

# **Facilitator's Guide**

## **Refresher (Advanced) Training Course & Workshop on Tuberculosis Infection Control for Consultants**



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## Acronyms

ACH	Air Changes per Hour
AIDS	Acquired Immuno Deficiency Syndrome
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HRD	Human Resource Development
JANS	Joint Assessment of National Strategies
KNCV	KNCV Tuberculosis Foundation
MDR-TB	Multi-drug Resistant Tuberculosis
MFV	Mentored Field Visit
MSH	Management Sciences for Health
PDP	Personal Development Plan
PPE	Personal Protective Equipment
Q&A	Questions and Answer
SOPs	Standard Operating Procedures
STAR	Situation, Task, Action, Result
TB	Tuberculosis
TB CARE	Ultraviolet Germicidal Irradiation
TB-IC	TB Infection Control
TOR	Terms of Reference
USAID	United States Department for International Development
UVGI	Ultraviolet
WHO	World Health Organization

## Introduction to the Facilitator's Guide

This facilitator's guide has been developed, with financial support of USAID to TB CARE I, by KNCV Tuberculosis Foundation (KNCV), Management Sciences for Health (MSH) and the World Health Organization (WHO). This guide is meant for trainers and facilitators involved in the "Refresher Advanced Training Course and Workshop on Tuberculosis Infection Control for Consultants". It is accompanied by reading materials, tools, reference articles and slides in PDF format to be distributed to the training participants either on CD-ROM or Flash-drive at the end of the training.

### 1. Overall Goal and Objectives

#### Overall Goal

This training aims to train up to 20 (inter)national TB Infection Control (TB-IC) consultants a number of which will be available to perform TB-IC missions with limited scope or independent missions within one year.

#### Specific Objectives:

1. To refresh and enhance participants' knowledge of TB-IC with emphasis on managerial activities and administrative controls;
2. To update participants on new developments, best practices and tools in TB-IC;
3. To train the participants' in the skills required to provide consultancy and to give advice on managerial activities and appropriate TB-IC control measures;
4. To exchange experiences and challenges from recent TB-IC consultancies conducted by participants and co-facilitators;
5. To assist participants in making a personal development plan for use as a basis for a mentored field visit program, following the "Refresher Advanced Training Course and Workshop on TB-IC for Consultants".

### 2. Training Course as Part of Mentoring Program

The transmission of tuberculosis (TB) in healthcare facilities and other congregate settings remains a major challenge to TB control and public health. Many countries need to be sensitized, educated and assisted in preparing TB-IC plans and policies at national level as well as in key facilities, especially in countries with high prevalence of Multi-Drug Resistant (MDR) TB and HIV. There remains a need for : IC trainers and workshop facilitators for regional and national courses, and consultants who can provide technical assistance for TB-IC at regional, national and facility level.

This training is part of efforts that focus on continuing to build up the pool of TB-IC consultants using training, followed by mentored field visits and distance support by mentors to newly trained TB-IC consultants. This training is not for beginners, but for professionals who already are involved in TB-IC activities, have had TB-IC training in the past and are available to provide TB-IC consultancies. During the Training, learning and development needs of trainees are identified, and used for creating a personal development plan (PDP). Based on the learning and development needs, trainees are matched to mentors and specific mentored field visits are organized. The idea is to give trainees the knowledge and skills to perform TB-IC consultancies at first with distance support on content and methodology from their mentors, and thereafter independently.

### 3. Intended Participants

This training is meant for professionals who have previously undergone or co-facilitated training on TB-IC. Intended participants have to satisfy the criteria below. There are three required and three desirable criteria:

1. Prior TB-IC training and experience working in TB control (required)

The candidate should successfully have completed or co-facilitated a TB-IC training course. This criterion is required because the course is not for beginners, and builds upon already existing TB-IC knowledge, going in-depth into areas which are not usually covered by introductory TB-IC courses.

2. Motivation letter (required)

The candidate should clearly state in a motivation letter the following:

- Why and what kind of TB-IC consultancies they are interested in providing
- Their understanding of TB-IC situation and needs regionally and nationally
- What competencies (knowledge, skills) they already have which qualify them to potentially provide this kind of consultancies
- What competencies (knowledge, skills) they still have to develop in order to provide these kind of consultancies
- Confirm their availability to provide 2-4 TB-IC consultancies (approximately 12 to 40 working days) per calendar year regionally or nationally
- In addition to confirming availability, self-employed persons should provide an indication of the average daily fees they charge for providing TB-IC consulting services.

3. Language (required)

A good knowledge of English (both spoken and written) is required to attend the Refresher Advanced Training. Knowledge of the local language of the area(s) where the candidate intends to provide TB-IC consultancies in the future is required.

