

African Palliative Care Association

Monitoring and Evaluating Palliative Care Education



A framework for
palliative care educators
and trainers in Africa



SOME QUOTES ABOUT EDUCATION

Martin Luther King Jnr described education as a process of thinking intensively and critically. He said intelligence and character are together equal to true education.

Nelson Mandela: “Education is the most powerful weapon to change the world.”

ISBN 978-9970-446-10-0

© African Palliative Care Association (APCA) 2013

All rights are reserved, whether referring to the whole or a part of the material, particularly the rights to reproduce images or text or to translate or reprint. Requests for permission to reproduce text or images, or to translate APCA publications, or any other inquiries, should be directed to APCA, PO Box 72518, Kampala, Uganda. Tel: +256 414 266 251, Fax: +256 312 264978, email: info@africanpalliativecare.org

This monitoring and evaluation framework was developed with the support of The Diana Princess of Wales Memorial Fund. The African Palliative Care Association takes sole responsibility for the contents of this report, which do not necessarily reflect the views of the donors cited.

APCA does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred because of its use. The framework guidelines for measuring the impact of palliative care education and training on patients and their families within Africa. The framework can be adapted to the context of each country and each institution.

TABLE OF CONTENTS

Foreword	4
Acknowledgements	5
Glossary	6
How to use this manual	8
1. Introduction.....	10
2. Monitoring and evaluation for palliative care education and training.....	13
3. Process leading to the development of APCA’s M&E framework.....	15
4. Objectives and scope of the M&E framework	20
5. Design elements for the M&E framework	24
6. Data management systems and structures for the M&E framework.....	33
7. Roles and responsibilities of M&E officers	35
8. Education and training M&E result indicators.....	37
Appendix A Details of tools used in the M&E framework	41

FOREWORD

Education and training of human resources for health form a very significant part of any health systems strengthening effort in Africa. Palliative care education and training requires robust planning, implementation, monitoring and evaluation in order to achieve above average performance in patient care. To contribute to the development of human resources for palliative care in Africa, the African Palliative Care Association focuses on interventions aimed at increasing knowledge and awareness, as well as strengthening its integration into health policies, education programmes and health services.

The African Palliative Care Association (APCA) is pleased to publish a robust monitoring and evaluation (M&E) framework for palliative care education and training – the first of its kind. The framework can act as a roadmap for palliative care institutions and programme leaders, educators, trainers as well as government departments, that are involved with education and training in palliative care. It is designed as a tool for giving guidance to ensure that education and training interventions are properly implemented, monitored and evaluated. The framework ensures that any deviation can be noted and corrected early and that best practices and outstanding achievements inform future plans for palliative care education and training.

Development of APCA's M&E framework for palliative care education is timely and will help with the design of monitoring and evaluation tools and systems to effectively manage and use appropriate information for evaluating and documenting progress made by palliative care interventions. Sharing lessons learned, best practices and recommendations from monitoring and evaluating palliative care education and training will minimise implementation mistakes, duplication of services and wastage of resources. M&E for palliative care education is also expected to facilitate ongoing quality improvement in education and training interventions as well as facilitate the generation of evidence in regards to continued investment in this critical area. The framework will support the capturing of information on the impact of palliative care services on the lives of people needing such care. Through the framework, best practices will be identified, shared, modified and adapted by partners and stakeholders across the region. Adaptation of best practices will support the efficient and effective use of resources, improve performance and increase the impact of palliative care.

APCA's monitoring and evaluation system can be used to highlight evidence that palliative care education is crucial to the expansion of palliative care services in Africa. Evidence of good performance will also be used for advocacy and prioritisation of palliative care services in the sub-Saharan region. Such an impact can lead to change of national, regional and international health policies to prioritise palliative care service provision, increase resource allocation and place palliative care discipline high on the agendas of African governments.

Monitoring and evaluating palliative care education and training is part of the wider M&E for any organisation or programme. This is based on a set of five principles: well trained staff in M&E; budget allocation; well defined programme goals, objectives, strategies and activities; a set of defined indicators at the various levels; a plan for data collection and management as well as a defined M&E system.

APCA recognises that the integration of palliative care into national health systems across Africa as well as the generation of evidence is a cornerstone for its sustainability. We will therefore continue to work with and provide support to palliative care educators and trainers across Africa to ensure that the impact of education and training on the lives of patients and their families is evaluated and documented. Our goal is to ensure that all Africans who need palliative care can access it.

Dr Emmanuel Luyirika

Executive Director

African Palliative Care Association

ACKNOWLEDGEMENTS

APCA is grateful to The Diana, Princess of Wales Memorial Fund for the financial support towards the development of this robust monitoring and evaluation framework for palliative care education in Africa. We also thank FHSSA (formally the Foundation for Hospices in Sub-Saharan Africa) for financial support towards the printing of this framework.

APCA also wishes to thank all individuals and partner organisations who contributed to the development of this resource, especially the following:

- Dr Emmanuel Luyirika, Executive Director, African Palliative Care Association (APCA)
- Fatia Kiyange, Programmes Director, APCA
- Bernadette Basemera, Programme Officer, APCA
- Irene Kambonesa, Senior Technical Advisor, APCA & Project Consultant
- Emilly Kemigisha, Senior Programme Officer, APCA
- Flavia Bakundana, Initial Consultant support
- Mr. Derek Atkins, Editor
- Regional Aids Training Network (RATN), support with materials
- Mildmay Uganda, support with materials
- Theresa Wilds, the designer

GLOSSARY

Education: Education is the process of imparting or acquiring general knowledge and developing the power of reasoning and judgement, and generally preparing oneself or others for mature life.

Evaluation: The structured, objective and periodic collection, analysis and dissemination and storage of information. Evaluation involves reflection and taking stock of a programme's implementation, with the intention of finding out whether or not the programme met intended education and training programme goals and objectives. The evaluation process identifies an education and training programme's strengths, challenges, best practices, lessons learned, and recommendations for improvement of the programme. Evaluations provide evidence of relevance and applicability of the programme and how education goals and objectives are linked to national, regional and international education and training goals and objectives, which ensure increased access to quality and comprehensive palliative care for people with palliative care needs.

Impact Indicators: These refer to the benefit of a programme beyond the immediate effects of its direct beneficiaries, both at the level of intervention and more generally at the programme area. They are linked to the wider goals and objectives of the programme but also to national, regional and international education and training objectives. Examples: the increase in the number of health professionals teaching palliative care; and (an even more significant indicator) the increase in the number of people with palliative care needs accessing quality palliative care services.

Indicators provide the quantitative and qualitative detail to a set of goals, objectives and targets of a policy or programme. An indicator is a specific measure of programme performance or impact that is tracked over time by the M&E system.

Input indicators refer to the budgetary amounts, personnel or other resources allocated for each training activity/programme. Financial input indicators are used to monitor progress in terms of the annual commitment and payment of the funds available for all training courses/programmes.

Monitoring is the systematic and continual collection, analysis and acting on information pertaining to an institution's activities (eg training programmes) as well as compliance with values, procedures and policies.

Monitoring and evaluation framework is the broad outline of the approach to monitoring and evaluation (M&E). It provides the 'big picture' of how M&E is envisaged, including the objectives to be achieved, the scope, the key performance/compliance indicators, the strategy for data capturing, analysis and dissemination, roles and responsibilities, and capacity and resource requirements.

Monitoring and evaluation system refers to logically related procedures that enable the capturing of quality data (input), analysing and interpreting (processing) it, and then the generation of information (output). In practice, an M&E system is concerned with procedures for regular capturing of data on each of the defined indicators, transforming that data into information and disseminating it for decision making and planning.

Output Indicators: These measure activities directly realised within programmes. Those activities are the first step towards achieving the operational objectives of the intervention and are measured in physical and monetary units. Examples: number of training sessions organised, number of training institutions receiving funding support.

Performance indicators: these are measures of inputs, processes, outputs, outcomes and impacts for programmes, policy issues or strategy. When supported with sound data collection methods (such as surveys), and with analysis and reporting, performance indicators can enable managers and lecturers to track progress, demonstrate results and take corrective action to improve service delivery. Performance indicators can be used to set performance targets.

Qualitative data: Qualitative data describes items in terms of some quality or categorisation. This is information which is captured and is concerned with describing meaning and experiences rather than with drawing statistical inferences. It is information captured that is not expressed in numerical terms.

Quantitative data: This is information that is captured and represented in numerical terms. The information focuses on numbers and frequencies.

Result indicators: These measure the direct and immediate effects of an intervention. They provide information on changes in, for example, the behaviour, capacity or performance of direct beneficiaries and are measured in physical or monetary terms. Example: total number of students trained to provide quality palliative care services.

Training: Training is practical education or practice – usually under supervision – in some art, trade or profession.

HOW TO USE THIS MANUAL

The monitoring and evaluation (M&E) framework described in this manual is a tool that will guide M&E systems to provide evidence that palliative care education and training can lead to improved quality of life for people with palliative care needs in Africa.

The education and training M&E framework provides guidance to leaders, managers, lecturers, tutors, facilitators and trainers on tracking the performance of palliative care education and training programmes in Africa. The framework gives a roadmap and can be used to monitor and evaluate short-term training courses as well as long-term (academic) education programmes, since most of the training regimes have related goals and objectives. Monitoring and evaluation systems applied to such regimes ensure that the right direction is taken with training and education, that the documentation of inputs, outputs, outcomes and impacts is performed systematically, and that scientifically accepted procedures are used to collect, collate, enter, validate, analyse, present and document findings.

Baseline information is obtained before a learner is enrolled in a training programme; and their progress is then tracked over time to provide evidence as to whether changes that happen in the learners' performance are a result of palliative care education and training. Different tools can be used to obtain information about different aspects of a training programme. The tools may collect information on palliative care concepts and principles, skills and competencies, beliefs, attitudes, behaviour and/or practice. For more information on these tools, refer to Appendix A.

Input indicators are obtained from resources allocated to activities within education and training. Human resources used, time, and funding allocated to successfully complete an activity are monitored and evaluated to establish value for money.

