

A Model for Developing a Training Curriculum

Ms. Preethi Pradhan, Lions Aravind Institute of Community Ophthalmology, Madurai

Introduction

Aravind Eye Hospital, which was established 25 years ago, has over the years added several training programmes, sharing its experience with other eye care programmes as a process of mutual development. In 1993, a grant from Lions SightFirst Programme enabled the establishment of Lions Aravind Institute of Community Ophthalmology (LAICO), the first such training institute in Asia. LAICO has been structured to work with other eye hospital and eye care programmes to develop their organisational capacity through a mix of inputs including training, consulting, facilitating resource mobilisation and advocacy.

LAICO follows a structured path for the curriculum development. This can be used as a model for the development of any curriculum. This article aims to share the process involved for the development of a curriculum whilst designing a training programme.

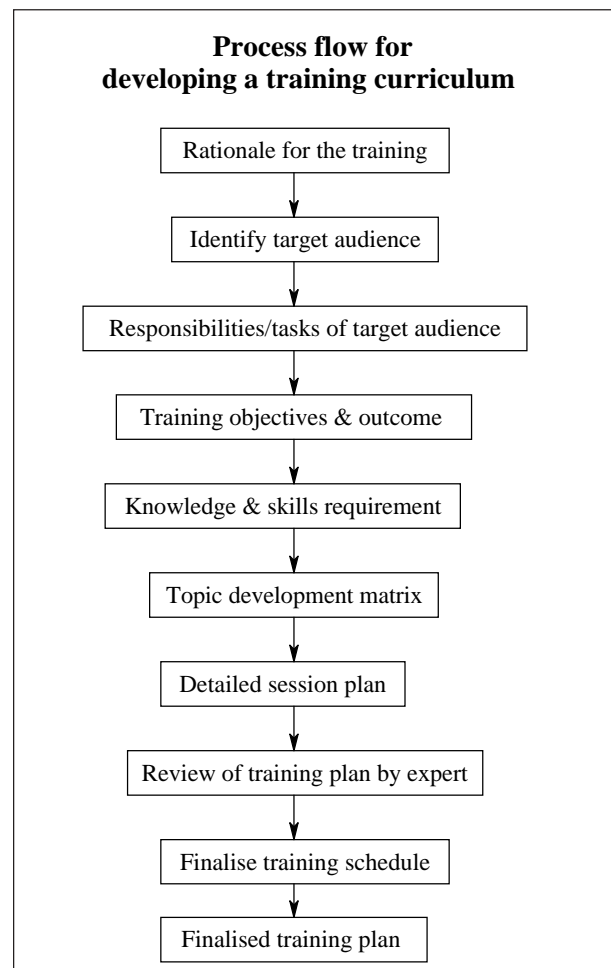
Assumptions of the training programme

1. The training programme is not intended as an educational course which will help people to get a job.
2. The training programme is intended as a refresher course for candidates who are already in a job.

Participant centered training curriculum development

In a participant centered training programme at the core of the whole training are the participants needs. The main objective being to develop the capacity of the trainees focusing primarily on improving the participants knowledge and skills. Once there is total clarity on the reason for offering the training programme, the driving force in the curriculum development is identification of the appropriate target group and then delving into details regarding their responsibilities and tasks. This becomes the basis for development of the curriculum.

Objectives and outcome provide greater focus for the training programme. Therefore unlike in the educational settings where definite subjects are taught here, there is an integration of subjects and the training content comprises of various topics directly related to their responsibilities and tasks. The topics to be taught are identified through a two – way matrix table which has the responsibilities listed in the first column and the objectives of the course listed in the first row. The detailed content is finalised from this resulting in integration of practical and the theory unlike in a typical classroom setting. The total duration of the course has to be decided bearing in mind the



duration for which the participants can be away from the work. Then whatever is planned to be taught has to be fitted into this time frame. Prioritisation of the content area will ensure focus on those specific areas that the students want greater input on. The following flowchart lists out the various stages for preparing the training curriculum.

1. Rationale for the training

This should convincingly show the need for offering the training programme. Its content should explain how the training course proposed to be offered is different from existing training programmes of similar content. Also what is the gap that is sought to be addressed through this training programme.

