

# COURSE DIRECTOR GUIDE



## Training Course on Inpatient Management of Severe Acute Malnutrition

(Adapted from 2002 the WHO *Training course on the inpatient management of severe acute malnutrition*)

## Children 6–59 Months with SAM and Medical Complications

March 2012

This modified version of the 2002 World Health Organisation's *Training Course on Inpatient Management of Severe Acute Malnutrition (SAM)* is the practical application of the 2010 MOH/GHS *Interim National Guidelines for Community-Based Management of Severe Acute Malnutrition in Ghana*. The training course was modified by the MOH/GHS SAM Support Unit in collaboration with the MOH/GHS Regional SAM Support Teams. USAID/Ghana, FANTA-2 Bridge project, UNICEF/Ghana and WHO/Ghana provided technical and financial support to review and modify the training course. This revised training course is made possible by the generous support of the American people through the support of USAID/Ghana and the Office of Health, Infectious Diseases, and Nutrition, Bureau for Global Health, United States Agency for International Development (USAID), under terms of Cooperative Agreement No. AID-OAA-A-11-00014, through the FANTA-2 Bridge, managed by FHI 360.

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## Acronyms and Abbreviations

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ACT	Artemisinin-Based Combination Therapy
CCP	Critical Care Pathway
CMAM	Community-Based Management of Severe Acute Malnutrition
CMV	Combined Mineral and Vitamin Mix
EPI	Expanded Programme of Immunisation
F-75	Formula 75 Therapeutic Milk
F-100	Formula 100 Therapeutic Milk
g	Gram(s)
GHS	Ghana Health Service
IU	International Unit(s)
IV	Intravenous
L	Litre(s)
ml	Millilitre(s)
mmol	Millimole(s)
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NGT	Nasogastric Tube
ORS	Oral Rehydration Solution
ReSoMal	Rehydration Solution for Malnutrition
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
WFH	Weight-for-Height
WHO	World Health Organisation
<	Less Than
%	Percent

## Part One: Planning and Administrative Arrangements

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Careful planning and strong administrative support are essential before, during, and after the *Training Course on Inpatient Care Management of Severe Acute Malnutrition*. This section of the *Course Director Guide* describes the necessary plans and arrangements.

Clinical practice is an essential part of the training course. The course provides daily practice in using case management skills so that participants can apply these skills correctly when they return to their own hospitals. In addition to daily classroom work, each small group of participants visits a severe acute malnutrition (SAM) ward (Inpatient Care) each day to practise identifying clinical signs and managing patients.

It is critical to select a location for the course (town or area) that has a hospital with Inpatient Care that can be visited by participants during the course. This hospital should manage SAM according to the principles and procedures in the *Interim National Guidelines for CMAM in Ghana*. It may be necessary to provide certain equipment, supplies, and consultation to this hospital well in advance of the course to ensure that the hospital will demonstrate good case management.

Part One of this guide describes first how to select the hospital to be used during the course. It then presents a checklist of the necessary plans and arrangements for the entire course. Following the checklist are more detailed instructions for making some of the arrangements.

### 1.1. Criteria for Selecting Hospital for Clinical Practice

The selected hospital must have a separate ward or area for children with SAM, a sufficient case load, acceptable quality of care, and a director and staff who are interested in the course and are willing and able to cooperate.

The SAM ward will be visited daily by all course participants, who will come in several small groups throughout the day. It is best if the ward is close to lodging and classrooms to minimize time needed for transportation.

The ward should have available the supplies and equipment listed on the following pages. If some supplies are not available, they will need to be provided before the course, in plenty of time for staff to learn to use them.

Case management practices should be consistent with those in the *Interim National Guidelines for CMAM in Ghana*. If procedures are not consistent, they should be made consistent to the extent possible prior to the training course.

- If there are significant discrepancies between current practices and the *Interim National Guidelines for CMAM in Ghana*, the effectiveness of the training will be seriously compromised, as the participants will see practices that are different than those being taught in the course. If a facility wants to upgrade its procedures to be consistent with those in the *Interim National Guidelines for CMAM in Ghana*, this



may require training of staff, changing ward procedures, and obtaining additional supplies. The facility may request technical assistance from the Ghana Health Service (GHS) Nutrition Department well in advance of a training course.

- If there are only a few discrepancies between current practices and the *Interim National Guidelines for CMAM in Ghana*, the clinical instructor should be prepared to support the Guidelines and explain the practice in the training site. Local adaptation of some procedures is reasonable; the clinical instructor or course director should be prepared to explain how the current practice is consistent (or not consistent) with the *Guidelines* and the reasons for it.

## Equipment and Supplies Needed for Inpatient Management of SAM

### Ward Equipment/Supplies

- Running water
- Thermometers (axillary or rectal)
- Child weighing scales (and an item of known weight for checking scales)
- Infant weighing scales with 10 g precision (and an item of known weight for checking scales)
- Mid-upper arm circumference (MUAC) tapes
- Adult beds with mattresses
- Bed sheets
- Insecticide-treated bed nets
- Blankets or wraps for warming children
- Incandescent lamp or heater
- Wash basin for bathing children
- Potties
- Safe homemade toys
- Clock
- Calculator

### Pharmacy Equipment/Supplies

- Oral rehydration solution (ORS) for use in making Rehydration Solution for Malnutrition (ReSoMal), or commercial ReSoMal
  - Combined mineral and vitamin mix (CMV)
  - Ready-to-use therapeutic food (RUTF)
  - If available, pre-packaged F-75 and F-100
  - Iron syrup (e.g., ferrous fumarate)
  - Folic acid
  - Vitamin A (Retinol 100,000 and 200,000 IU capsules)
  - Glucose (or sucrose)
  - Intravenous (IV) fluids: one of the following, listed in order of preference:
    - Half-strength Darrow's solution with 5% glucose
    - Ringer's lactate solution with 5% glucose\*
    - Half-normal (0.45%) saline with 5% glucose\*
- \* If either of these is used, add sterile potassium chloride (20 mmol/L) if possible.

- Normal (0.90%) saline (for soaking eye pads)
- Sterile water
- Vaccines as per the national Expanded Programme of Immunisation (EPI)
- Glucometre/Dextrostix
- Haemoglobinometer
- Supplies for IV fluid administration:
  - Scalp vein (butterfly) needles, gauge 21 or 23/IV Cannula
  - Heparin solution, 10–100 units/ml
  - Poles or means of hanging bottles of IV fluid
  - Tubing
  - Bottles or bags
- Paediatric nasogastric tubes (NGTs)
- Sticky tape
- Syringes of multiple sizes: 50 ml for feeds, 10 ml, 5 ml for drawing blood, 2 ml for drugs
- Sterile needles
- Eye pads
- Bandages
- Gauze
- Supplies for blood transfusion:
  - Blood packs
  - Bottles
  - Syringes and needles
  - Other blood collecting materials

## Drugs

- Amoxicillin
- Ampicillin
- Benzylpenicillin
- Gentamicin
- Chloramphenicol
- Ceftriaxone
- Cefotaxime
- Ciprofloxacin
- Cloxacillin
- Cotrimoxazole
- Mebendazole and/or albendazole
- Tetracycline eye ointment
- Chloramphenicol eye drops
- Atropine 1% eye drops
- Paracetamol
- Antimalarial: artemisinin-based combination therapy (ACT)
- Metronidazole
- Nalidixic acid

### **For Skin**

- Nystatin cream
- Benzyl benzoate solution
- Whitfield's ointment
- Gentian violet
- Paraffin gauze
- Potassium permanganate
- Zinc oxide ointment
- Petroleum jelly ointment

### **Laboratory Resources**

- Malaria diagnostic test
- HIV Tests
- Tuberculosis tests (x-ray, culture of sputum, Mantoux)
- Urinalysis
- Stool routine examination and culture
- Blood culture
- Cerebrospinal fluid culture
- Full blood count
- Sickling test

### **Hygiene Equipment/Supplies for Mothers and Staff**

- Toilet, hand-washing, and bathing facilities
- Soap for hand washing
- Place for washing bedding and clothes
- Method for trash disposal

### **Kitchen Equipment/Supplies**

- Dietary scales able to weigh to 5 g
- Electric blender or manual whisks
- Large containers and spoons for mixing/cooking food for the ward
- Cooking stove
- Feeding cups, saucers, and spoons
- Measuring cylinders (or suitable utensils for measuring ingredients and leftovers)
- Jugs (1 L and 2 L)
- Refrigeration (if possible)
- Ingredients to make F-75 and F-100:
  - Dried skimmed milk, whole dried milk, fresh whole milk, or long-life milk
  - Sugar
  - Cereal flour
  - Vegetable oil
  - Clean water supply
- Food for mothers
- Foods similar to those used at home (for teaching transition to homemade complementary foods)

## Reference

- Interim National Guidelines for CMAM in Ghana*

## Set of Laminated Job Aids

- Admission Criteria for the Management of Severe Acute Malnutrition in Children under 5
- Discharge Criteria for the Management of Severe Acute Malnutrition in Children under 5
- Weight-for-Height/Length Reference Tables
- Guidance Table to Identify Target Weight for Discharge from Management of Severe Acute Malnutrition for Children 6–59 Months
- Danger Signs for the Management of Severe Acute Malnutrition in Children under 5 Years in Inpatient Care
- Routine Medicine Protocols and Vaccines for Children under 5 with SAM in Inpatient Care
- Antibiotics for Children with SAM in the Inpatient Care
- Specific Formulation and Body Weight Ranges for Antibiotics for SAM in Inpatient Care
- Other Medicine Protocols and Vaccines for Children under 5 with SAM in Inpatient Care
- F-75 Reference Tables
- F-100 Reference Table
- F-100-Diluted Reference Tables
- RUTF Reference Table for Children 6–59 Months with SAM in Inpatient Care
- RUTF Appetite Test
- Entry and Exit Categories for Monitoring the Management of Severe Acute Malnutrition in Children 6–59 Months

## Laminated Wall Charts

- 10 Steps for Management of SAM in Children 6–59 Months in Inpatient Care
- Admission and Discharge Criteria for the Management of Severe Acute Malnutrition in Children under 5
- Emergency Treatment for the Management of SAM in Inpatient Care
- F-75 Reference Tables
- F-100 Reference Table
- F-100-Diluted Reference Tables
- Guidance Table to Identify Target Weight for Discharge from Management of Severe Acute Malnutrition for Children 6–59 Months
- RUTF Reference Table for Children 6–59 Months with SAM in Inpatient Care

## Forms and Checklists

- 24-Hour Food Intake Chart
- Checklist for Monitoring Food Preparation
- Checklist for Monitoring Hygiene
- Checklist for Monitoring Inpatient Care Procedures

- Critical Care Pathway (CCP)
- Daily Inpatient Care Feeds Chart
- Health Facility Monthly Report Form for the Management of SAM
- Health Facility Tally Sheet for the Management of SAM
- Referral Form from Inpatient Care to Outpatient Care
- Weight Gain Tally Sheet

### Other Documents

- List of Outpatient Care sites with catchment areas and names of community outreach workers (developed per Inpatient Care site)

## 1.2. Checklist for Planning and Administrative Arrangements

As the Course Director, you may not be directly responsible for all of the items on this checklist, but you can ensure that appropriate arrangements are being made or can assign someone the responsibility for making them.

Arrangements may not be listed in the exact order in which they will be made. Space has been left for any additional reminders.

### Initial Planning

1. \_\_\_\_ Location of course selected: The location must be near a hospital with an Inpatient Care that manages SAM that meets the criteria in **Section 1.1** of this Guide. The location must also have adequate lodging and classroom facilities (see item 8 on this list).
2. \_\_\_\_ Time-frame for giving the course identified (during a time of year when the hospital will admit sufficient numbers of children with SAM for clinical practice)
3. \_\_\_\_ Technical assistance provided to the hospital, if necessary, to ensure case management practices are consistent with the *Interim National Guidelines for CMAM in Ghana*
4. \_\_\_\_ Course materials translated (if needed) and printed or obtained from GHS at the national or regional level
5. \_\_\_\_ Specific dates of course and facilitator training selected: As indicated on the schedules provided with planning tools or in **Annexes B** and **C**:
  - a. \_\_\_\_ 3½ days (plus at least 1 day off before the case management training) allowed for facilitator training
  - b. \_\_\_\_ 6 calendar days allowed for the case management training course
  - c. \_\_\_\_ Course director and clinical instructor available 1–2 days before the facilitator training and during all of facilitator training and case management training

6. \_\_\_\_\_ Letters sent to the appropriate district/regional/facility offices asking that office to identify appropriate physicians and senior nurses for training (nutritionist and dietitians will also benefit from the training): The letter:
- a. \_\_\_\_\_ Announces the *Training Course on Inpatient Management of Severe Acute Malnutrition (SAM)* and explains the purpose of the course
  - b. \_\_\_\_\_ Clearly states the number of participants to attend the course (28 maximum) and that these should be physicians, senior nurses, nutritionists, and dietitians who are responsible for treating children with SAM in hospitals
  - c. \_\_\_\_\_ States that participants should plan to attend the entire 6 days of the training course
  - d. \_\_\_\_\_ States that participants who complete the course will receive a certificate from the Ministry of Health (MOH)/GHS
  - e. \_\_\_\_\_ Describes the location and dates of the course
  - f. \_\_\_\_\_ States the date by which case management training course participants should be nominated and the person to whom names should be sent
  - g. \_\_\_\_\_ Clearly states required language and reading skills and stresses that the case management training course is challenging and requires hard work
7. \_\_\_\_\_ Facilitators and clinical instructor selected and invited (see **Criteria for Selecting Clinical Instructor and Facilitators** on pages 13–15): Ensure that:
- a. \_\_\_\_\_ There will be at least one facilitator for every 4–6 participants expected to attend the course.
  - b. \_\_\_\_\_ Facilitators will attend all of facilitator training and the case management training course
  - c. \_\_\_\_\_ The clinical instructor is qualified and is available from 1–2 days before facilitator training through the end of the case management training course  
*Note: The clinical instructor must arrive early to assist with arrangements for clinical sessions. He or she should attend facilitator training, if he or she has not done so before, to become familiar with the training course and learn facilitation skills. He or she will lead one clinical session during facilitator training.*

- d. \_\_\_\_ Course materials are sent to clinical instructor ahead of time so that he can prepare
8. \_\_\_\_ Precise locations selected and reserved for classrooms and lodging: To minimize transportation needs, classrooms should be within easy walking distance of the lodging and the hospital. Selection should be based on the availability of:
- a. \_\_\_\_ Adequate lodging for all facilitators and participants
- b. \_\_\_\_ Accessibility to the hospital
- c. \_\_\_\_ Convenient meal service
- d. \_\_\_\_ A large room for seating all participants, facilitators, and visitors to the training course  
*Note: This is needed only for the case management training, not for facilitator training.*
- e. \_\_\_\_ An LCD projector and computer (1 or more)
- f. \_\_\_\_ Smaller rooms for groups of 10–14 people to work in, plus separate space for individual consultations  
*Note: During facilitator training, only one of these rooms will be needed. During the case management training course, one room is needed for each small group of participants.*
- g. \_\_\_\_ Tables, chairs, adequate lighting, and a flip chart stand for each of these rooms
- h. \_\_\_\_ A separate room for secretariat/support staff
9. \_\_\_\_ List compiled of physicians, senior nurses, nutritionists, and dieticians who will be invited to participate in the case management training course
10. \_\_\_\_ Letters of invitation sent out to selected participants: The letters should:
- a. \_\_\_\_ Briefly describe the purpose and organisation of the course
- b. \_\_\_\_ State desired arrival and departure times for participants and stress the importance of attending *entire* case management training course
- c. \_\_\_\_ Describe arrangements for travel and payment of per diem
11. \_\_\_\_ Arrangements made for a secretary/support staff to arrive at the course location 2 days before facilitator training to ensure that necessary administrative tasks are done

*Note: See the next section of this checklist for administrative tasks. During the entire training course the secretary/support staff will need to work with planners to ensure that the training runs smoothly and that the facilitators' and participants' work is not unduly interrupted. This person may also need to stay an extra day after the training course to pack up remaining materials and pay bills.*

12. \_\_\_\_ Travel authorizations (if needed) sent to facilitators, clinical instructor, and participants
13. \_\_\_\_ Course completion certificate designed and adequate copies printed (to be signed and awarded to all participants and facilitators at the end of the case management training course)
14. \_\_\_\_ Arrangements made for providing adequate numbers of copies of the course materials, necessary supplies for classroom activities, and supplies for clinical practice (necessary materials and supplies are listed on pages 2–6 and pages 16–18)
15. \_\_\_\_ Arrangements made for sending/transporting necessary materials and supplies to the course location

### **At the Course Location, before Facilitator Training Begins**

Two days before facilitator training, the planner and secretary/support staff arrive at the course location to take care of administrative arrangements described in this section of the checklist.

One to two days before facilitator training, the course director and clinical instructor visit the hospital ward (Inpatient Care) and discuss/confirm arrangements (see item 25 on this checklist).