4. Prior experience in consulting and/or public health (desirable)

It is an advantage if the candidate has TB, TB-IC or general consulting skills and experience. This is a desirable, but not required criterion. Skills in providing consultancies and/or a background in public health are important for future successful application of knowledge gained during the Training, but also during the Training and subsequent mentored field visits (MFVs), consulting skills will be trained in class as well as practiced during field visits. Nonetheless, trainees with a public health background and an understanding of TB programs should be given preference during the selection.

5. Reference letter and confirmation of availability by current employer if applicable (desirable)

Priority during selection should be given to candidates who provide a reference letter from a current employer (if applicable) recommending the candidate for the mentored field visits program and stating that the candidate will be available for 2-4 TB-IC consultancies per calendar year. This criterion is not required, but is important, because one of the main constraints in the past has been the lack of availability of persons who underwent TB-IC training to provide consultancies, mainly due to their inability to combine this activity alongside their main employment contract.

6. TB CARE I or II country (desirable)

Priority during selection should be given to candidates that reside and/or have a long-term working

engagement in a TB CARE country.

A sample Application form is in Annex 1 (page 34) along with suggested Motivation and Reference letter formats.

The final selection of trainees who will enter the mentoring program will take place at the end of the training. In addition to the six criteria above, trainees are evaluated by the course co-facilitators against the last set of criteria:

#### 7. Potential (required)

The candidate should have the potential to work as a TB-IC consultant and conduct work independently after one mentored field visit. Potential will be determined by:

- Observation during training and field exercises to determine interpersonal skills, analytical skills, presentation skills, writing skills and the application of TB-IC knowledge
- Active participation during training and field exercises

A potential evaluation for use in evaluation is in Annex 2 (page 38). Trainees who match most or all of the 7 criteria above will be admitted to the mentoring program and if possible immediately assigned to a mentor, who will discuss the PDP with the trainee and together they will tentatively agree on the nature of the mentored field visit. Forms for PDPs and mentored field visits are in Annex 3 (page 40).

## 4. Criteria for Facilitators

Training facilitators will have the chance not only to deliver lectures and practical exercises, but also to get well acquainted with the trainees, see them perform in the classroom and during field exercises, and discuss their personal development plans. Given the design of the present Training and Workshop, it is best that training facilitators have the capacity to act as mentors to the trainees later on. Mentoring encompasses an entire skill-set, which includes but is not limited to communication, networking, organization, project management, decision-making, strategic thinking and leadership skills in addition to the technical knowledge. The required criteria and preferable characteristics, knowledge and skills are formulated below. These are to be used when admitting facilitators and mentors to the project.

### Required Criteria

1. Knowledge of TB-IC: participation in international TB-IC course plus actively acquired field experience (at least 2 assignments in the past calendar year, validated by good quality reports)
2. Specific knowledge and experience (validated by good quality reports) in one or more of the technical areas:
  - Carrying out of a facility TB-IC assessment
  - Providing training on TB-IC
  - Extending policy advice and/or guideline development for TB-IC
  - Making Standard Operating Procedures for TB-IC
3. Knowledge of the TB prevention and control program and preferably availability of a network in the country where mentoring visit is to take place (validated by working at least 20% of time (one day per week) in TB-IC (not necessarily field experience)
4. Experience in mentoring others, not restricted to the field of TB-IC

## Preferable Characteristics

1. Good delegation, leadership, motivation and coaching skills (validated by a reference or interview)
2. Good communication, including report writing skills (validated by an example of a report)
3. Ability to manage assignment-related projects and budgets (validated by a reference or interview)
4. Availability to provide support before, during and after the mentored field visit and evaluate the mentored field visit together with the trainee (stated clearly in writing by the prospective mentor)

## 6. Course Design

The 5-day training course consists of the following 24 sessions:

1. Introduction, Program, Logistics and Ice-Breaker
2. Training expectations (Hopes & Fears) and experiences of former training participants
3. Managerial activities and administrative controls
4. WHO Global Plan to Stop TB and positioning of TB-IC
5. Latest insights and references in TB-IC
6. Supporting the development and implementation of a National TB-IC Plan
7. Budgeting tool
8. Community TB-IC
9. Examples of assessment tools and checklists
10. TB-IC Implementation Framework
11. Ethical Considerations in TB-IC
12. Surveillance and Improving health worker access to HIV and TB services
13. Human Resource Development (HRD): curriculum development and training program plan
14. Practical Environmental Controls (ventilation concepts, UVGI, filtration, facility design followed by Environmental Controls: Exercises (ACH)
15. Personal Protective Equipment (PPE)
16. Fit-testing Exercises
17. Facility plans and standard operating procedures: examples
18. Effective consultant skills followed by practical exercise
19. Practical Exercise / Field Visit (SOPs) followed by group reports
20. Discussion of TB-IC Competencies for Consultants
21. Making of Individual Assessments and Personal Development Plans
22. Operational Research and research agenda
23. Funding for TB-IC: Global Fund and TB CARE program – USAID
24. Discussion of personal development plans individually and making action plans

The training agenda on pages 6 and 7 gives the timetable for each of the 5 days.

