

# CLINICAL INSTRUCTION

Facilitator Manual – Tonga

2021



### Acknowledgements Training Package

This comprehensive Training Package which includes facilitator notes, participant handouts, activities and slide deck drew heavily from the Family Planning Global Handbook for providers (WHO, 2019), the Medical Eligibility Criteria for Contraceptive Use (WHO, Fifth Edition, 2015), and Selected Practice Recommendations for Contraceptive Use (WHO, Third Edition, 2016).

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## About this course

### Aim of course

This course outlines the specialised skills and knowledge required by clinicians to develop skills and confidence to undertake clinical instruction. The module will equip clinicians to support colleagues to deliver high-quality client care and treatment through accountable decision making and clinical practice. Course participants will cover this subject via a face to face delivery mode, which may include activity-based learning, individual research and reflection and simulated practise. This module is one of a suite of subjects which may be delivered as a stand-alone subject or as part of a course offered by Family Planning NSW.

### Course objectives

1. Use instruction and teaching to assist clinicians in obtaining new skills
2. Understanding the role and responsibilities of instruction and teaching
3. Identify elements of a safe and professional learning environment

### Course values

Sexual and reproductive health and rights embrace human rights recognised in national laws and international human rights legislation and agreements. These rights rest on the recognition that all couples and individuals have the right to decide freely and responsibly the number, spacing and timing of children as well as the right not to have children. It is the right to have the information and means to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion, and violence.

### Assessment

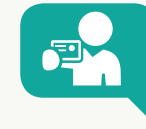
Training participants will undertake a variety of assessments for this unit. Assessment methods include case study, written questions, simulation, and peer assessment/ reflection.



## About this course cont...

### Facilitator checklist

- ☐ Welcome participants
- ☐ Attendance sheet
- ☐ Opening prayer
- ☐ Introduce facilitator/s and background
- ☐ Cover work health and safety and facility details as relevant to the location: fire exits, fire evacuation, location of toilets
- ☐ Course overview: Brief outline of topics as per session agendas
- ☐ Note breaks, food provided and start and finish time
- ☐ The course offers an opportunity for participants to reflect on their work practices
- ☐ Keep an open mind and stay open to learning
- ☐ Acknowledge the prior experience and promote the concept of collective expertise
- ☐ The course involves interactive and discussion-based learning – encourage everyone to get involved to make the most of learning from one another
- ☐ Encourage questions
- ☐ Acknowledge training is part of the implementation of UNFPA Transformative Agenda



## Facilitator instructions

### Active involvement enhances learning

The facilitator workbook has been designed to guide facilitators through a series of educational topics identified as essential for clinicians when delivering sexual and reproductive care to the community.

Each session details the essential knowledge required and applies an activity-based learning framework to provide a safe and positive learning environment.

Activities are delivered using a wide range of techniques such as:

- Self-reflection exercise to build self-awareness and to assist participants in making informed decisions, develop their ability to appreciate their strengths and weaknesses, and to align their behaviours and beliefs with their values
- Problem-solving and critical reflection exercises to extend a participant's critical thinking skills to encourage curiosity, enhance creativity and to foster independence
- Small and large group activities, role-play, feedback sessions, to encourage participants to engage in the learning process actively and to develop their skills, knowledge and understanding in different ways


Each activity delivers information which is reflected in the activities purpose, and the method for implementation. The facilitator should outline to the participants why the activity is essential at the start of the session. There are handouts and answer sheets at the end of the activity to be used or distributed as the steps required. It is essential to prepare handouts and resources before commencing an action.

The participatory nature of the activities reflects different styles of adult learning techniques and offers participants the opportunity to link new knowledge learned from the sessions with their own experience. There is a suggested time frame for each activity in which participants are asked to complete a group discussion, role-play, or individual work. Within the set time, the facilitator seeks feedback from the group or modifications required by participants with disabilities. By staying within the times suggested, the activity will be completed within a suitable timeframe.

Activity feedback is an integral part of the learning process. The facilitator supports and encourages the participants in this process through active listening and positive feedback throughout the activity. At the end of each activity, the facilitator is asked to share the key messages with the group. This feedback is a crucial way to summarise with the participants and to reinforce the key points.