16. \_\_\_\_ Adequate lodging arrangements confirmed for all facilitators and participants
17. \_\_\_\_ Arrangements made for welcoming facilitators and participants at the airport and/or bus station and at the hotel
18. \_\_\_\_ Arrangements confirmed for rooms for conducting facilitator training:
  - a. \_\_\_\_ One room for conducting facilitator training (with characteristics listed in 19b)
  - b. \_\_\_\_ One room for the secretary/support staff with space for storing modules, forms, and other supplies available during both facilitator training and the course



- c. \_\_\_\_ At least one LCD projector and computer
  - d. \_\_\_\_ Area that can be used for preparing ReSoMal, F-75, and F-100
19. \_\_\_\_ Arrangements confirmed for adequate rooms for conducting the case management training course:
- a. \_\_\_\_ Large room available on the first and last day of the course for seating all facilitators, participants, and visitors
  - b. \_\_\_\_ Smaller room available during the course for each small group of participants, each room having:
    - \_\_\_\_ Sufficient table/desk area and chairs for about 12–14 participants and 3 facilitators, plus separate consultation area with additional chairs
    - \_\_\_\_ Additional table area for supplies
    - \_\_\_\_ Flipchart stand with paper and markers
    - \_\_\_\_ Adequate lighting and ventilation
    - \_\_\_\_ Freedom from distractions such as traffic, construction noises, or loud music
  - c. \_\_\_\_ One room for a secretary/support staff and the course supplies
  - d. \_\_\_\_ An LCD projector with a computer set up (ideally, there would be one per group, but if this is not possible, equipment may be shared)
  - e. \_\_\_\_ An area that can be used for preparing ReSoMal, F-75, and F-100 (preferably each class room will have an area that can be used; if this is not possible, a kitchen area may be shared)
20. \_\_\_\_ Arrangements made for registering facilitators for facilitator training and participants for the case management training course:
- a. \_\_\_\_ Sample registration form (found in the planning tools and **Annex E** of this Guide) reviewed and items added if needed
  - b. \_\_\_\_ Registration form prepared
21. \_\_\_\_ Arrangements made for printing and copying of materials during the course (for example, registration forms, pre- and post-tests, schedules, list of participants, end-of-course questionnaires)

22. \_\_\_\_ Arrangements made for meals and coffee/tea service
23. \_\_\_\_ Arrangements made for reconfirming or changing airline, bus, car reservations for participants
24. \_\_\_\_ Arrangements made for paying per diem to participants and facilitators
25. \_\_\_\_ Hospital ward visited and confirmed to be suitable for clinical practice; director and staff informed about practice sessions to be held during facilitator training and the case management training course
- Note: See the Clinical Instructor Guide for more information on preparing for clinical practice. In this Guide, see **Part Two: Preparing for Clinical Practice.***
- a. \_\_\_\_ Clinical practice schedule discussed and agreed upon with hospital and ward in-charge (see **Scheduling Clinical Practice Sessions** on page 22)
- \_\_\_\_ During facilitator training, one group for 2 hours on Day 3
- \_\_\_\_ During the case management training course, \_\_\_\_ groups per day scheduled
- \_\_\_\_ Dates and schedules confirmed in writing
- b. \_\_\_\_ Drugs and supplies for inpatient management of SAM checked and supplemented as necessary (see list on pages 2–6)
- c. \_\_\_\_ Role of ward staff during practice sessions discussed with hospital and ward in-charge
26. \_\_\_\_ Schedule for facilitator training prepared based on suggested schedule in the planning tools and in **Annex B**
27. \_\_\_\_ Arrangements made for daily transportation to and from hospital/classrooms
28. \_\_\_\_ Sufficient copies made of registration forms, schedule for facilitator training, Critical Care Pathway (CCP) pages, pre- and post-tests, referral forms, etc. for use during facilitator training

### **During Facilitator Training**

29. \_\_\_\_ Facilitators registered and given schedule and course materials for facilitator training
30. \_\_\_\_ Plans for opening ceremony of course completed with local authorities

31. \_\_\_\_ Case management training course schedule developed and reproduced in sufficient quantity to give a copy to each facilitator and participant  
*Note: A suggested case management training course schedule is in the planning tools and in **Annex C**.*
32. \_\_\_\_ Clinical practice schedule completed and reproduced in sufficient quantity to give a copy to each facilitator and participant (see the planning tools and **Annex A**)
33. \_\_\_\_ Pairs of facilitators assigned (near the end of facilitator training) to work together during the case management training; To the extent possible, consideration is given to the following when making assignments:
- Fluency in language in which the course is given and language spoken with mothers in the clinic
  - Strengths (for example, clinical expertise, experience with case management procedures, understanding of course content, capability as a classroom trainer or clinical trainer)
  - Motivation to be a facilitator
  - Personal dynamics/temperament (for example, shy paired with outgoing)
  - For nurses' group facilitators, ability to communicate well with nurses and adapt materials according to suggestions in the *Facilitator Guide*
34. \_\_\_\_ Course materials and supplies organized and placed in the appropriate rooms (see lists on pages 16–18)

### **During the Case Management Training Course**

35. \_\_\_\_ Course participants registered using the registration form provided in the planning tools and **Annex E**
36. \_\_\_\_ Groups of up to 6 participants assigned to pairs of facilitators; group assignments posted following the opening ceremony  
*Note: It is preferable to have separate groups for doctors and nurses.*
37. \_\_\_\_ Copies of completed registration forms for participants in each group distributed to the facilitators for that group
38. \_\_\_\_ Secretariat monitors or carries out administrative activities
39. \_\_\_\_ Course directory (including names and addresses of all participants, facilitators, clinical instructor, and the course director) provided to everyone
40. \_\_\_\_ Course photograph, if desired, made in time to be developed before closing ceremony

41. \_\_\_\_ Course evaluation questionnaire and other planning tools (refer to planning tools) modified as needed and reproduced in sufficient quantity to give a copy to each facilitator and participant
42. \_\_\_\_ Arrangements made for closing session
43. \_\_\_\_ Course completion certificate signed for presentation to each participant

### 1.3. Criteria for Selecting the Clinical Instructor and Facilitators

A full-time clinical instructor is critical for conducting this course. The clinical instructor will be responsible for selecting cases and all clinical practice done in the SAM ward. The clinical instructor's tasks are described in detail in the *Clinical Instructor Guide*.

A group of motivated facilitators is also needed. The facilitators will work in pairs with small groups of participants to guide them through work on the modules and assist with clinical practice. Two facilitators are needed for each small group of about 12 participants. The facilitators' tasks are described in detail in the *Facilitator Guide*.

#### Criteria for Selecting the Clinical Instructor

1. The clinical instructor should be **currently active in clinical care** of children. If possible, he or she should have a current position in the management of SAM in Inpatient Care of the facility where the training is being conducted. (If the clinical instructor is not on the staff of the facility, a staff assistant will be needed to help with arrangements and perhaps with translation.)
2. The clinical instructor should have proven **clinical teaching skills**.
3. The clinical instructor should be very **familiar with the *Interim National guidelines for CMAM in Ghana*** and have experience using the guidelines. The clinical instructor should also have **participated in the *Training Course on Inpatient Management of Severe Acute Malnutrition*** previously as a participant or facilitator. He or she should be very familiar with and use the practices described in the *Interim National Guidelines for CMAM in Ghana*.
4. He or she should be **clinically confident** in order to sort through a ward of children quickly, identify clinical signs that participants need to observe, and determine the progress of different children and their care. He or she should understand the daily procedures in the ward and quickly see where participants may assist with care and each child's clinical diagnoses and prognosis so as to not compromise the care of critically ill children. He or she should also be comfortable handling children with SAM and **convey a gentle, positive, hands-on approach**.
5. He or she must have **good organisational ability**. It is necessary to be efficient to accomplish all of the tasks in each clinical session. The individual must be able to stay

on the subject, avoiding any extraneous instruction or discussion. He or she must be able to keep a view of the ward and all the participants and keep all participants involved and learning productively. Teaching three groups of participants requires 4½–6 hours, and these are very active periods. He or she must be energetic.

6. The individual must be **outgoing and able to communicate** with ward staff, participants, and mothers. He or she should be a good role model in talking with mothers. (A translator may be provided if needed.)
7. If possible, in preparation for this role, the individual should work as an assistant to a clinical instructor at another course to see how to select cases, organise the clinical sessions and interact with participants. Or another skilled clinical instructor can join him or her during the first few days of the facilitator training or the case management training.
8. The clinical instructor must be available 1–2 days prior to facilitator training, during all of facilitator training, and during all of the case management training. He or she must be willing and motivated to get up early each morning to review cases in the SAM ward and prepare for the day's clinical sessions.

### Criteria for Selecting Facilitators

*Note: Facilitators may have different strengths and weaknesses. If a facilitator is weak in one of the following areas, it is important to pair him or her with another facilitator who is strong in that area.*

1. Facilitators should be **currently active in the care of children with SAM**. They must have the **basic clinical skills and technical knowledge** to allow them to teach the case management process used in this training course.
2. They must recently have been **participants in the *Training Course on Inpatient Management of Severe Acute Malnutrition, Case Management Training***.  
*Note: This criterion should be applied after a number of courses have been given.*
3. They must have **good communication skills**, including the ability to explain things clearly and simply to others. Facilitators in this course are not expected to give lectures, but to guide participants through written materials, role play exercises, discussions, etc. It is most important that facilitators be observant individuals who can see when participants are having difficulty, explain things clearly, and give helpful feedback.
4. If participants speak a **language** other than the language in which the course is written, it is helpful for at least one facilitator per group to speak that language.
5. They must be **organized**. They must be able to keep the group on schedule and ensure that they arrive for clinical practice on time and with the necessary supplies.

6. If there will be a small group of nurses in the course, it is important to select **at least two facilitators who can relate well to nurses and can teach clearly, patiently, and creatively**. These facilitators will be expected to adapt some of the activities in the course according to suggestions in the *Facilitator Guide*, for example, by omitting certain parts of exercises or by adding examples or demonstrations.
7. Facilitators must be **available during all of facilitator training and during all of case management training course**. They must have the **energy and motivation** to work a long day with participants and then attend a facilitator meeting to review the day's work and prepare for the next day.

*Note: In any course, facilitators may identify participants who would eventually make good facilitators themselves. Ask facilitators to point out participants who:*

- *Understand the modules easily*
- *Perform well in the clinical sessions*
- *Communicate clearly*
- *Help others and work well with others in their group*
- *Participate confidently in discussions and role plays*

## **1.4. Checklist of Instructional Materials Needed**

### **Instructional Materials Needed by Each Small Group**

**Each small group** will need the following instructional materials to work on modules in the classroom setting. During facilitator training, the group of facilitators will also need the following materials.

<b>ITEM NEEDED</b>	<b>NUMBER NEEDED</b>
<b>Facilitator's Guide</b>	1 for each facilitator
<b>Set of 7 Modules</b>	1 set for each facilitator and participant
<b>Support Materials and Job Aids</b>	
Photograph Booklet	1 for each facilitator and participant
Answer Sheets	1 packet for each facilitator and participant
A set of laminated Job Aids	1 set for each facilitator and participant
A set of 10 Inpatient Care Forms and Checklists	1 set for each facilitator and participant
Extra copies of complete set of the Critical Care Pathway (CCP)	At least 5 extra copies for each participant
Extra copies of the 24-hour Food Intake Chart	At least 5 extra copies for each participant
Copies of Enlarged (A2) Inpatient Care Forms	
– 24-Hour Food Intake Chart	1 for each small group
– Critical Care Pathway (CCP)	1 for each small group
– Daily Inpatient Care Feeds Chart	1 for each small group
– Health Facility Monthly Report for the Management of SAM	1 for each small group
– Health Facility Tally Sheet for the Management of SAM	1 for each small group
– Weight Gain Tally Sheet	1 for each small group
– Ward Schedule Format	1 for each small group
Videos	
– Transformations	1 for each small group
– Emergency Treatment	1 for each small group
– Teaching Home Feeding	1 for each small group
– Malnutrition and Mental Development	1 for each small group
Slide Presentations	
– Slides, Overview of CMAM	1 for each small group
– Slides, Closing Session – Way Forward	1 for each small group
For Reference, <i>Interim National Guidelines for CMAM in Ghana</i>	At least a 10 copies for each small group
<b>Planning Tools</b>	
Case Management Training Schedule	1 for each facilitator and participant
Clinical Sessions Schedule	1 for each facilitator and participant
Pre- and Post-Test	1 for each participant
Role plays	A set of all role plays for each small group

## 1.5. List of Other Supplies Needed

Supplies needed for each person include:

- Name tag and holder
- 2 pens
- 2 pencils with erasers
- Note pad
- Highlighter
- Folder or large envelope to collect answer sheets
- Calculator
- A bag to carry the training materials

Supplies needed for each group include:

- Paper clips
- Pencil sharpener
- Stapler and staples
- 1 roll masking tape
- Extra pencils and erasers
- Flipchart pad and markers
- Access to a computer with an LCD

In addition, certain exercises require special supplies. Supplies for demonstrations, role plays and group activities for **each small group** include:

- Ingredients and supplies for preparing ReSoMal:

<b>If using:</b>	<b>Ingredients:</b>	<b>Supplies:</b>
Commercial ReSoMal	ReSoMal packet (84 g) 2 L of cooled, boiled water	Mixing spoon Container to hold > 2 L Measuring cup or medicine cup with ml markings, or 50 ml syringe Small cups or spoons for tasting
ReSoMal made from standard ORS	Two 600 ml Ghana ORS packets 50 g sugar 1 level scoop of CMV 2 L of cooled, boiled water	Same as above, plus: Dietary scale that weighs to 5 g*
ReSoMal made from low-osmolarity ORS	One 1 L low osmolarity ORS packets 40 g sugar 1 level scoop of CMV 2 L Cooled, boiled water	Same as above, plus: Dietary scale that weighs to 5 g*

\* Scale could be shared by groups



- Copies of recipes for F-75 and F-100
  - All ingredients, containers, utensils, and other supplies needed to prepare recipes for F-75 and F-100
- Note: Equipment such as blender or hot plate for cooking may be needed. If necessary, some of the supplies may be shared by all of the groups in a specified kitchen area.*
- Props for role plays: a baby doll with clothes, a basin for bathing, a towel, a cup and saucer for feeding (creative substitutions are allowed)

### Supplies to be Shared by Groups

Near the classrooms, all groups need access to the following equipment and supplies, to be shared by the groups:

- Printer and photocopy machine
- LCD projector and a computer with speakers to enhance the sound
- Hot plate, blender, dietary scale as needed for recipes
- Electrical outlets, extension cords if needed

### Additional Supplies Needed for Clinical Practice

Participants will bring their job aids to clinical practice sessions. The following additional instructional supplies will be needed. Enough supplies are listed here for a case management course with 15–20 participants. In addition, the facilitators will need these supplies for clinical practice during facilitator training.

- CCPs (100 copies of the complete set of CCPs)
  - 24-Hour Intake Charts (100 copies)
  - Pens and pencils
  - 6–8 clipboards and string or tape to fasten clipboards to the foot or head of a bed
  - Axillary thermometers (or rectal thermometers, if available)
  - A few watches (or participants may all have their own)
  - Glucometre/Dextrostix, blood samples, gloves for every participant
  - Weighing scales (UNISCALE preferred) and MUAC tapes
  - Soap for hand washing and a supply of clean cloth towels that can be washed or a supply of paper towels (participants must wash hands before and after clinical practice and between patients)
  - If lab coats must be worn in the hospital, one for each participant and facilitator
- Note: Lab coats should be laundered as needed. To limit risk of transmitting infections, lab coats should not be shared.*

## Part Two: Preparing For Clinical Practice

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### 2.1. Preparing the Clinical Instructor

A clinical instructor who meets the criteria specified in Part One of this Guide (see **Criteria for Selecting the Clinical Instructor and Facilitators** on pages 13–15) will not require extensive training. However, he or she must learn the content of the course and adapt to the methods presented in the *Clinical Instructor Guide*. For some clinical instructors, this is a major change in how they normally teach or conduct rounds.

As the course director, you supervise the clinical instructor. Preparation of the clinical instructor should include the following steps:

1. Send all of the course materials to the clinical instructor well in advance of the course.
2. The clinical instructor should study all of the course materials, focusing especially on the *Clinical Instructor Guide*.  
*Note: Explain to the clinical instructor that selected activities will be conducted during the third day of facilitator training. Suggested activities are proposed on pages 9-10 of the Clinical Instructor Guide. All clinical sessions will be conducted during the case management training.*
3. The clinical instructor should discuss his or her responsibilities and any questions with you so that you both understand and agree what he or she will do.
4. Prior to facilitator training, the clinical instructor should visit the ward with the course director, as described in **Section 2.2**.
5. The clinical instructor should attend as much of facilitator training as possible to learn the content of the course and how the course is structured.
6. **On the third day of facilitator training**, he or she should go early to work with the clinical assistant and translator, if needed, to prepare for selected activities. He or she will then practise these activities with the facilitators as ‘participants’.
7. Refer to the *Clinical Instructor Guide* for details on how the instructor should prepare him- or herself and the ward. Help the instructor to be sure that everything is ready and make arrangements for any remaining items.

### 2.2. Visiting the SAM Ward to Complete Arrangements

Prior to facilitator training, visit the hospital where clinical sessions will be conducted to meet the hospital and ward in-charges and staff and discuss and confirm final arrangements. The clinical instructor should be present at this visit.

1. Briefly describe to the hospital and ward in-charges the objectives of the case management training, the importance of clinical practice in the training course, and the kinds of clinical signs and case management practices that participants will need to observe.
2. Tour the areas where children with SAM may be seen in the hospital (this may include more than one ward):
  - Observe where children arrive, when they typically arrive, and where they are directed. (During one clinical session, participants will observe children in the admissions area or in the ward to identify those with SAM.)
  - Observe the emergency treatment area.
  - See the feed preparation area and observe as F-75 and F-100 are prepared, if possible.
  - Observe how children are fed and how drugs are administered.
  - In all areas see what supplies and equipment are available. Circle the items not available on the list on pages 2–6 of this Guide and obtain them before the course begins.
3. Discuss the schedule for clinical practice during the facilitator training and case management training. (Scheduling is described on pages 22–25 of this guide and on pages 9–11 in the *Clinical Instructor Guide*.) During facilitator training, there will be a 2-hour clinical practice session on the third day. (Also, if desired and if there is time on the first day of facilitator training, there may be a brief tour of the ward.) During the case management training, several small groups will visit the ward at different times each day.