The following highlights the rationale written for why LAICO should provide management training for eye care programme managers.

Considering the burden of increasing blindness, the new initiative, Vision 2020 aims to dramatically increase the volume, quality, and sustainability of eye care services throughout the world. A major challenge is the need to rapidly expand the eye care programme in a cost-effective manner recognising that the resources would be limited. For this program management expertise is very essential to make best use of available resources and serve the unmet need. This was reiterated during the South East Asia Regional workshop in September 1999 on Vision 2020. In the global initiative, Vision 2020 – Right to Sight, the utilisation of existing infrastructure is estimated as 25% and the target is to reach 90% level. This requires a complete re-engineering and a paradigm shift in management and systems in the current programme activities as well as in new projects that will come in to existence. Introducing sound management practices was identified as a priority activity. Although there are institutions that train professionals in management and programme management in general, there is no institute, which provides eye care programme management training on a regular ongoing basis. With a result, many those now in positions of shaping and managing eye care programmes at Province/State, National or Regional level, are doing so without the formal training resulting in varying levels of effectiveness in the programme.

2. Target audience identification

This step is important for clarifying who would benefit most by attending the training. There should be some homogeneity among candidates in terms of broad work profile so that the training programme

can have a better impact. A clear idea of this would help in proper and specific marketing of the course besides enabling the curriculum development process.

The following highlights the target audience for the programme managers training programme

This training is designed for the professionals concerned with eye care programmes development, planning, monitoring, evaluation and funding. It will be of specific interest to the following groups

- *National Programme Coordinators in Eye Care/ Blindness Programme from Developing Countries*
- *State and National level Programme Officers in Eye Care*
- *Programme Managers/Programme Officers of International Agencies in Eye Care*
- *Senior Managers of Funding Agencies responsible for funding and monitoring the programmes*
- *Managers/Officers responsible for executing eye care programmes*

3. Responsibilities/Tasks list

If one has access to job descriptions of people identified to come for training then that would provide a ready made list otherwise a brain storming session is useful to list out all the possible responsibilities and tasks that the participants of the training programme would be engaged in doing. The responsibilities/tasks are then categorised into some broad categories.

The following lists out some responsibilities and tasks of an ophthalmic head of an eye hospital (not the complete list):

1. *Services Marketing: target and monitor demand, support in demand generation, pricing of services, community partnership development, referral system, publicity and media coverage, patients and public relations*
2. *Operations management: smooth functioning of OPD, ward and OT, staff scheduling, patient load management, resource scheduling and effective resource utilisation.*
3. *Financial management: budgeting, patient revenue, cost control, fund raising, analysis of financial statements, capital purchase decisions*
4. *Quality assurance: setting standards and benchmarking, patient centered eye care, measuring quality outcome on visual acuity, infection and complication rate, medical ethics, CPA, etc.*
5. *Management information system: develop Information system for planning and decision making, forecasting*
6. *Human resource management: recruitment,*

motivation and team building, wage and salary management, staff training, performance evaluation

7. *Leadership and strategic planning: innovation, visioning and goal setting, delegation*

4. Framing the objectives and outcomes of the training

Framing the objectives would enable one to decide the focus of the training programme. The objectives should be written according to the knowledge and skills that the candidate should be able to gain by attending this training. Deciding the outcome would decide the exact impact the training would have on the participants.

Training objective

To provide an overview and appreciation for different principles and practices of management that contributes to more effective and efficient delivery of eye care services.