	<b>Day 1 Monday</b>	<b>Day 2 Tuesday</b>	<b>Day 3 Wednesday</b>	<b>Day 4 Thursday</b>	<b>Day 5 Friday</b>
<b>08.30-09.30</b>	1. Welcoming remarks logistics, program; ice-breaker	8. Community TB-IC	14a. Environmental Controls	19. Practical exercise/field visit: making of SOPs	22. Operational Research and Research Agenda
<b>09.30-10.30</b>	2. Training expectations (Hopes & Fears) and testimonies of former training participant(s)	9. Examples of assessment tools and check-lists	14b. Environmental Controls: exercises (ACH)		23. Funding for TB-IC: Global Fund and TB CARE program – USAID
<b>10.30-11.00</b>	Coffee Break	Coffee Break	Coffee Break	Coffee Break	Coffee Break
<b>11.00-12.00</b>	3. Managerial activities and administrative controls	10. The TB-IC Implementation Framework	15. Personal Protective Equipment	Preparation of field reports	24. Discussion of personal development plans individually
<b>12.00-12.30</b>	4. WHO Global Plan to Stop TB and positioning of TB-IC	11. Ethical considerations in TB-IC	16. Fit-testing exercises		
<b>12.30-13.30</b>	Lunch	Lunch	Lunch	Lunch	Lunch
<b>13.30-14.30</b>	Participants share experiences of providing consultancy	Participants share experiences of providing consultancy	Participants share experiences of providing consultancy	Group presentations and discussion	End-of course evaluation and closure
<b>14.30-15.30</b>	5. Latest insights and references in TB-IC	12. Surveillance and Improving health worker access to HIV and TB services	17. Facility plans and standard operating procedures: examples	Participants share experiences of providing consultancy	Departure
<b>15.30-16.00</b>	Coffee Break	Coffee Break	Coffee Break	Coffee Break	
<b>16.00-17.00</b>	6. Supporting the development and implementation of a National TB-IC Plan	13a. Human Resource Development (HRD): competencies and curriculum development	18a. Effective consultant skills	20. Discussion of TB-IC Competencies for Consultants	
<b>17.00-17.30</b>	7. Budgeting tool	13b. Practical exercise on curriculum development	18b. Practical exercise on effective consultant skills	21. Making individual assessments and personal development plans	
<b>17:30-17:40</b>	Evaluation of the day	Evaluation of the day	Evaluation of the day	Evaluation of the day	

## 8. Methodology

The following methods are used:

- Lecture presentations
- Web conferencing
- Practical exercises at a TB hospital and at the training venue
- Role plays
- Small group work & group presentations by participants
- Plenary discussions
- Question & Answer (Q&A) sessions
- Presentations by participants of their experiences in the field
- Individual work (assessment and making personal development plans)

**IMPORTANT:** Two sessions (“Managerial activities and administrative controls” and “Environmental controls”) should include two participants presentations each, to make sessions richer in examples from the field by participants themselves, who must be approached and prompted by session facilitators to come up with examples, in line with the session and using the format, described below in “Preparation in Advance by Participants”. Practical exercise/field visit session outline contains instructions for facilitators and participants. Sessions 13 (HRD), 14 (Environmental controls) and 18 (Effective consultant skills) are followed by practical exercises.

### Preparation in Advance by Participants

**IMPORTANT:** Specific emphasis in this Training is on participants’ sharing previous experiences providing TB-IC consultancies. For this purpose before the course each participant is asked to prepare a maximum 10 minutes presentation, in free format, if a Power Point Presentation is made, it should contain a maximum of 5 slides. The participant is expected to relate one challenge they met during field work and the solutions s/he found. Participant should follow the STAR sequence (Situation, Task, Action, Result) to briefly describe the context of the consultancy, the specific task or challenge of the client, what solution was found and what result this specific challenge had on the consultancy. Preparation time is estimated to be no longer than 30 minutes.

## 9. Evaluation and Certification

### Training Course Evaluation

Reaction evaluation – checking if participants like the course content, methods and presentation - will be measured by means of check-lists at the end of each day. At end of the training there will be a final evaluation completed by participants.

Learning and behavior (performance) evaluation - checking the following: 1. The knowledge gained, 2. If participants feel competent to perform the tasks outlined in the course objective and 3. What skills they developed – these checks will be done by facilitators when they evaluate the participants performance during practical exercise, their group presentations and personal development plans.

Results or effectiveness (impact) – checking after the training to see if the selected participants apply new skills in practice and, if so, what results are achieved – this will be gauged by mentors both during and at the end of mentored field visits following the training. Participants are offered the use of distance support by the mentors, the effectiveness and impact of this support are to be defined by mentor and trainee and registered in mentored field visit form (Annex 3 page 40).

### Certification of Attendance

A certificate of participation will be issued to all participants who have attended **\*all\*** the training sessions.