Determine if there are certain times that are best for clinical practice or certain times that are not appropriate.

Ask whether teaching sessions are conducted with parents on the ward and, if so, when they are conducted. Ask about play sessions as well. Explain that you would like participants to observe those sessions if possible.

Agree on the schedule with the hospital and ward in-charges. As soon as possible after the visit confirm the schedule in writing.

4. Plan with the hospital and ward in-charges what role the ward staff will play during the participants' clinical practice sessions.

If possible, arrange for a clinical assistant (a regular staff member such as a nurse) to assist with clinical practice sessions. This staff member would help identify suitable children. If necessary, arrange for a translator as well.

5. Determine what participants will be allowed to do in the ward. It is expected that they will be allowed to feed children, monitor children's respirations, pulse and temperature, and assist with activities such as weighing, measuring, and bathing (all with supervision).

6. Brief ward staff so they understand what to expect during the clinical sessions (e.g., how many people will come, what they will be doing and learning). During some sessions, participants will observe and assist staff as they feed and give daily care to children in the ward. Get ideas from staff on the best ways to do this. Encourage their cooperation and thank them for their help.

### 2.3. Scheduling Clinical Practice Sessions

One clinical practice session must be scheduled during facilitator training, preferably for about 2 hours on the third day. This session will allow the clinical instructor to practise some of the activities planned for the course. It will allow the facilitators to become familiar with what will happen during clinical practice.

During the case management training each small group will visit the ward once each day. Visits will be from 1 to 2 hours in length. Scheduling is discussed in detail in the *Clinical Instructor Guide*, pages 9–11. In the planning tools and in **Annex A** is a sample form to use in determining the schedule for clinical training during the case management training. Plan the schedule with the clinical instructor and hospital and ward in-charges. Make a copy for each participant.

#### Example

The next page contains an example of a schedule for clinical sessions in a course with two small groups (groups A and B). Notice that groups visit the ward at different times each day to ensure that they observe different parts of the daily routine. Remember that your schedule may be very different, depending on the number of groups, the ward schedule, etc.

**Example Clinical Practice Schedule with Two Groups****Region:****Venue:****Date:**

Activity/Day:		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
<b>Group A</b>	<b>Ward</b>	<b>11.00–12.00</b> Tour of the ward	<b>14.00–15.30</b> Clinical signs of SAM Measuring MUAC and weighing	<b>11.00–12.30</b> Initial management: CCP charts Feeding on F-75	<b>14.00–15.00</b> Initial management and feeding: F-75 and RUTF Use of F-100	<b>14.00–15.00</b> Daily care Monitoring using a checklist	<b>11.00–12.30</b>
	<b>Feed preparation area/other</b>		<b>16.30–17.15</b> Preparation of ReSoMal	<b>15.00–16.00</b> Preparation of F-75 and F-100 Show RUTF		<b>09.30–10.30</b> Visit Outpatient Care: linkage between Inpatient Care and Outpatient Care	
	<b>Video</b>	<b>14.00–14.30</b> Transformations	<b>11.00–11.30</b> Emergency Care				<b>12.00–13.00</b> Nutrition Counseling and Play
<b>Group B</b>	<b>Ward</b>	<b>12.00–13.00</b> Tour of the ward	<b>11.30–13.00</b> Clinical signs of SAM Measuring MUAC and weighing	<b>14.00–15.30</b> Initial management: CCP charts Feeding on F-75	<b>15.00–16.00</b> Initial management and feeding: F-75 and RUTF Use of F-100	<b>15.00–16.00</b> Daily care Monitoring using a checklist	
	<b>Feed preparation area/other</b>		<b>14.30–15.15</b> Preparation of ReSoMal	<b>11.30–12.30</b> Preparation of F-75 and F-100 Show RUTF		<b>09.30–10.30</b> Visit Outpatient Care: linkage between Inpatient Care and Outpatient Care	
	<b>Video</b>	<b>14.00–14.30</b> Transformations	<b>11.00–11.30</b> Emergency Care				<b>14.00–15.00</b> Nutrition Counseling and Play

## Part Three: Training Facilitators

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Eventually facilitators should be prepared in three phases, as follows. For the first courses given, a high-quality 3½-day facilitator training session is recommended.

1. The individual attends the case management training as a participant to learn the training materials content and develop skill in managing children with SAM according to the *Interim National Guidelines for CMAM in Ghana*.
2. The individual attends a 3½-day facilitator training session (usually immediately prior to a course in which he or she will serve as a novice facilitator).
3. He or she has a first experience as a facilitator, paired with an experienced facilitator and closely supervised by the course director.

After successful completion of this process, an individual is considered fully prepared to serve as a facilitator in the *Training Courses on Inpatient Care Management of Severe Acute Malnutrition*. Part Three of this Guide describes in detail how to conduct the 3½-day facilitator training session mentioned above.

### 3.1. General Structure of the Facilitator Training Session

The 3½-day facilitator training session occurs before the case management training course. As course director, you are responsible for conducting facilitator training. If possible, you should be assisted by a co-director or an experienced facilitator. As the training is intensive, it is very helpful to have two people work together. By working together, you can also demonstrate how co-facilitators share the work during the actual course.

Facilitator training is extremely important, and all new facilitators should attend. About 10 facilitators may be trained during a session. Well-trained and supportive facilitators are necessary for the success of the case management training course.

Even if facilitators are familiar with the training material content and are experienced in managing children with SAM, they need facilitator training to learn **how to teach** the course.

Facilitator trainees will work quickly through the modules and take turns practising the teaching activities described in the *Facilitator Guide*. A clinical instructor will organise and supervise clinical sessions during this course, so facilitators will assist rather than direct these sessions. During the facilitator training, facilitators will attend one clinical session to become familiar with the SAM ward and how clinical training will work.

Three methods will be used to demonstrate and practise teaching activities.

1. You (the course director) act as a facilitator. Facilitator trainees observe appropriate behaviours as you introduce a module, provide individual feedback, do a demonstration, conduct a video exercise, lead a group discussion, coordinate a role play, lead an oral drill, etc.
2. A facilitator trainee acts as a facilitator speaking to a group of participants. The trainee is therefore practising teaching activities when introducing a module, doing a demonstration, conducting a video exercise, leading a group discussion, coordinating a role play, leading an oral drill, or summarising a module. While practising, the trainee is also demonstrating these teaching activities for the others in the group.
3. One trainee acts as a course participant and the other acts as a facilitator providing individual feedback. Both sit in front of the room positioned as a facilitator and participant would be. The facilitator trainee is both practising and demonstrating individual feedback. He or she asks questions to ensure that the ‘participant’ understands the exercise, discusses how the concept is applicable in real situations, and mentions all the major points specified in the *Facilitator Guide*.

*Note: Situating these two individuals apart from the rest of the group is important because it clearly shows that giving individual feedback is different from leading a group discussion. In the past, individuals have not understood the individual feedback procedure until they have observed and participated in it. If facilitator trainees are told that feedback is to be given individually but they never practise it or see it done, they are not likely to provide it during the course.*

### 3.2. Daily Schedule

The 3½-day facilitator training schedule will focus on teaching skills to be used in the classroom. Most of the time will be spent in the classroom reviewing the modules, learning techniques for teaching modules, and practising those techniques. During the third day, there will be a 2-hour clinical session led by the clinical instructor. The final half-day is used to finish work on the modules and set up the classrooms for the case management training.

A suggested schedule for facilitator training is provided in the planning tools and in **Annex B**. A suggested schedule for the course itself is provided in the planning tools and in **Annex C**. These schedules can be used to make more precise schedules including specific dates and times once you know the times for clinical sessions, transport to clinical sessions, and the arrangements for lunch, tea breaks, etc.

The schedule for facilitator training is highly compressed and will require efficient and concentrated work. Facilitator trainees will review in only 3½ days what they will teach to case management training participants in 6 days. In facilitator training, modules will be reviewed very quickly; it may be necessary to do some independent work on exercises at night. The focus in the classroom will be on learning to give feedback for those exercises.

From time to time, you will need to remind facilitator trainees that the course will **not** be conducted the way that facilitator training is conducted. During the case management training, participants will read a section of the module, do an exercise, receive feedback, etc., as described in the *Facilitator Guide*. Participants will attend a clinical session every day of the course. Refer to the *Facilitator Guide* and the actual case management training course schedule frequently so everyone understands how the actual case management training course will differ.

### 3.3. Practising Facilitator Techniques

At appropriate points during facilitator training, you will introduce the following facilitator techniques:

- Working with a co-facilitator
- Introducing a module
- Giving individual feedback
- Conducting a demonstration
- Leading a discussion
- Conducting a video activity
- Coordinating a role play
- Leading an oral drill
- Adapting teaching methods for nurses' groups
- Summarising a module

Once a technique has been introduced, you will assign facilitator trainees to practise the technique in front of the group. For some teaching activities, two trainees should practise together, acting as co-facilitators. This will allow them to practise working in pairs, as they will in the course. After every activity, it is useful and important to discuss the trainees' performance and give feedback.

By the end of the training, every trainee should have practised each facilitator technique. A Practice Assignment Grid is provided in the planning tools and in **Annex F** to help you ensure that each trainee has adequate practice. Turn to this grid and list the names of the trainees. Whenever someone practises a technique, make an entry on this grid.

### 3.4. Using this Guide to Conduct the Facilitator Training

It is assumed that you are already familiar with this case management training course and have experience as a facilitator in this course or similar courses. To prepare to teach others to be facilitators, read this Guide and reread and study the *Facilitator Guide*.

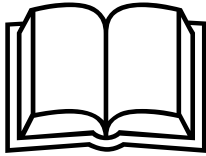
When conducting the facilitator training, keep available the schedule, provided in the planning tools and in **Annex B**, for an overview of the steps to be accomplished each day.

This Guide gives instructions, day by day and step by step, for conducting facilitator training. Just turn to the appropriate part, the appropriate day, and follow the instructions.

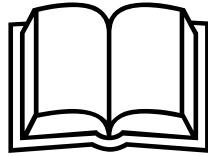


Some instructions tell you to go to the *Facilitator Guide* and do certain steps described there. When you do that, leave the *Course Director Guide* open to keep your place. When you have finished the steps in the other guide, look back to the *Course Director Guide* to find out what to do next.

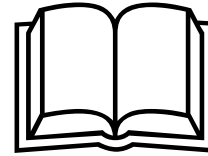
**Note:** *You will end up with several books open at the same time. Therefore, it is a good idea to have a large area for yourself at the table so that you can arrange your guides and modules in front of you as you lead the training.*



*Course Director Guide*



*Facilitator Guide*



*Module*

# FACILITATOR DAY 1

## A. Opening Session

Examples of slides to accompany this opening session are provided in the planning tools and in **Annex H** of this Guide. The slides may be used in a PowerPoint presentation, for which a CD is provided with this training course.

### A.1. Introductions

Introduce yourself as the course director and write your name in large letters on a blackboard or flipchart. Ask the facilitator trainees to introduce themselves and write their names under yours on the flipchart. They may also wish to tell other information about themselves.

### A.2. Administrative Tasks

Make any necessary announcements regarding meals, transportation, payments, hotel regulations, etc.

### A.3. Review the Purpose of the Course (Slide 1)

The training course was developed in 2002 by the World Health Organisation (WHO). Since then new evidence and innovations, such as Community-Based Management of Acute Malnutrition, or CMAM, have come up. This course has been adapted for Ghana and includes latest evidence in the management of severe acute malnutrition, or SAM.

This training course will eventually be used in hospitals in the country. The purpose is to teach the case management process described in the *Interim National Guidelines for CMAM in Ghana*. The content of the course is consistent with the national guidelines. In certain hospitals that have used these case management procedures over time, case fatality has been reduced from over 30 percent to less than 5 percent.

The course is intended for doctors, senior nurses, nutritionists, and dieticians in hospitals that have severe malnutrition wards or plan to start such wards. It is expected that participants will return to their hospitals and make changes to improve case management.

## B. Introduction to the Facilitator Training

### B.1. Context of the Facilitator Training (Slide 2)

Cover the following points:

- There will be [number] participants attending the course titled *Training Course on the Inpatient Care Management of Severe Acute Malnutrition* on [dates].

- The participants will be doctors, senior nurses, nutritionists, and dieticians who manage children with SAM in hospitals.
- All of you will be facilitators assisting participants to learn the skills presented in the course materials. These 3½ days are your time to work through the materials and prepare to teach others.
- As facilitators, you will work in pairs to teach the course. Each pair will be assigned a group of about [number] participants. Pairs for the course will be assigned later. During facilitator training, each of you will work with a variety of other trainees.

## **B.2. Materials Needed (Slide 3)**

Give each facilitator the following materials. (Other materials, such as the video, will be provided later as needed.) Comment that participants will be given modules one at a time, but you are giving facilitators the modules all at once so that they may work ahead.

- Set of 7 modules
- *Photographs* booklet
- *Facilitator Guide*
- Answer sheets
- Set of laminated job aids
- Set of Inpatient Care forms and checklists
- Slide presentation
- For reference, the *Interim National Guidelines for CMAM in Ghana*

## **B.3. Objectives of the Facilitator Training (Slide 4)**

- Learn the course content.
- Practise the teaching techniques used with the modules (for example, giving individual feedback, leading group discussions, leading oral drills).
- Become familiar with Inpatient Care and how clinical practice will be conducted.
- Learn ways to work effectively with a co-facilitator.
- Practise communicating in supportive ways that reinforce learning.
- Discuss problems that may be faced during the course (for example, slower readers, logistical difficulties in the ward, or sections of a module which may be difficult to teach) and prepare to handle these difficulties.
- Facilitator training is far more than learning the content of the course materials. It is training in teaching techniques.

## B.4. Teaching Methods (Slide 5)

Explain that teaching methods of this course are based on several assumptions about learning.

1. Instruction should be performance-based.

Instruction should teach the student tasks he will be expected to do on the job. This course is developed based on an analysis of tasks involved in managing SAM. Each module teaches the knowledge and skills needed to perform some of these tasks. At the beginning of each module is a list of learning objectives describing the tasks taught in that module.

2. Active participation increases learning.

Students learn far more quickly and efficiently by actually doing a task than by just reading or hearing about it. Practise helps students remember more and keeps them interested and more alert. This course actively involves the participants in doing written exercises; participating in group discussions, drills, and role plays; and, most importantly, in clinical practice.

3. Immediate feedback increases learning.

Feedback is information given to a participant on how well he or she is doing. If a participant does well on an exercise, and is reinforced immediately, he or she is more likely to retain what he has learned. Immediate feedback also allows misunderstandings to be corrected before they become strong beliefs or before the student becomes further confused. In this course, the facilitators give immediate feedback on each exercise, tailored to each participant's needs. Feedback is provided through group discussion or individual consultation.

4. Learning is increased when instruction is individualised.

Participants attending this course will learn at different speeds and in different ways. For maximum learning to occur, the instruction must be flexible enough to allow each participant to proceed at a pace that is comfortable for the individual. Each participant should ask questions and receive explanations to the extent necessary for him or her to understand and acquire the skill and knowledge. This course is structured so that the participants are able to do the exercises at a comfortable pace and then discuss any problems or questions with a facilitator.

5. Positive motivation is essential if learning is to take place.

Participants must want to learn for instruction to be effective. Most of the time, participants come to a course highly motivated. Facilitators help the participants to maintain this motivation by providing individual attention, giving prompt feedback, **reinforcing them for their work on the exercises**, ensuring that they understand each exercise, and encouraging them in group activities and clinical practice.

### B.5. Schedule for the Facilitator Training (Slide 6)

Distribute a written schedule for facilitator training based on the one in **Annex B**. Explain that this 3½-day schedule is very much condensed from the full 6-day case management training course. Give the facilitator trainees a copy of the actual course schedule as well so that they can compare the activities and pace of the actual case management training course with those of facilitator training.

Explain that the facilitator trainees will move very quickly through the modules and will focus mainly on teaching techniques. They will have one clinical session led by the clinical instructor.

### B.6. Introduction of the *Facilitator Guide* (Slides 7 and 8)

Trainees will learn to use the *Facilitator Guide* during the 3½-day training.

1. Ask trainees to read pages 2–4 of the *Facilitator Guide*, a description of the roles and responsibilities of a facilitator.
2. Answer any questions about pages 2–4. Then, briefly summarize the major duties of a facilitator (**Slide 7**), which are to:
  - Introduce the modules
  - Answer questions and assist participants while they work
  - Provide individual feedback on completed exercises
  - Do demonstrations and give explanations of certain steps
  - Conduct oral drills
  - Lead and summarise video exercises and group discussions
  - Coordinate role plays
  - Summarise the modules
  - Assist with clinical practice as requested by the clinical instructor

Be clear that facilitators are not in charge of ward visits; they are there to assist, and also to observe so that they can discuss what was seen back in the classroom.

3. (**Slide 8**) Urge facilitator trainees to follow procedures in the *Facilitator Guide* and make the points specified. Review the parts of the *Facilitator Guide*:
  - Checklists of instructional materials and supplies needed (pages 2–6)
  - Procedures table for each module
  - Notes for each step of the procedures
  - Shaded boxes with special notes for nurses' groups
  - Blank boxes (at the end of each module section) for additional points
  - The section of 'Guidelines for All Modules' at the end of the Guide

4. Point out that answer sheets for the exercises are in a separate packet. The facilitator may want to keep his or her answer sheets stapled together. However, he or she will detach sheets one at a time to give to each participant after feedback. Participants may keep their loose answer sheets in a folder or envelope that is provided with the course supplies.

