A "TRAINERS' TRAINING PROGRAMME FOR CLINICAL TRAINING SKILLS" FROM DOKUZ EYLÜL UNIVERSITY FACULTY OF MEDICINE

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SUMMARY

In 1997 active education has started at Dokuz Eylül University Faculty of Medicine. Along with curriculum planing, in order to promote the interest, and improve the knowledge and skills about active training, trainers were given courses in two steps: "clinical training skills courses"(CTS) and "problem based learning courses"(PBL). In 1997, 209 trainers attended to 13 small- group CTS programmes each lasting for four days. Although it is well known that training of the trainers is an important component of an active education programme, there are few articles describing an education programme other than PBL, which should cover subjects like presentation skills, demonstration and coaching techniques and assessment. The objective of this article is to present CTS courses and the findings of the performance assessment by the participants along with the course programme in an attempt to highlight the need for a trainer's training programme for medical schools starting active education. Considering the written evaluation of the CTS course programme, 70% of the participants found the course programme very useful, while very useful and useful answers together were more than 98%. When the participants were requested to list the sessions most useful for their performance, the course program as a whole was the most frequent answer and 72% of the participants found the course programme period suitable. These findings support the necessity of such programs and the validity of the presented CTS courses.

Key words: *Active education, clinical training skills, trainers' training.*

ÖZET

1997 yılında Dokuz Eylül Üniversitesi Tıp Fakultesi'nde aktif eğitime başlanmıştır. Bu süreçte müfredat hazırlıkları yanı sıra, eğiticilerin, aktif eğitime ilgilerini, bilgi ve becerilerini arttırmak amacıyla iki basamak halinde kurslar düzenlenmiştir. Bunlar "Klinik Eğitim Becerileri" (KEB) ve "Probleme Dayalı Öğrenim "(PDÖ) kurslarıdır. 1997 yılında 209 eğitici 13 grup halinda herbiri 4 gün süren KEB kurslarına katılmışlardır. Eğitici eğitiminin aktif eğitim programının önemli bir komponenti olduğunun bilinmesine karşın, PDÖ kursları dışında literatürde tanımlanmış, sunum teknikleri, demonstrasyon, koçluk, değerlendirme yöntemleri gibi konuları içeren eğitim programları çok az sayıdadır. Bu sunumun amacı, tanımlanan amaçları içeren KEB kurslarını, içeriğini ve katılımcılar tarafından verilen geri bildirimleri aktif eğitime geçmeyi planlayan fakültelerde eğitici eğitiminde yol gösterici olması amacıyla tanıtmaktır. KEB kurslarının katılımcılar tarafından gerçekleştirilen yazılı kurs sonu değerlendirme formları göz önüne alındığında, %70 katılımcı programı çok yararlı bulmuştur. Yararlı ve çok yararlı yanıtları göz önüne alındığında bu oran %98'e ulaşmıştır. Katılımcılara kursun en yararlı kısmının hangisi olduğu sorulduğunda, en sık yanıt, kursun tümüdür. Kurs süresi %72 katılımcı tarafından uygun bulunmuştur. Bu bulgular KEB kursunun gerekliliğini ve geçerliğini desteklemektedir.

Anahtar sözcükler: *Aktif eğitim, klinik eğitim becerileri, eğitici eğitimi.*

The active education method, the most important innovation in the field of education for centuries, is spreading all over the world. The advent of active training has changed the terminology and skills of education. This raises the need for orientation to the philosophy and methods of active training for both students and trainers.

An important step in medical education is the Edinburgh Declaration in 1988 (1). There, active learning was recommended as the method of education for medical schools. In the declaration, the components of a medical education program were described, with emphasis on "trainers' training". This was followed by Venice Recommendations in 1989 and World Summit on Medical Education in Edinburgh 1993 (2). Among 22 recommendations for urgent attention to be given, there was "medical teacher training".

In 1997, as a pioneer in Turkey Dokuz Eylül University Faculty of Medicine (DEUFM) started active learning method, oriented around problem based learning (PBL). During the past year along with education program and curriculum planning, lectures and courses for trainers were held in order to get the faculty members familiar with the principles and skills in active learning as a trainer. These started with conferences about the philosophy of active learning. Lecturers from faculties using this method were invited, such as Dr. Steward P. Mennine from New Mexico.

In order to promote the interest, and improve the knowledge and skills about active training, trainers were also given courses. The first step of the courses was 'clinical training skills (CTS)' which is followed by "PBL courses". In 1997, 209 trainers including clinical and basic sciences, attended to CTS courses. Course programme was adapted from the "Clinical Training Skills for Reproductive Health Personnels" course programme which was held by Johns Hopkins University and Ministry of Health. In the literature much interest is focused on the education about PBL (3,4). This is surely a widely accepted and valuable method in active learning, but it is just a component of it. Active learning includes other methods different from traditional education such as; interactive presentations, communication skill courses, competency based learning of the skills, etc.(5).