Output indicators monitor activities that were carried out and measured against targets set to meet set programme objectives and goals. Examples of output indicators can be the number of people trained, the number of courses conducted or the number of training materials developed. When monitoring output indicators, it is important to have attendance lists, evaluation forms, pre-/post-test results, course materials used, and maybe other things. The amount of money spent per category can also be monitored and evaluated to ensure that funds are being spent according to budgets and in relation to planned activities.

Outcome indicators are measured to determine any immediate or intermediate effects of the education and training programme under review. Outcome indicators track individual changes in attitudes, beliefs, behaviour and practice. Examples of such indicators may include: percentage of trained professional integrating palliative care into their work; percentage of trained professionals with palliative care skills and competences; and percentage of trained lecturers able to teach palliative care effectively.

Impact indicators seek to measure the effects of the education and training programme over and above any immediate effects of the programme. These indicators are linked with the wider objectives and goals of the programme. Producing evidence that the impact of the programme is a result of palliative care intervention can be a challenge, and robust monitoring and evaluation mechanisms must be in place to strengthen the validity of findings and prove that palliative care education and training indeed led to the impact(s) presented.

Even allowing for the foregoing, it should be recognised that the framework is only a guide – but one that has been written in straightforward English in a user-friendly style.

National government departments and palliative care institutions/programmes can modify this framework guide and develop a comprehensive monitoring and evaluation system that suits their needs. The important issue to note is that national or organisational systems should be developed in such a way that they provide APCA with information on APCA's education and training core indicators which will measure outcomes and impact of palliative care education work in Africa.

CHAPTER I:

INTRODUCTION

Introduction

I.1 Monitoring and evaluation

Monitoring and evaluation remains one of those aspects of organisational and programme management that is extensively discussed but rarely practised. Monitoring and evaluation is currently less utilised across the African continent because its role is not appreciated. In the context of palliative care, monitoring and evaluation are still in their very early stages of development.

Monitoring and evaluation efforts are aimed at the collection of information at all programme levels and are useful in determining the progress of a programme towards achievement of its goals and objectives. Monitoring and evaluation is an integral part of good programme management and provides information on the scope, quality, scale, coverage and success of a programme. Furthermore, monitoring and evaluation is a critical component of APCA's Strategic Plan 2011–2020 and is well reflected in strategic objective 1 (which is to increase knowledge and awareness of palliative care among stakeholders) and strategic objective 3 (to build an evidence base for palliative care in Africa).

A monitoring and evaluation system is based on two concepts: monitoring and evaluation. These are described in more detail thus:

- **Monitoring** is the systematic and continuous collection, analysis and acting on information pertaining to an institution's activities (in relation to education and training programmes) as well as compliance with values, procedures and policies.
- **Evaluation** is the structured, objective and periodic collection, analysis, dissemination and storage of information. Evaluation involves reflection and taking stock of a programme's implementation with the intention of finding out whether or not the programme met intended education and training programme goals and objectives. The evaluation process identifies strengths of the programme, challenges, best practices and lessons learned. Lessons learned and recommendations proposed are used for improvement of the education and training programme. Evaluations provide evidence of relevance and applicability of the education and training programmes and clarify the linkage of education and training goals to national, regional and international education and training goals. Achievement of such goals translates into increased access to quality and comprehensive palliative care for people with palliative care needs in Africa.

I.2 An M&E framework for education and training

A monitoring and evaluation framework for palliative care education and training comprises a logical structure of a monitoring and evaluation system where results related to training are presented and documented. The framework provides a mechanism where linkages are made from input level to output, outcome and impact levels. A combination of outputs contribute to outcome and outcomes contribute to impact, which can be translated to mean the achievement of education and training goals and objectives.

The monitoring and evaluation system tracks changes that occur as each learner is going through an education and training programme. Baseline information about a learner is obtained prior to commencement of the programme. Collected information is analysed in relation to evidence that palliative care education and training contribute to improved quality of life for people with palliative care needs.

The education and training M&E framework was developed in relation to an overall M&E framework for APCA, which specifically aims to:

- Strengthen palliative care interventions within Africa by guiding the systematic collection, processing, and analysis of data at all levels;
- Inform palliative care policies and procedures in Africa to better serve those in need of palliative care;
- Track progress and evaluate the impact of APCA's Strategic Plan 2011–2020;
- Facilitate standardisation of M&E methodologies so as to allow meaningful comparisons over time at all programme levels and across all actors;
- Serve as a platform for partnership, collaboration and networking for all stakeholders involved in palliative care programming and implementation in Africa.

I.3 Principles of a good monitoring and evaluation system

A robust monitoring and evaluation system is based on the following principles:

- The presence of a monitoring and evaluation unit with well-trained staff who are linked with key stakeholders and partners and have funding of up to 10% of programme budget. The functions of such M&E units need to be linked with M&E units of key stakeholders and partners in palliative care in Africa;
- Well-defined programme goals, objectives, programme strategies and activities to guide regular reviews and the evaluation of interventions;
- A set of core national priority palliative-care indicators that cover all programme components, to inform programme leaders on relevance and on national and regional trends over time. The indicators selected should cover all programme components including inputs, processes, outputs, outcomes and impact. Selection of core indicators is done with full participation of all partners and stakeholders;
- A plan for data collection and information management at all levels, including data use and dissemination systems. Such systems will include monthly, quarterly, six-monthly, annual and biennial meetings for stakeholders to discuss performance and progress;
- A well-coordinated monitoring and evaluation system that utilises ongoing data collection and analysis mechanisms (instead of stand-alone systems that can be expensive and sometimes irrelevant), thereby minimising the data collection burden and maximising the use of limited resources.

Users of this M&E framework for palliative care education are therefore encouraged to apply these principles as they embark on measuring the impact of education interventions.

CHAPTER 2:

MONITORING AND EVALUATION FOR PALLIATIVE CARE EDUCATION AND TRAINING

Monitoring and evaluation for Palliative Care Education and Training

Palliative care education is one of the four components of the enhanced public health strategy for palliative care set out by the World Health Organization (WHO). Palliative care education is vital for effective integration and scale-up of palliative care services to a national level to ensure access to care for those who need it. The palliative care education component is one of the results aimed for under APCA's second strategic objective in its current plan, which is to strengthen health systems through the integration of palliative care. Specifically, the education result area aims to integrate palliative care into pre- and in-service training. Activities include (among others): training different levels and cadres of care providers, supporting the integration of palliative care in training programmes, assessing the performance of trained personnel following their attendance on training courses, supporting the development of palliative care training packages, and supporting trainees and education and training institutions with palliative care training materials.

Palliative care education and training ensures that service providers and educators acquire knowledge, skills and abilities they need to provide quality care. Palliative care education and training should be looked at as a continuum that begins at undergraduate level and continues through specialist training into a process of continual professional development.

Palliative care education and training uses a variety of strategies, including theoretical training, hands-on experience through clinical placement, and ongoing support supervision and mentorship. A variety of training methods ensures that learning happens in the three well-recognised learning domains, namely the cognitive, affective and psychomotor domains. It also encourages the acquisition of knowledge and skills, and it influences any necessary change of attitudes, beliefs or values.

Palliative care needs well-qualified leaders if it is to continue to grow, develop and become a discipline. In addition to having a competency framework for guiding service providers and educators in the development of an interdisciplinary team of competent caregivers at different levels of care provision in Africa, such education, training and service provision have to be systematically assessed, monitored and evaluated as stipulated in APCA's *Standards for Providing Quality Palliative Care Across Africa*.

APCA is developing a palliative care monitoring and evaluation framework to ensure that there can be systematic assessment, monitoring and evaluation of all changes that occur over time and that, thereby, evidence can be provided as to whether changes documented in palliative care education, training and service provision are a result of palliative care interventions. Such evidence would support advocacy efforts and facilitate informed decision making at policy, institutional, managerial, community and individual levels, as well as the provision of highly valuable palliative care.

CHAPTER 3:

PROCESS LEADING TO THE DEVELOPMENT OF APCA'S M&E FRAMEWORK

Process leading to the development of APCA's M&E framework

3.1 Initial proposals

The process of developing an M&E framework for all health training institutions began with an assessment of palliative care education and training programmes across Africa in 2008. The assessment was performed in 14 African countries, namely Botswana, Ethiopia, Ghana, Lesotho, Kenya, Malawi, Namibia, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

The main objective of the assessment was to establish the effectiveness of existing training programmes and to identify any unmet needs. Results indicated numerous training programmes on the African continent offering very similar content at similar levels of training, although some were using highly structured methods of teaching; others were using very informal methods. Lecturing was found to be the dominant teaching method.

With regard to measuring the impact of existing palliative care education, a variety of assessment practices were found across training programmes. Some programmes had highly structured assessment systems while others had none at all. Evaluation practices also varied greatly: while some courses were evaluated, others were not.

Other findings included the following:

- A lack of country-specific training programmes existed;
- Training curricula were not standardised across institutions;
- A lack of qualified palliative care trainers was a major challenge. Some countries had qualified trainers for short courses and not for the long academic courses;
- Training materials and resources were insufficient and had gaps, and so they could not provide sufficient depth, breadth and authority in relation to palliative care.

With regard to measuring the impact of existing palliative care education, a variety of assessment practices were found across training programmes. Some programmes had highly structured assessment systems while others had none at all. Evaluation practices also varied greatly: while some courses were evaluated, others were not.

Two major recommendations emerged to address the gaps found. One was that APCA should develop a palliative care core curriculum for an introductory course in palliative care, as well as an M&E framework for assessing palliative care education and training. The other recommendation was that the two publications should be provided to trainers in palliative care education. Implementation of those recommendations would translate into trainers using an agreed training curriculum, and assessments and evaluations being formalised and standardised. This in turn would mean that training programmes would be further formalised, standardised and structured to ensure consistency and quality in palliative care education in Africa.

This current publication fulfils part of the first recommendation by providing an M&E framework for education and training in palliative care.