You may want to write the message ‘Remember to use your *Facilitator Guide*’ on a flipchart page and leave the message visible throughout the training.

Encourage trainees to write notes in their guides about important points to make during the case management training course.

## **C. Module 1, Introduction**

### **C.1. Review and Demonstration**

Ask facilitator trainees to open to page 8 of the *Facilitator Guide*. Point out the Procedures table and the corresponding notes. Ask the group to follow along as you use the notes to lead them through the *Introduction* module.

Follow the procedures closely, but save time by asking trainees to quickly review the contents of the module rather than reading carefully. Since trainees have already introduced themselves, simply mention this step rather than doing it.

If you have a co-facilitator, turn to your co-facilitator for help in remembering to include all of the relevant points. For example, ask him or her aloud, ‘Have I forgotten anything?’ By doing this you will demonstrate one way to work together as co-facilitators.

When you have finished, tell the group that you have just demonstrated how to follow the procedures for the *Introduction* module. Answer any questions about how to use the *Facilitator Guide*.

### **C.2. Facilitator Techniques: Working with a Co-Facilitator**

Explain that there are several ways that co-facilitators can help each other and work as a team. For example, while one facilitator is leading a discussion, introducing the module, or doing a demonstration, the other facilitator can:

- Record information on the flipchart
- Operate the LCD and computer for the video sessions
- Follow along in the *Facilitator Guide* to ensure that no important points are omitted and politely add certain points if necessary

When first assigned to work together, co-facilitators should take time to talk about prior teaching experiences and individual strengths and weaknesses. They should agree on roles and responsibilities and how to work together as a team.

Suggestions for working together as co-facilitators:

1. Discuss in advance how you will work together on exercises and other activities. Review the teaching activities for the next day, and agree who will prepare for each demonstration, lead the drill, play each role, collect supplies, etc. However, do not divide your work with a feeling that ‘this is your piece and this is mine.’ Be flexible and ready to adjust roles if needed.
2. Work together on each module rather than taking turns having sole responsibility for a module. Within a module or clinical session, you will at times be the leader and at other times the helper, writing on the flipchart, stopping and starting the video player, etc.
3. When you lead a discussion, always try to ask the opinion of your co-facilitator. For example, ask ‘Dr. King, do you have something to add?’ or ‘Would you agree with this explanation?’
4. When you are assisting, be respectful and polite. Give your co-facilitator your full attention (maintain eye contact). If you need to add information, wait until a suitable point in the presentation. Then politely ask, ‘Do you mind if I add something here?’ Or say, ‘Excuse me, there is one more point I would like to mention.’
5. If you think that your co-facilitator is doing a demonstration incorrectly or giving incorrect information, avoid directly contradicting him or her in front of the group. It may be possible to say, ‘Excuse me, but may I clarify that?’ If the situation is more complicated, quickly excuse yourselves, discuss the error privately, and decide how to clarify the explanation or demonstration to the group. The group must be given correct information as soon as possible. If there is a serious disagreement between you and your co-facilitator, you may need to seek help from the course director.

During facilitator training, pairs of trainees will practise working together on demonstrations, video exercises, group discussions, and other exercises. When given an assignment, each pair should discuss in advance how to work together.

## **D. Module 2, Principles of Care**

Facilitator trainees will now begin the *Principles of Care* module. During facilitator training, facilitators must work quickly. In contrast, in the actual course, facilitators should not rush participants through the materials, but should allow them to proceed at a comfortable pace. Homework is not recommended during the case management training, as participants will be tired in the evenings.

### **D.1. Facilitator Techniques: Introducing a Module**

Demonstrate introducing the module as described on page 11 of the *Facilitator Guide*. Ask trainees to notice the instructions for introducing the module as you speak. Tell them that from now on you will ask them to introduce each module. Tell them to keep introductions brief (just a few remarks). They should not lecture on the content of the module, but should cover the points in the *Facilitator Guide*.

### **D.2. Reading and Work on the Module**

Ask trainees to quickly read the *Principles of Care* module through page 4 and do Exercise A using the *Photographs* booklet. Suggest that trainees highlight points in the module where the facilitator intervenes. For example, highlight the places where individual feedback is given or where a discussion is held. It will be helpful to highlight all of the modules in this manner.

### **D.3. Facilitator Techniques: Leading a Discussion**

Point out that Exercise A involves individual work prior to a group discussion. Most discussions in this course require some individual work first so that participants can organise their thoughts and prepare to share their ideas.

Point out the shaded box for nurses' groups on page 12 of the *Facilitator Guide*. Because this is the first exercise in the course and nurses may be unsure what is expected of them, this box suggests that several photos be discussed as a group before the nurses are asked to work individually. Explain that you will lead the discussion as though the group includes physicians rather than nurses.

Acting as a facilitator, demonstrate how to lead the group discussion in Exercise A, being careful to use good facilitator techniques and follow the steps in the *Facilitator Guide*.

Ask trainees to look at pages 84-85 of the *Facilitator Guide*, which gives general guidelines for leading a discussion, and review the points. Explain that from now on trainees will practise leading the group discussions.

### **D.4. Reading and Work on the Module**

Ask trainees to read pages 11–19 of the module and do Exercise B using their *Weight-for-Height Reference Tables*.

### **D.5. Facilitator Techniques: Adapting for Nurses' Groups**

Explain that nurses' groups and some other groups may need a demonstration of how to use the *Weight-for-Height Reference Tables* before they attempt Exercise B. Facilitators will quickly see how much assistance a group needs. It is important to give enough explanation that participants do not become frustrated by a lack of understanding. However, too much explanation can be boring and can be seen as condescending.



Acting as a facilitator, demonstrate how to use the *Weight-for-Height Reference Tables*. Use the notes in the shaded box on page 15 of the *Facilitator Guide*.

After that, briefly explain about MUAC and how to use it and the various cutoff points for the MUAC measurements. Show the participants a sample MUAC tape; you may pass round the MUAC tape for the group to have a closer look.

**At this point, explain to the participants that Ghana has adapted the use of MUAC as an independent criterion for classifying and managing children with SAM. Weight-for-height (WFH) will be taught in this course, but will not be used at the facility level for the management of SAM in Ghana.**

After the demonstrations, ask the trainees if they would have found the demonstration helpful before doing Exercise B. Remind trainees that participants will come from a variety of backgrounds. Facilitators will need to be sensitive to the strengths and weaknesses of participants in their groups. If a group is likely to need extra help with a concept, facilitators should use the shaded boxes to give additional explanations or demonstrations. If the group seems able to understand the reading and do the exercises independently, then facilitators should not interrupt their work with unnecessary explanations.

Since time is taken with nurses' groups to do some additional demonstrations, it is necessary to omit parts of some exercises to make up the time. The shaded boxes suggest which exercises may be shortened for nurses' groups. In general, these are exercises that may not be as relevant to the nurses' jobs.

## **D.6. Facilitator Techniques: Individual Feedback**

Referring to the procedures table on page 11 of the *Facilitator Guide*, point out that Exercise B requires individual feedback, as indicated in the 'Feedback' column of the table. Point out the related notes on pages 15–17 and the answer sheet in the packet of answer sheets.

Explain that individual feedback is done by one facilitator talking to one participant privately. Each facilitator may set up a place in a separate area where participants can come to them for individual feedback.

Ask for a volunteer to act as a 'course participant' who has just completed Exercise B. The participant will present his or her answers as written in the module. (He or she may wish to make up a wrong answer or two.) You will act as the facilitator, modelling the technique of giving **individual feedback**. Sit face to face with the participant in the front of the room and speak clearly so that everyone can hear.

After modelling individual feedback, ask facilitator trainees to look at page 90 of the *Facilitator Guide*. It explains what facilitators should do when giving individual feedback. Review each point on that list. Then review the additional points below.

- If space allows, provide individual feedback somewhat away from the group to avoid disturbing others and to give the participant some privacy. For example, a participant and facilitator could sit in chairs in the hall where a case management chart is posted or in the corner of the room.
- Individual feedback may be fairly brief. During the course, individual feedback may not be as complete and lengthy as it is during facilitator training, when you are learning how to provide feedback.
- Sometimes the guidelines for feedback on an exercise suggest a question to ask about the participant's own hospital and its procedures. For example:
  - What admission criteria are used in your hospital?
  - Are 2-hourly feedings given to new patients?
- When these questions are suggested, ask them and listen carefully to the participant's answers. You will understand his or her situation better and may help the participant think through any concerns.
- All of you will practise giving individual feedback during this training. You will review a 'participant's' answers and discuss how he or she arrived at his or her answers. You will practise consulting the Guide and mentioning any key points. However, the questions and comments of the individual acting as the participant may not be similar to those encountered during the course. Actual participants are likely to be more shy and may read or understand less quickly.

### **D.7. Reading and Work on the Module; Practice Leading the Group Discussion of Exercise C**

Ask facilitator trainees to read pages 22-24 of Module 2 and do Exercise C. They should also look at corresponding guidelines in the *Facilitator Guide*.

Assign one trainee (someone who works quickly) to be prepared to lead the group discussion after Exercise C. Remind this trainee to follow the guidelines on pages 16–17 of the *Facilitator Guide*. Record the assignment on the grid in **Annex F**.

When everyone is ready, ask the assigned trainee to lead the discussion. After the discussion, invite the rest of the group to comment on how it was led. Start by mentioning good points, and then discuss what should be improved. Be sure to clarify the content of the module if there is any confusion.

***Note:** Every time that a facilitator trainee practises leading an activity, be sure to give feedback. You may find it helpful to refer to the performance criteria on pages 55–57 of this guide to remind you of items to note when providing feedback to facilitators.*

## D.8. Facilitator Techniques: Oral Drills

Referring to the procedures table on page 11 of the *Facilitator Guide*, point out the oral drill. Point out the related notes on pages 17–18.

Explain that repetitive practice will help participants learn certain skills. This oral drill provides practice in determining WFH z-scores and using the MUAC measure cutoffs to classify SAM. There will be other oral drills (for example, on determining amounts of F-75 needed) later in the course. Explain how to lead an oral drill.

- Gather the participants together. A drill works best when the chairs are arranged in a circle or around a table.
- Tell the participants that you are going to do a drill. A drill is not a test. It is an opportunity to practise a step in order to develop speed and confidence.
- Ask a question and direct a participant to answer. He or she should answer quickly. If he or she cannot answer or answers incorrectly, you will ask the next person. Continue asking questions to participants in order, going around the circle.
- Keep the pace lively and the mood cheerful. Congratulate participants as they improve in their ability to answer correctly or more quickly.

Facilitators have some flexibility in when to lead a drill during the course. They may do a drill at a time when participants need a break from reading. They may do a drill after a tea break or lunch, as a way to focus the group's attention.

Begin the drill on z-scores, MUAC, and classification of SAM as described in the *Facilitator Guide*. Then, after the pace of the drill is set, let a trainee take a turn being the 'facilitator' while the others act as 'participants'. Afterward, discuss how the drill went. Were there ways that the drill could have been improved? Facilitators may add some more items to the drill in the blank spaces provided.

Record on the grid in **Annex F** the trainee who practised leading the drill.

## D.9. Reading and Short Answer Exercises

Explain that the next part of the module includes reading about the rationale for the case management procedures taught in this course. To break up the reading and check the participants' understanding, a few short answer exercises are given. The first two (on pages 28 and 33 of the module) are group checked. In other words, when everyone has completed the short answer exercise, the facilitator will review the answers with the group. Answers are given in the *Facilitator Guide*. These should not be long discussions, just a way to ensure that the participants understand the material.

After the third short answer exercise (page 37), participants should check their own answers by looking at the correct answers given at the end of the module.

Ask facilitator trainees to continue reading to the end of the module, doing the short answer exercises as they come to them. Assign a trainee to lead each of the following brief discussions to check the answers. Remember to record the assignments on the grid in **Annex F**.

\_\_\_\_\_ Group discussion, checking answers to short answer exercise on page 28 (guidelines on page 19 of *Facilitator Guide*)

\_\_\_\_\_ Group discussion, checking answers to short answer exercise on page 33 (guidelines on pages 19-20 of *Facilitator Guide*)

When everyone has finished the module, ask the above trainees to practise leading these brief discussions. Remember to give them feedback. Remind trainees to avoid confusing participants with too many medical details. If a participant wants to discuss a complicated issue at length, facilitators should offer to discuss it after class.

#### **D.10. Facilitator Techniques: Video Activity**

Referring again to the procedures on page 11 of the *Facilitator Guide*, point out that a video is used in this module. Each group will have a videotape that includes four video segments to be used in the course.

Show the group how the LCD works. Ask them to come close as you show them how to insert the LCD, turn on the power, rewind, play the CD (or video if saved on a laptop), stop the CD, etc. Explain where the equipment will be during the course.

Discuss the techniques of leading a video exercise. Include the following points.

- Practise with the video before the exercise, so that you know what to expect, when to start and stop it, and how to adjust it. If it is a temperamental machine, give yourself enough time to get it working or arrange to have someone there who works well with the machine.
- Be sure that the lighting and the arrangement of chairs will allow everyone to see the monitor clearly.
- The first few times you show a video, it may take participants a few minutes to focus their attention on the video and become accustomed to the picture and the narrator's voice. If you feel this is true, ask the participants if they would like you to restart the video.
- You may show the video again if time allows and there are no other groups waiting to use the machine.

Explain that the main point of this video is to review the signs of SAM and show dramatic improvements over time. Show the video. After showing the video, ask what signs of recovery the facilitators saw. Also discuss photos 21–29. These photos show changes in three children over a period of weeks.

There will be a chance for trainees to practise leading a video activity later.

### **D.11. Facilitator Techniques: Summarising the Module**

Point out the guidelines for summarising the *Principles of Care* module in the *Facilitator Guide* (pages 21-22). Show trainees the blank box in which they may write additional points to include in the module summary. Ask for any suggestions to put in the box for this module.

Then summarise the module as instructed. Explain that from now on you will be asking trainees to introduce and summarise modules. Guidelines are always given in the *Facilitator Guide*. Introductions and summaries should be very brief. Record on the Practice Assignment Grid in **Annex F** as trainees have a chance to introduce or summarise modules.

## **E. Module 3, Initial Management**

Point out the procedures for the *Initial Management* module on page 23 of the *Facilitator Guide*. Point out the section titled ‘Preparations for the module’ on pages 23-24. This section describes special supplies needed for a module, such as enlarged copies of forms and ingredients for ReSoMal. Be sure that you have these supplies ready in the classroom or feed preparation area.

### **E.1. Reading and Practise Introducing the Module**

Ask trainees to read through page 10 of the module. Point out that nurses groups will stop at page 4 for a brief review and explanation. Point out the shaded box for nurses’ groups on page 25 of the *Facilitator Guide*. Trainees should read these shaded boxes, but should practise as though they are leading a group of physicians, unless instructed otherwise.

Ask one person to be prepared to introduce the module. Record the assignment on the grid in **Annex F**. (In the real course, the facilitators will introduce the module before the participants begin reading. The order is reversed here simply to allow the trainee time to prepare.)

\_\_\_\_\_ Introduction of the module (page 24 of the *Facilitator Guide*)

### **E.2. Facilitator Techniques: Conducting a Demonstration**

Referring to the procedures table on page 23 of the *Facilitator Guide*, point out that after the introduction of the module, course participants will read through page 10 of the module, and then the facilitator will introduce the CCP and demonstrate use of the Initial Management

page of the CCP. Point out the guidelines for the demonstration on pages 26–27 of the *Facilitator Guide*.

Acting as a facilitator, demonstrate use of the CCP on an enlarged copy. Ask another person to act as a co-facilitator and read the story of ‘Dikki’ while you record.

After the demonstration, discuss the technique of conducting a demonstration. Include the following points.

- A demonstration introduces something that participants will soon read about in the module, such as a recording form. The purpose is to begin to explain it, so that participants will understand more easily when they read the text.
- A demonstration may be easier to understand for some participants who have difficulty reading, or who are more used to listening to oral presentations than reading.
- The *Facilitator Guide* describes how to do the demonstration on pages 26–27. Follow the guide closely, and do not explain more than is included in the instructions. It may be confusing if you go farther than the next step that participants will learn in the module.
- Be sure that all the participants can see the form that you are using. If needed, have the participants get up from their chairs and come over to the form to see what you are describing.
- Be sure to speak clearly and loudly enough. Do not turn your back to participants as you speak. Try not to read directly from the guide or module. Speak in a conversational tone, varying the pitch and speed of your voice.
- Pairs of facilitator trainees will be assigned a demonstration to do as practice.
- Even if you have seen other facilitator trainees do the demonstration, you need to practise the demonstration before doing it in front of your group during the course. Study the guide and then practise what to say so you will not have to read from the guide. Practise using any visual aids so you can do the demonstration comfortably and smoothly.

## **F. Assignments for the Next Day**

Ask facilitator trainees to read and work the written exercises in the rest of the module. Explain that the group activities will be done tomorrow. Remind facilitators that this is NOT how the work will be done in the actual course. Facilitators should also carefully read the *Facilitator Guide* section for *Initial Management*.

Assign facilitator trainees to be prepared to practise specific teaching activities (listed below) in front of the group. For Exercise B (preparing ReSoMal) and the video exercise assign pairs of facilitator trainees to work together.

For individual feedback, assign one person to act as the ‘facilitator’ and one person to act as the ‘participant’. During facilitator training each trainee should have an opportunity to be the ‘facilitator’ giving individual feedback. After each trainee has had a turn, if you feel that all are well prepared to give individual feedback, you may stop assigning it to be practised aloud.