### Preparation for training – Better prepared the better the outcome

Tips to help facilitators to deliver successful training

- Read through the Facilitator Manual and make your notes in the language you will use. The preparation time for each session will vary depending on the group's needs, disability-related modifications, and the facilitator's knowledge
- Think about how you will link the subject with previous sessions to build on participants existing skills and knowledge
- Prepare for energisers, ice breakers or specific games
- Consider the time frames for group activities. You may need to adjust these times as some groups may need more time than others
- Look at the session's resource list . This is found at the beginning of each Activity or Session. Get the resources ready in the correct order in which you will use them. You may need to photocopy handouts before you go



## Facilitator instructions cont...

- Organise the area to encourage people to sit in small groups. Consider if you have any attendees with disabilities, who require additional space to move or alternative seating arrangements. This action will help communication as people can share ideas without feeling as threatened as they may feel when talking in a large group
- Consider the accessibility of the venue when selecting the location of the training. You may need to hire a local DPO or individual with a disability to conduct an accessibility audit
- People are also more likely to share ideas if they can see each other's faces. Participants generally become more vocal and relaxed as the training progresses
- Ensure you arrive at the training area or venue to check the site is prepared before participants arrive



## Facilitating the training

### Use active listening and questioning

Active listening and questioning encourage two-way communication by making the participant feel heard and understood. Some tips to help the facilitator:

- Look at the person who is speaking to show that you are both interested and listening to what they are saying
- Pay attention to your body language to show that you are listening
- Summarise what you have heard to show that you have understood what has been said
- Give and ask for feedback after group work and presentations

### Facilitating group work

When facilitating group work, the facilitator is enabling people to exchange information and learn from each other. Some tips to help the facilitation work:

- Have clear instructions about how to run activities or group work
- Keep activities focused and on track
- Encourage all group members to contribute and participate in the session or activity
- End by summarising the discussion and clarifying any points
- Provide a recap of the main points from the session or activity

### Make the training content accessible

Ensure that participants with disabilities can engage with training materials on an equal basis as participants without disabilities. Some tips to help the facilitator:

- All participants, including facilitators and clinicians, use the microphone when speaking
- Read aloud the content of all PowerPoint slides and describe any images that appear on the slides
- Have handouts available in electronic format and large print for participants who may need alternative formats
- When conducting an activity that includes a visual component or writing something on butchers' paper, make sure to describe what is happening or being written

The facilitator should ensure that all the participants know what has been taught. Go over the learning objectives and allow participants to clarify information or ask questions about the training activities. Ideally, this is done at the end of the session or day.

If the workshop goes over several days, the facilitator should select a few participants to provide feedback on the previous day's learning. People need to be given notice if they are to provide feedback so they can be prepared. This action is best done by asking participants at the beginning of the workshop to be involved in delivering the training recap or feedback. Make these sessions fun, inclusive and factual.





## Facilitating the training cont...

### Energisers

Energisers are useful activities when people look sleepy or tired, especially after lunch. They are used to get the group motivated and ready to learn. Energisers work best when they are fun and engaging. There are two examples which can be used by the Facilitators as needed. Asking participants to come up with their energisers such as songs or quizzes is also an excellent way to engage the participants.

#### Energiser 1 – Story around the circle

**How long it will take** – 10 minutes  
**Resources** – None

**What to do**

1. The facilitator starts with the line “Once upon a time, in a land far away, five people got together to solve all the world’s problems. Everything seemed easy, until one day one of the people saw on the horizon”
2. The facilitator invites the next person in the group to continue the story and the next line
3. This keeps going until everyone has contributed to the story

### Energiser 2 – The time machine

**How long it will take** – 10 minutes  
**Resources** – None

**What to do**

1. The facilitator starts by saying to the group, “Everyone has had dreams of going back in time to a particular period” (Nafanua, Makemake, Moana or any other period)
2. The facilitator asks the participants in turn “what time period would they like to go back to and why”

### Icons

Throughout the sessions, there are icons in the text for specific resources you can use in that session. These have all been titled and colour coordinated throughout. Please see the key below to help explain resources and when to use them.

Icon	What it represents	How to use it
T	Tasklist	This is a list of tasks that facilitators can check off as they open the training to make sure that all welcome points and housekeeping issues are discussed
A	Activity	At this point in the session, pause for the facilitator to run the activity for the participants
PP	PowerPoint	These are PowerPoint slides that are to be used where the theory information from the module is summarised for the participants
V	Video	Videos are used to reinforce information from the module
H	Handout	This represents a handout that is to be given to the participants that are a supportive piece of information of the theory content