3.2 Further justification

Monitoring and evaluation of education programmes is a very important aspect of education and training. A standardised M&E system provides guidance on whether palliative care education and training institutions are moving in the right direction, and it gives a roadmap for ensuring that the right

direction is taken.

Lack of systematic generation, capture, analysis and dissemination of information has led to inefficiencies in planning for palliative care intervention in Africa. Without a robust monitoring and evaluation system, it is difficult to demonstrate evidence that palliative care is needed and to advocate for prioritisation of palliative care services in Africa.

Process evaluation is concerned with what has been done (output) and by whom (input), while outcome evaluation looks at the outcome of what changes have happened as a result of an intervention. Monitoring and evaluation processes are guided by a specific measure (an indicator) of a programme's performance or impact that is tracked over time. Indicators are set for impact, outcome, output and input levels. In order to measure programme effectiveness, lower-level indicators must have a direct link with higher-level indicators. The lower indicator may capture information about knowledge acquisition, while the higher level looks at changes of attitude, beliefs, values, behaviour and practice.

Development of an APCA monitoring and evaluation framework in relation to education and training is timely. The framework will be a guide for palliative care educational institutions, programmes and even national governments to design monitoring and evaluation tools and develop systems to effectively manage information and use that information for evaluating and documenting progress made by palliative care interventions. Sharing lessons learned and recommendations will go a long way in minimising implementation mistakes, duplication of services and wastage of resources.

APCA's monitoring and evaluation framework will support capturing information on the impact of palliative care services on the lives of people with needs of such services. The framework will also facilitate the sharing of information on what works and why; what does not work and why, any challenges to be faced and how the challenges were overcome, and lessons learned and resultant recommendations. Through the framework, best practices will be identified, shared with partners and stakeholders, modified and adopted. Adoption of best practice will support efficient and effective use of resources, improve performance and increase the impact of palliative care interventions. An impact of this kind can lead to changes in national, regional and international health policies to prioritise palliative care service provision, to increase resource allocation and to place the palliative care discipline high on the agendas of African governments.

3.3 Context within which the M&E framework was developed

3.3.1 WHO definition of palliative care

The WHO definition of palliative care is “the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems – physical, psychosocial and spiritual.

APCA describes palliative care as an approach that improves an ill person's situation. More specifically, palliative care:

- Provides relief from pain and other distressing symptoms;
- Affirms life and regards dying as a normal process;
- Intends neither to hasten nor postpone death;
- Integrates the psychological and spiritual aspects of patient care;
- Offers support systems to help the family cope during a patient's illness and their own bereavement;
- Uses a team approach to address the needs of patients and their families, including bereavement counselling if indicated;
- Will enhance the quality of life, and may also positively influence the course of illness;

Is applicable early in the occurrence of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

The APCA monitoring and evaluation framework for education and training will be used to assess and provide evidence of what palliative care education is contributing to improved quality of life for people with palliative care needs, as stipulated in the WHO palliative care definition, APCA's palliative care core curriculum, its standards for providing palliative care in Africa and its strategic plan for 2011–2020.

3.3.2 APCA standards for providing quality palliative care

APCA standards for providing quality palliative care cover key service components and principles, including organisational management, holistic care provision for adults and children, education and training, and research and management of information. The standards aim to be flexible, to represent the continuum of care provision and to provide for the needs of individuals at all levels of service delivery and across a range of settings in Africa.

3.3.3 The WHO public health approach and integration at all levels of service provision

APCA's M&E framework is aligned with the enhanced public-health approach of the WHO, namely appropriate government policies, adequate drug availability, the education of health professionals and all other cadres involved in care provision, implementation of palliative care at all levels, and ensuring integration into national health systems.

The monitoring and evaluation framework will provide a system to track changes in certain indicators over time and will use that data for ascertaining whether education programmes are achieving their intended goals and objectives and whether the goals and objectives contribute to the education and training agenda at national, regional and international levels.

3.3.4 Human rights and basic ethical principles in palliative care

According to the 2002 Cape Town Palliative Care Declaration, palliative care is a right of every adult and child with life-limiting disease (Mpanga, S et al, 'The Cape Town Palliative Care Declaration: Home-grown solutions for sub-Saharan Africa'; in *Journal of Palliative Care Medicine*. June 2003, 6 (3):341-3).

Quality palliative care is holistic. This means that each patient and their family are in the centre of care, and that care facilitates the individual, the family and the community in support of self-reliance, self determination and a strengthening of family and community support mechanisms.

In order to ensure that high-quality patient-focused and evidence-based services are available to meet patient needs, health care professionals are required to:

- Follow established practice standards and requirements for quality management, such as leadership and governance, human resource management, safe practice, information management and continual quality improvement;
- Adhere to professional and organizational codes of practice and ethics;
- Reflect on and evaluate current practice, and incorporate new evidence into protocols, policies and procedures;
- Participate in continual professional development.

APCA's monitoring and evaluation framework will provide a platform where data will be collected, collated, analysed, critiqued, presented and disseminated at all levels of palliative care service provision.

At the level of the individual, data collected will include: the individual's biodata, personal profile, educational levels and qualifications; their proficiency in palliative care education, training and care provision; and gaps in their knowledge or experience, and a strategy to bridge those gaps. Individuals who have had palliative care training will provide information on relevance of course, skills and competencies acquired, and how acquired skills and competencies are being utilised. Changes in attitudes, beliefs, values and practice will also be documented. Changes attributable to the course will be obtained, and the effect that these have had on service provision by team members and the organization as a whole will be established.

At community level, information about client satisfaction will be obtained. Information from organisations will include the frameworks under which education and training is carried out, the numbers and levels of courses offered, the numbers of people trained, the standards used for training, and service delivery protocols. Relevance, access and affordability of training programmes will be measured. The linkage of impact and advocacy, increased resource allocation, integration in national health care systems will be measured.

The quality of services provided, as well as indications of increased access to, and usage of, services, will also be ascertained. Adherence to national, regional and international standards will also be evaluated.

CHAPTER 4:

OBJECTIVES AND SCOPE OF THE M&E FRAMEWORK

Objectives and scope of the M&E framework

The overall objective of APCA's M&E framework for education and training is to provide a methods and tools that will enable palliative care institutions, educators, trainers and governments in Africa to systematically generate, capture, analyse, document and share findings on changes that occur as a result of palliative care interventions across Africa. Such evidence will be used to advocate for palliative care and inform decision making at policy, institutional, managerial, community and individual levels.

4.1 Specific objectives of the M&E framework

APCA's M&E framework will enable palliative care education and training institutions as well as individual educators and trainers to:

- Track changes at input, output, outcome and impact levels and ascertain that those changes are a result of palliative care intervention;
- Document and disseminate evidence of improved quality of life for people with palliative care needs as accountability to partners and stakeholders;
- Identify, document and disseminate best practices in palliative care education and service provision for quality improvement;
- Inform the development of country-specific and regional palliative care education and training programmes;
- Subject to the resultant evaluation findings, use those findings for lobbying and advocacy, for prioritising the palliative care agenda at individual, community, institutional, national, regional and international levels, and for justifying continued investments in palliative care education and training.

4.2 Scope of M&E framework

Development of the M&E framework was guided by APCA's strategic plan for 2011–2020, and is aligned with APCA's palliative care core curriculum, core competency framework and standards for providing palliative care. The development process for the framework included a review of existing resources and materials such as the Regional AIDS Training Network's M&E system documents, World Health Organization's documents, Mildmay Uganda education and training evaluation tools and other web-based monitoring and evaluation resources.

The framework will use a monitoring and evaluation system to track changes that occur over time and will follow an education and training management cycle. A typical training cycle has four components: a training needs analysis; planning, designing and organising a training programme; implementing that training programme; and monitoring and evaluating the training programme. Each of these is further described in the next sections.

4.2.1 Training needs analysis

A training needs analysis (TNA) is the review of learning and development needs for the subjects of the review, typically staff, volunteers and trustees associated with an organisation. TNA looks at the knowledge, skills and behaviours that staff need in order to function well in their jobs, and how those attributes can be developed effectively. A TNA can be done at individual, team and organisational level. Appraisal of such needs is done in relation to work objectives. Organisations that carry out this appraisal should be committed to supporting their staff to improve identified gaps.

A comprehensive training needs analysis can often be achieved using a questionnaire. The questionnaire is designed to capture information on various aspects of the staff roles and responsibilities that have been developed in relation to organisational aims and objectives. At team level, gaps in team

working should be identified. At organisational level, gaps can be identified by examining strategic and operational plans.

A TNA report on the organisation should have a robust plan of how the gaps will be addressed at individual, team and organisational level.

4.2.2 Planning, designing and organising a training programme

Planning a training programme is achieved by listing gaps identified during the training needs analysis. The target audience for the training programme is identified, and gaps are analysed and grouped according to knowledge, skills, attitudes, beliefs, values and practice. Learning outcomes are designed to bridge gaps identified; they are also used to facilitate the development of the competencies required. Learning outcomes are developed in line with strategic goals and objectives of the organisation.

Palliative care competencies developed should cover the three domains of learning: cognitive, affective and psychomotor. Learning based on the three domains ensures that theoretical learning can be translated into practice such that there is a change in attitudes, beliefs and values as a result. Learning is sustained because theoretical learning is translated into practice.

Learning outcomes are evaluated at different levels of knowledge, attitude and skills. In the cognitive domain, learning outcomes can be set for the lowest and highest levels: recall, understand, apply, analyse, synthesise and evaluate. For the affective domain, 'receive' is the lowest level of learning, followed by respond, value, organise personal value system, and internalise value system. In the psychomotor domain, the lowest level is imitation followed by manipulation, developing precision, articulation and (the highest level) naturalisation.

Once learning outcomes are stated, a content outline for the training programme needs to be developed. The content outline guides the development of course content and materials. Training methodology, presentations, training guides and training activities are also developed in relation to learning outcomes and required competencies. Once appropriate training materials are available, effective learning can take place.