Keep track of assignments on the grid in **Annex F**. Be sure that each trainee is assigned a variety of practice. For example, if a trainee has already practised leading a group discussion, assign him or her to provide individual feedback.

- \_\_\_\_\_ Individual feedback, Exercise A, Case 1 – Tina (page 28 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Individual feedback, Exercise A, Case 2 – Kalpana (page 29 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Individual feedback, Exercise A, Case 3 – John (page 29 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Exercise B, preparing ReSoMal, group discussion (page 29 of the *Facilitator Guide*)  
*Note: It is best to assign someone who has prepared ReSoMal before to lead this exercise.*
  
- \_\_\_\_\_ Demonstration for nurses’ groups using Initial Management page (pages 30–31 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Individual feedback, Exercise C, Cases 1 and 2 – Marwan and Ram (page 31–32 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Group work, Exercise C, Case 3 – Irena (page 32 of the *Facilitator Guide*)  
*Note: When recording this assignment on the grid in Annex F, count it as a demonstration.*
  
- \_\_\_\_\_ Individual feedback, Exercise D, Cases 1 and 2 – Pershant and Ana (pages 33–34 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Video: Emergency treatment (pages 34–35 of the *Facilitator Guide*)
  
- \_\_\_\_\_ Role of doctor, role play in Exercise E (pages 36 of the *Facilitator Guide*)

\_\_\_\_\_ Role of nurse, role play in Exercise E (pages 36 of the *Facilitator Guide*)

\_\_\_\_\_ Module summary (page 36–37 of the *Facilitator Guide*)

Explain that trainees will practise the teaching activities in the order that they come in the *Facilitator Guide*. It is essential that they complete the module and prepare for their assigned activities tonight.

Meet briefly with the individuals assigned to play the role of the doctor and nurse in the role play in Exercise E. Point out the related guidelines in the *Facilitator Guide*. Suggest that they plan together how they will behave in the role play. Their dialogue should be interesting but realistic.

***Note to the course director on preparations for the next day:*** Have recipes, ingredients, and supplies for making ReSoMal, F-75, and F-100 ready in the classroom or feed preparation area. Remind the participants that they will need to discuss RUTF after the preparations of F-75 and F-100.



## FACILITATOR DAY 2

### G. Continuation of Module 3, Initial Management

#### G.1. Practice of Facilitator Techniques

Starting with individual feedback on Exercise A, have facilitator trainees practise their assigned teaching activities in the order that they come in the *Facilitator Guide*. Be prepared with ingredients and supplies for Exercise B (preparing ReSoMal).

During each practice, trainees should refer to the *Facilitator Guide* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved. Refer frequently to the *Facilitator Guide* so trainees stay aware of the order of events that they will follow during the real course.

Keep the focus on teaching techniques, but also clarify any confusion about module content if necessary. Refer to the performance criteria on pages 55–57 of this Guide while providing feedback.

Before the role play in Exercise E, explain that this is the first of several role plays in the course. Role plays are especially useful for practising communication skills. Acting as a facilitator, coordinate the role play in Exercise E. Follow the guidelines in the *Facilitator Guide*.

#### G.2. Facilitator Techniques: Coordinating Role Plays

After the role play in Exercise E, ask trainees to look at pages 90–91 of the *Facilitator Guide*. Discuss each point on pages 90–91 and answer any questions. Also review the following points.

- Role plays will not (and should not) be perfectly prepared and rehearsed performances. The point of role plays is to practise dealing with new or surprising information while communicating effectively.
- The person playing the role of the health worker should not be told in advance any more information than is provided in the module; however, this person should be encouraged to review the relevant sections of the charts, or the communication skills to be used. The facilitator should be sure that the health worker understands the purpose of the role play and the steps or points to cover.
- The persons playing roles should behave realistically, incorporating any background information given about the role. Players may make up additional information if necessary, as long as it is realistic and consistent with the background information.

- It is important to look ahead in the guide to see when role plays will occur and prepare for them. Some role plays require supplies such as a baby doll or a basin for bathing a child. These supplies will be listed in the instructions for the exercise. Explain where these supplies are located.

Tell trainees that they will all have opportunities to participate in role plays during the next few days. Keep a record on the assignment grid (**Annex F**) of who has played roles. You will act as the coordinator for the role plays during facilitator training. In doing so, you will provide a model of how to coordinate a role play. Draw attention to the things that you do as a coordinator, for example, obtain photocopies of role descriptions, obtain props, and assign roles.

*Note: After discussing role plays, remember to ask the assigned person to summarise the module.*

## **H. Module 4, Feeding**

Point out the Procedures for this module on page 38 of the *Facilitator Guide*. Unless trainees have previously taken the case management training as participants, they have not yet had time to read the *Feeding* module, so they will read and work the exercises in order. For exercises requiring individual feedback, trainees should check their own answers and come to you with questions as needed.

### **H.1. Introduction and Exercise A, Preparing F-75 and F-100**

Ask trainees to read through page 5 of the module. Ask someone to briefly introduce the *Feeding* module. After the introduction, act as a facilitator and lead the group in preparing F-75 and F-100 as in Exercise A of the module. (It is important that you lead this activity to set a good example.) Conduct a brief group discussion after preparing F-75 and F-100. Point out the guidelines in the *Facilitator Guide* (pages 39–40).

### **H.2. Facilitator Techniques: While Participants are Working**

Looking at the procedures on page 38 of the *Facilitator Guide*, point out that participants have much independent reading, including some self-checked short answer exercises. Facilitators should be available to help during this individual work, if needed.

Ask facilitator trainees to look at pages 88–89 of the *Facilitator Guide*. Review each point on the list. Also mention the following points.

- Watch participants as they begin an exercise to be sure they understand what to do. If it takes a participant a long time to figure out the instructions for an exercise or if he or she misunderstands the instructions, this can take up a lot of time and create frustration. If you observe such difficulty, help the participant right away.

- Look to make sure that participants are actually doing short answer exercises. They must do these self-checked exercises and not simply read the answers in the back of the module.
- If a participant is having trouble, you can lean down beside him or her and quietly give some brief help. Try not to disturb the other participants.

### H.3. Reading and Work through Exercise B; Practice Facilitator Techniques

Ask trainees to work independently on pages 7–27 of the module. Trainees should check their own answers or come to you for feedback if needed.

Assign the following activities to be practised in front of the group. Keep track of assignments on the practice assignment grid in **Annex F**. Remember to assign someone to be the ‘participant’ for individual feedback. Trainees may be given more than one assignment.

\_\_\_\_\_ Oral drill: determining amounts of F-75 to give (pages 40–41 of the *Facilitator Guide*)  
*Note: Assign two trainees to do this drill. Have one start it and another one continue it.*

\_\_\_\_\_ Demonstration of 80 percent for nurses’ groups (shaded box page 43 of the *Facilitator Guide*)

\_\_\_\_\_ Demonstration: 24-Hour Food Intake Chart (page 44 of the *Facilitator Guide*)  
*Note: Assign two trainees to work together on this.*

\_\_\_\_\_ Individual feedback, Exercise B, Case 1 – Delroy (page 45 of the *Facilitator Guide*)

When everyone is ready, have trainees practise the assigned activities. Mention the reading that will come between each activity in the real course. As always, provide constructive feedback after practice.

### H.4. Reading and Work through the End of the Module; Practice Facilitator Techniques

Ask trainees to continue reading and working in the module to the end. Ask them to check their own answers or come to you for feedback if needed. They should also read the corresponding facilitator guidelines. If all of the trainees have successfully practised individual feedback by now, there is no longer a need to enact this. Unless there is a need to continue practising giving individual feedback aloud, stop assigning individual feedback at this point.

Explain that trainees will skip Exercise E (scheduling activities for a ward) but will discuss how to handle it in the case management training. (For example, Exercise E may be done in hospital groups on the middle half-day of the case management training).

Assign trainees to be prepared to practise the following activities:

\_\_\_\_\_ Group discussion, Exercise G (pages 49–50 of the *Facilitator Guide*)  
*Note: Assign two trainees to work together on this.*

\_\_\_\_\_ Additional Materials – Managing Infants 0–6 months old (page 51 of the *Facilitator Guide*)  
*Note: Assign two trainers to lead the two different group discussions.*

\_\_\_\_\_ Summary of the module (page 52 of the *Facilitator Guide*)  
*Note: Assign one trainee to summarise the module.*

When everyone is ready, look at the Procedures table on page 38 of the *Facilitator Guide* and review the order in which activities will occur in the module. Discuss any questions that trainees may have related to Exercises C, D, E, and F. Discuss how to handle Exercise E in the case management training.

Have the assigned trainees lead the discussion of Exercise G. Ask the trainees to read through the section on pages 13–15 of module 4. Discuss the management of SAM in infants under 6 months' on page 51 of the *Facilitators Guide*. The assigned trainees will lead the group discussions. Ask the assigned trainee to summarise the module. As always, provide constructive feedback after practice.

## I. Assignments for the Next Day

Point out the Procedures for the *Daily Care* module on page 53 of the *Facilitator Guide*. Notice that most of the activities in this module are written exercises followed by individual feedback. Ask trainees to read the entire module and do the exercises tonight. Exercise B is a group exercise; trainees should skip Exercise B since they will do it as a group tomorrow.

To complete Exercise C, trainees will need to take from the classroom a blank Monitoring Record. Since they will not have completed Exercise B, they should use the answer sheet for Exercise B in order to complete Exercise C.

Trainees should check their own answers and read the facilitator guidelines related to the module.

Assign the following to be practiced in front of the group. Remember to keep track of assignments on the practice assignment grid in **Annex F**.

\_\_\_\_\_ Introduction of the module (pages 53–54 of the *Facilitator Guide*)

- \_\_\_\_\_ Demonstration of Daily Care page of CCP (pages 54–56 of the *Facilitator Guide*)
- \_\_\_\_\_ Group work followed by group feedback, Exercise B (pages 57–58 of the *Facilitator Guide*)
- \_\_\_\_\_ Demonstration of Monitoring Record of CCP (pages 58–59 of the *Facilitator Guide*)  
*Note: Assign two trainees to work together on this.*
- \_\_\_\_\_ Optional demonstration: Weight Chart (pages 60–62 of the *Facilitator Guide*)  
*Note: Assign two trainees to work together on this.*
- \_\_\_\_\_ Summary of module (page 63 of the *Facilitator Guide*)

Announce the time that clinical practice will occur tomorrow. Give any related instructions about when and where to meet to go to the ward. Tell facilitators that the clinical instructor will be in charge of this session and they will act as participants. Tell facilitators to bring their set of laminated job aids to clinical practice.

**Notes for the course director on preparation for the next day:** Have role descriptions photocopied for the role plays found in *Module 6, Monitoring, Problem Solving, and Reporting* and *Module 7, Involving Mothers in Care* (see pages 85–88 of this Guide). The role play in *Module 6* will be done in the classroom tomorrow. The role plays in *Module 7* will be assigned tomorrow afternoon, so you will need to be ready to distribute role play descriptions and a sample discharge card (sample discharge card can be found on page 32 of *Module 7*).

## FACILITATOR DAY 3

*Note: A 2-hour clinical practice session will occur during this day. Simply stop these activities when it is time for clinical practice and resume when you return to the classroom. Remind facilitators to take their set of laminated job aids to the clinical session.*

### J. Module 5, Daily Care

#### J.1. Introduction of Module; Discussion of Questions

Facilitator trainees should have completed the Daily Care module the night before and checked their own answers.

Ask the assigned trainee to introduce the module.

Referring to the Procedures on page 53 of the *Facilitator Guide*, review the activities of the module in order. Offer an opportunity to discuss or ask questions about the reading and written exercises.

#### J.2. Practice of Facilitator Techniques

Have trainees practice their assigned activities in front of the group. As always, provide feedback after each practice.

Draw attention to points made in the *Facilitator Guide* and to the shaded boxes for nurses' groups.

### K. Module 6, Monitoring, Problem Solving, and Reporting

Point out the Procedures for this module on page 64 of the *Facilitator Guide*. Unless trainees have previously taken the course as participants, they have not yet had time to read the *Monitoring, Problem Solving, and Reporting* module, so they will read and work the exercises in order.

#### K.1. Introduction and Work on the Module

Ask facilitator trainees to read and do the work through Exercise A in the module *Monitoring, Problem Solving, and Reporting* and check their own answers. Assign someone to introduce the module. Remember to keep track of assignments on the practice assignment grid in **Annex F**.

\_\_\_\_\_ Introduction of the module (page 65 of the *Facilitator Guide*)

When everyone is ready, ask the assigned person to introduce the module. Ask facilitators if they have any questions about the first part of the module or Exercise A. After answering any questions, continue work on this module.

Facilitators will do the rest of this module much as participants will do it. They will read a section, do some individual work in preparation for a group discussion and then participate in a group discussion or role play. Follow the *Facilitator Guide* as you lead the group through this module. Before each new section of reading, assign a facilitator or pair of facilitators to lead the next discussion.

## K.2. Practice of Facilitator Techniques

As the group works through the module, assign facilitators to lead each discussion and to participate in the final role play. Allow a little extra time to prepare if needed. (The rest of the group can continue working individually while they prepare.)

\_\_\_\_\_ Discussion following Exercise B (page 67 of the *Facilitator Guide*)

\_\_\_\_\_ Discussion following Exercise C (pages 67–68 of the *Facilitator Guide*)

\_\_\_\_\_ Discussion following Exercise D (page 68 of the *Facilitator Guide*)

\_\_\_\_\_ Role play, Exercise E (pages 69–73 of the *Facilitator Guide*); Assign the following six roles:

\_\_\_\_\_ Physician in charge

\_\_\_\_\_ Senior nurse (morning)/matron

\_\_\_\_\_ Senior nurse (afternoon, evening)

\_\_\_\_\_ Night nurse

\_\_\_\_\_ Junior auxiliary nurse

\_\_\_\_\_ Hospital administrator

\_\_\_\_\_ Summary of the module (page 74 of the *Facilitator Guide*)

During each practice, refer to the *Facilitator Guide* to see whether all the points are covered. After each practice, discuss what was done well and what could be improved.

Explain that step 9 of the Procedures (described on page 64 of the *Facilitator Guide*) may occur at a different time than it is listed. If participants have time during a clinical session to use the Checklist for Monitoring Food Preparation or the Checklist for Monitoring Inpatient Care Procedures, the group should discuss the results upon returning to the classroom. If they

never have an opportunity to use the checklists during a clinical session, they may be able to complete them back in the classroom simply by reflecting on what they have seen and heard. Use of the monitoring checklists may be a good way to identify real problems in the ward for another role play of a problem solving session like the one done in Exercise E.

## L. Assignments for the Next Day

Assign all of *Involving Mothers in Care* to be done as homework. This is a brief module, and facilitators should be able to read it quickly. Since they have practised most facilitator techniques extensively at this point, they will focus on only two in this module: conducting video activities and role plays.

Referring to your practice assignment grid, assign trainees to practise the following. (Only selected exercises are listed.)

- \_\_\_\_\_ Introduction of the module (page 77 of the *Facilitator Guide*)
- \_\_\_\_\_ Exercise B, role plays 1 and 2 (pages 78–79 of the *Facilitator Guide*); Assign the following four roles:
  - \_\_\_\_\_ Role play 1 Nurse
  - \_\_\_\_\_ Role play 1 Mother
  - \_\_\_\_\_ Role play 2 Nurse
  - \_\_\_\_\_ Role play 2 Mother
- \_\_\_\_\_ Video: Teaching mothers about home feeding and discussion, Exercise C (page 80 of the *Facilitator Guide*)
- \_\_\_\_\_ Video: Malnutrition and Mental Development (pages 80-81 of the *Facilitator Guide*)
- \_\_\_\_\_ Exercise D, role play (pages 81–82 of the *Facilitator Guide*); Assign the following two roles:
  - \_\_\_\_\_ Nurse
  - \_\_\_\_\_ Mother
- \_\_\_\_\_ Summary of the module (page 83 of the *Facilitator Guide*)

Give role play participants copies of their role play descriptions. Give the nurse for Exercise D a completed referral form and discharge card. Point out to trainees the preparations that you have made for the role play. For example, you assigned roles and distributed role play descriptions. You prepared a referral form and discharge card for use in Exercise D. You will



also find some props, such as a basin and baby doll (or some creative substitution). Facilitators will need to make these arrangements during the course.

**Notes for the course director on preparation for the next day:** Have props ready for role plays.

Be ready to distribute a final schedule for the course and clinical sessions tomorrow. If you have not already done so, plan which facilitators will work together as co-facilitators during the course.

Plan which classroom will be used by each pair of facilitators. Ensure that course materials will be available to set up the classrooms tomorrow.

## FACILITATOR DAY 4

This is a half day of facilitator training. After completing the last module, facilitators will need time to set up their classrooms.

### M. Module 7, Involving Mothers in Care

#### M.1. Introduction of the Module

Facilitators should have completed the module the night before. Ask the assigned trainee to introduce the module.

Point out the Procedures on page 75 of the *Facilitator Guide* and emphasise that participants will do them in this order during the course.

#### M.2. Practice of Facilitator Techniques

Have trainees practise their assigned activities in front of the group. As always, provide constructive feedback after each practice.

Tell facilitators where role play supplies will be during the course. Between each practice, refer to the next steps in the *Facilitator Guide* on pages 75–77 so that trainees stay aware of the order of events that they will follow during the real course. Draw attention to notes on exercises that are being skipped; Exercise A was not assigned, but it will be included in the specified order in the course.