Even at Universities oriented around PBL, it is known that the staff plays multiple roles as lecturers, unit heads, case writers, laboratory instructors, committee members and resource persons in addition to being tutors (4). During the preparation period for starting active training, the education programme for the trainers in DEUFM had two main objectives. 'Clinical training skills' which is presented in this paper and 'training of the tutors'.

The objectives of the CTS programme included important components of active training such as, knowledge and skills about interactive presentation techniques in small and large groups, facilitating small group activities and performing demonstration and coaching. We herein suggest that an education programme, excluding such skills would not meet the requirements of active education.

The objectives, pre-course inquiry results and the assessment of these courses by the participants are described in this paper and the training program is discussed in an attempt to highlight an education program for medical faculties starting active training.

OBJECTIVES OF THE CTS COURSE PROGRAMME

The objectives of the CTS course can be listed as follows:

Getting knowledge and skills in the following subjects:

1-Approaching to active learning principles,

2-Creating positive training climate,

3-Using interactive training techniques,

4-Facilitating small-group activities,

5-Using audio-visual aids,

6-Performing demonstration and getting knowledge about coaching,

7-Preparing knowledge and skill assessment instruments (competency based assessment instruments),

8-Getting familiar with group dynamics,

9-Presentation planing and trainer's notes.

CTS COURSE PROGRAMME

Each course was presented by three trainers and lasted for four whole days. In order to perform a model for small group training, the number of the participants ranged from 12 to 18. The courses were held at a big room at the faculty. The data provided in this article are based on 13 small-group courses for 209 trainers.

First day started with the introduction and followed by a discussion about the expectations of the participants from the course programme. Then the course program was presented. A precourse inquiry form was given in order to determine what the participants, individually and as a group, know about the course topics. A true/false type pre-course inquiry form of 18 questions were prepared which was based on 6 themes; approaching to clinical training, positive training climate, audio-visual aids, interactive training methods, principles of coaching, assessment principles. A small group study about approaching to clinical training was done, followed by positive training climate. First day lasted with audio visual education tools, composed of a presentation and small group activity.

Second day started with interactive training methods for small and large groups. Brain storm, role play, case study, small group study,

question and answer techniques, etc. were discussed along with activities suitable for introduction, body and summary of the lectures. Then small group studies were planned and presented by the participants using the methods described above. Assessment principles and techniques of know- ledge and skills were discussed along with differences between active and traditional education.

Next day started with a role-play about demonstration of intrauterine device application on a model and presentations about demonstration and coaching along with small group activities followed using checklists.

In the afternoon group dynamics were discussed but it was only an introduction about maintenance and task behaviours. A small activity with "aquarium method" was also done. Last session was about presentation planing and trainer's notes.

At the end of the third day, small-groups of 2 to 3 participants were constructed. Each group was requested to prepare a 20 minute presentation for the next day, about any subject they preferred. The aim of this group activity was to perform an interactive presentation using proper techniques.

Last day started with the preparation for group presentations. Then the most exciting and enjoying part of the course started; group presentations! For each group 20 and 10 minutes were spared for presentation and discussion respectively.

Everyday morning and afternoon sessions started with icebreakers and at 4.15 pm daily impressions were monitored by different methods, such as scoring of the day. For each session, session/trainer evaluation forms were used which the participants answered. Everyday trainer meetings were held after 4.30 pm. Course ended by assessment of the course both with discussion and end-of-course written questionnaires. The written evaluation form consisted of three headings:

1-The gain from the subjects and skills: Each, session was listed in the form and the participants were requested to score their gain as very useful, useful or not useful,

2-Listing the most useful session/sessions of the course,

3-The assessment of the course period: Participants were requested to evaluate the course period as short, suitable or long considering the objectives. The course programme is presented in Table I.

In an attempt to highlight the need for such a course for trainees, the results of the pre-course inquiry form and the assessment of the course are presented and discussed here.

Table I: CTS course programme.

course days	first	second	third	fourth
morning sessions	*introduction *expectations *pre-course inquiry form *approaching to clinical training	*interactive training methods for small and large groups	*demonstration principles *coaching	*preparation for group presentations *group presentations
afternoon sessions	*positive training climate *audio-visual education tools	*assessment principles of knowledge and skills	*group dynamics *presentation plan *trainer's notes *group construction, presentation planing	*group presentations

RESULTS

Pre-course inquiry:

Pre-course inquiry forms were answered by 192 participants. Rate of right answers was 52,4% for approaching to clinical training, 91,3% for positive training climate, 70,6% for audio-visual aids, 50,3% for interactive training methods, 69,4% for principles of coaching, 78,1% for assessment principles (Table II). The rate of right answers obtained for the questions about approaching to the clinical training and interactive training methods were low, while positive training climate responses were the best results. Small modifications of course programmes were applied according to each group performance.

