Maximising the impact of training

How can we ensure returning trainees have a positive impact on ear and hearing health?

In many under-resourced countries, the opportunity to train in ear and hearing health is limited. There may be no national infrastructure to train ENT doctors, audiologists, speech and language therapists, audiology technicians and other ear and hearing care (EHC) personnel; in addition, ear and hearing health may not be taught as part of the general medical or nursing curriculum. Very often, training opportunities take the form of ad hoc courses or the training of a single specialist at a time, often partly funded by donors.

Those who have been able to participate in EHC courses and training programmes can make a valuable contribution to the communities in which they work. The extent to which they can effectively contribute to ear and hearing health depends upon themselves but also upon the workplace to which they return, and the support and encouragement they receive from the department and management.

In this article, we will consider in turn what each stakeholder can do to ensure returning trainees have a positive impact on ear and hearing health services in their workplace and in their community.

How can management help?

Returning trainees will be eager to demonstrate their updated knowledge and give patients and users of audiology services the benefit of their newly acquired skills. Their enthusiasm will extend to sharing information with their colleagues. For this eagerness to use new techniques and share information to persist, however, will depend on the reception they receive from colleagues and the resources available to them to utilise their new abilities and increased knowledge.

Intra-departmental power dynamics and interpersonal relationships may be affected: some colleagues may resent change in practice due to a perceived risk of increased workload; they may be envious of the trainee if they worked with them before; others may feel that their own professional value and the sustainability of their livelihood are being compromised or threatened by these changes.

To overcome these issues, there are many things that line managers and human resources personnel can do before and after training:

• Before the course or training programme, organise a discussion during which all colleagues can share how ear and hearing health problems impact their daily work (e.g. high number of consultations with ear complaints which they cannot treat) so that these can be discussed during the course and solutions shared following the course. This will give everyone a chance to contribute to improving or providing EHC services in the department.

• If it is a new appointee who has undergone training, ensure that other workers have the opportunity to meet the trainee and understand the reason for any changes being planned in the department.

• If ‘bound training’ is considered (where an employee’s training is funded by the employer in return for their service provision at the workplace for an agreed time period after training), this needs to be agreed at the onset. There should also be follow up after the course to check that the trainee is fulfilling their obligations towards the workplace.

• Agree on short- and mid-term key learning points and outcomes in writing and make this document an official record alongside the contract and job description, and part of the returning trainee’s annual appraisal.

• Preferably before the course, make a plan alongside course organisers to acquire equipment, instruments and consumables (e.g. otoscopes, audiometers, ear instruments, ear mould materials, etc.) needed for the returning trainee to practise their newly acquired skills.

• When expanding services after training, ensure that quality standards set out by the Health Service in conjunction with professional bodies are being met and make sure the trainee has access to expert advice and technical supervision.

• Discuss referral and counter-referral pathways with course organisers and returning trainees, and make sure the trainee follows agreed referral guidelines.

• Generally, cultivate an atmosphere of learning and growth for the whole workforce:
  − Make sure changes are possible to facilitate the introduction of new techniques in practice.
  − Facilitate attendance at refresher courses where possible.
  − Provide easy access for discussion of any problems arising.

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- During training, discuss with fellow trainees potential problems and solutions linked to returning to the workplace after training.
- After training, give colleagues a presentation to share new knowledge and skills, and explain how they can have a positive impact on existing EHC services.
- Maintain links and communication with course trainers and fellow trainees in order to share practical and local applications of new skills, provide appropriate feedback to faculty and discuss any issues observed after training.
- Establish or maintain links with others working in the same type of activity in the country, in order to share experiences and problems while maintaining confidentiality.
- Inform management of referral pathways agreed and established during the course and ask for their help in observing them.
- Keep up to date with new developments. This can be done using online resources, reading online journals, linking with professional bodies in your field, or periodically attending meetings (local, regional, national or international).
- Cultivate reflection and self-assessment. Keep relevant records and audit the results of your clinical practice and achievements against accepted standards. Change your practice if these standards are not met individually or collectively.

How can trainers and training courses help?

The positive impact of returning trainees will depend to some extent upon whether the course they have attended has adequately prepared them for what they might find in the workplace (notably regarding available equipment, workload, management and potential attitudes from co-workers). Below are actions that trainers and course planners can take to help returning trainees:

Take into account local health systems

- When planning courses, whether local, regional or national, take into account the situations in which trainees stand to gain from understanding new developments in their areas of work.
- Courses should aim to improve knowledge in relevant areas of trainees’ practice, but they should also target achieving local, regional and/or national standards set by local healthcare providers.
- Make sure to establish referral and counter-referral pathways which are in line with already existing ones or in agreement with local health authorities, for any changes that may be implemented.

Help trainees prepare for their return to the workplace

- Prepare the trainees for situations they may encounter once back in the workplace, when endeavouring to use the information and skills they have gained.
- Take steps to make sure returning trainees have access to the resources and equipment they need to use their new skills once back in the workplace: e.g. stress the need for otoscopes and other EHC instruments and consumables, and look for sources of funding or procurement.
- Collect feedback to understand the difficulties trainees have faced in specific areas of work and their expectations in attending the course.
- Set time aside to hold open discussions during the course, e.g. question and answer sessions, workshops, etc.
- Warn and prepare trainees to hold an information session when they return to work, or share with their colleagues the information provided by the course.