All necessary training materials, training venues, practice sites and other resources required should be considered and planned for well before commencement of the training programme. Once the curriculum, training materials and manuals are developed and other resources for the programme are identified, the training programme can be advertised and implemented.

The creation of a good learning environment, as part of the design of a training programme, is important. Students should be made to feel welcome, and team-building exercises should be used to break the ice and to get learners to get to know each other.

Once the three domains are well covered by a graduate from the training programme with regard to learning outcomes and competencies acquired, that graduate is considered competent and fit to conduct the activities for which they were being trained.

4.2.3 Implementing a training programme

When the curriculum, training materials, guides and manuals have been developed and printed, and other resources and the training venue have been identified, communications should be sent out to individuals and organisations needing such training. Announcement and communication about the training programme can be done through the internet, an intranet, websites, word of mouth, print

media and structured communication channels with partners. Announcements can also be made at conferences, seminars and meetings with partners.

The training should follow national and international education standards and the training institution should be recognised by national bodies responsible for regulating education and training in that particular country.

4.2.4 Monitoring and evaluating a training programme

Monitoring and evaluation of an education and training programme is integral to palliative care education and training. The system created for that purpose serves to inform implementers of progress made over time and to provide evidence whether any change is as a result of palliative care education and training. The system monitors individuals right from when they get interested in the training programme (by analysing their training needs), to when they start and end the training programme.

Evaluation starts with identification of learner expectations of the training programme in relation to course objectives, active learning in class, and practice placement. The approach is used that states that education is not completed until the learner is followed up and mentored. So practice placement and mentorship should be carried out after the formal training, and be monitored and evaluated. Any changes in the learner are measured and documented as they occur, and these changes are related to the intended learning outcomes and intended competencies built into the training programme. Changes in knowledge, skills, attitudes, beliefs and values are also documented as part of this process. Changes that occur at the workplace and are attributable to a learner's action and influence are also analysed.

CHAPTER 5:

DESIGN ELEMENTS FOR THE M&E FRAMEWORK

Design elements for the M&E framework

The necessary elements that will make up and guide the design of the M&E framework system step by step are described in this section. Further details of each element, including content and use, are given in Appendix A Table 2 and Examples A1 to A15.

5.1 Learner expectations in relation to course objectives

Learners' expectations for a training programme need to be written down and matched with course objectives. Clarification on any deviations should be made, and learners told if such expectations cannot be met during the planned course.

Learners should choose leaders from among themselves. Course coordinators and leaders of learners should aim to work together to ensure that learning is effective. The role of course leaders is to ensure that learners take an active role in the learning process. Leaders of learners ensure that the learning environment is conducive and that individuals participate actively and take responsibility for their own learning.

5.2 Skills audit Form

Skills audit form is a comprehensive tool that is used to identify training needs of medical and non-medical staff involved in palliative care training and service provision. It is a tool that can be used to identify skills/competence gaps and to form a basis for staff development.

The tool can also be used to identify skills among lecturers, tutors, facilitators, clinical instructors, mentors and managers of institutions providing palliative care.

The tool can also be used to obtain baseline information. Comparisons can then be made as an individual develops their skills and competencies.

Identified people with right skills and competencies can form the basis for supporting palliative care training, education and service provision in their regions

The form is filled in by people involved in palliative care training, education and service provision in different institutions.

Components of the tool include employee/employer biodata:

- Name
- Qualification
- Job title
- Name of the institution
- Teaching/education experience
- Gender

Area to be assessed is identified and that area is scored against the level of skill/competence and the interest the individual has in that particular area (for details see table 2 item 1)

5.3 Trainee Application Form

Trainee application form is filled in by applicant to course. It is important to get the profile of applicant and evaluating suitability of the applicant to the course offered.

Some of the contents of the form include:

- Cadre of applicant
- Institution of the applicant
- Educational background
- Previous training and work experience
- Applicant's expectations of the course, to aid facilitator to plan properly
- Employer recommendation
- Funding arrangements

The facilitator gets to know level of knowledge and experience of expected learners and what teaching methods to use. Some of the applicants can be eliminated at this stage of the selection process.

5.4 Pre-/post-course assessments

A pre-course assessment of participants is a tool that is used to assess the palliative care knowledge and skills that the learners have before commencement of the course. Assessing learners' needs is the process by which learners' needs are identified. A learner's needs can be defined as the gap between where a student is now and where they want to get to; but, more than this, it is the identification of what criteria need to be dealt with in order to help that person gain the learning outcomes they are seeking.

It is important to assess learners' needs to ensure that learning is effective and relevant. The pre-course assessment can assist the course facilitator to modify content or teaching methodologies in order to help course participants to achieve their learning outcomes. A pre-course assessment also opens up communication between the learner and the course leader/facilitator.

At the end of the course, a post-course assessment should be administered. Usually, a post-course assessment has the same type of content as the pre-course assessment, so that like can be compared with like and thus change identified on a sound basis. This is because the aim of a post-course assessment is to establish whether there has been any achievement of learning outcomes, and whether learners have the required palliative care knowledge, skills, attitudes, beliefs and values after attending the course.

Learners who are judged to have the required competencies can be considered fit for the purpose for which they were trained.

5.5 Session evaluation form/ peer review form

Session evaluations are undertaken as appropriate. Some institution may want every session evaluated as soon as it is completed, but usually session evaluations are conducted less intensively than that. The aim of a session evaluation is primarily to evaluate the facilitator of the session, and so such evaluations often occur when there is an external (ie relatively unknown) resource person facilitating. The topic, objectives, teaching and learning resources, lesson development, methods of teaching, concepts and competency development, learning activities are evaluated. Clarity of instructions and feedback, monitoring student activities, classroom organisation and management, time management, communication and closure of the session are also evaluated.

Learners are given session evaluation forms, which they fill in every after a session and these forms are forwarded to the course leader. Areas where the resource person excelled and those where improvement is required are noted. Feedback on performance of resource person is given by the course leader.

Session evaluation form can also be used as a peer review form. In order to improve classroom teaching, it is important to have a peer review mechanism where facilitators are paired to evaluate each other. At least once a quarter or bi-annually, facilitators should be peer reviewed and given feedback on their performance. For peer review to be effective, it is important to pair facilitators who understand each other. Done that way peer review is seen to be less threatening and feedback can be taken positively with resultant positive change.

5.6 Daily evaluation

This tool is usually administered to learners at the end of each training day to assess whether or not the day went well and if not why not. Sometimes a tool for session evaluation can be modified and used as a daily evaluation tool.

Daily evaluation forms can be used to identify problems early and gives guidance on how challenges can be overcome as suggested by learners.

Evaluation is done on sessions covered on that particular day

Areas evaluated include:

- Three areas of what went well and why (Strengths)
- Three areas of what did not go well and why (weaknesses)
- Three key concepts/issues learned in day's sessions
- Three concepts/issues that were difficult to understand and why?
- Suggestion on how the training/course can be improved

Forms are filled by a class leader responsible for evaluations or course coordinator, and are analysed and presented to the class the following day. The aim of doing daily evaluations is to identify challenges early and address identified challenges promptly in order for learning to be enhanced.

5.7 Evaluation of clinical and practice placement

APCA's education philosophy is that palliative care education is very practical and that clinical/practice placement is a fundamental strategy for changing attitudes, beliefs and values among palliative care practitioners. Given the importance of clinical placements in the education process, it is also important that clinical/practice placements are evaluated. Learner biodata and information on the facilities where placement took place are recorded.

The objectives of the placement, together with the skills and competencies acquired through the placement, are evaluated. The reasons for achievement or non achievement of objectives are also noted. Skills/competencies acquired are noted; challenges met and how the challenges were overcome are also recorded.

Placement evaluation information can be used for assessing the suitability of placement facilities in assisting students to acquire the necessary palliative care skills and competencies, as well as assessing the development of the training programme learners themselves (for details see table 2 item 7)

5.8 Micro teaching feedback form

Micro teaching feedback forms are administered during micro teaching sessions. Each learner is given a form to evaluate performance of a fellow learner carrying out during a micro teaching session. The session presenter is also given the same form and they are required to evaluate themselves first and later get feedback from other learners who attended the micro teaching session.

Contents of the form include:

- Room arrangement
- Facilitator preparation
- Time keeping
- Learning aids
- Teaching materials
- Content material
- Engagement of learners
- Achievement of stated learning outcomes
- Establishment of rapport with learners
- Proper use of voice
- Learning environment that stimulated learning
- Any other comments

Advantages of micro teaching feedback include: refocusing learners efforts, increasing learner vocabulary, facilitating learners to see other points of view, building learners confidence, quality assessments and improvements, learning to give and receive feedback, increased motivation and persistence, enhancement of interpersonal skills and development of expert learning and teaching skills.

5.9 Assessment of learning

Course-based assessment gauges to what extent learning by the course participants is taking place. Assessment links learners' performance to specific learning outcomes and the degree to which the learner is achieving learning outcomes. Assessment makes the learning process more effective and consistent, by systematically linking assignments, course structure and grading practices to intended learning outcomes. Assessment provides a feedback mechanism for learner progression and facilitator performance.

Assessments can be achieved through course assignments, seminar presentations, 'micro' teaching, oral and written exams, objectively structured questions, *practicum* examination, student progression using personal development portfolios, and course and programme evaluations, among other methods. Assessments must be clear and open, and assessment procedures should be communicated to learners at the beginning of a training programme. These procedures can include:

- a. The grading system to be used;
- b. Cut-off points for passing and failing the course;
- c. What will be considered when deciding whether a piece of coursework is awarded a distinction, pass or fail;
- d. What happens to borderline marks, and when to give a condonable pass if allowed;
- e. Under what circumstances discontinuation of the learner from the training programme will occur.

An appeal system should be in place where learners have the opportunity to raise their concerns and put their case to the course management.

As well as being clear to course participants, assessments must be objective, consistent and linked to national assessment procedures and standards. Assessment is a very important aspect for the accreditation of academic palliative care courses.