## 10. Session Outlines

### Per Session:

1. Title
2. Time allocated to the session
3. Objective of the session
4. Expected outcomes (i.e. impact at country level)
5. Summary of session content
6. Methodology
7. Materials (for facilitator and participants)

## Session 1 - Day 1

### Introduction, Program, Logistics and Ice-Breaker



#### Objectives of the Session:

- 1 Inform participants about the program
- 2 Acquaint participants with the trainers and each other
- 3 Through "Hopes and Fears" expectations of participants are gauged and based on them any additional (or evening) sessions can eventually be planned in to the program

#### Expected Outcomes:

- 1 Everyone is informed about the program
- 2 Attendance is ensured, other "rules of the game" points are covered
- 3 A Friendly atmosphere is created

#### Content:

- 1 Conduct an ice-breaking exercise (e.g. something to get to know everyone's names followed by "hopes and fears")
- 2 Inform participants about the main points of the program, certification and logistics, if necessary, involve local MoH authority in opening of the Training

#### Methodology:

- 1 Ice-breaker is a group activity, which needs at least an hour (together with hopes and fears)
- 2 Explain "parking of difficult questions" and other points related to the "rules of the game" during the training (respect each other, be on time, phones on "silent", etc)

#### Materials:

- 1 Presentation and program prints
- 2 Secretarial support to be present
- 3 Markers

## Session 2 – Day 1

### Training Expectations and Testimony



#### Objectives of the Session:

- 1 A "Hopes and Fears" exercise is conducted to get to know the participants' expectations, address their concerns and identify any additional material which should be covered during the training and which is not yet in the training's program
- 2 A participant of the previous training and mentoring program shares his/her experiences to help current participants understand the program's design and benefits as well as challenges

#### Expected Outcomes:

- 1 Participants have realistic expectations of the program and the training
- 2 Facilitators can adjust their sessions, based on the input

#### Content:

- 1 Overview of the expectations of the participants
- 2 A talk by the former training participant underlining his/her experiences with the program

#### Methodology:

- 1 "Hopes and Fears" exercise
- 2 Talk or Q&A

#### Materials:

- 1 Post-It notes (large) at least two colors
- 2 Markers

## Session 3 – Day 1

Refresher: Managerial Activities and Administrative Controls  
Participants presentation and group discussion on obstacles to scale ups



### Objectives of the Session:

- 1 Participants are able to describe what managerial activities and administrative controls are and give examples from their own country
- 2 Participants are able to describe the updates and major changes from the 2009 WHO TB-IC guidelines
- 3 Participants are clear about national versus facility level interventions
- 4 Two participants have the possibility to present their experience with obstacles to scale up and propose some solutions
- 5 Participants can identify the obstacles to scale-up and propose some solutions

### Expected Outcomes:

- 1 National level implementation of critical managerial activities and administrative controls
- 2 Country scale-up of facility based managerial and administrative controls

### Content:

- 1 Overview
- 2 2009 WHO Guidelines
- 3 Changes
- 4 National Level Controls
- 5 Facility Level Controls

### Methodology:

- 1 Lecture
- 2 Group discussion and sharing of country specific controls and obstacles to scaling up
- 3 Two participants present their experiences (5 min each)

### Materials:

- 1 Presentation: hand outs and offline slides
- 2 Flip chart, markers

## Session 4 – Day 1

WHO Global Plan to Stop TB and positioning of IC



### Objective of the Session:

- Highlight the main points of the WHO Global Plan to Stop TB and explain the relevance and positioning of TB-IC in relation to the Global Plan

### Expected Outcome:

- Participants can plan and implement TB-IC strategies and activities in line with the WHO Global Plan to Stop TB

### Content:

- 1 Overview of the WHO Global Plan to Stop TB, any updates on its implementation
- 2 Highlighting the parts relevant to TB-IC

### Methodology:

- Lecture

### Materials:

- 1 Presentation slides and hand outs
- 2 Copy of the WHO Global Plan to Stop TB (in reference materials on CD)

## Session 5 – Day 1

### Latest insights and references in TB-IC



#### Objectives of the Session:

- 1 Participant is able to list and analyze challenges in implementing TB-IC
- 2 Participant is informed about new approaches, messages, policies and toolkits
- 3 Participant is able to formulate a minimum package of interventions

#### Expected Outcomes:

- 1 Country implementation of new approaches, related policies and tools
- 2 Country scale-up based on a “Core Package” strategy

#### Content:

- 1 Overview of the expectations of the participants
- 2 A talk by the former training participant underlining his/her experiences with the program

#### Methodology:

- 1 “Hopes and Fears” exercise
- 2 Talk or Q&A

#### Materials:

- 1 Post-It notes (large) at least two colors
- 2 Markers

## Session 6 – Day 1

### Supporting the Development & Implementation of a National TB-IC Plan



#### Objectives of the Session:

- 1 Participants are informed about several approaches to developing a National TB-IC plan and can explain its importance
- 2 To discuss common obstacles to scaling-up and solutions