By the end of the workshop the participants will be able to

- a. *Apply the principles and strategies for increasing the uptake of eye care services*
- b. *Understand concepts relating to productivity, planning, scheduling - all of which can contribute to efficient handling of the clinical load and smoother functioning of the hospital.*
- c. *Understand the need for quality assurance both in the clinical and non-clinical area and how they can influence patient satisfaction and eventually the uptake of eye care services*
- d. *Understand the basics of budgeting, control, investment decisions, costing, pricing of services, fund flow & cash flow analysis*
- e. *Apply management styles and practices that lead to better strategic planning, leadership, developing and maintaining a well motivated team*
- f. *Develop information systems for monitoring operational efficiency, planning and better decision making.*
- g. *Understand the basics of purchase and inventory management*

Expected outcome

At the end of the training course, participants will be able to

- *Have knowledge and understanding of the core elements of eye care services*

- *Apply the understanding in developing effective programmes in eye care*
- *Assess the magnitude of the problem in the region of work*
- *Prioritise the needs and make effective decisions*
- *Understand the global perspective, national policy and the local needs in eye care*
- *Design and develop need based and efficient projects and programmes*
- *Develop skills to plan, monitor and evaluate the programmes in an efficient manner*
- *Acquire skills in developing and analysing the budget and monitoring the funding*
- *Develop, evaluate and fund the programmes/projects in eye care*
- *Apply health economics concepts and principles in deciding the funding priorities*
- *Internalise and develop positive attitude in working in eye care*
- *Learn some principles and practices of managing people and resources*

5. Identifying knowledge and skills required

From the listed responsibilities/tasks of the person, the exact knowledge and skills that the training should impart should be listed out. This will also to help decide the practical and theory part of the training.

For example for the one month course for hospital administrators

Enhance skills to

1. *Develop appropriate strategies to attract patients of different economic background, which has an implication on the number of patients served and revenue generation*
2. *Promote patient centered care with a continuous quality improvement orientation*
3. *Ensure smooth functioning of core process (OPD, Ward and OT) by patient load management, forecasting, streamline patient flow, staff scheduling, supplies planning, space planning, facilities planning, maintenance, etc.*
4. *Develop the capacity to effectively utilise the available resources*
5. *Develop and apply various systems required for effective functioning of different administrative activities and support services in a hospital*
6. *Improve managerial skills*
7. *Use computers and appreciate the use of computers in the hospital*

Have the knowledge to

8. Understand the need and importance of cost effective sustainable eye care through high volume and enhanced quality care
9. Understand the magnitude of eye diseases, common eye diseases, equipment and instruments in eye care and basics of public health

6. Topic identification matrix

The next step is identification of the broad topic areas. This is done by translating the responsibilities and objectives into a matrix. The matrix is designed by putting in the first column, row by row, all the responsibilities which the person has to perform. In the first row, column by column, the objectives of the course are listed. Then each cell is looked at and depending on the responsibilities and the objectives listed for that particular cell the matching content is developed. For example, when the responsibility is, 'To ensure quality assurance', and the objective for that particular cell is 'demand generation' which is a short form for the objective listed as, 'Apply the principles and strategies for increasing the uptake of eye care services', the broad topic to be covered which will satisfy both these criteria area is 'high volume vs high quality'. Working through each cell in the matrix will provide an exhaustive topic list which is tailored to meet the need of the participants and also which will cover all that the participants need to learn in order to do their job well.

A completed matrix which was prepared for the ophthalmic head of eye hospitals course is provided as an illustration (Table 1)

7. Detailed session plan

With the broad topics that are now listed, learning objectives for each session needs to be set as well, as detailed content and methodology. Also instead of preparing a general reading list, it will be better to prepare it topic wise to facilitate a more thorough reference list. An example is given in the (Table 2).

Reading materials

1. WHO – global initiative for the elimination of avoidable blindness
2. Vision 2020 – Brochure
3. Documents on respective country national programmes
4. Aravind Publications/AP (Investigative Ophthalmology)

Useful websites

1. Regional Institutes/Publications on Epidemiology
2. Strategies for National Programme for Blindness (1997-1998)
3. www.v2020.org

8. Review of training plan by experts

For strengthening the training programme the curriculum should be reviewed by experts. Experts consist of people who are representative of the

Table 1: Topic identification matrix

Objectives/ Responsibilities	Demand generation	Planning, resource scheduling & Utilisation	Continuous quality improvement	Leadership
1. Operations management	Process of demand generation	Scheduling of resources	Standardisation	Problem solving innovation
2. Quality assurance	High volume vs high quality	Factors influencing resource utilisation	Concept of QA	Commitment
3. MIS	Forecasting	Performance analysis	Measuring quality	Data management
4. Strategic planning	Need for eye care and other services	Policy and procedures	Setting standards and benchmarks	Visioning and setting goals