5.10 End-of-module evaluation

Training programmes that have modular courses should conduct module evaluations at the end of every module. Module evaluations assess the objectives of the module, the topics covered, the course content and methodology, the activities carried out, the skills and competencies built up, and the relevance of the module to the overall training programme.

Recommendations for improvement to the module are made and forwarded to management for further review and action.

5.11 End-of-course evaluation

End-of-course evaluation is carried out at the end of the training programme. In addition to evaluating objectives, topics, methodology, activities, competencies and skills built up, end-of-course evaluation looks at the format of the programme, its relevance, any gaps that need filling so as to improve the training programme, and whether or not the programme should be maintained. It is at such times that decisions can be made on whether or not the curriculum should be modified.

This evaluation ensures that relevant courses are improved and maintained and those that do not fit the purpose any longer are shelved. Such evaluations are useful for planning, designing and scheduling education and training programmes, as well as ensuring efficient use of palliative care educational resources.

5.12 Action Plan worksheet

Action Plan Work Sheet is administered by course coordinator/leader at the beginning of the course

The tool is filled in by learners incrementally indicating how they will translate theory into practice upon return to their workplaces.

Learners formulate objectives for their action plans and document steps that will be taken to achieve set objectives

Learners have the opportunity to seek for support from their fellow students and facilitators on how best to achieve set objects

Resources to achieve objectives of the action plan are identified. These can be:

- People to work with
- Time to implement
- Finances to support implementation
- Materials

5.13 Mentorship

Mentorship is an ongoing and empowering learning process that entails the provision of support and encouragement. It is key to maintaining standards, because best practice and lessons learned can be shared between individuals and organisations. Mentorship builds confidence and quality amongst the individuals being mentored; and when mentoring is done properly, it can lead to the development of centres of excellence. Mentorship is also a means of measuring palliative care standards.

Mentoring involves guidance, support, leadership, supervision, advocacy and training. It strengthens a learner's confidence in applying in the work environment what has been recently learned. Mentoring

should be provided to health care professionals who are undergoing palliative care training, especially as palliative care is a relatively new discipline. Furthermore, APCA sees mentorship as a formal process of support and capacity-building for national palliative care associations, palliative care programmes and non-governmental organisations (NGOs). The rationale for mentorship in this context is to achieve a rapid scale-up of palliative care services in the region.

A monitoring and evaluation component should be added to the mentoring process to make mentorship effective. To this extent, a mentee (ie a person being mentored) needs to assess the value of their mentor's work in addressing their identified needs within the agreed time frame, and the mentor needs to determine how well they are mentoring. These determinations can be done online, on site (where the mentor goes to mentee's workplace), through practice placement (where skills and competencies are acquired), through academic or practical assignments, and through refresher courses. Monitoring and evaluation of mentorship is based goals that are set by both the mentee and mentor. Goals and objectives should have a time frame and should contribute to the mentee's learning outcomes of the education and training programme. The mentee should have a clear and agreed-upon implementation strategy, action plan, and activities schedule within a given time frame.

5.14 Alumni follow-up evaluation

Alumni follow-up evaluation is required to find out whether or not alumni to the training programme have been able to put into practice what they have learned. This evaluation happens 6–12 months after completion of the training programme, to give time to alumni to implement in their own environment what they learned on the programme.

Alumni evaluation assesses the extent to which learners have been able to translate theory into practice, as demonstrated by specific individual changes in attitudes, beliefs and values. Changes in detailed work practices, in teamwork and in collaboration are also assessed, but supervisor feedback should affirm that the identified changes were as a result of the training being evaluated and not for other causes. Other aspects that can be evaluated include innovations introduced, increased numbers of people accessing palliative care, improved quality of care amongst client patients, positive feedback from client satisfaction surveys about the individual being evaluated, and the education programme in general.

The contribution of the training programme to the strategic goals and objectives of the parent organisation, and the link to national and international strategies and policies, are also evaluated.

5.15 End of course evaluation

End of course evaluation is done to evaluate student achievement of learning outcomes that lead to acquisition of palliative care skills and competencies thereby leading to change of practice. End of course evaluation reports contribute to the overall monitoring and evaluation of the programme and may be used for modification of curricula and/or changing training methodologies.

End-of-course evaluation form is filled by learners and aim at finding out whether or not the course was relevant and whether set objectives were achieved. Competencies built are also evaluated.

End of course evaluation form covers the following aspects:

- Achievement of course objectives and learner expectations
- Appropriateness of the course content
- Course design
- Training methodologies used
- Logical flow of sessions

- Training materials used
- Competencies acquired
- Effectiveness of facilitators
- Logistical support

End of course evaluations can guide institution managers and implementers on how to improve the course and /or shelf it.

5.16 Activity reporting format

An activity reporting format supports harmonisation of reporting and supports informed decision making.

Contents of the reporting format include:

Background information

- Name of Institution
- Country
- Activity Title
- Organisation implementing activity
- Dates of the activity
- Donor
- Budget code
- Name of the person preparing the report
- Date report submitted

Rationale for doing the activity

Details of the activity

Challenges

Outcomes/Results

Appendices

5.17 End of training report format

The end of report format is designed to support harmonisation and analysis of end-of-course training reports and is filled in by the course coordinator.

Contents of the format include:

- Name of institution
- Course title
- Duration of the course
- Date when course started and ended

Details of the report

- Executive summary
- Background to the training
- Training details
- Appendices

5.18 Evaluation of the education and training programme as a whole

Education and training programme evaluation looks at the whole spectrum of training, right from the initial needs analysis up to the impact the training programme has had on the individual, community and organisation, and including to what extent those changes are contributing to national, regional and international education goals, objectives and standards. Such an impact would translate into palliative care being integrated into the health systems at all levels in Africa, that integration being underpinned by evidence that individuals with palliative care needs have access to comprehensive and holistic palliative care services as stipulated in APCA's standards for the provision of quality palliative care in Africa.

In order for a monitoring and evaluation framework within education and training to function effectively, there is need to have a system that tracks performance right from inception of the training programme to its end. For this to happen, there should be indicators that guide programme implementers and managers on whether or not the programme is moving in the right direction. Different indicators are developed to assess inputs, outputs, outcomes and impacts of the programme. Output indicators put together point to outcome and impact measures for the programme. They are based on efficiency, effectiveness and accessibility. Such evaluations take into account routinely collected information, quarterly and annual reports, training and assessment reports, and alumni evaluation reports, as earlier described.

It should be noted that monitoring and evaluating the impact of palliative care education and training is a challenge. This is because there are a variety of courses offered in different countries, which are implemented by a range of partners and stakeholders. Multidisciplinary aspects of palliative care, as well as cultural, geographical, economic and social issues associated with palliative care provision, all contribute to the complexity of evaluating palliative care education and training. Accreditation of palliative care education in different African countries can also be a challenge because those countries have different accreditation standards and mechanisms.

Thus, deliberate efforts must be made to ensure that comprehensive monitoring and evaluation mechanisms are built into every training programme, that robust data management systems are in place, and that the information generated is presented scientifically and is easily understood by partners and stakeholders involved in palliative care education and training. Any impacts identified should be integrated, where appropriate, into palliative care services in national health systems, and should be based on APCA palliative care standards for providing palliative care in Africa.

There is need for resources to support monitoring and evaluation mechanisms, efficient and effective data management systems, and the dissemination of education and training evaluation findings to individual participants, to their managers and to policymakers at organisational, country, regional and international levels to inform decision making and policy formulation. These mechanisms can also support APCA's advocacy efforts to governments to prioritise the integration of palliative care into national health systems and increase access to quality palliative care services for people with palliative care needs.

CHAPTER 6:

DATA MANAGEMENT SYSTEMS AND STRUCTURES FOR THE M&E FRAMEWORK

Data management systems and structures for the M&E framework

APCA is in the process of developing a data management system that will support all partners and stakeholders in their own developments of data management systems. The APCA system will help to ensure that data collection tools are standardised to meet national, regional and international levels, that collected data is of high quality, is valid and accurate, and that information generated from such data is reliable and can be used for informed decision making at different levels.

It is hoped that data collection, validation and use will begin in stages at service point level, institutional level, national, regional (APCA) and international levels. For this to happen, appropriate M&E expertise should be developed. There also needs to be commitment and dedication from all stakeholders to diligently collect, manage, use and disseminate data in accordance with agreed principles and guidelines and in line with a set of indicators that are linked to programme goals and objectives.

Indicators relating to use of APCA's M&E framework in the context of education and training are discussed further in section 8 below.

CHAPTER 7:

ROLES AND RESPONSIBILITIES OF M&E OFFICERS

Roles and responsibilities of M&E officers

For those training institutions that have an M&E unit, the staff roles and responsibilities should include the following:

- Ensuring tools for data collection are pre-tested, and modified as necessary in the light of those tests;
- Updating tools and reviewing them regularly to include new or updated fields;
- Performing routine data collection regularly and appropriately to keep track of indicators at different levels;
- Ensuring that data is efficiently captured, entered, verified and validated;
- Analysing data and reporting (monthly, quarterly semi-annual or annually) individual sets of results, as well as trends over time, to different stakeholders during meetings, seminars and conferences and via publications;
- Ensuring data is stored safely in databases, with back-ups of electronic data being made and stored safely;
- Updating data management systems as appropriate;
- Maintaining relevant training programme data in hard and soft copies, including databases;
- Conducting reviews and evaluations;
- Following up on the implementation of agreed actions;
- Reviewing from time to time the capacity of the M&E team to achieve its workload.

CHAPTER 8:

EDUCATION AND TRAINING M&E RESULT INDICATORS

Education and training M&E result indicators

Education and training result indicators are linked to the overall APCA monitoring and evaluation framework and they were developed to measure progress towards the achievement and impact of education and training in palliative care.

Figure I specifies APCA's overall core **impact indicators**, as found in its Strategic Plan for 2011–2020.