#### Expected Outcome:

- Improved quality of newly developed or improved existing National TB-IC Plans

#### Content:

- 1 Several approaches to developing a National TB-IC plan (JANS, log frame, etc)
- 2 Advantages and limitations of each approach
- 3 Plan follow up examples (from planning to implementation)

#### Methodology:

- 1 Lecture
- 2 Discussion

#### Materials:

- 1 Presentation: hand outs and slides

## Session 7 – Day 1 Budgeting Tool



### Objective of the Session:

- To acquaint the participants where they can find the budgeting tool and how to use it

### Expected Outcome:

- Better budgeting at country level for TB-IC

### Content:

- Budgeting tool

### Methodology:

- Lecture

### Materials:

- Online tool – Access to internet, if no access, then offline slides

## Session 8 – Day 1 Community TB-IC



### Objectives of the Session:

- 1 Participants understand what community TB-IC consists of and its importance
- 2 Participants are familiar with the community TB-IC checklist

### Expected Outcome:

- Stepwise community implementation

### Content:

- 1 Settings for Transmission
- 2 WHO Guidelines
- 3 Community TB-IC checklist
- 4 Scenarios

### Methodology:

- 1 Lecture
- 2 Small group work

### Materials:

- 1 Presentation: hand outs and slides
- 2 For Participants: hard copy of the community TB-IC checklist

## Session 9 – Day 2

### Examples of assessment tools and checklists



#### Objectives of the Session:

- 1 Participants can describe when and where which tools might be most useful
- 2 Increase usage of tools for TB-IC assessment and budgeting

#### Expected Outcome:

- Increased the usage of tools for TB-IC assessment and budgeting in countries implementing and scaling up TB-IC

#### Content:

- Explanation of existing different tools

#### Methodology:

- Lecture

#### Materials:

- 1 Presentation: hand outs and slides
- 2 For Participants: hard copy of the community TB-IC checklist

## Session 10 – Day 2

### TB-IC Implementation Framework



#### Objectives of the Session:

- 1 Participants know the content of the Implementation Framework
- 2 Participants know how to use the Implementation Framework

#### Expected Outcome:

- 1 Stepwise Country and Facility implementation
- 2 Framework tools and examples are used in countries implementing and scaling up TB-IC

#### Content:

- 1 Goal of Framework
- 2 Design of Framework
- 3 Structure of Framework

#### Methodology:

- 1 Lecture
- 2 Exercise: look up five topics

#### Materials:

- 1 Presentation: hand outs and slides
- 2 Framework: book and CD-ROM

## Session 11 – Day 2

### Ethical Considerations in TB-IC



#### Objectives of the Session:

- 1 To inform participants about the WHO Guidance document, health care system's obligations and major ethical issues in TB-IC
- 2 To discuss major ethical issues in TB-IC

#### Expected Outcome:

- Participants become more aware and conscious about the impact of their TB-IC work on rights of patients and health care workers

#### Content:

- 1 WHO Guidance document
- 2 Major ethical issues in TB-IC:
  - Health care system's obligations
  - Health care worker's duties and rights
  - Stigma & IC
  - Involuntary detention and isolation
  - Privacy and contact notification

#### Methodology:

- 1 Lecture
- 2 Group discussion

#### Materials:

- Presentation hand outs and slides



## Session 12 – Day 2

### Surveillance and Improving health worker access to HIV and TB services

#### Objectives of the Session:

- 1 Participant is informed about the 2010 Joint ILO/WHO Policy guidelines on improving HCW access to prevention, treatment and care services for HIV and TB
- 2 To discuss with participants their experiences with organizing surveillance among HCWs

#### Expected Outcomes:

- 1 Country implementation includes alignment of the existing national HIV Workplace policy with the Joint ILO/WHO Policy
- 2 Facilities introduce and adhere to the workman's compensation scheme in the event of an employee acquiring TB disease
- 3 Facilities have an improved surveillance systems for TB among HCWs

#### Content:

- 1 Arguments for priority access
- 2 Stigma mitigation
- 3 Overview of recommendations
- 4 Measuring the impact of TB IC implementation at country level
- 5 Surveillance of TB among HCWs
- 6 Surveillance at Global level.

