

Appendix 8-1

Appendix 8-1: Sample Action Plan for Linking Training to Performance

Action Plan				
Learner:		Course:	Date:	
My Support Team:	Supervisor: Trainer: Co-worker(s):			
Specific areas to improve: (Write down distinct accomplishments and activities to achieve)				
Issues to address: (Describe the barriers that must be eliminated or reduced and how this will be done)				
Detailed specific actions (in sequence)– include regular progress reviews with support team as part of the specific actions	Responsible person(s)	Resources	Date/time*	Changes to look for
Step 1				
Step 2				
Step 3				
Step 4				
Step 5				
Step 6				
Step 7				
<i>*Establish set day and time for ongoing activities</i>				
Commitment of support team: I support the action plan described above and will complete the actions assigned to me. If I am unable to complete an activity, I will help make arrangements to modify the plan accordingly.		Signature of learner: _____ Date: _____ Signature of supervisor: _____ Signature of trainer: _____ Signature of co-worker: _____		

Adapted from: IntraHealth International. 2007. Learning for performance: a guide and toolkit for health worker training and education programs. Chapel Hill, NC.

Appendix 8-2: Training Follow-Up Form

Follow the instructions given below to use this follow-up of training form for providers.⁶

The purpose of this form is to document:

1. The number of participants who apply their new skills on the job
2. The number of participants who retain their skills competency posttraining
3. The existence of factors limiting the use of participants' skills on the job

At least one follow-up visit should be conducted, ideally within six months of training, to as many newly trained RH/FP providers as possible. All participants who were rated qualified at the end of the training should be considered candidates for follow-up visit. Facility managers and providers should be notified of a visit in advance, so that the provider (or his or her supervisor) can schedule one or more cases for observation. The evaluator should use the same skills checklist used during the RH/FP training when assessing the provider's skills at the end of training.

A. General Information

1. Provider's name: _____
2. Training event dates: From _____ to _____
3. Date of visit: _____
4. Facility name: _____
5. The provider:
 - Is in the same facility as she/he was when trained
 - Is in a different facility from when she/he was trained
6. Service procedure being assessed: (check only one per form)
 - Counseling Injectables IUD
 - Implants No-scalpel vasectomy Minilaparotomy
 - Postabortion care Other (specify) _____
7. Was this service offered in this facility before the provider was trained?
 - Yes No
8. Approximately how many times has the provider performed this service since training? ("0" if none) _____
9. Is the provider currently providing the service?
 - Yes No

continued

⁶ Form adapted from "follow up site visit form" from JHPIEGO. 1997. *Instructional design skills for reproductive health professionals*. Baltimore.

Appendix 8-2

Appendix 8-2: Training Follow-Up Form (cont.)

10. If no, check the difficulties that prevented service provision. (Check all that apply).
- Provider lacks confidence in skills.
 - Service procedure in which training was received is not provided at the facility.
 - Provider is not in a job position to provide the service procedure.
 - There is a lack of demand/clients.
 - There is a lack of supplies/equipment/instruments.
 - There are other service system barriers (e.g., lack of operating room time, lack of support staff).
 - Other (specify) _____
11. If yes, is the provider experiencing any difficulties provider in regular service provision. (Check all that apply)
- Low demand/low client caseload
 - Periodic stockout of supplies/equipment/instruments
 - Other service system barriers (e.g., insufficient operating room time or support staff)
 - Other (specify) _____

B. Assessment of Clinical Skills

Please rate the service provider's performance in the clinical procedure noted in No. 6 above by placing a check in the appropriate box for each skill/activity listed. Use the clinical skills checklist from the training course as the basis for making your assessment. If no procedure or skill/activity was observed, please check "Not Observed."

DEFINITIONS

Satisfactory: Performs the skill or activity according to the procedure or guidelines.

Unsatisfactory: Is unable to perform the skill or activity according to the standard procedure or guidelines.

Not Observed: The skill or activity was not performed by the participant during evaluation.

Skill/Activity	Satisfactory	Not Satisfactory	Not Observed
Preprocedure counseling			
Client assessment			
Clinical procedure			
Postprocedure counseling			
Infection prevention practices			
Overall Performance			

continued

Appendix 8-2: Training Follow-Up Form (cont.)

If the performance was not satisfactory in any area, please list in the comments section below, those steps/tasks needing improvement, and indicate the action required to correct deficiencies.

Comments: _____

Recommended Action: _____

Site Visit Evaluator: _____ Date: _____

Facility Manager: _____ Date: _____