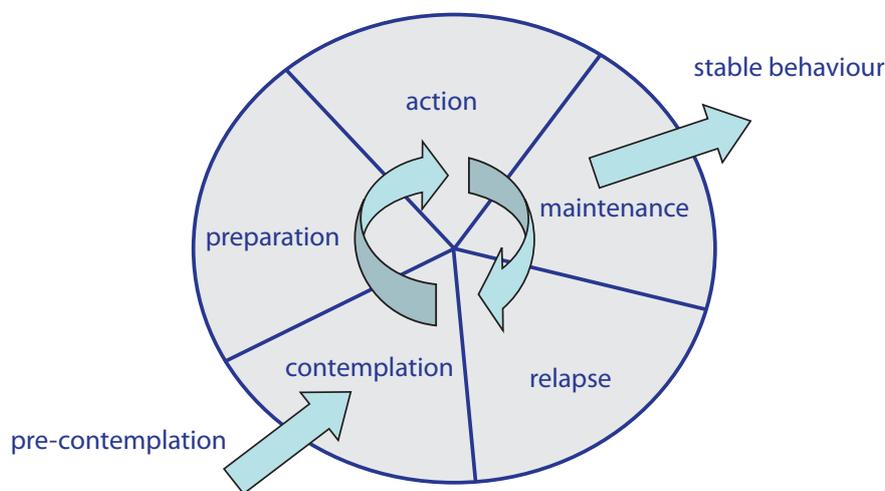
Stages of change model

We are familiar with using this model with patients to try and encourage changes in behaviour. What about a learner who needs to make changes to what they are doing or not doing? What should we be doing at the different stages to ensure change takes place?

- **Pre-contemplation:** Not yet acknowledging that there is a problem behaviour that needs to be changed

- **Contemplation:** Acknowledging that there is a problem but not yet ready or sure of wanting to make a change

- **Preparation/Determination:** Getting ready to change

- **Action/Willpower:** Changing behaviour

- **Maintenance:** Maintaining the behaviour change

- **Relapse:** Returning to older behaviour and abandoning the new changes and when doing this thinking beyond the immediate year so that it becomes sustained and life-long

If change is required, ask the learner to fill in the following, but also look at how motivated and confident they are about making the change. Management will be different if someone is lacking in confidence than if they are not motivated to change.
(From motivational interviewing developed by clinical psychologists Professor William R Miller, Ph.D. and Professor Stephen Rollnick, Ph.D.)

Train the Trainers' Toolkit
Unit 8 How to Evaluate

Aim

- To provide an overview of how to effectively evaluate learning programmes

Learning Outcomes

By the end of the session the learner should be able to:

- Develop evaluation strategies for their learning programmes
- Use a range of evaluation tools appropriate to their learning programmes

Suggested pre-unit preparation

Ask learners to:

- Think about a learning programme they are delivering and wish to evaluate

References

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http://www.walesdeanery.org/images/stories/Files/Documents/Medical_Education/how_to/howtoevaluatelearning.pdf

NHS Education for Scotland (2008) Guiding principles for supporting learning in the workplace. NHS Education for Scotland, Edinburgh
http://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/resources/publications/generic-guiding-principles-for-those-supporting-learning-in-the-workplace.aspx

NHS Education for Scotland (2009) Testing for the Best. NHS Education for Scotland, Edinburgh
http://www.test4best.scot.nhs.uk/

Payler J, Meyer E, Humphris D (2008) Pedagogy for interprofessional education – what do we know and how do we evaluate it? *Learning in Health and Social Care*. 7:2:64-78

Tamkin P, Yarnall J, Kerrin M (2002) Kirkpatrick and Beyond: A review of models of training evaluation. The Institute of Employment Studies, Brighton

Unit 8: How to Evaluate: Session plan

Time	Content	Suggested activities	Resources
5 mins	■ Introduction to session 　■ aims and learning outcomes 　■ group introductions * 　■ ice-breakers * ** if stand alone session*	■ Presentation	Slide 8:1
15 mins	■ Evaluation 　■ definition 　■ why evaluate 　■ designing an evaluation	■ Ask each person to write down what they think evaluation means ■ Presentation	Slides 8:2 – 8: 10
60 mins	■ Evaluation models 　■ Kirkpatrick's four level approach	■ Presentation ■ Group work 　■ In groups share pre-unit preparation and agree a learning programme to work with. 　■ Complete worksheets 1 and 2 　■ Ask each group to share their evaluation strategy	Slides 8.11 - 8.16 Refer to Handouts 8.1-8.4 Slide 8.17 Handout 8.5 and 8.6
5 mins	■ Evaluation/ reflection 　■ main learning points 　■ changes in practice 　■ additional learning needs	■ Discussion	Flipchart

Unit 8: Handout 1
Evaluation Form 1

It is important that we continually check out with you how you are feeling about the course and if there are any changes we need to make. We would really appreciate it if you could spend a few minutes at the end of the session today completing this form.

What I enjoyed most about today's experience.

What is the most significant thing I have learnt as a result of today's experience?

Is there anything I might think differently about after today's experience?

Is there anything that could have been done differently?

Are there any other general comments that I would like to make?