# Course outline

Day	Time	Session	Learning outcomes	Activities	Resources
1.	9:00am	Introduction and welcome (70 minutes)		<b>1.1 – Group expectations</b> – 10 minutes <b>1.2 – Create a group agreement</b> – 10 minutes	• Pen, paper, blu tack • Group agreement list
	Morning Tea (20 minutes)				
	10:30am	Learning and teaching (60 minutes)	Use teaching to assist clinicians in obtaining new skills	<b>2.1 – Sequencing of teaching elements</b> – 20 minutes	• Pen, paper, blu tack
	11:30am	Instruction pathway (75 minutes)	Understanding the role and responsibilities of instruction	<b>3.1– Contract</b> – 20 minutes <b>3.2– Student in difficulty</b> – 40 minutes	• Contract template • Pen, paper, blu tack
	Lunch (45 minutes)				
	1:30pm	Professional practice (75 minutes)	Identify elements of a safe and professional learning environment	<b>4.1 – Practicing instruction</b> – 60 minutes	• Pen, paper, blu tack
	Afternoon Tea (15 minutes)				
	3:00pm	Assessment			
Day in review					

1

## Session 1 – Introduction

1



**TIMING**  
**70 MINS**

- Prayer and Devotion
- Welcome and housekeeping
- Group expectations
- Group agreement



### Activities

- 1.1 Group expectations – 10 minutes
- 1.2 Create a group agreement – 10 minutes



### Resources

- Pen, paper, blu tack
- Group agreement list

### Facilitator note – Group expectations

Participants’ expectations, as well as other concerns, are critical to understand and address at the very start of the course. Expectations underline individual goals and the psychology each brings to a training environment. Often such personal goals are not always in harmony with course aims and objectives.

It is, therefore, the duty of the trainer to allow participants to first express their expectations. After that, these personal expectations need to be harmonised with course objectives. One way of doing this is by the trainer explaining which of the stated (expressed) expectations will not be met by the training and why, and which ones would be met (or achieved). If this is not carefully done or is overlooked, some individual participants can experience frustration. [PP1.5] [A 1.1]

### Facilitator note – Group agreement

The success of the group will depend on the cooperation and professionalism of its members. A group agreement acknowledges that all participants’ have the right to be treated respectfully. It creates an open and respectful environment to which teams can work together creatively, and individuals feel safe, sharing their ideas and opinions. All participants must participate in developing the group agreement. [PP1.6] [A1.2] [PP1.7]

### Facilitator note – COVID-19 safety – Making your clinic safe

The following checklist [PP 1.8] [PP1.9] has been designed to support your clinic in maintaining a healthy work environment during this time and should be considered with your organisations infection control policies and procedures.

- Have printed fact sheets available for clients to read and take home covering basic COVID-19 information, including good hygiene, social distancing, and isolation guidance
- Maintain sufficient personal protective equipment (PPE) stock and ensure all staff know how to don and remove all equipment
- Ensure all staff are educated in the principals of infection prevention and control, and aware of their roles when managing patients presenting with COVID-19 symptoms
- Ensure infection prevention and control policies are up to date and abided by
- Maintain distancing rules where possible, including at the reception desk and in any staff break rooms
- Ensure regular and routine cleaning of commonly used areas such as staff break rooms, consultation rooms, reception and patient waiting rooms
- Clear consultation rooms of any unnecessary equipment
- Have hand sanitiser available in all used rooms and waiting areas
- Tape a line on the floor indicating 1.5 m between patients and reception desk, and clients and consultation desk/chair to encourage social distancing where possible
- Ensure standard precautions including hand hygiene, cough etiquette and appropriate waste management techniques are maintained
- Ensure clients with respiratory symptoms always wear surgical masks and are isolated from other clients
- Regularly wipe down any touched surfaces (e.g. door handles, desktops, and consultation equipment) using a cleaning detergent followed by a disinfectant, or by using a two-in-one product with cleaning and disinfecting properties
- All staff to use elbows or feet to push open doors where possible
- All staff to wash hands after touching any surface
- Separate or space between seats in the client waiting room to allow for social distancing
- Display posters at the practice entrance and ensure clear messaging on the practice website asking clients to call ahead if they have any respiratory symptoms to enable appropriate triage
- Ensure all staff are using their own water bottle and cutlery to avoid potential virus spread



**TIMING**  
**60 MINS**

- Use teaching to assist clinicians in obtaining new skills
- Real life learning
- Clinical teaching/instruction
- The role of the clinical instruction
- Domains of learning
- Teaching opportunities



### Activities

- 2.1 Sequencing of teaching element – 20 minutes



### Resources

- Handout 2.1
- Pen, paper, blu tack

### Facilitator note – Real life learning

The clinical setting is a rich environment in which clinicians take steps in real-life learning by applying skills and knowledge into clinical practice<sup>2,3</sup>. Clinical teaching and instruction are a vital component of nursing education worldwide because experience in the clinical setting connects theory to practice. Clinical settings are considered to have a positive orientation to teaching and are also usually seen 'to provide high-quality teaching, good social support, and appropriate levels of autonomy, variety and workload'<sup>4</sup>. [PP 2.1]