Table I specifies selected education and training core **outcome indicators**. Other outcome indicators may include:

- Percentage of trained palliative care health professionals who have integrated palliative care into their work;
- Percentage of trained health professionals able to conduct continual palliative care professional education;
- Percentage of trained health professionals able to coach and mentor others;
- Percentage of allied professionals trained in palliative care and providing services to patients;
- Percentage of students trained and certified to quality assurance standards, per cadre of staff (doctors, nurses, et al);
- Percentage of trained health workers using palliative care standards and guidelines in offering palliative care services
- Percentage of trained palliative care health professionals who are able to perform the appropriate assessment and management of pain and other symptoms on patients with palliative care needs;
- Percentage of students who are able to maintain an up-to-date log book with regard to clinical care;
- Percentage of trained health professionals who advocate for palliative care at different levels of service delivery;
- Percentage of lecturers and tutors trained in palliative care that are teaching it effectively;
- Percentage of lecturers and tutors trained in palliative care that are able to coach and mentor students.

Figure 1: APCA monitoring and evaluation result framework for the Strategic Plan 2011–2020

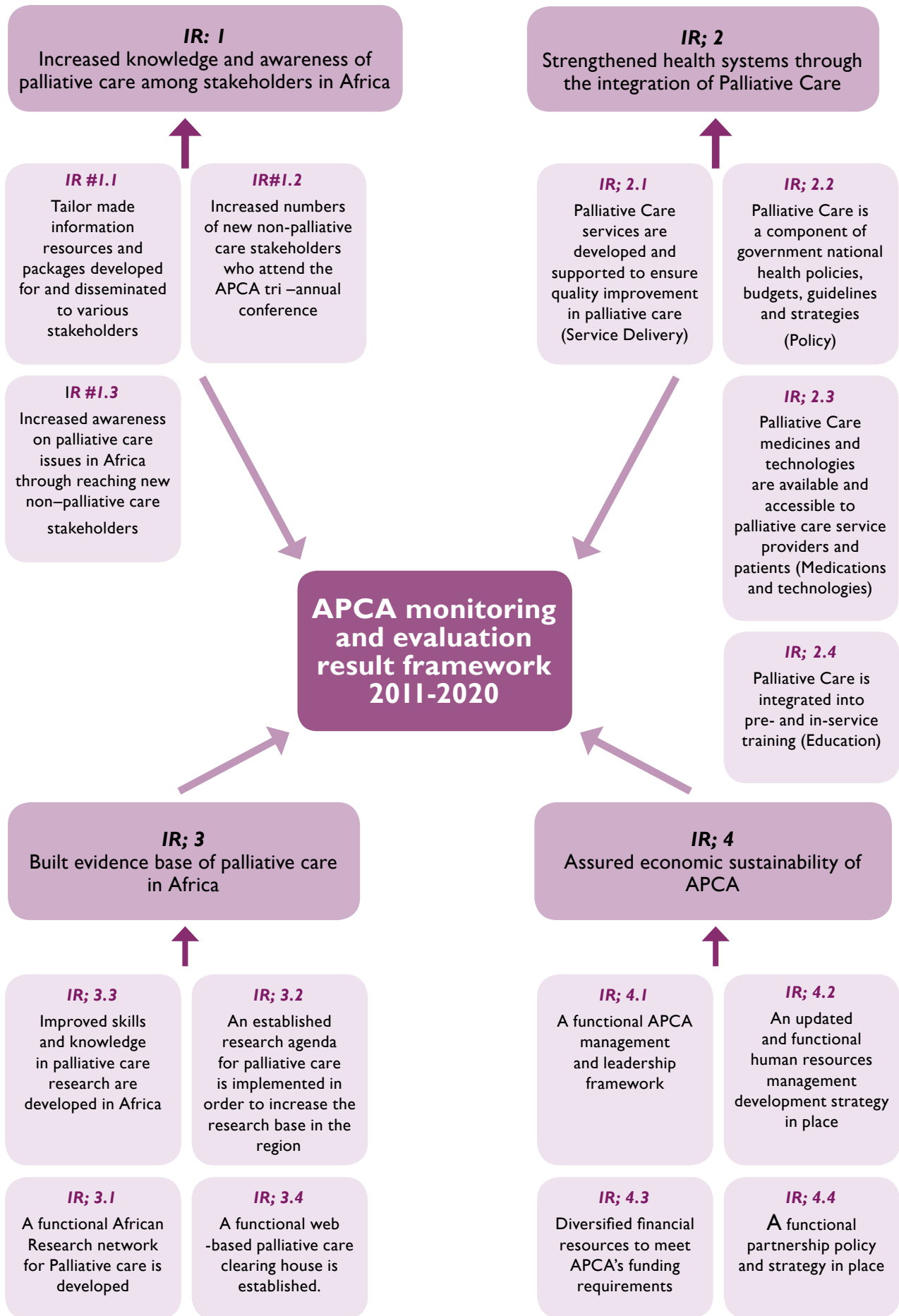


Table 1: Palliative care (PC) education and training core outcome indicators

1	% of countries with specialist PC training programmes
2	% of institutions and organisations with functional systems for monitoring and evaluating the impact of PC education (APCA, non APCA)
3	% of care providers providing quality palliative care services following PC education and training.
4	% of institutions and organisations integrating PC into education and training (integration matrix).
5	% of countries with a national PC education and training package
6	% of care providers who have access to PC educational materials and equipment
7	% of institutions/organisations provided with PC training materials, resources and equipment
8	% of care providers who have successfully completed an in-service PC training programme
9	% of care providers with palliative care competencies and skills
10	% of care providers and educators with PC training skills

Some examples of **output indicators** include:

- Number of students (health professionals) trained in palliative care;
- Number of training programmes developed and implemented;
- Number of male caregivers trained in palliative care;
- Number of female caregivers trained in palliative care;
- Number of community volunteer workers trained in palliative care;
- Number of spiritual advisors trained in palliative care;
- Number of courses conducted;
- Number of accredited courses implemented;
- Number of training materials developed;
- Number of standards and guidelines produced
- Number of standards and guidelines updated
- Number of training institutions that have integrated palliative care in the curriculum;
- Number of students trained and certified per cadre of staff;
- Number of students who have undertaken and successfully completed a clinical placement;
- Number of students mentored;
- Number of lecturers and tutors trained in palliative care;
- Number of lecturers and tutors teaching palliative care;
- Number of continuing medical education conducted for lecturers and tutors
- Number of lecturers and tutors doing a diploma, bachelors degree and masters course in palliative care;
- Number of research projects in palliative care carried out by the teaching staff;
- Number of publications (papers, journal articles, books etc) by the teaching staff;
- Number of presentations on best practices in palliative care teaching made locally, nationally and internationally;
- Number of tutors actively involved in palliative care provision.

APPENDIX A

Details of tools used in the M&E framework

Table 2 shows the different tools (numbered 1–15) that can be used in APCA’s M&E framework for education and training. Examples from the list are given thereafter (Examples A1 to A12).

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
1	Skills Audit Form	For identifying training needs before the training starts	Skills audit form is a comprehensive tool that is used to identify training needs of medical and non-medical staff involved in palliative care training and service provision. It is a tool that can be used to identify skills/competence gaps and to form a basis for staff development.	The tool is administered by a research assistant/lecturer/tutor/facilitator or can be self-administered	Data entry and analysis will be done M&E officers or course coordinators	Reports from skills audit are very useful in identifying palliative care and training needs of institutions
			The tool can also be used to identify skills among lecturers, tutors, facilitators, clinical instructors, mentors and managers of institutions providing palliative care.	It is filled in by employees and employers	Data management systems will be set up and templates will be in place to aid the process	Reports can also be used to identify individuals with special skills required in training, education and provision of palliative care in the region.
			The tool can also be used to obtain baseline information. Comparisons can then be made as an individual develops their skills and competencies. Identified people can form the basis for supporting palliative care training, education and service provision in their regions		It is expected that data will be used by those who collect it	Information can support proper planning, priority setting and programming at institutional, national, regional and international level
			The form is filled in by people involved in palliative care training, education and service provision in different institutions.		At APCA level, data will be shared, analysed.	Reports can be used for advocating and targeted interventions, leading to effectiveness of interventions

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
			<p>Components of the tool include employee/employer bio data:</p> <ul style="list-style-type: none"> • Name • Qualification • Job title • Name of the institution • Teaching/education experience • Gender 		Findings will be shared	Reports can be used for fundraising and resource mobilisation
			Area to be assessed is identified and that area is scored against the level of skill/competence and the interest the individual has in that particular area			Reports can be used for identifying and refining indicators for palliative care training, education and service provision
			<p>Areas to assess can include the following:</p> <ul style="list-style-type: none"> • Palliative care work • Needs assessment • Curriculum development • Training manuals development • Training and teaching • Setting and marking exams • Proposal writing • Developing budgets and accounting • Follow-up and supervision • Monitoring and evaluation • Mentoring and coaching • Guidance and counselling • Team building • Use of adult learning methodologies 			Information can form baseline information and can be a basis for comparison during mid-term and end-of-term evaluations
			<ul style="list-style-type: none"> • Reflective practice • Leadership and management • Research and audit • Communication skills • Advocacy • Networking • Partnerships • Resource mobilisation • Information management • Computer skills • Advertising and recruiting for training 			

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
2	Application Form	The form is filled in during the application process	<p>Getting the profile of applicant and suitability for the course</p> <p>Educational background</p> <p>Previous training and work experience</p> <p>Applicant's expectations of the course, to aid facilitator to plan properly</p> <p>The facilitator gets to know level of knowledge and experience of expected learners and what teaching methods to use</p>	<p>The tool is filled by applicants before coming to the course</p> <p>In cases where the form is not completed beforehand, the course coordinator should ensure that it is filled in before commencement of the training</p>		<p>Establish number of applicants for the course</p> <p>Assess quality of applicants in terms of educational level and work experience</p> <p>Establish regional representation of applicants</p> <p>Contact information can be used for follow-up</p>
3	Trainer/Facilitator information	Filled in before the course	<p>Getting profile of the trainer/facilitator</p> <p>Educational background and experience</p>	All trainers/facilitators of palliative care courses	Database of all trainers/facilitators	
	(Note: Skills Audit Form can be used)		<p>Identifying core skills and competencies as per APCA core competency framework</p> <p>Trainer/facilitator availability</p> <p>What they charge per day of training conducted</p>			
4	Pre-(post-) course Assessment Form	Filled in at the beginning (end) of the course	<p>Learner biographical information</p> <p>Learner knowledge about topics to be covered (baseline information)</p> <p>The same tool can be administered as a post-course evaluation to estimate the level of learning acquired</p>	<p>Pre-course evaluation is administered at the beginning of every course, and results graded by the course coordinator</p> <p>The coordinator assesses learning by comparing grades of pre-and post course evaluation and determines whether or not learning has taken place</p>		Information can be used to modify course content and mode of delivery, depending on the needs of learners