Explain that Exercise E is optional. If many participants are from hospitals where early discharge (default) is common, include this discussion.

#### M.3. Facilitator Techniques: Review

Facilitator trainees now have practised all of the techniques they will use in the course. Ask them to turn to pages 84–87 of the *Facilitator Guide*. These pages describe ways to motivate course participants and improve teaching. Allow about 10 minutes to read these pages. **Note:** *If there is no time for this reading, ask them to read these pages before the case management training begins.*

While the group is reading, review the list of Performance Criteria for Facilitators given on pages 55–57 of this guide. These are the criteria that you will use when supervising, monitoring, and giving feedback to facilitators during the course. Write a star by any of the criteria that you feel need to be reinforced with this particular group. When all have finished reading, lead a brief discussion on the reading and on the criteria you have starred.

Ask facilitators if they would like to discuss any problems that they anticipate may occur in the case management training. Suggest ways to deal with these problems. Mention that there will be more opportunities for this type of discussion in daily facilitator meetings during the case management training.

## **N. Practical Arrangements for the Case Management Training**

If you have not already done so, announce assignments of facilitator pairs who will work together during the case management training. Give facilitators the written schedule for the case management training and the schedule for clinical sessions. Explain when and where participants will meet for transportation (if needed) to the clinical sessions.

Inform facilitators that lists of the participants in each group will be prepared on the first morning as soon as participants have registered. Facilitators will be given a copy of the course registration form for each participant in their groups.

Tell facilitators which classrooms they will use. Tell them when and where they can obtain the course materials for their group or when the materials will be delivered to their classrooms. Tell them when they can go to their classrooms to arrange the tables, chairs, and materials and a place for individual feedback.

Remind facilitators to discuss with their co-facilitators how they will divide the work for the first few sessions.

Tell facilitators whom to contact if they need extra supplies or materials during the course.

Remind facilitators where the video player, monitor, and any other shared equipment will be during the course. Inform them of any problems with electrical supply that could affect when to show the video.

Ask if facilitators have any questions about practical arrangements.

## **O. Closing Remarks to Facilitators**

Tell facilitators when the daily facilitator meetings will be held. Explain the objectives of these brief meetings, which are:

1. To assess progress made by each group, identify any problems, and agree on actions to solve each problem
2. To provide opportunity to meet with the clinical instructor, who also has feedback on your group of participants

3. To discuss techniques that some facilitators found useful and can recommend to others (for example, techniques for leading a group discussion, providing individual feedback, or demonstrating use of a form)
4. To prepare for the next day (for example, to review points to be emphasised in modules, remind facilitators of group activities, discuss any modifications which may be needed in the schedule)
5. To make any necessary administrative announcements

Tell facilitators that their schedule will be very busy. Encourage *informal* discussions to be held after class hours (for example, to discuss practical use of what they are learning, potential problems, or other ideas related to the course). Ask facilitators to suggest ways, times, and places that such informal discussions could take place.

If an end-of-course evaluation questionnaire will be used, tell facilitators that they will be given the questionnaire at the end of the case management training to distribute to participants.

Thank the facilitators for their hard work. Tell them that they will receive certificates along with the course participants at the end of the course.

## Part Four: Responsibilities of the Course Director during the Case Management Training

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### 4.1. Suggestions for Opening Remarks to Course Participants

As course director you will want to make some opening remarks to all participants, probably during an opening ceremony. Keep in mind, however, that facilitators will provide an introduction to the case management training in their small groups. Your remarks should be on a general scale, perhaps focusing on the importance of the course to health care in the country. You may wish to adapt the following outline for your opening remarks:

- A. Welcome and introductions
- B. Statement of the need for and importance of the case management training and further plans for use of the course
- C. Key characteristics of the course
  - 1. This course may be rather different from many you have attended in that you will actually *practise* the skills being taught, both in a classroom and in a clinical setting.
  - 2. You will primarily be working in small groups where there will be many opportunities for individual and group discussion.
  - 3. The course will be hard work, but will be equally rewarding in that you will learn or improve skills that you can actually *use on the job* when you return home.
- D. Announcements about schedule, posting of group assignments, etc.

### 4.2. Supervision of Facilitators

#### 4.2.1. Observe Facilitators at Work

- 1. Visit each group in their classrooms each day. Also observe one or two clinical sessions each day.
- 2. When observing facilitators, refer to the ‘Performance Criteria for Facilitators’ listed on the pages 55–57. Use the appropriate section(s) of the list for the activity that is under way when you visit the group. For example, if they are having a group discussion, refer to the sections titled ‘Facilitator Technique: Leading a Discussion.’ Also refer to the section titled ‘Facilitator Technique: Working with a Co-Facilitator.’

The performance criteria are not intended to be used as a ‘report card’ for the facilitators, but rather as a job aid for your observations and feedback. You do not need to mark on the list for each facilitator; simply keep it in front of you as you make your observations. After your visit to each group, make notes on things that the facilitators were doing well and things that could be improved. You may give feedback to a

facilitator privately, or if the feedback applies to a number of facilitators you may give feedback in a daily facilitator meeting. Be careful never to embarrass a facilitator by correcting him or her in front of his or her group.

3. On the first day of the case management training, tactfully but firmly enforce the practice of providing individual feedback and commend those who provide it. Be sure that facilitators have set up and are using a comfortable place for individual consultations. If not, help them find a better spot, such as on a terrace near the room or in a hallway, and encourage them to move the necessary chairs there, etc.

Ensure that the facilitators are mentioning all the major points of each module specified in the *Facilitator Guide*.

4. Be sure that at least one facilitator attends each clinical session with the group. Facilitators should help the clinical instructor as needed during these sessions.

### **Performance Criteria for Facilitators**

When observing facilitators with their groups, refer to this list as a reminder of appropriate facilitator techniques for the activity observed.

#### **1. Facilitator Technique: Working with a Co-Facilitator**

- a. Shares the work on each module in an organised way (each facilitator has a role in the exercise, discussion, presentation, etc.)
- b. Is flexible and able to adjust role as needed
- c. Is polite and respectful when adding comments or making suggestions while his or her partner is leading
- d. When leading, invites his or her partner to participate by adding comments or an opinion

#### **2. Facilitator Technique: Introducing a Module**

- a. Keeps introduction brief
- b. Includes all points mentioned in the *Facilitator Guide*

#### **3. Facilitator Technique: Individual Feedback**

- a. Sits privately with the participant to give feedback
- b. Checks answers carefully; listens as participant discusses reasons for his or her answers
- c. Encourages and reinforces participant's efforts
- d. Helps participant to understand any errors; gives clear explanations
- e. Refers to the Reference Tables and encourages participant to do so as well
- f. When appropriate, asks questions about the participant's own hospital and how the exercise applies to the situation there

#### **4. Facilitator Technique: Video Activity**

- a. Starts the LCD at the right spot and knows how to work the computer and LCD player
- b. Directs the exercise in an organised manner
- c. Replays parts of the video as needed

#### **5. Facilitator Technique: Leading a Discussion**

- a. Sets up the discussion by explaining its purpose and how it will proceed
- b. Involves all participants in the discussion
- c. Reinforces participants by thanking them for comments, praising good ideas, etc.
- d. Handles incorrect or off-the-subject comments from participants tactfully
- e. Asks questions to keep the discussion active and on track
- f. Responds adequately to unexpected questions; offers to seek answers if not known
- g. Records ideas on the flipchart in a clear, useful manner
- h. Includes points listed in the *Facilitator Guide*
- i. At the end of the discussion, summarises the major points made

#### **6. Facilitator Technique: Oral Drills**

- a. Arranges the group appropriately
- b. Gives clear instructions on how the drill will proceed
- c. Keeps the pace of the drill appropriate for the group
- d. Encourages participants; gives positive feedback
- e. Makes corrections tactfully

#### **7. Facilitator Technique: Coordinating Role Plays**

- a. Sets up role play carefully by obtaining any necessary props, briefing those participants who will play roles and allowing time to prepare
- b. Clearly introduces role play by explaining the purpose, the situation being enacted, background information, and the roles being played
- c. Interrupts only if players are having tremendous difficulty or have strayed from the purpose of the role play
- d. Guides discussion after the role play so that feedback is supportive and includes things done well and things that could be improved

#### **8. Facilitator Technique: While Participants are Working**

- a. Looks available, interested, and willing to help
- b. Encourages questions
- c. Watches participants as they work; offers individual help to participants who appear confused
- d. Gives individual help quietly, without disturbing others in the group

## 9. Facilitator Technique: Adapting for Nurses' Groups

- a. Uses suggestions in shaded boxes in the *Facilitator Guide*
- b. Gives enough extra explanation, but not too much
- c. Is not condescending

## 10. Facilitator Technique: Summarising the Module

- a. Keeps summary brief and clear
- b. Includes the major points to be remembered from the module

### 4.2.2. Conduct Daily Facilitator Meetings

Facilitator meetings are usually conducted for about 30–45 minutes at the end of each day. Facilitators will be tired, so keep the meetings brief.

1. Begin the meeting by asking a facilitator from each group to describe progress made by his group, to identify any problems impeding progress, and to identify any skill or any section of the modules which participants found especially difficult to do or understand.
2. Identify solutions to any problems related to any particular group's progress or related to difficult skills or sections of the modules.
3. Discuss teaching techniques that the facilitators found to be successful.
4. Provide feedback to the facilitators on their performance. Use the notes that you took while observing the groups during the day.
  - a. Mention a few specific actions that were well done (for example, providing participants with individual feedback or making all the major points listed in the *Facilitator Guide*).
  - b. Mention a few actions that might be done better (for example, provide more guidance individually instead of in discussions with the whole group, or review any major points of the last module before introducing the next module).
5. Remind facilitators of certain actions which you consider important, such as the following.
  - a. Discuss problems with a co-facilitator. If co-facilitators cannot solve problems together, go to the course director. The course director may be able to deal with these situations (for example, by setting up tutorials, discussing matters privately with the individuals).



Speak softly while giving feedback to avoid disturbing others. Put chairs out in the hall so that a participant and a facilitator can talk without disturbing the rest of the group.

- b. Always be open to questions. Try to answer immediately, but if a question takes too long to answer, diverts the attention of the group from the main topic, or is not relevant at the moment, suggest that the discussion be continued later (for example, during free time or over dinner). If a question will be answered later in the course, explain this. If you are unsure of the answer to a question, offer to ask someone else and then come back later with an explanation.
  - c. Interact informally with participants outside of scheduled class meetings.
  - d. For participants who cannot read the modules and/or do the exercises as quickly as others, the facilitators should:
    - Avoid doing exercises *for* them
    - Reinforce small successes
    - Be patient (or ask another facilitator to help)
6. Review important points to emphasise in the module(s) the next day.
  7. Remind the facilitators to consult the *Facilitator Guide* and gather together any supplies needed for the next day.
  8. Make any necessary administrative announcements (for example, location of supplies, room changes, transportation arrangements, etc.).
  9. After a few days, ask facilitators to point out to you any participants who might be good candidates for facilitator training. These would be participants who:
    - Understand the modules easily
    - Communicate clearly
    - Help others and work well with others in their group
    - Participate confidently in discussions and role plays

### **4.3. Supervision of the Clinical Instructor**

During the case management training, the clinical instructor will be teaching each group each day. You will not be able to observe all clinical sessions. Plan to visit some of the sessions. When you do, do not interfere in any way with the session, but observe as inconspicuously as possible. Each session is very full of activities, and there is no extra time for conversation with you. Any discussion should take place later at the end of the day.

If the clinical instructor is new to this position, you may ask an experienced clinical instructor to observe and give him or her feedback on his or her technique.

#### 4.4. Collection of Data during the Case Management Training

This guide provides several possible forms for collecting data during the case management training. These forms are just suggestions. Different forms may be developed for other needs. The forms given in this guide can be found in the planning tools and in **Annex E**. They are:

- **Course registration form:** completed by participants at registration on the first morning of the course
- **Summary participant list:** partly completed on the basis of registration data and partly by facilitators as they work with the participants during the course; includes information on the level of difficulty that participants have in reading the modules; this information can be useful in planning future courses
- **Facilitator's meeting report:** completed by the facilitator for each small group; includes information on the starting time, progress for the day, participants performance during the day, issues and questions from the course content covered during the day, and any general comments from the day's activities
- **Course director summary:** completed by the course director at the end of the training course; includes information on the total numbers of participants and facilitators, modules completed by each group, hours devoted to clinical sessions, number of patients seen, etc.; all of this information is useful for monitoring numbers of facilitators and participants trained, selecting future training sites (based on adequacy of case load), and ensuring that the course is being given as planned and not altered or shortened unacceptably

In addition, the clinical instructor will be keeping a tally sheet of the clinical objectives achieved by each group (this tally sheet is in **Annex D** of the *Clinical Instructor Guide*). Review this record with the clinical instructor and discuss any problems with achieving the objectives and implications for planning future courses.

#### 4.5. End-of-Course Evaluation

You may wish to use an evaluation questionnaire to determine participants' opinions at the conclusion of the case management training. A sample questionnaire appears pages 62–63, at the end of this section. Review and revise this questionnaire as necessary to ensure that it is appropriate for evaluating the course as it has been conducted.

Note that there are some blank spaces in the left column of the table under question 2. Add any other activity you wish to evaluate (for example, a plenary on a particular subject) in one of these spaces before you make duplicate copies for the participants.

You may wish to add or delete specific questions. If you make such revisions, remember to keep the questionnaire as short as possible and only include questions if you will use the

responses to the questions for a specific purpose, for example, to plan future courses or to evaluate helpfulness of a particular activity.

#### **4.6. Closing Session**

1. Prepare and give a brief summary of the course. The summary may include a review of the learning objectives from the beginning of each module and any important points that may have been raised during the course.
2. Explain that participants should try to begin using the case management process taught in this course when they return to their hospitals. If they encounter difficulties, they should seek help. Describe any help that may be available in the form of consultation, e-mail contacts, etc.
3. Present course photos and certificates to the participants and facilitators and congratulate them on their hard work.

## Evaluation Questionnaire

1. Do you provide care for children with SAM in your job at your hospital? (Tick)  
 Yes  No

What is your position? (Tick)

Physician  Nurse  Other, please describe: \_\_\_\_\_

2. For each module or activity listed in the left column, tick the box which you think best describes it.

	<b>Very Useful</b>	<b>Useful</b>	<b>Somewhat Useful</b>	<b>Useless</b>
Module 1, Introduction				
Module 2, Principles of Care				
Module 3, Initial Management				
Module 4, Feeding				
Additional Materials (managing infants 0–6 months)				
Module 5, Daily Care				
Module 6, Monitoring, Problem Solving, and Reporting				
Module 7, Involving Mothers in Care				
Video: Transformations				
Video: Emergency Treatment				
Video: Teaching about Feeding				
Video: Mental Development				
Photograph examples and exercises				
Clinical sessions				



8. For each activity listed below, tick one box to indicate whether you thought the time spent on that activity was *too short*, *adequate*, or *too long*.

Type of Activity	Time Spent Was:		
	Too Short	Adequate	Too Long
Written exercises followed by individual discussions of your work with a facilitator			
Photo exercises			
Videos			
Role plays			
Group discussions			
Oral drills			
Clinical sessions			
Entire course			

9. Based on what you have learned about caring for children with SAM, what will you try to change or improve in your hospital?

## List of Annexes

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- A: Clinical Practice Session  
Includes: Clinical Practice Schedule  
Objectives for Clinical Practice Sessions
- B: Schedule for the Facilitator Training
- C: Schedule for the Case Management Training
- D: Pre- and Post-Test Answer Key
- E: Course Forms and Lists  
Includes: Course Registration Form  
Summary Participant List  
Facilitators' Meeting Reporting Format  
Course Director Summary
- F: Facilitator's Training Practice Assignment Grid
- G: Role Plays
- H: Slides for the Facilitator Training

*Note: All planning tools are available in a separate CD that comes with this training course.*

## Annex A. Clinical Practice Sessions

Region:		Venue:		Date:			
Activity/Day:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	
Group A	Ward	<b>11.00–12.00</b> Tour of the ward	<b>14.00–15.30</b> Clinical signs of SAM Measuring MUAC and weighing	<b>11.00–12.30</b> Initial management: CCP charts Feeding on F-75	<b>14.00–15.00</b> Initial management and feeding: F-75 and RUTF Use of F-100	<b>14.00–15.00</b> Daily care Monitoring using a checklist	<b>11.00–12.30</b>
	Feed preparation area/other activity		<b>16.30–17.15</b> Preparation of ReSoMal	<b>15.00–16.00</b> Preparation of F-75 and F-100 Show RUTF		<b>09.30–10.30</b> Visit Outpatient Care: linkage between Inpatient Care and Outpatient Care	
	Video	<b>14.00–14.30</b> Transformations	<b>11.00–11.30</b> Emergency Care				<b>12.00–13.00</b> Nutrition Counseling and Play
Group B	Ward	<b>12.00–13.00</b> Tour of the ward	<b>11.30–13.00</b> Clinical signs of SAM Measuring MUAC and weighing	<b>14.00–15.30</b> Initial management: CCP charts Feeding on F-75	<b>15.00–16.00</b> Initial management and feeding: F-75 and RUTF Use of F-100	<b>15.00–16.00</b> Daily care Monitoring using a checklist	
	Feed preparation area/other activity		<b>14.30–15.15</b> Preparation of ReSoMal	<b>11.30–12.30</b> Preparation of F-75 and F-100 Show RUTF		<b>09.30–10.30</b> Visit Outpatient Care: linkage between Inpatient Care and Outpatient Care	
	Video	<b>14.00–14.30</b> Transformations	<b>11.00–11.30</b> Emergency Care				<b>14.00–15.00</b> Nutrition Counseling and Play



## Objectives for Clinical Practice Sessions

Clinical practice is an essential part of the *Training Course on the Inpatient Management of Severe Acute Malnutrition*. Clinical sessions are led by the clinical instructor in the SAM ward each day of the course. The focus of the clinical sessions is to see and participate in the management of children with SAM, following the procedures described in the *Interim National Guidelines for CMAM in Ghana* and this training course.