#### Methodology:

- 1 Lecture
- 2 Discussion

#### Materials:

- Presentation: hand outs and slides

## Session 13 – Day 2

### Human Resource Development (HRD): Curriculum development and training program plan



#### Objectives of the Session:

- 1 Explain the process of identifying competency gaps and the steps towards competency-based curriculum development
- 2 Give example of a training curriculum and development process

#### Expected Outcome:

- Participants have information about developing competency based curriculum as guidance to use in preparing their own training on TB-IC

#### Content:

- 1 What are competencies
- 2 Competency mapping
- 3 Job analysis, task analysis
- 4 Levels of Competency
- 5 A note on teaching methods
- 6 Characteristics of competency based training
- 7 Developing a training curriculum

#### Methodology:

- 1 Lecture
- 2 Group exercise of making a training curriculum

#### Materials:

- 1 Presentation hand outs and slides
- 2 For group work: posters, markers

## Session 14 – Day 3

### Refresher: Practical Environmental Controls



#### Objectives of the Session:

- 1 Refresh participants' practical knowledge about Environmental
- 2 Two participants have the possibility to present their experience with obstacles dealing with environmental controls and propose some solutions with emphasis on linkage with managerial activities and administrative controls

#### Expected Outcomes:

- 1 National level implementation of critical environmental controls and measures related to PPE is streamlined with the managerial activities and administrative controls
- 2 Participants can perform simple measurements and calculations pertaining to environmental controls

#### Content:

- 1 Embedding environmental controls in overall TB-IC measures
- 2 Practical exercises to teach how to use affordable/available tools for performing some measures and calculations for environmental controls

#### Methodology:

- 1 Lecture
- 2 Practical exercises
- 3 Group discussion and sharing of country specific environmental controls
- 4 Two participants present their experiences (5 min each)

#### Materials:

- 1 Presentation hand outs and slides
- 2 Flip chart, markers
- 3 Tools for practical exercises: e.g. vaneometers, incense, toilet paper, measuring tape

## Session 15 – Day 3 Refresher: Personal Protective Equipment (PPE)



### Objective of the Session:

- Refresh participants' practical knowledge about Personal Protective Equipment (PPE)

### Expected Outcome:

- National level implementation of measures related to PPE is streamlined with the managerial activities and administrative controls

### Content:

- 1 Types of PPE
- 2 Embedding PPE in overall TB-IC measures

### Methodology:

- 1 Lecture
- 2 Demonstration
- 3 Group discussion and sharing of country PPE-related info and challenges

### Materials:

- 1 Presentation hand outs and slides
- 2 Flip chart, markers
- 3 If possible several types/models of respirators

## Session 16 – Day 3 Fit-Testing



### Objective of the Session:

- Train practical skills of fit-testing

### Expected Outcome:

- Fit-testing practiced in facilities

### Content:

- Each participant to practice fit-testing or be fit tested

### Methodology:

- Demonstration and practical exercise

### Materials:

- 1 Fit-testing kit
- 2 Respirators

**To fit-test test 20 participants at least 3 fit-testing kits are needed**

## Session 17 – Day 3

### Facility Plans and Standard Operating Procedures (SOPs)



#### Objectives of the Session:

- 1 Participant knows the examples of facility plans and sops provided in the TB-IC Implementation Framework
- 2 To discuss the process of making SOPs

#### Expected Outcome:

- Facilities have TB-IC plans and SOPs

#### Content:

- 1 Facility plan development
- 2 Generic SOPs development

#### Methodology:

- 1 Self study
- 2 Lecture
- 3 Discussion

#### Materials:

- 1 Framework (Book and CD-Rom) with Examples of Plans and SOPs
- 2 Presentation hand outs and slides

## Session 18 – Day 3

### Effective Consultancy Skills



#### Objectives of the Session:

- 1 Inform about the steps of quality consultancy
- 2 Inform about typical TOR and reporting, give examples of TB-IC consultancies
- 3 Practice (role play) handling 'difficult clients' to improve communication skills and share their experiences of dealing with clients

#### Expected Outcome:

- Participants integrate main aspects of carrying out quality consultancy in their working practice

#### Content:

- 1 Standard Operating Procedures (SOPs) for quality consultancy
- 2 Typical TA requests
- 3 Terms of Reference
- 4 Report writing
- 5 Giving advice
- 6 Handling difficult clients (role play)

#### Methodology:

- 1 Lecture
- 2 Role-Play
- 3 Discussion

#### Materials:

- 1 Presentation hand outs and slides
- 2 Example of TOR
- 3 Role-play instructions

Section 18 is split into two parts: 18a. Effective consultant skills and 18b. Practical exercise on effective consultant skills both of which should last approximately one hour.

## Session 19 – Day 4 Practical Exercise / Field Visit



### Objective of the Session:

- Participants practice TB-IC consulting skills with emphasis on SOP development

### Expected Outcome:

- Facilities have TB-IC SOPs and implement them

### Content:

- Instruction to participants prior to field visit (do's and don't's), explanation of exercise

### Methodology:

- 4 Groups of 5 people led by co-facilitators

### Materials:

- 1 Exercises printed out
- 2 Facility contacted in advance
- 3 Flip charts for participants presentations

2 hr field visit

1,5 hrs Group Work

Followed by 1 hr for presentations (30 min per group)

## Session 20 – Day 4 Discussion of TB-IC Competencies for Consultants



### Objective of the Session:

- To discuss the competencies with participants, make sure all understand and can assess their own competencies