Establish pathways for support and quality assurance after the course

- Encourage students to link with one another for ongoing support. This could be through email or social media, or by establishing an association where one does not already exist.
- If possible, maintain a link with students for them to contact trainers when they need additional information.
- Ensure that course materials include information about the contribution other professionals can make to improve the quality of trainees’ clinical work.
- Ensure that course materials are easily accessible through electronic and/or paper-based media.
- Stress the importance of making time to reflect on one’s own practice and of continual self-learning, e.g. through reading abstracts or online journal publications and presentations.
- Make sure that students are aware of ongoing training courses both local, national and international.
- Indicate possible sources of funding for further training.

How can the Health Service help?

- Make sure ‘external’ course providers (such as NGOs and other training institutions) have clarity on the need to prepare trainees to liaise with the Ministry of Health, during and after the training.
- Ensure that course planning also includes provisions to give trainees the equipment and resources they will need to apply their new skills.
- Establish a career structure for trainees in all hearing health fields.
- Include EHC modules in the training curriculum of different types of personnel, to ensure EHC trainees operate in a supportive workplace.
- Provide or seek funding for refresher courses, for attending local, regional and national meetings, as well as for practice audits.
- Carry out the evaluation of training courses and programmes as per local or national requirements.
- Assess the quality of the course or training programme alongside the EHC service it is designed for. You can use...
FIGURE 1 FACTORS AFFECTING A RETURNING TRAINEE’S CONTRIBUTION TO THE WORKPLACE

<table>
<thead>
<tr>
<th>Positive impact</th>
<th>Negative impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course materials acting as helpful reminders and applicable in practice (e.g. differential diagnosis)</td>
<td>Forgetting course content because of lack of notes, materials or reminders</td>
</tr>
<tr>
<td>Communication network with peers</td>
<td>Isolation from peers: no access to fellow trainees or persons with similar training</td>
</tr>
<tr>
<td>Communication channel with expert</td>
<td>Isolation from expert advice: no access to tutors or better qualified experts</td>
</tr>
<tr>
<td>Equipment and resources available upon return to workplace</td>
<td>Lack of equipment needed to put new skills into practice</td>
</tr>
<tr>
<td>Skills taught during training are appropriate for level of resources in the workplace</td>
<td>Facilities and resources insufficient for putting new skills into practice</td>
</tr>
<tr>
<td>Course aims aligned with workplace’s priorities or deliverables</td>
<td>Too many demands to contribute in other areas deemed more important (e.g. workload consists mostly of ear syringing because no primary EHC workforce)</td>
</tr>
<tr>
<td>Department has broad knowledge of EHC and what it can contribute to services</td>
<td>Hostile or unhelpful attitude from untrained colleagues</td>
</tr>
<tr>
<td>Supportive managers</td>
<td>No support from management</td>
</tr>
<tr>
<td>Agreed commitment to focus on public health and benefit to community</td>
<td>Focus on private practice after training</td>
</tr>
<tr>
<td>Quality control and supervision in place for ongoing monitoring</td>
<td>Trainee’s quality of work is insufficient or decreases over time</td>
</tr>
<tr>
<td>Referral pathways established during course, in line with health system</td>
<td>Nowhere to send patients after diagnosis</td>
</tr>
<tr>
<td>Opportunities to attend refresher courses from time to time, with funding support</td>
<td>No opportunity to learn about newer and better techniques</td>
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**Summary**

Effective healthcare will depend upon health staff receiving good appropriate training, being given the support they need subsequently to put this training into effect and the opportunity to keep their knowledge up to date (Figure 1).

**Maintaining quality after training**

It is very important that there are mechanisms in place to ensure that a returning trainee applies their newly-acquired skills to course standards and can maintain the quality of their work over time. Quality assurance is sometimes forgotten when courses are offered ad hoc, but poor quality has far-reaching implications: it has a negative effect on the reputation of a training course but poor quality has far-reaching implications: it has a negative effect on the reputation of a training course and discourages future training; it also undermines patient confidence in services and decreases uptake of new services.

What can we understand as being ‘quality’ work in EHC?

- The diagnosis is correct and timely, and the treatment given is effective.
- The best possible professional care is given in accordance with the facilities available, and shortcomings are recognised and rectified.
- The safety of patients is taken into account by taking care to observe hygienic practices.
- Access is available to all – irrespective of gender, age, ethnicity and social status.
- Patients are treated with respect, their diagnosis and treatment explained and their questions answered (and interpreters available if needed).
- Detailed records are kept of the patients’ history, investigations, treatment and outcomes.

The following tools can help check or maintain the quality of work of returning trainees, and also of staff in general:

- Access to expert supervision and continuous medical education.
- Peer assessment of colleagues in the same, or different, clinics or services.
- Questionnaire to patients (and, if relevant, to parents) to obtain feedback on their appointment and treatment.
- Appraisal interviews to check progress, and identify needs and problems.
- Periodical audits to monitor service quality and user satisfaction, in order to compare individual progress of both trainees and other employees.
- Comparison of the trainee and the service outcomes against national standards.

References


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The table above lists positive and negative impacts on the contributions of returning trainees to the workplace. The positive impacts include having course materials that act as helpful reminders, a good communication network with peers, and supportive equipment. The negative impacts include forgetting course content, isolation from peers, and lack of support from management.