### Facilitator note – Clinical teaching/instruction

Learning in the clinical environment has many advantages. Since it focuses on real problems found in clinical practice, clinical teaching/instruction motivates learners through its relevance and active participation<sup>5</sup>. Teaching in a clinical setting includes teaching specific clinical skills, like the insertion of a Jadelle or intrauterine device, assisting clinicians in developing non-clinical skills to cope with workplace demands, managing workloads, inter-professional practice, team dynamics and the needs of the rapidly changing health care environment.

[PP 2.2]



**The purpose of clinical teaching is to:** [PP 2.3]

- Update or improve knowledge and skills
- Integrate theory into practice
- Develop self-awareness
- Facilitate reflection on practice
- Enhance clinical reasoning<sup>6</sup>

**The clinical learning environment is different from the traditional classroom in several significant and essential ways:** [PP 2.4]

- The setting is primarily designed to deliver client care
- Clinical learning opportunities tend to be unique and unstructured
- The primary focus of the clinic is on the client, not the student, the education of beginner clinicians is a secondary concern at best
- Students' learning opportunities are more dependent on the clinic workload and mix of scheduled client procedures<sup>7</sup>

Clinical teachers/instructors need to promote a positive learning environment with a distinct focus on each of the teaching interactions. A major role is also the evaluation and assessment of the student's competency which includes their knowledge, skills and attitudes including providing feedback to their students all while encouraging a self-directed approach to the learning<sup>8</sup>.

**There are three main domains of clinical teaching are:** [PP 2.5]

- Professional knowledge
- Professional practice
- Professional engagement<sup>9</sup>

**Professional knowledge** – Clinical teachers/instructors draw on a body of professional knowledge and research to respond to the needs of their students<sup>10</sup>. They know their students well. They understand the experiences students bring to the learning environment.

**Professional practice** – Clinical teachers/instructors can also make learning engaging and valued. They can create and maintain a safe, inclusive, and challenging learning environment. They operate effectively at all stages of the clinical instruction cycle, including planning, instruction, assessing, and providing feedback on student learning and reporting<sup>11</sup>.

**Professional engagement** – Clinical teachers/instructors model effective learning. They identify their own learning needs and analyse, evaluate, and expand their professional knowledge, both collegially and individually.

**Facilitator note – The role of the clinical instruction**

Clinical instruction is characterised by a series of supports whereby students are guided through the learning process with clear statements about the purpose and rationale for learning the new skill, clear explanations and demonstrations of the instructional target. Students are then supported with feedback until clinical competence and independence has been achieved<sup>12</sup>. Over the past few decades, understanding of how clinicians acquire clinical expertise has evolved. Several fundamental principles have emerged. Foremost among these is that clinicians learn more effectively if: [PP 2.6]

- Instruction is systematically organised and coherently sequenced, with well-defined objectives and meaningful theoretical frameworks to guide both formal and opportunistic learning
- The educational opportunities provided are appropriate to the clinicians' basic knowledge and understanding of the context
- Skills acquisition takes place within the context in which it is to be applied (known as "situated learning")<sup>13</sup>

Providing clinical teaching/instruction is a responsibility and should not take place without sufficient and suitable training. There is a need to monitor the process and the systems needed for successful and sustained delivery. To ensure, the clinical teaching/instruction is adequate; it is envisaged that a protocol is formulated and agreed by the relevant parties.

**Protocols include:** [PP 2.7]

- The introduction and implementation of clinical teaching/instruction has resulted from detailed preparation and negotiation
- There are clear contracts and expectations on all sides
- All role definitions are clear
- The aims and objectives of clinical teaching/instruction are agreed
- Adequate training is provided to the teacher/instructor
- There is provision made so the clinical teacher/instructor can access clinical support from a senior colleagues [PP 2.8]

Clinical instructors have a significant effect on increasing the quality of clinical training and can make clinical experiences enjoyable for the student. Providing opportunities for students to gain practical experience is the primary responsibility of clinical instructors. The clinical instructor should cultivate a caring, nurturing, safe, and meaningful clinical environment, with experiences that provide practical application of information that is learned in the classroom<sup>14</sup>. Clinical instructors can improve the clinical practice of students and educate competent clinical clinicians.

The instructors are the link between theoretical and clinical training and the ability of the instructor to communicate and consult with the student is one of the most important criteria for a good instructor<sup>15</sup>.