### Expected Outcome:

- Have an updated list of competencies

### Content:

- 1 Identifying and discussing competencies for TB-IC consultants: participants brainstorm about the competencies needed for different categories of TB-IC consultants – (1) trainer, (2) facility assessment and (3) policy advisor
- 2 Updating the existing list

### Methodology:

- Group work

### Materials:

- List of Competencies to be updated at the end of the session and used in the next session

## Session 21– Day 4

### Making an Individual Assessment & Personal Development Plan



#### Objectives of the Session:

- 1 Explain the steps that will follow this training (mentored field visits)
- 2 Explain how to make assessment and personal development plan (PDP)
- 3 Each participant makes their personal development plan

#### Expected Outcome:

- Participants take steps to develop their own competencies, based on the personal development plan

#### Content:

- 1 Identifying and assessing own competencies
- 2 Making personal development plans
- 3 Prioritizing
- 4 Outlining concrete development steps for the following 6-12 months

#### Methodology:

- Individual work

#### Materials:

- 1 Individual work
- 2 PDP's are made and photo copied, copies are kept by facilitators for discussion



## Session 20 – Day 5

### Operational Research & Research Agenda Setting

#### Objectives of the Session:

- 1 Participants can identify some useful operational research projects on infection control
- 2 Participants is informed about the templates for research on infection control in the framework
- 3 Participants gets some practical advice on developing an operational research agenda on infection control

#### Expected Outcome:

- Country implementation includes operational research agenda on infection control

#### Content:

- 1 Possible OR projects
- 2 Templates in framework
- 3 OR agenda setting

#### Methodology:

- 1 Lecture
- 2 Discussion

#### Materials:

- 1 Presentation: hand outs and slides
- 2 Framework templates
- 3 Literature on research agenda



### Objectives of the Session:

- 1 Participants are informed about GFATM new developments, approaches, policies and tools
- 2 Participants are able to contribute during the consolidated proposal development of next round(s)
- 3 Participants are informed about the USAID supported TB CARE program

### Expected Outcomes:

- 1 Country implementation of new GFATM approach, using new knowledge and appropriate tools, leading to successful grant applications
- 2 Quality Consultancy for TB CARE is provided in line with the goal and targets of the program
- 3 Consultants work within the organizational structure and work plan cycles of TB CARE

### Content:

- 1 Updates from GFATM
- 2 TB CARE Coalition partners
- 3 TB CARE I Countries
- 4 Goal, targets, indicators
- 5 Strategic approach
- 6 Technical areas
- 7 TB-IC Thematic areas

### Methodology:

- 1 Lecture
- 2 Discussion

### Materials:

- 1 Presentation: hand outs and offline slides
- 2 Brochure



### Objective of the Session:

- Facilitators discuss the PDPs with each participant, clarify, prioritize, check the action plan and tentatively plan joint interventions

### Expected Outcomes:

- 1 Participants have a PDP to follow in the next 6 – 12 months
- 2 Tentative agreements about the follow up are made

### Content:

- Facilitators discuss the PDPs with each participant, clarify, prioritize, check the action plan, and tentatively plan joint interventions (for qualifying participants) such as distance support, referral to other trainings or mentoring

### Methodology:

- One-on-one discussions between participant and facilitator

### Materials:

- PDPs

## Annex 1. Application Form (including motivation and reference letter formats)

Application Form  
Refresher TB-IC Training and Workshop

Please email the Application form & Motivation letter and Reference letter

To  Email

If you do not have email, fax to:  attn.

First Name Participant:

Family Name Participant:

Country:

Organization:

Address:

Tel:

Fax:

E-mail:

Please indicate the exact title and full name as you would like to appear on your certificate of participation:

Please indicate if you have any specific dietary or other requirements, related to you stay, in case participation is granted to you:

Need an invitation letter for applying visa to enter:  Yes  No

In order to select the most suitable candidates for this course, we kindly ask you to fill in this short professional profile:

Sex (to ensure the gender balance of participants)

Current position, name of organization

Indicate your professional background  
Public Health  TB-IC   
Consulting  Other:

What are your current tasks and responsibilities in the field of infection control?

Name and contact details of your direct supervisor/coordinator

Have you ever before participated in TB infection control training? Yes  No

If yes, please specify:

Do you speak and understand English well enough to enable your full participation in this course? Yes  No

Do you speak and understand the language(s) of the countries where you plan to provide TB-IC consultancies? Yes  No

Please attach motivation letter (see instruction) and tick the box: Attached

Please attach reference letter (see instruction) and tick the box: Attached

## Motivation Letter

Considering the scope and purpose of the TB-IC course and workshop, you are requested to explain your motivation to attend the course in a motivation letter. Please see the format below.

Clearly state the following:

1. Why and what kind of TB-IC consultancies you are interested in providing
2. Your understanding of TB-IC situation and needs nationally and regionally
3. What competencies (knowledge, skills) you already have which qualify you to potentially provide this kind of consultancies
4. What competencies (knowledge, skills) you still have to develop in order to provide this kind of consultancies
5. Confirm your availability to provide 2-4 TB-IC consultancies (approximately 12 to 40 working days) per calendar year nationally or regionally

In addition to confirming availability, self-employed persons should provide an indication of their average daily fees charged for providing TB-IC consulting services.