Unit 8: Handout 2
Evaluation Form 2

1. What aspects of the unit did you find **most** valuable?

2. What aspects of the unit did you find **least** valuable?

3. What *changes*, if any, do you intend making to your work/practice as a result of your learning?

Please select a rating indicating how much you agree or disagree with each statement: (space provided below for relevant comments)	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Disagree
4. The unit was *enjoyable*	☐	☐	☐	☐	☐	☐
5. The unit was *relevant* to my professional practice	☐	☐	☐	☐	☐	☐
6. The unit met my *learning needs*	☐	☐	☐	☐	☐	☐
7. The unit provided sufficient opportunity for *interaction & discussion*	☐	☐	☐	☐	☐	☐
8. The *pace* of the unit delivery was acceptable (please comment if/where *too fast/too slow*)	☐	☐	☐	☐	☐	☐

How would you rate the following? (space provided below for relevant comments)	Very poor	Poor	Just below average	Just above average	Good	Excellent
9. The *presenting* skills of the facilitator(s)	☐	☐	☐	☐	☐	☐
10. The *responsiveness* of the facilitator(s) (e.g. to actively engage, facilitate learning, answer questions)	☐	☐	☐	☐	☐	☐
11. The *knowledge* of the facilitator(s)	☐	☐	☐	☐	☐	☐
12. The balance of *teaching methods*	☐	☐	☐	☐	☐	☐
13. The *practical exercises* (i.e. role plays, group work etc.)	☐	☐	☐	☐	☐	☐
14. The *training resources* (i.e. handouts, PowerPoint slides, videos, actors etc.)	☐	☐	☐	☐	☐	☐

15. Please add any comments regarding the above statements:

16. Please state at least one way in which the unit could be *improved* for next time:

17. Any additional comments:

18. Would you recommend this unit to a colleague?   Yes ☐   No ☐

How would you rate the following?	Very poor	Poor	Just below average	Just above average	Good	Excellent
19. Overall the course was:	☐	☐	☐	☐	☐	☐

Thank you for taking the time to fill out this evaluation form

Unit 8: Handout 3
Evaluation Form 3

NB Add in the learning outcomes for the unit you are delivering
   To be completed before and after the training

> *   *Please help us ensure the quality and relevance of our training by completing this Evaluation Form honestly and accurately*

1. **Before training** In the table below, please review the following list of learning outcomes. Give some thought to what you currently know. Circle the number that best represents your knowledge *before* this training.

2. **After training** In the table below, please review the following list of learning outcomes. Give some thought to what you learned today. Circle the number that best represents your knowledge *after* this training

Rating scale:

1 = very low   2 = low   3 = just below average   4 = just above average   5 = high   6 = very high

Pre Course						Learning Outcomes	Post Course					
1	2	3	4	5	6		1	2	3	4	5	6
1	2	3	4	5	6		1	2	3	4	5	6
1	2	3	4	5	6		1	2	3	4	5	6
1	2	3	4	5	6		1	2	3	4	5	6
1	2	3	4	5	6		1	2	3	4	5	6
1	2	3	4	5	6		1	2	3	4	5	6

Unit 8: Handout 4
Knowledge Questionnaire

NB These are examples of questions from various units within the toolkit. Develop your own questions based on the unit you are delivering.

This knowledge questionnaire should be completed at the beginning and end of the unit and the results will be used to measure the increase in knowledge before and after the unit. The results will be held in confidence and used only to contribute to the overall evaluation of the unit and **not** to assess participants' knowledge.

Provide the most appropriate answer

	Before	Question	After
1.	☐ ☐ ☐ ☐	The key features of Adult Learning (Andragogy) are (tick those you think apply): a. Adults learn best when the topic is of immediate value b. Adults need to know why they need to learn c. Adults learn best if their learning style is pragmatist d. Adults approach learning as problem solving	☐ ☐ ☐ ☐
2.		What is the difference between deep and surface learning? **Before** **After** ▪ ▪ ▪ ▪ ▪ ▪	
3.		Complete the following 6 stages of Blooms Taxonomy (Cognitive Domain) **Before** **After** 1. 1. 2. Comprehension 2. Comprehension 3. Application 3. Application 4. 4. 5. Synthesis 5. Synthesis 6. 6.	
4.		Name at least 2 key parts that need to be in a learning outcome **Before** **After** ▪ ▪ ▪ ▪ ▪ ▪	
5.		Learning outcomes should be **SMART** - what does this mean? **Before** **After** S………………………….. S……………………… M………………………… M…………………… A………………………. . A……………………… R………………………….. R……………………… T…………………………… T………………………	

| 6. | | What can assessment of a Learning Programme tell us?

 Before

 After | |

7.		Which of the following should be considered when dealing with a learner with difficulties? Please tick those that you think apply.	
	☐	a. Professional conduct	☐
	☐	b. Competence and performance	☐
	☐	c. Feedback from peers	☐
	☐	d. Personal conduct	☐

8.		List four things you need to know before designing and planning an inter professional learning programme.	
		Before	**After**
		1.	1.
		2.	2.
		3.	3.
		4.	4.

Unit 8: Handout 5
Evaluation strategy using the Kirkpatrick evaluation model

Worksheet 1: Checklist

Learning Programme:

Checklist	
The issue **The outcome** **The output**	
Stakeholders Who are they? What do they want from evaluation?	
Information needs What information do you need as a baseline measure? What would be the impact if you didn't have this?	
Approaches What type of information is needed? What scale of evaluation do you need? How will the information be gathered? Frequency and timing of evaluation?	
Dissemination Who needs to know? How will evaluation be disseminated?	

Evaluation strategy using the Kirkpatrick evaluation model

Worksheet 2: Evaluation Strategy
Learning Programme:

Level	Evaluation Tool and Strategy
1	
2	
3	
4	