### Day 1: Tour of the Ward

- Observe the admissions area.
- Observe the emergency treatment area.
- Observe how the SAM ward or area is organised.
- Observe the feed preparation areas.
- Observe any special areas for play, health education, etc.

### Day 2: Clinical Signs and Anthropometric Measurements

- Observe children with clinical signs of SAM.
- Look for signs of SAM and medical complications.
- Measure MUAC.
- Look up target weight for discharge.
- Test appetite with RUTF.
- Identify children with SAM, review admission criteria, and discuss treatment in Inpatient Care and referral to Outpatient Care.

### Day 3: Initial Management

- Observe the initial management of SAM in children.
- Identify clinical signs of SAM and medical complications: hypoglycaemia, hypothermia, shock, dehydration, severe anaemia, and corneal ulceration.
- Practise using glucometre/dextrostix.
- Practise filling out a CCP during initial management.
- Assist in conducting initial management, if feasible.
  - Check for signs of shock: cold hands with slow capillary refill or weak or fast pulse.
  - Take rectal temperature.
  - Give a bolus of glucose for hypoglycaemia.
  - Warm the child.
  - Give the child's first feed.

### Day 4: Initial Management and Feeding

- Observe and assist in conducting initial management, if feasible.
  - Identify signs of possible dehydration in a child with SAM.
  - Measure and give ReSoMal.
  - Monitor a child on ReSoMal.

- Determine antibiotics and doses.
- Practise testing the appetite with RUTF (for a child who shows appetite and is clinically well and alert).
- Practise conducting the supplemental suckling technique, if possible.
- Observe nurses (and nutritionists) measuring and giving feeds.
- Practise measuring, giving, and recording feeds.
- Review 24-Hour Food Intake Charts and plan feeds for the next day.
- Determine if child is ready for RUTF or F-100. Practise testing the appetite with RUTF (continued).
- Prepare F-75, F-100, and ReSoMal, and learn the contents of RUTF.
- Practise measuring, giving, and recording feeds (continued).

### **Day 5: Daily Care and Monitoring Quality of Care**

- Keep CCPs on the children who are observed and cared for in Inpatient Care.
- Participate in daily care tasks, as feasible.
  - Measure pulse rate, respiratory rate, and temperature.
  - Administer eye drops, antibiotics, and other drugs and supplements.
  - Change eye bandages and other procedures related to the care of the eye.
  - Weigh the child and record weight (on the Daily Care and Weight Chart pages of the CCP).
  - Look up target weight for discharge and mark it on the Weight Chart.
  - Observe and assist with bathing children.
- Assist with feeding (continued).
- Monitor the quality of care using the appropriate checklist.

### **Day 5: Referral to/from Outpatient Care**

- Observe nurses conducting an Outpatient Care session.
- Review the criteria for managing SAM in Outpatient Care.
- Review referral from Outpatient Care to Inpatient Care using the Outpatient Care action protocol.
- Practise using the referral card/form from Inpatient Care to Outpatient Care.
- Practise measuring MUAC, weighing children, assessing bilateral pitting oedema, and conducting the appetite test.

### **Day 5: Additional Objectives**

- Observe a health and nutrition education session and a cooking session with mothers.
- Observe a play session.

## Annex B. Schedule for Facilitator Training

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A possible schedule for facilitator training is provided on the next page. When adapting this schedule, keep the following points in mind.

1. The schedule is 3½ working days. Seven working hours have been scheduled each day. It is assumed that an additional 1–1½ hours will be needed for lunch and tea breaks. On the third day, some additional time may be needed for transportation to clinical practice.
2. Facilitator training is critical to the success of the training effort. The 3½-day schedule is very full. Do not try to shorten the schedule.
3. The schedule will require facilitators to work in a concentrated way. If facilitators have not taken the course before, extensive homework will be required each night. Even if facilitators have taken the course previously as participants, some homework will be needed.
4. The third day should include 2 hours of clinical practice. (Clinical practice should be scheduled at the time of day when most patients arrive, usually in the morning.) Facilitators may wish to see the ward before the third day. If there is time and if desired, a tour of the ward may be conducted on the first day of the course.
5. The schedule includes time for discussion of facilitator techniques, such as individual feedback, leading discussions, etc.
6. The schedule should be flexible. If work is completed ahead of schedule on a certain day, facilitator trainees should begin work on the next module. If work takes too long, extra homework can be assigned or some activities can be delayed until the next day.
7. Reserve time on the last day for arrangements, such as discussion of the schedule for the course, assignments of classrooms, and distribution of instructional materials and supplies.
8. Before the end of facilitator training, assign pairs of facilitators to work together and designate classrooms. This will allow the facilitator pairs time to get organised in their rooms and plan how they will work together.
9. There should be at least 1 complete day off prior to the course to allow facilitators to rest.

**FACILITATOR TRAINING SCHEDULE****Region:****Venue:****Date:**

<b>FACILITATOR TRAINING, DAY 1*</b>	
<b>Activity</b>	<b>Time</b>
A. Opening session A1. Introductions A2. Administrative tasks A3. Review of purpose of the course	30 minutes
B. Introduction to facilitator training B1. Context of facilitator training B2. Materials needed B3. Objectives of the facilitator training B4. Teaching methods B5. Schedule for the facilitator training B6. Introduction of the <i>Facilitator Guide</i>	30 minutes
C. Module 1, Introduction C1. Review and demonstration C2. Facilitator techniques: Working with a co-facilitator	30 minutes
D. Module 2, Principles of Care D1. Facilitator techniques: Introducing a module D2. Reading and work on the module D3. Facilitator techniques: Leading a discussion D4. Reading and work on the module D5. Facilitator techniques: Adapting for nurses groups D6. Facilitator techniques: Individual feedback D7. Reading and work on the module; practise leading the group discussion of exercise C D8. Facilitator techniques: Oral drills D9. Reading and short answer exercises D10. Facilitator techniques: Video activity D11. Facilitator techniques: Summarising the module	4 hours
E. Module 3, Initial Management E1. Reading and practise introducing the module E2. Facilitator techniques: Conducting a demonstration	1.5 hours
F. Assignments for the next day: * Read and do exercises in the Initial Management module * Read corresponding facilitator guidelines * Prepare for assigned activities	

*\*If time allows, and if desired, a tour of the ward may be added to the first day.*

<b>FACILITATOR TRAINING, DAY 2</b>	
<b>Activity</b>	<b>Time</b>
<p>A. Continuation of Module 3, Initial Management</p> <p style="padding-left: 20px;">A1. Practice of facilitator techniques</p> <p style="padding-left: 20px;">A2. Facilitator techniques: Coordinating role plays</p>	3 hours
<p>B. Module 4, Feeding</p> <p style="padding-left: 20px;">B1. Introduction and Exercise A, preparing F-75 and F-100</p> <p style="padding-left: 20px;">B2. Facilitator techniques: While participants are working</p> <p style="padding-left: 20px;">B3. Reading and work through Exercise B; practise facilitator techniques</p> <p style="padding-left: 20px;">B4. Reading and work through the end of module; practise of facilitator techniques</p>	4 hours
<p>C. Assignments for the next day</p> <ul style="list-style-type: none"> <li>* Read and do exercises in the Daily Care module</li> <li>* Read corresponding facilitator guidelines</li> <li>* Prepare for assigned activities</li> </ul>	
<b>FACILITATOR TRAINING, DAY 3</b>	
<b>Activity</b>	<b>Time</b>
Clinical practice session	2 hours
<p>A. Module 5, Daily Care</p> <p style="padding-left: 20px;">A1. Introduction of module; discussion of questions</p> <p style="padding-left: 20px;">A2. Practice of facilitator techniques</p>	1.5 hours
<p>B. Module 6, Monitoring, Problem Solving, and Reporting</p> <p style="padding-left: 20px;">B1. Introduction and work on the module</p> <p style="padding-left: 20px;">B2. Practise of facilitator techniques</p>	3.5 hours
<p>C. Assignments for the next day</p> <ul style="list-style-type: none"> <li>* Read and do exercises in the Involving Mothers in Care module</li> <li>* Read corresponding facilitator guidelines</li> <li>* Prepare for assigned activities</li> </ul>	

<b>FACILITATOR TRAINING, DAY 4 (HALF DAY)</b>	
<b>Activity</b>	<b>Time</b>
A. Module 7, Involving Mothers in Care A1. Introduction of the module A2. Practice of facilitator techniques A3. Facilitator techniques: Review	2 hours
B. Practical arrangements for the case management training	1 hour
C. Closing remarks to facilitators	1 hour
Co-facilitators discuss plans for first day; set up classroom if possible	

## Annex C. Schedule for the Case Management Training

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A possible schedule is on the next page. When adapting this schedule, keep the following points in mind.

1. Since groups will work at different paces, the schedule should be somewhat flexible. It should not list precise times for completion of modules, but should indicate general time frames instead. You will, however, need to list specific times for beginning and ending the day, tea breaks, and lunch.
2. Six days of work are required for the participants to complete the modules and clinical practice.
3. The schedule includes 7 working hours on every day. It is assumed that 1–1½ additional hours will be used for lunch and tea breaks each day. If time is required for transport to and from clinical training, this transition time will add to the length of each day.
4. Every full day includes clinical practice, which will occur at different times each day.
5. It is helpful to schedule a time apart from regular course hours when at least one facilitator is available to discuss any problems or questions.
6. Homework on exercises is not recommended for participants. The course work is tiring, so participants should not be asked to do additional work in the evenings.

**CASE MANAGEMENT TRAINING****Region:****Venue:****Date:**

<b>DAY</b>	<b>ACTIVITY</b>	<b>TIME</b>
<b>Day 1</b>	Registration, introduction of participants and administrative issues, general overview of the training course, and <b>Pre-Test</b>  <b>Overview of CMAM</b>  Module 1, <b>Introduction</b> Module 2, <b>Principles of Care</b>  Video: Transformations Clinical session–ward: Tour of the ward	1 hours  1 hour  5 hours
<b>Day 2</b>	Module 3, <b>Initial Management</b>  Video: Emergency Care Clinical session–feed preparation area: Preparation of ReSoMal Clinical session–ward: Clinical signs, measuring MUAC, and weighing children	7 hours
<b>Day 3</b>	Module 3, <b>Initial Management</b> (Finish) Module 4, <b>Feeding</b>  Clinical session–kitchen: Making F-75 and F-100, discuss RUTF Clinical session–ward: Initial management/new CCP charts, feeding on F-75	7 hours
<b>Day 4</b>	Module 4, <b>Feeding and Managing SAM in Infants 0–6 Months</b> Module 5, <b>Daily Care</b>  Clinical session–ward: Initial management, feeding during transition using RUTF, when to give F-100	7 hours
<b>Day 5</b>	Module 5, <b>Daily Care</b> (finish) Module 6, <b>Monitoring, Problem Solving, and Reporting</b>  Clinical session–ward: Monitoring patients on RUTF, use of CCP charts to monitor progress Clinical session–Outpatient Care: Criteria for discharge to Outpatient Care, referral system between Inpatient Care and Outpatient Care	7 hours
<b>Day 6</b>	Module 7, <b>Involving Mothers in Care</b>  Video: Teaching Mothers about Home Feeding Video: Malnutrition and Mental Development  <b>Post-Test and Course Evaluation</b>  <b>Closing and Way Forward</b>	6 hours



## Annex D. Pre- and Post-Test Answer Key

Name of Trainee: \_\_\_\_\_ Month: \_\_\_\_/20\_\_

- Choose the best definition of severe acute malnutrition (SAM) for children 6–59 months (Circle)  
(5 points)
  - Form of malnutrition characterised by severe abnormal weight-for-height (WFH) and/or bilateral pitting oedema
  - Form of malnutrition characterised by thinness and/or bilateral pitting oedema
  - Form of malnutrition characterised by severe thinness and/or bilateral pitting oedema  
---YES
  - Form of malnutrition characterised by low weight and/or bilateral pitting oedema
  - Form of malnutrition characterised by very low weight and/or bilateral pitting oedema

- Which one of the following signs are signs of severe wasting? (Write Yes or No)  
(10 points and 1 for each correct answer)

	Yes/No
Loose skin on the arm	Y
Corneal clouding	N
Sunken eyes	Y
Swollen legs	N
Small head	N
Skin discoloration	N
Smiling face	N
Baggy pants (loose skin on buttocks)	Y
Big head	N
Visible ribs	Y

- What is the currently recommended cutoff for mid-upper arm circumference (MUAC) for a diagnosis of SAM in children 6–59 months of age? (Tick the correct answer)  
(5 points for the correct answer)

MUAC-for-age $-3$ z-score	N
MUAC-for-age $-2$ z-score	N
< 110 mm	N
< 115 mm	Y
< 125 mm	N
< 135 mm	N

4. Indicate the different components of Community-Based Management of Acute Malnutrition (CMAM) (Write Yes or No)

(10 points and 1 for each correct answer)

	Yes/No
Mobile clinic	N
Home gardening	N
Inpatient Care	Y
Growth monitoring and prevention (GMP)	N
Management of moderate acute malnutrition (MAM)	Y
Outpatient Care	Y
Community outreach	Y
Expanded Programme of Immunisation (EPI)	N
Cooking demonstration	N
Nutritional rehabilitation	N

5. Select in the list below conditions of SAM in children requiring an immediate intervention when in Inpatient Care: (10 points and 1 for each correct answer)

	Yes/No
Diarrhea	N
Hypoglycaemia	Y
Shock	Y
Severe iron deficiency	N
Corneal ulceration	Y
Photophobia	Y
Fever	Y
Hypothermia	Y
Poor appetite	N
Oedema ++	N

6. In the management of SAM in CMAM, where (Inpatient Care and/or Outpatient Care) and when (Reason) is the following product used?

(16 points and 1 for each correct answer)

	Where (Inpatient/Outpatient)	When (Reason)
ReSoMal	Inpatient	Dehydration
F-75	Inpatient	Stabilisation
RUTF	Inpatient and Outpatient	Transition/rehabilitation
ORS	NEVER or Inpatient	Only exception is in case of cholera
F-100 Diluted	Inpatient	Infant under 6 months
Modified animal milk	Inpatient and Outpatient	Infant under 6 months
Sugar water	Inpatient	Hypoglycaemia/shock
F100	Inpatient	Transition/rehabilitation

7. With the information available, decide whether the following children with SAM should be treated in Outpatient Care or Inpatient Care or not.

(12 points and 1 for each correct answer)

	Outpatient / Inpatient
2 years old, MUAC 116 mm, no oedema, WFH between -2 and -3 z-score, good appetite, no medical complications	Not (MAM)
Breastfed 4-month-old infant, visible wasting, mother says baby not sucking well	Inpatient
3 years old, MUAC 111 mm, no oedema, good appetite but cough, fever 39.5 °C and respiratory rate > 45 respirations per minute	Inpatient
2 years old, MUAC 123 mm, oedema (++), WFH between -2 and -3 z-score, good appetite, no medical complication	Outpatient
2 year old referred from the community, eats 2/3 of the RUTF packet during the appetite test, oedema (++), MUAC 111 mm	Inpatient
2 year old referred from the community, eats 1/4 of the RUTF packet during the appetite test, oedema (+), MUAC 117 mm	Inpatient
2 year old referred from the community, eats 1/3 of the RUTF packet during the appetite test, oedema (++), MUAC 118 mm	Outpatient
2 year old, MUAC 116 mm, no oedema, WFH between -2 and -3 z-score, good appetite, no medical complications	Not (MAM)
4 year old, no medical complications, eats 1/3 of the RUTF during the appetite test, MUAC 119 mm, WFH < -3 z-score	Outpatient
Breastfed 7-month-old infant, visible wasting, weight 3.7 kg, good appetite according to the mother, mother happy with Outpatient Care management	Inpatient
2 year old, MUAC 123 mm, oedema (++), WFH between -2 and -3 z-score, good appetite, dermatosis (+++)	Inpatient
1 year old, MUAC 109 mm, no oedema, weight 3.8 kg, no medical complications	Inpatient

8. True or False, briefly explain your choice:

(15 points, 0.50 for each correct answer)

	True or False	Briefly explain your choice:
The role of the community in the management of SAM is negligible.	F	Community mobilisation and community screening for understanding SAM, and CMAM and early detection and referral for treatment is essential
Rehydration Solution for Malnutrition (ReSoMal) should be immediately given to a child with marasmus, sunken eyes, dry mouth, and 3 liquid stools in past 24 hours.	F	Only if dehydration

	<b>True or False</b>	<b>Briefly explain your choice:</b>
Iron is given from the start of treatment of SAM in children directly admitted to Outpatient Care.	T	RUTF contains iron
In the presence of eye signs of vitamin A deficiency, one single dose of vitamin A is given during treatment.	F	Three doses
It is advisable to admit a child with SAM and medical complications to the general paediatric ward.	F	Risk of cross infection and risk of mismanagement
Height is not measured in children under 2 years of age.	T	Length
The use of standard case management of SAM reduces case fatality by 50 percent.	F	Case fatality reduces from 30% to 5%, the reduction is 80%
Antibiotics are given to all children with SAM and confirmed infection.	F	Antibiotics are given to all children with SAM irrespective of confirmed infection or not
Intravenous (IV) fluid is given to all children with confirmed diarrhea, sunken eyes, and dry mouth.	F	Only if child is in shock
A child with lethargy, rapid pulse, cold extremities, tachypnea, and tachycardia and who is weak should be immediately treated with ReSoMal.	F	Child is in shock and should be given IV fluid
The only acceptable method for the treatment of SAM is through 24-hour Inpatient Care.	F	SAM without medical complications is treated in Outpatient Care
All patients receive vitamin A on admission to Outpatient Care.	F	Vitamin A is provided on week four or upon discharge; oedematous children are never given vitamin A until the oedema has resolved
F-100 can be used during stabilisation for children with SAM and medical complications.	F	F-100 is given in transition and rehabilitation
F-100 contains iron.	F	No iron in F-100
RUTF provides similar quantities of macronutrients and micronutrients as F-100 per 100 kcal taken.	T	F-100 and RUTF have a similar composition (except for the iron)

9. What is the combination of criteria for referral from Inpatient Care to Outpatient Care for a child admitted with oedema grade +++?