Evaluation of the course programme:

More than 70% of the participants found the course 'very useful' considering all the subjects, while very useful and useful answers together were more than 98%. Most useful session was group presentations (90.4%), followed by interactive education methods (87.4%), demonstration principles (87.4%) and positive training climate (86.3%) (Table III).

Table II: Pre-course inquiry form results*

Themes	Rate of right answers (%)
approaching to clinical training	52,4
positive training climate	91,3
audio-visual aids	70,6
interactive training methods	50,3
principles of coaching	69,4
assessment principles	78,1

*Answered by 192 participants.

When the participants were requested to list the sessions they found most useful for their performance as a trainer; the course programme as a whole was the most frequent answer.

Participants wanted more time for group dynamics, assessment, interactive training methods, presentation planning and education

notes. 72.3% of the participants found the course period suitable, 23.5% shorter and 4.2% longer then necessary.

Table III: The results of the end-of-course inquiry form; evaluation of the course sessions by the participants considering the gain they got.*

headings	gain levels (%)		
	very useful	useful	not useful
approaching to clinical training	76,4	21,7	1,9
positive training climate	86,3	13,7	-
audio-visual aids	79,6	19,8	0,6
interactive training methods	87,4	12,6	-
demonstration principles	87,4	12,6	-
principles of coaching	78,9	20,5	0,6
assessment	71,9	27,5	0,6
presentation planning-trainers notes	80,8	19,2	-
group dynamics	76,5	23,5	-
group presentations	90,4	9,6	-
course programme as a whole	92,2	7,8	-

Answered by 189 participants.

DISCUSSION

The need for trainer's training for active education has raised two important questions: "Who will teach the trainers?" and "What can be an ideal education programme for the trainers?". Ideally, professional educators who are conversant with the field of medicine are the best choice. But such persons are not easy to find. So it is suggested that this role can be filled by faculty, who are skilled or dedicated to learn the skills of teaching and knowledge (6). In DEUFM for trainers' training programme a team from faculty was constructed around a master trainer.

The skills about which clinical tutors were willing to get education about are described by Robinson et al. (7) as; small-group teaching, assessing students needs, giving effective feedback, assessment of student performance, teaching practical skills, etc. The objectives of the CTS programme held in DEUFM meets the objectives described above. For example, the course programme includes knowledge and skills about assessing students' needs, which are discussed during positive training climate. Teaching practical skills is the main objective in demonstration and coaching. There is a session about preparing knowledge and skill assessment instruments. The course programme is a model for small group teaching, where the participants can get experience.

Crosby (8) suggested that the staff development programmes for running small groups is traditionally poorly attended. On the contrary, the training courses at DEUFM aroused a high level of interest of the faculty members. During a period of 8 months 13 small group courses lasting 4 days were attended by more than 200 voluntary trainers making up more than two thirds of all faculty members.

Considering pre-course inquiry forms, trainers needed more knowledge about approaching to clinical training, interactive training techniques along with other subjects like audio visual aids, coaching and assessment instruments. The inquiry forms were not intended for evaluation, but in fact they provided important in sight about the requirements of the trainers. The low rate of the right answers for the questions about, approaching to the clinical training may be attributed to the unrecognised terminology used in education. Interactive training techniques, which are met with enthusiasm during the course programme seems to be unfamiliar for the participants in the view of 50,3% right answers in pre-course inquiry.

The ideal period for such a course programme is debatable. Generally on the first day of the courses, some of the participants stated that the course programme was very long and they had problems in their departments about dealing with their patients. The courses can be held outside the confines of the faculty, which may give a better opportunity for the participants to devote themselves to the courses. On the contrary, considering the evaluation of the course programme results most (72,3%) of the participants found the course programme suitable while nearly one forth (23,5%) preferred longer period. In the view of excessive requirements for being a trainer in active education, these suggestions should be considered with care.

Most pleasing part of the CTS courses was the high rate of 'very useful and useful' answers obtained from the course evaluation forms, reaching up to 98%. "The course programme as a whole", was found most useful while the most useful session was group presentations. This is a very good indicator for the importance of the practice in skills, associated with proper feedback. Actually more than 98% of the participants found each session useful highlighting the objectives and the methods of the course programme meets the requirements. All these findings encourage the need for such course programmes for trainers.

The trainers' training education programme in DEUFM is presently supplemented with PBL facilitator (tutor) courses, due to a high level of demand from the faculty.

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