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
5	Session Evaluation Form/ peer evaluation form and in it can be modified and used as an end of module form	The form is administered during or after a training session and can also be used by facilitators as a peer review form	<p>Session evaluation form is filled in by learners</p> <p>Evaluation is done on sessions covered</p> <p>Areas evaluated include:</p> <p>objectives</p> <p>teaching and learning resources</p> <ul style="list-style-type: none"> • lesson development • teaching methods • concepts development • competency development • learning activities • clarity of instructions and feedback 	<p>This tool is usually administered to learners attending a session delivered by an external person to establish their competence to deliver that particular session</p> <p>This form can also be used during peer review evaluation where facilitators pair themselves and review each other's performance. Peer review mechanism is a method used to maintain quality in a classroom</p>		<p>Information from session evaluation tool can be used to compile feedback to external facilitators</p> <p>Session evaluation</p> <p>Can also be used for assessing trainers/ facilitators from time to time</p> <p>Feedback from peer review process is meant to improve individual training performance and general quality of training/education</p>
			<ul style="list-style-type: none"> • monitoring learner activities • classroom organisation and management • time management • communication • closure 	<p>Session evaluation form can be modified to and used during micro teaching sessions</p> <p>Forms are filled at the end of the session and are analysed by a student volunteer or course coordinator</p>		<p>Can be used to assess competence of learner to train others</p> <p>Peer review mechanism is powerful and leads to individual growth and confidence. Used consistently, it greatly improves quality of training/education</p> <p>Reports from session evaluations can be used to modify session content</p> <p>And curricula modification</p>

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
6	Daily Evaluation Form	Administered daily at the end of a training day	<p>Daily evaluation form is filled in by learners</p> <p>Evaluation is done on topics covered that day</p> <p>Areas evaluated include:</p> <p>Three areas of what went well and why (Strengths)</p> <ul style="list-style-type: none"> • Three areas of what did not go well and why (weaknesses) • Three keys concepts/issues learned in day's sessions • Three concepts/issues that were difficult to understand and why? • Please make suggestion on how the training/course can be improved 	<p>This tool is usually administered to learners at the end of each training day to assess whether or not the day went well and if not why not.</p> <p>Daily evaluation forms can be used to identify problems early and gives guidance on how challenges can be overcome</p> <p>Forms are filled by a class leader responsible for evaluations or course coordinator, are analysed and presented to the class the following day. Challenges are addressed promptly and learning is enhanced</p>		

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
7	Clinical/ practice Placement Evaluation Form	Administered after clinical/ practice Placement	<p>Placement evaluation form is administered by a practice/clinical mentor</p> <p>It is filled in by a learner upon completion of placement period</p> <p>The form has:</p> <ul style="list-style-type: none"> • Learner biodata • Course and level of course being undertaken • Facility where the placement was carried out • Activities carried out • Skills and competencies acquired • How the mentee will transfer the skills and competencies acquired to their work places • Lessons learned • Challenges faced • How challenges were overcome • Recommendations for improvement of placement programme • Name of the mentor 			<p>Placement evaluation report can be used to assess students acquisition of core competencies and general performance</p> <p>The report can also be used to assess suitability of placement facility</p> <p>Placement reports can also give feedback on effectiveness of placement mentors</p>
8	Micro teaching feed-back form	This is used during micro teaching sessions when learners carry out a teaching session in the presence of other learners and get feedback in order to improve their skills	<p>The aim of the tool is to evaluate learners as they carry out a teaching session to their fellow learners. Various aspects are evaluated as indicated on the form</p> <p>Advantages of micro teaching include:</p> <ul style="list-style-type: none"> • Refocusing learners efforts, • Increasing learner vocabulary, • Facilitating learners to see other points of view, • Building learners confidence, 	The form is filled in by the individual teaching (self assessment) and peer learners who assess the facilitator of the session	<p>Data entry and analysis is done by course coordinators and M and E officers.</p> <p>A data management system should be in place to capture all information as this is part of the learner competency assessment mechanism.</p>	<p>Reports of micro teaching are used for competency assessment.</p> <p>Strengths of the learners are strengthened as areas of improvement pointed out</p>

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
			<ul style="list-style-type: none"> • Classroom quality assessments and improvements, • Facilitates effective giving and receiving feedback, • Increased motivation and persistence, • Enhancement of interpersonal skills and • Development of expert learning and teaching skills. 			<p>Reports can form a basis for palliative care teaching competency assessment</p>
9	Performance Assessment forms	Used during the assessment process to review progress of learners	<p>Performance assessments vary from organization to organization and from country to country and level of education and training. Assessment procedures follow national, regional and international standards. Some forms of assessments are:</p> <ul style="list-style-type: none"> • Oral examinations • Practical examinations • Objectively structured questions • Written examinations • Practical assessments • Module assignments (written) • Seminar presentations • Project development work • Proposal writing • Case study write ups • Scientific writing • Abstract writing • Conference presentations • Publications in peer reviewed journals • Personal development portfolios 			<p>Information is used for the following:</p> <ul style="list-style-type: none"> • Documenting individual performance trends • Institutional performance • Learner progression • Adherence to required standards

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
10	Module evaluation form	Module evaluation form is administered at the end of the module	<p>Module evaluation form is administered by the module leader/coordinator and it is administered at the end of the module</p> <p>It is filled in by learners at the end of module.</p> <p>Module evaluation covers aspects like:</p> <ul style="list-style-type: none"> • Module aims and objectives • Module design and delivery • Module content • Materials used • Relevance and applicability of the module • Acquisition of core competencies by learners • Facilitator's competence • Recommendations for improvement 	<p>The tool is administered by a module leader/coordinator and each student fills in a form</p> <p>The form is comprehensive and should cover various aspects of the training programme</p>		<p>Information from module evaluation can be used to modify module design and delivery</p> <p>Such information could also be used for modifying course curricula</p>
11	Action Plan Worksheet	Action Plan work-sheet is filled by learners	<p>Form is administered by course coordinator/leader either at the beginning of the course</p> <p>The tool is filled in by learners incrementally indicating how they will translate theory into practice upon return to their workplaces.</p> <p>Learners formulate objectives for their action plans and document steps that will be taken to achieve set objectives</p> <p>Learners have the opportunity to seek for support from their fellow students and facilitators on how best to achieve set objects</p>	<p>The form is filled in by learner at the end of module or course</p> <p>Two copies are filled. One for the learner and the other for the facilitator. The facilitator copy is used for organizing follow up and mentorship</p>		<p>Action planning tool can be used to reflect on translation of theory into practice</p> <p>It guides facilitators to plan follow up and review of alumni performance</p> <p>Information collected from action plan reports can be used to monitor and evaluate learner performance</p> <p>Action planning reports can contribute to mid term and long term evaluation of outcome of the module/course</p>

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
			<p>Resources to achieve objectives of the action plan are identified. These can be:</p> <ul style="list-style-type: none"> • People to work with • Time to implement • Finances to support implementation • Materials 			
12	End-of-course Evaluation Form	End-of-course Evaluation Form is filled in at the end of a course	<p>End-of-course evaluation form is filled by learners and covers the following aspects:</p> <ul style="list-style-type: none"> • Achievement of course objectives and learner expectations • Course content • Course design • Training methodologies used • Logical flow of sessions • Training materials used • Competencies acquired • Effectiveness of facilitators • Logistical support 	<p>The form is administered by the course coordinator/leader</p> <p>It is filled in by learners</p> <p>Putting names on evaluation is optional</p>		<p>Information from end of course evaluation is used by management of training institutions to establish relevance of the course and whether or not the course should be continued or shelved.</p> <p>Student achievement and change of practice as a result of the training can be established</p> <p>Reports contribute to overall monitoring and evaluation of the training programme</p> <p>Reports can be used to modify curricula</p>
13	Activity Reporting Format	Activity report is filled in at the end of each activity	<p>An activity reporting format supports harmonisation of reporting and supports informed decision making.</p> <p>Contents of the reporting format include:</p>	The report is filled in by the individual responsible for conducting the activity	Data entry and analysis is done by M and E officers	<p>Activity reports feed into monthly, quarterly, bi-annual and annual reports and such reports can be used to inform decision making.</p> <p>Activity reports can be used for accountability for funds</p>

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
			<p>Background information</p> <ul style="list-style-type: none"> • Name of Institution • Country • Activity Title • Organisation implementing activity • Dates of the activity • Donor • Budget code • Name of the person preparing the report • Date report submitted <p>Rationale for doing the activity</p> <p>Details of the activity</p> <p>Challenges</p> <p>Outcomes/Results</p> <p>Appendices</p>			
14	End-of-course report	End-of-course report form is filled in at the end of the course	<p>The format of this report is designed to support harmonisation and analysis of end-of-course training reports and is filled in by the course coordinator.</p> <p>Contents of the format include:</p> <ul style="list-style-type: none"> • Name of institution • Course title • Duration of the course • Date when course started and ended <p>Details of the report</p> <ul style="list-style-type: none"> • Executive summary • Background to the training • Training details • appendices 	<p>Lead facilitators/ course coordinators should use the format to write end-of-course training reports.</p> <p>This harmonises reporting systems and makes analysis of such reports easy to interpret</p> <p>This is just a guide, and facilitators/ course coordinators can include more information if they think it is useful</p>		<p>End-of-course report format is used to guide writing of end-of-course training reports in a way that is agreed by the institution</p> <p>Such formats make compilation and analysis of reports easy</p> <p>Reports can be shared across networks</p>

Tool number	Name of the tool	When to use the tool	Purpose of the tool	Who fills in the information on the tool	Data entry and analysis	How to use information obtained
15	Alumni Follow-up Form	Alumni Follow-up Form is filled in during supervisor follow up visits	<p>This form is used by facilitator/ trainer 6–12 months after the training to find out progress the learner has made.</p> <p>Changes in practice are also documented on the follow-up form:</p> <ul style="list-style-type: none"> • Challenges met • How challenges were met • Recommendations made 	This form is filled in by facilitator/trainer during interview with alumni		Information collected can be compared to action plan

EXAMPLE **AI**: Skills Audit Form (see Table 2 items 1 and 3)

SKILLS AUDIT FORM

The skills audit tool will enable departments to identify the palliative care skills and competences that lecturers/tutors have that help them teach palliative care more effectively. It will also help programme leaders to identify individual gaps in the required competences of course participants and form a basis for staff development.