Table 2. Detailed session plan

Topic	VISION-2020
Learning Objectives	Awareness about the Vision-2020 initiative Components, Strategies and Priorities of Vision-2020 Integration to existing pattern of work in eye care
Content	VISION-2020 Objective, components, strategies and action plan
Methodology	Lecture and Discussion

trainee population, have practical experience in different areas and are considered as experts in the different areas. The review by the experts can be done either through mailing them a draft copy of the curriculum for their inputs or by conducting a workshop for review of the curriculum. Their inputs will be invaluable in refining the objectives, target group, as well as roles and responsibilities. The experts have to be oriented to the curriculum and the assumptions made while preparing it. During this time the free list of topics generated can be ranked in terms of priority for teaching it so that topics which require more weightage can be identified. Inputs from experts are also very useful for identification of relevant reading materials or useful websites.

The invited experts comprised of experts representative to a certain level of the participant expected for the training programme and they were also from the regions from where the participants were expected to come. Hence for this particular training programme for the curriculum finalisation workshop the invited experts comprised of 13 participants representing international NGOs, head of eye care institutions and the government of India, Nepal, Bangladesh and Indonesia attended the workshop. A draft curriculum was prepared before the workshop as background material around which the discussions during the workshop revolved. This was sent to all the participants prior to the workshop for their review. Each curriculum was discussed over half a day with each curriculum being moderated by a session leader drawn from among the participants. After the

presentation of the draft curriculum the group arrived at a consensus regarding the target group, objectives, role and responsibilities of the people which are expected to attend the various courses. In the group work which followed, the content was distributed between 3 groups, with each group discussing in great detail the content, teaching methodology and reading material. This was then presented back to the larger group for discussion and consensus. The participants also individually ranked the priority to be accorded to the various content areas to be covered in each session. This was analysed and aggregated to get the group overview of the time allotment to be given to each session.

9. Forming the training schedule

For doing this, contents which are similar should be grouped together and the logical flow or sequencing should be decided upon bearing in mind that some topics need to be taught before others. The duration should be fixed bearing in mind the availability of the person. For example it will be very difficult to get a group of heads of eye hospitals for a one month training but it is more feasible to get them for a one week training. The content and the training plan prepared so far have to be fitted into the time frame available. This is where the weightage given to the

Table 3: Management priorities in eye care delivery (Training Course for Ophthalmologist Heads of Eye Hospitals) daily schedule - draft

	Monday
08:00 - 08:30 am	Breakfast
08:30 - 09:00 am	
09:00 - 10:30 am	Strategic thinking
10:30 - 11:00 am	Break
11:00 - 12:30 pm	Concept of service marketing
12:30 - 01:30 pm	Lunch
01:30 - 03:00 pm	Magnitude of blindness
03:00 - 03:30 pm	Break
03:30 - 05:00 pm	Resource management
05:00 - 06:00 pm	Group work/ Assignment
06:00 - 07:30 pm	Free time
07:30 - 08:30 pm	Social time and dinner

different topics help in deciding the distribution of time. An example of a finalised training schedule for a day (Table 3)

Conclusion

Following the steps outlined would enable you to have a participant centered training programme which would truly benefit those participants who have taken the time and trouble to leave their jobs for temporary periods, perhaps travel long distances to attend the

course. There is no better marketing mechanism for a training programme other than the well spoken words from a participant of the course.

All examples quoted in this article are taken from training course curriculum developed by LAICO faculty specifically the Management Training for Eye Care Programme Managers; Management Training for Ophthalmic Head of Eye Hospitals; and Management Training and Systems Development for Hospital Administrators / Managers.

References

1. Gross, Rainer, Khoi, Ha Hui and Senemaud, Beatrice (1998). *Use of a Participatory Learning Process to Develop a Curriculum for Postgraduate Nutrition Training; Food and Nutrition Bulletin, Vol 19, No.4, 1998*
2. Prozesky, Detlef R (2000) *Developing a Course Curriculum, Community Eye Health, Vol 14 Issue No. 37*