Please use the space below:

Name:

Date:

## Reference Letter

Priority during selection will be given to candidates who provide a reference letter from a current employer (if applicable):

1. Recommending the candidate for the mentored field visits program and
2. Stating that the candidate will be available for 2-4 TB-IC consultancies per calendar year.

Please use the space below:

Name:

Date:

## Annex 2. Potential Evaluation Form

### Instruction:

The candidate should have the potential to work as a TB-IC consultant and conduct work independently after one mentored field visit. Training Co-facilitators need to fill in the form individually and bring in to the discussion session, scheduled prior to the last day of the Training.

Please rate for each participant on a scale from 1 to 4

1 = unsatisfactory    2 = satisfactory    3 = good    4 = excellent

Participant's name	Interpersonal skills	Analytical skills	Presentation skills	Writing skills	Application of IC knowledge	Participation during Training and field exercises	***Your recommendation to be enrolled in mentorship program (Yes/No + comments)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

\*\*\* The other 6 criteria, mentioned in section 3 of the Facilitator's Guide (page 3) have to be taken into account when making this decision

### Annex 3. Personal Development Plan and Mentored Field Visit Form

#### Trainee's Personal Competency Assessment Table

Table developed at the end of \_\_\_\_\_ Refresher Advanced TB-IC course and workshop for Consultants to be inserted here:

#### Personal Competency Assessment

Participant name:

Possible learning methods:

Formal training (FTR)

Self study (SS)

Online exchange (OE)

Supervision (SP)

mentoring (MNT)

On-the-job training (OJT)

Feedback from and exchange with peers (FEP)

Other - explain

	Adequate (Indicate with an X)	Needs improvement (Indicate How/ Method)	Needs development (Indicate How/ Method)	Priority High (1), Medium (2) or Low (3)
General IC consultant competencies				
1				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Specific TB-IC consultant competencies – TB IC TRAINER				
1	Know how to do comprehensive training needs assessment			
2.	Knowledge of curriculum review and development			
3.	Knowledge of Adult Learning Methods			
4.	Knowledge of organization of workshop/training principles (learning objectives, learning materials, methods of learning and evaluation)			
5.	Good time management skills			
6.	Facilitation skills			
7.	Skills for development of TB IC plans, M&E			
8.	Skills for development of SOPs			
9.	Sensitive to cultures and trainees' behaviour			
10.	Innovative			
11.	Initiative			
12.	Observant			

Specific TB-IC consultant competencies – TB IC ASSESSMENT (NATIONAL AND FACILITY)				
1	General knowledge of health systems			
2.	Knowledge of policy development and related training methodologies			
3.	Knowledge of organization of the TB control program at national level			
4.	Knowledge of local language			
5.	Skill to link guideline to implementation plan			
6.	Skills to manage stakeholders and identification of key stakeholders			
7.	Advocacy skills to create buy in from stakeholders			
8.	Good writing skills			
9.	Organizational skills			
10.	Cultural sensitivity			

Specific TB-IC consultant competencies – TB IC ASSESSMENT (NATIONAL AND FACILITY)					
1	Knowledge of (local) guidelines for TB				
2.	Knowledge of (local) guidelines for TB IC				
3.	Knowledge of (local) guidelines for general IC				
4.	Knowledge of existing assessment tools				
5.	Knowledge of national health systems				
6.	Know how to develop a (managerial and administrative part of) TB/IC plan based on an assessment and adapted to the country context				
7.	Knowledge of facility use; patient and specimen flow				
8.	Skills to convince and motivate managers and professionals for TB/IC				
9.	Skills in providing detailed advise on administrative controls				
10.	Mentoring skills				
11.	Skills in supportive supervision				
12.	Understanding culture of the community				
13.	Respect the staff				
14.	Patience				
15.	Experience with research				
16.	Experience conducting assessment				

## Personal Development Plan

Based on the priorities above please outline what concrete steps you will take in the next 6-12 months. This will be discussed with one of the course facilitators.

Dates	Steps/Actions

**MENTORED FIELD VISIT PLAN**

**Specialist area:**  
TB-Infection Control

**Trainee**  
**Name and contact details:**

**Professional affiliation:**

**Mentor:**  
**Name and contact details:**

**Country:**  
**Time period of full mission:**  
**Time period of trainee's participation:**

**TOR of the mission**

**Specific learning objectives of the trainee:**

**Specific tasks to be conducted by the trainee:**

**MENTORED FIELD VISIT EVALUATION**

**Evaluation by the mentor/trainer:**

**Recommendations for further learning:**

**Evaluation by the trainee:**

**Personal development plan based on recommendations for further learning:**

Dates	Steps/Actions