(5 points)

- a) Child clinically well and alert + passed appetite test + medical complications resolved + bilateral pitting oedema resolved

- b) Child clinically well and alert + passed appetite test + medical complications resolved + bilateral pitting oedema resolving (if present at admission to Inpatient Care)
- c) Child clinically well and alert + passed appetite test + medical complications resolving + bilateral pitting oedema resolving (if present at admission to Inpatient Care) ---YES
- d) Child clinically well and alert + passed appetite test + medical complications resolving + bilateral pitting oedema resolved

10. Monitoring and reporting for the management of SAM in children under 5 in Inpatient Care: Complete the missing text in the definitions below.

(12 points, 3 point for each correct answer)

- a) The Inpatient Care case-fatality rate last month in my hospital was 5 percent and measured the

number of children with SAM who died last month

out of all children with SAM who were admitted in the hospital last month

It is a measure that indicates severity of illness upon admission and/or performance at the early stage of the treatment and/or of community screening and referral.

- b) Cure rate measures the

number of children who have been successfully cured in a certain time period

out of all children who were discharged during that time period (discharged cured, died, defaulted, or non-responded).

It is a measure that indicates performance or quality of care

- c) A defaulter in Inpatient Care is a child who had been admitted and received treatment for SAM in the hospital and left the hospital before approved referral to Outpatient Care or end of treatment at full recovery. After 2 days of absence the child is classified as a defaulter.

- d) A returnee in Inpatient Care is a child who had been admitted and received treatment for SAM in the hospital and defaulted, but returns to the hospital to continue treatment during the same episode of SAM (duration of illness is on average 2 months).

*GOOD LUCK, THANK YOU*

## Annex E. Course Forms and Lists

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### Course Registration Form

Please print clearly.

Your Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name and location of  
hospital where you work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your hospital have Inpatient Care for managing severe acute malnutrition (SAM)? If not, where are children with SAM managed?

What is your current work position or job title?

What medical or nursing training have you previously received (either in school or in relation to your job)?

What year did you finish your basic medical or nursing training?

## Daily Participant List

Course Type (Facilitator or Case Management): \_\_\_\_\_ Venue: \_\_\_\_\_ Date: \_\_\_\_\_

No	NAME	FACILITY/REGION	POSITION/RANK	EMAIL ADDRESS	TELEPHONE NO	SIGNATURE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

## Facilitators' Meeting Reporting Format

Group .....

Name of facilitators: 1).....  
 2).....  
 3).....

		Comments
Start Time		
End Time		

### Reading:

	Reading (Time)	Module	Page	Comments
Start				
End				

### Progress made today:

.....  
 .....  
 .....

### Performance of participants throughout the day

(Please score 4 = Excellent, 3 = Good, 2 = Average, 1 = Poor)

No.	Name	Ability to read module with ease	Ability to understand the course content	Ability to answer exercises without difficulty	Participates in group discussions and role play
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					



10.					
11.					
12.					
13.					
14.					

**Any Comment:**

.....

.....

.....

**Clinical Session:**

	Time	Comments
Start		
End		

**Issues to be raised in the meeting:**

Module	Page	Comment/Question

**Suggestions:**

.....

.....

.....

.....

**Other comments:**

.....

.....

.....

.....

## Course Director Summary

**Location of course:** \_\_\_\_\_

### Facilitator Training:

*Dates of Facilitator Training:* \_\_\_/\_\_\_/\_\_\_ – \_\_\_/\_\_\_/\_\_\_

*Number of full days:* \_\_\_\_\_

*Number of facilitators trained:* \_\_\_\_\_\*

### Course (Case Management Training):

*Dates of course:* \_\_\_/\_\_\_/\_\_\_ – \_\_\_/\_\_\_/\_\_\_

*Number of full days:* \_\_\_\_\_

*Total number of hours worked in course:* \_\_\_\_\_

*Number of participants:* \_\_\_\_\_

### Clinical sessions:

*Number of clinical sessions conducted:* \_\_\_\_\_

*Number of hours (per group) devoted to clinical sessions:* \_\_\_\_\_

**Modules completed:** (*Tick if all completed, or indicate number of participants who completed.*)

Introduction: \_\_\_ *All completed* \_\_\_ *completed*

Principles of Care: \_\_\_ *All completed* \_\_\_ *completed*

Initial Management: \_\_\_ *All completed* \_\_\_ *completed*

Feeding: \_\_\_ *All completed* \_\_\_ *completed*

Daily Care: \_\_\_ *All completed* \_\_\_ *completed*

Monitoring, Problem Solving, and Reporting: \_\_\_ *All completed* \_\_\_ *completed*

Involving Mothers in Care: \_\_\_ *All completed* \_\_\_ *completed*

**Interim National Guidelines:** *Did participants receive a copy of the Interim National Guidelines for CMAM in Ghana for their hospitals?*

\_\_\_ *Yes* \_\_\_ *No* *If no, why not?*

**Interim Job Aids:** *Did each participant receive copies of the job aids for their hospitals?*

\_\_\_ *Yes* \_\_\_ *No* *If no, why not?*

**\*Number of facilitators serving at course:** \_\_\_\_\_ *If the training course is conducted after facilitator training, please explain if the number of facilitators is different from the number trained above.*

**Ratio of facilitators to participants:** 1 to \_\_\_\_\_

**Course Director Comments and Observations:** *On the reverse side, please comment on administrative issues, staff attitude and supplies at the hospital, problems and how you solved them, constructive suggestions for future courses, etc.*

## Annex F. Facilitator Training Practice Assignment Grid

*(Enter the name of the module and the exercise in which each facilitator trainee practises each skill.)*

<b>Names of Facilitator Trainees</b>	<b>Individual Feedback: Facilitator</b>	<b>Module Introduction</b>	<b>Demonstration</b>	<b>Group Discussion</b>	<b>Video Activity</b>	<b>Role Play Actor</b>	<b>Oral Drill</b>	<b>Module Summary</b>

## Annex G. Role Plays

### Module 6 Role Play Exercise E

#### Physician in charge

From December through February, there were no deaths in the SAM ward. In the past week, there have been two deaths.

- Kari, a 15-month-old girl, died during her second night in the hospital (last Monday). She was dead when you arrived in the morning.
- Ramon, a 24-month-old boy, died during his third night in the hospital (last Wednesday). His NGT had been removed and it was his first night to feed orally.

Both children were supposed to be taking F-75 every 2 hours.

There is no monitoring data for the nights of the deaths, and the 24-Hour Food Intake Charts were not kept during the night.

You suspect that the children were not fed during the night and that they became hypoglycaemic and died.

You want to know more about what happened so that this will not happen again.

#### Senior nurse on duty in the morning (Matron)

You are on duty from 7:00 until 15:30. You remember the deaths of Kari and Ramon last week, though you were not present at night when they occurred.

When you arrived in the morning after Kari had died, the night nurse and junior nurse (who had been on duty all night) were visibly upset. They had been trying to reach the physician in charge for over 2 hours.

You are not sure what happened during the night, but you are very protective of the nursing staff, and you do not want to lose any more nurses (or nutritionists). You feel that the ward is understaffed and overworked.

On the morning after Ramon's death, you found the junior nurse alone in the ward. The other night nurse had not reported for duty.

#### Senior nurse on duty in the afternoon

You are on duty from 15:00 until 22:30. You heard about the deaths of Kari and Ramon last week, though you were not present when they occurred.

When you left at 22:30 Monday night, Kari was fine and was taking F-75 well at 2-hourly feeds.

On Wednesday evening, at about 18:00, you removed Ramon's NGT so that he could take F-75 orally. He had two successful oral feeds before you left for the night. When you left, the junior nurse had arrived, but the other night nurse had not arrived.

### **Night nurse**

You were recently moved from the infectious disease ward to the SAM ward. You have been on the night shift for only 2 weeks, and you are not yet used to the schedule. You get very tired at night.

You do not understand why children should be awakened every 2 hours to eat when they are sleeping soundly. When you wake the children, they often refuse to eat anyway.

You received no special training when you were moved to the SAM ward. You were simply told to feed the children according to their charts throughout the night.

On Monday night, when Kari died, the junior auxiliary nurse woke you at 4:30 in a panic. You were not surprised when you couldn't reach the physician.

On Wednesday night, when Ramon died, you did not come to work because your husband did not come home and there was no one to stay with your own children. It was too late to find a substitute.

### **Junior auxiliary nurse**

You work in the ward at night and were on duty when both Kari and Ramon died. You try very hard to stay awake all night and feed the children, but sometimes you fall asleep.

You are very conscientious, and you were extremely upset when the children died. In Kari's case, you went to feed her at about 4:00 and she was dead. She was uncovered when you found her. Her mother had gone home for the night and was to return in the morning. You woke the other nurse and called the physician, but he/she could not be reached.

In Ramon's case, you were alone because the other nurse did not show up. You realised that he was not taking his feeds well at 24:00 and 2:00, but you could not spend a lot of time with him because you had other children to feed. Ramon's mother was very ill and was not with him in hospital. You do not know how to insert an NGT.

At 4:00, you had trouble rousing Ramon and tried to call the physician, but he/she could not be reached. Ramon never woke up.

### **Hospital administrator**

The hospital recently lost some funding from the government, and you had to decrease staff. You decreased the number of night staff in particular, since the patients are sleeping then anyway.

You are not happy with the SAM ward because patients stay there so long. You wish they could be released after a week, or at most 2 weeks, and fed at home.

Recently, the senior nurses approached you about providing better accommodations for mothers at night so that mothers would be more likely to stay with their children. You said there was simply no money for this. However, you realise during the problem-solving discussion that additional cots for mothers would be less expensive than hiring more night staff, and children with SAM are best sleeping with their mothers and/or caregivers, which also will promote faster recovery.

## Module 7 ROLE PLAY Exercise B

### Role play 1 – Bossy nurse

You are a bossy and cold nurse. You are experienced, and you feel that you know better than all of the mothers. You tend to feel it is their fault that their children are malnourished.

You are supposed to teach a mother how to bathe her child. Instead of first showing her how, you start off by saying, 'Let's see how you do...'. Then you are critical of how she undresses the child, holds the child, etc. You end up taking over the procedure.

### Role play 1 – Mother

You are a young mother and this is your first child. You have no husband to help you, and you are very poor.

Your 15-month-old daughter has been in the ward for 2 days. She is better and is taking F-75 by mouth well now. She will be given a bath today. Although you are accustomed to bathing your daughter at home, you are nervous about doing it with the nurse watching you. You fear that the nurse will criticise you.

### Role play 2 – Nice nurse

You are a helpful and kind nurse. You feel it is important for mothers to learn how to feed and care for their children in the hospital.

You are going to teach a mother how to feed her child and encourage the child to eat. You first explain what you are going to do, then you show the mother how to do each step, then you encourage her to try. You give helpful, positive suggestions. If the mother asks a question, you assure her that it is a good question, and you answer it carefully.

### Role play 2 – Mother

You are very timid and frightened about being in the hospital. You are afraid your son, 20 months of age, will die.

Your son was unable to eat on arrival at the hospital and was fed by nasogastric tube (NGT) for the first day. At the last two feeds, the nurse fed him successfully orally. At this feed, she will show you how to feed him.

## Module 7 Role Play Exercise D

### Role play: Nurse

Follow the order of the referral forms carefully, covering all of the information on the form. Ask the mother questions to ensure that she understands. Specific information that this mother needs includes the following.

- Give medications that should be continued at home, and ensure that the mother is clear on how much to give to the child.
- Ask the mother where the closest health facility with Outpatient Care to her home is located, and refer her to the health facility.
- Provide the RUTF key messages:
  - a. RUTF is a food and medicine for very thin children only. It should not be shared.
  - b. Sick children often do not like to eat. Give small, regular meals of RUTF and encourage the child to eat often (if possible eight meals per day). Your child should have \_\_\_\_ packets per day.
  - c. RUTF is the only food sick/thin children need to recover during their time in Outpatient Care (however, breastfeeding should continue).
  - d. For young children, continue to breastfeed regularly.
  - e. Always offer the child plenty of clean water to drink or breast milk while he or /she is eating RUTF.
  - f. Always make sure the child finishes the RUTF ration for the day before providing additional family foods.
  - g. Wash the child's hands and face with soap before feeding if possible.
  - h. Keep food clean and covered.
  - i. Sick children get cold quickly. Always keep the child covered and warm.
  - j. When a child has diarrhoea, never stop feeding. Continue to feed RUTF and (if applicable) breast milk.
  - k. Return to the health facility whenever the child's condition deteriorates or if the child is not eating sufficiently.
- This child is up-to-date on immunisations.
- The child needs a follow-up visit in 1 week at the Outpatient Care facility.
- Provide a 1-week ration of RUTF or until the mother can visit the health facility to which she is referred.

Also give information on danger signs, how to play with the child, etc.


You are consistently courteous and helpful to the mother, correcting her nicely if she misunderstands.

### Mother

You are very eager to go home with your 2-year-old son, who has recovered after 18 days in hospital, but you are concerned that you may not have all the necessary foods at home to keep him healthy. For example, you may not have (*meat or local source of protein*). You wonder if you can feed him something else.

You understand most of what the nurse says, but you miss a few points when she asks you follow-up questions. (This will allow the nurse to correct you in a nice way.)

## Annex H. Slides for Facilitator Training



### Training Course on Inpatient Management of Severe Acute Malnutrition

Children 6–59 Months with SAM and Medical Complications

### Training Course on Inpatient Management of Severe Acute Malnutrition

- The course teaches procedures found in the:
  - a. World Health Organization (WHO) manual on *Management of severe malnutrition: a manual for physicians and other senior health workers*
  - b. *Interim National Guidelines for CMAM in Ghana*
- The training course was developed in 2002 by WHO. Since then new evidence and innovations, such as Community-Based Management of Acute Malnutrition (CMAM) have come up. This course has been adapted for Ghana and includes latest evidence in the management of severe acute malnutrition (SAM).
- Procedures are shown to reduce case fatality from over 30% to less than 5%.
- Training is for doctors and senior nurses in hospitals that contain Inpatient Care. Dieticians and nutritionists will also benefit from this training course.

Slide 1

### Training Course on Inpatient Management of Severe Acute Malnutrition

- Participants are doctors, senior nurses, nutritionists, and dieticians who manage children with SAM in Inpatient Care
- 2-3 facilitators and 12-15 participants
- Facilitators assist participants to learn the procedures
- Facilitator training is 3½ days
- Facilitators work in pairs
- Each pair (or three facilitators) is assigned to a group of about 15 participants

Slide 2

### Training Course on Inpatient Management of Severe Acute Malnutrition

**Materials:**

- Set of seven modules
- Photographs* booklet
- Facilitator Guide*
- Answer sheets
- Set of laminated job aids
- Set of Inpatient Care forms and checklists
- Videos
- Slide presentation
- For reference, *Interim National Guidelines for CMAM in Ghana*

Slide 3

### Training Course on Inpatient Management of Severe Acute Malnutrition

**Objectives of facilitator training:**

- Learn the course content.
- Practice teaching techniques.
- Become familiar with the ward (Inpatient Care) and plans for clinical practice.
- Learn to work with a co-facilitator.
- Practice supportive communication to reinforce learning.
- Plan how to handle problems.

Slide 4

### Training Course on Inpatient Management of Severe Acute Malnutrition

Teaching methods are based on assumptions about learning.

- Instruction should be performance based.
- Active participation increases learning.
- Immediate feedback increases learning.
- Learning is increased when instruction is individualised.
- Positive motivation is essential if learning is to take place.

Slide 5

### Training Course on Inpatient Management of Severe Acute Malnutrition

**Schedule:**

- Facilitator training is 3½ days.
- Case management training course is 6 days.
- The facilitator training will:
  - Move quickly through the modules
  - Focus mainly on teaching techniques
  - Include one clinical session

Slide 6

### Training Course on Inpatient Management of Severe Acute Malnutrition

**Duties of a facilitator:**

- Introduce each module.
- Answer questions and assist participants while they work.
- Provide individual feedback on completed exercises.
- Do demonstrations and give explanations.
- Conduct oral drills.
- Lead and summarise video exercises and group discussions.
- Coordinate role plays.
- Summarise the modules.
- Assist with clinical practice, as requested.

Slide 7



**Training Course on Inpatient Management of  
Severe Acute Malnutrition**

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**The *Facilitator Guide* contains:**

- Checklist of instructional materials and supplies
- Guidelines for teaching each module:
  - Procedures table
  - Notes for each step of the procedures
  - Grey boxes with special notes for nurses groups
  - Blank box at end of section for additional notes
- 'Guidelines for all modules' at the end of the Guide
- Answer sheets in separate packet

Slide 8