Reflect on the skills required for each of the areas of work indicated. Objectively and honestly outline the skills that you already have and the skills you require to improve your performance in the areas identified. Just tick the appropriate rating for each skill.

Please rank the skills in order of strength and priority. Fill in only the areas that are relevant to your job. For example, some lecturers are also managers and are involved in budgeting, proposal writing and advocacy. There is a column for comments; please write there why you have chosen a particular rating

Name of institution:**Date**.....

Name of lecturer/ Tutor..... **Gender**

Job Title: **Formal Qualifications:**

Teaching experience:

Area of Work	Rank Skill <i>(0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, 5=Very good)</i>						Rank interest <i>(0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)</i>						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
Deciding on the structure of programme													
Identifying target group													
Formulation of SMART learning goals and objectives													
Identifying competences													
Identifying learning outcomes													
Identifying required content													
Developing course details													
Deciding time allocation per course unit													
Developing admission requirements													
Developing a grading system													
Crediting courses													
Sequencing content													
Identifying mode of delivery													
Deciding on mode of assessment													
Developing examination and course award regulations (eg degree, diploma, certificate)													
Developing and designing curriculum													
Identifying relevant resources													
Ensuring material is gender - sensitive													

Area of Work	Rank Skill <i>(0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, 5=Very good)</i>						Rank interest <i>(0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)</i>						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
	Developing material that is culture-sensitive												
Reviewing existing curricula													
Training manuals development													
Identification of target group													
Breaking down the content into teachable units													
Sequencing the content													
Identifying method of presentation													
Formulation of SMART objectives													
Designing manual outline													
Developing content structure													
Identifying relevant resources													
Writing course material													
Training and teaching													
Conducting needs assessment													
Identification of target group													
Identifying and creating relevant teaching aids													
Formulation of training objectives													
Identification of facilitators													
Identification of appropriate strategies/ methods													
Preparation of ma-terials (including slides, charts etc)													

Area of Work	Rank Skill <i>(0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, 5=Very good)</i>						Rank interest <i>(0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)</i>						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
Using the results for future planning													
Proposal writing													
Problem assessment													
Setting goals and objectives													
Identifying implementation strategies													
Making a plan of action													
Designing a logical framework													
Identifying target group													
Reviewing resources													
Budgeting and accounting													
Financial planning													
Identification of activities													
Determining resource inputs													
Identification of budget items													
Quantifying resources													
Costing resources/items													
Purchase and use of resources													
Determining time frame													
Coordinating activities													
Implementing activities													
Monitoring activities													
Monitoring budgets (actual versus planned costs)													
Reviewing plans													

Area of Work	Rank Skill (0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, 5=Very good)						Rank interest (0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
Keeping financial records													
Ensuring effectiveness of control procedures													
Financial reporting													
Supervision													
Knowing what to supervise													
Knowing how to supervise													
Developing supervision tools													
Using supervision tools													
Making meaning out of data collected													
Using information collected													
Giving feedback													
Encouraging supervised staff													
Monitoring and evaluation													
Setting clear standards for palliative care													
Developing a monitoring and evaluation plan													
Gathering information													
Identifying relevant information													
Interpreting information													
Validating information													
Analysing the learning process													
Identifying gaps in the curriculum													
Liasing with others													

Area of Work	Rank Skill (0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, 5=Very good)					Rank interest (0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)					Comments		
	0	1	2	3	4	5	0	1	2	3		4	5
Identifying strengths and weaknesses													
Demonstrating understanding													
Decision making													
Recognising learning difficulties													
Measuring skills and capabilities													
Coaching and mentoring													
Listening actively													
Encouraging self-confrontation													
Focusing on observable behaviours													
Empathising													
Getting started													
Identifying learning needs/ objectives													
Creating rapport													
Building confidence													
Ensuring flexibility													
Motivating others													
Using a non-evaluative strategy													
Facilitating collegiality													
Trustworthiness													
Action planning													
Reviewing progress													
Ending sessions well													
Guidance and counselling													
Conducting a counselling interview													

Area of Work	Rank Skill (0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, 5=Very good)						Rank interest (0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
Role play and coping strategies													
Simulation													
Use of games													
Group counselling													
Process of implementation													
Sharing experiences													
Giving information													
Being supportive													
Team building													
Work alongside others													
Building a sense of belonging													
Sharing the vision													
Goal clarification													
Active listening													
Challenging compromises													
Supporting positive group behaviour													
Involvement													
Trust building													
Commitment													
Resourcefulness													
Creativity													
Supportive behaviour													
Effective communication													
Adult learning methodology													
Psychology of adult learning													
Principles of adult learning													
Strategies for motivating learners													

Area of Work	Rank Skill (0=No skill, 1=Very negligible, 2= Limited skill, 3=Moderate, 4=good, ,5=Very good)						Rank interest (0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate 4=High interest, 5=Very high Interest)						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
	Advocacy												
Identifying issues													
Analysing issues/ context/key players													
Setting objectives													
Identifying the target													
Identifying allies													
Defining the messages													
Choosing advocacy approaches and activities													
Selecting tools for advocacy													
Assessing what resources are needed													
Interpersonal relationships													
Planning for monitoring and evaluation													
Networking													
Making referrals													
Working well with others													
Knowledge of relevant institutions													
Information management													
Setting up a database													
Conducting data entry													
Conducting data analysis													
Maintaining/ operating a database													

Area of Work	Rank Skill (0=No skill, 1=Very negligible, 2=Limited skill, 3=Moderate, 4=good, 5=Very good)						Rank interest (0=No interest, 1=Very negligible, 2=Limited interest, 3=Moderate, 4=High interest, 5=Very high Interest)						Comments
	0	1	2	3	4	5	0	1	2	3	4	5	
Generating reports from a database													
Maintaining records													
Computer skills													
Working with WORD documents													
Working with EXCEL													
E-mails													
Managing your electronic files (eg folders, naming files)													
Managing emails (eg file folders)													
Advertising and recruiting for training													
Advertising courses													
Follow-up supervision													
Designing selection criteria													
Selection process													

What training/refresher courses have you had on the topic of education and training, and when? Please include all external and in-house courses, and specify your source of training (eg “Effective Methods of Teaching”, April 2012, APCA).

Training/ refresher course attended	Month and year	Training institution	Qualification	How the training has helped you

EXAMPLE **A2**: Application Form

(see Table 2 item 2)

Instructions: This form is to be completed by each participant before undertaking palliative care training. This information will help us assess your needs and expectations for the training.

Section A: Demographic information

Date of completion of the form (DD/MM/YYYY):/...../.....

Name

Gender (tick as appropriate)

Male Female

Date of Birth (DD/MM/YYYY):...../...../.....

Telephone: Email Address:

Workplace: Department:

Position/title

(eg nurse in charge, medical ward nurse, medical doctor)

Qualification

(eg Doctor, Enrolled Nurse, Registered Nurse, Occupational Therapist, Pharmacist, Psychologist)

Section B: Experience

1. In the last three months, how often did you feel confident managing palliative care patients?

Most times	<input type="checkbox"/>
Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Rarely	<input type="checkbox"/>
Never	<input type="checkbox"/>

2. Please list three interventions that you would NOT carry out as part of palliative care service delivery at your health facility/institution because of limited skills:

a)

b)

c)

3. In the last three months, please rate how often you have provided care or referred patients for the following interventions for palliative care patients when required
(Please score using: 1-Never; 2-Rarely; 3-Occasionally; 4-Frequently; 5-always):

Intervention		Pro- vided	Referred	Comments
1	Pain and symptom assessment in adult			
2	Pain and symptom management in children			
3	Opioids used for pain management			
4	Palliative surgery			
5	Radiotherapy			
6	Chemotherapy			
7	Psychological support and counselling			
8	Social support: food, clothing			
9	Social support: transportation support			
10	Social support: legal aid (will making or succession planning)			
11	Social support: income-generating activities			
12	Nutritional support			
13	Spiritual care			
14	Bereavement care			
15	Home-based care programmes			
16	Services specifically designed for children (please state what they are)			
17	Providing information and explanation (eg on diagnosis, prognosis etc)			
18	Specialist palliative care advice			
19	Other: (please list)			

4. Please rate your current level of confidence in the following domains of palliative care (please score using: 1-poor; 2-fair; 3-good; 4-excellent; 5-not sure/not applicable):

Domain	Score	Comments
Philosophy and practice of palliative care		
Patient and family education		
Collaboration and networking with other service providers		
Communication in palliative care		
Pain and symptom management		
Management of disease-specific conditions and opportunistic infections		
Psychosocial care		
Spiritual and cultural care		
Care of special needs populations		
Care of children		

Please list three topics, in order of urgency, that you would like further training on to enable you carry out effective palliative care service delivery at your health facility/ institution, and why:

- a)
- b)
- c)

EXAMPLE **A3**: Pre-course assessment (see Table 2 item 4)

PRE-TEST MULTIPLE CHOICE QUESTIONNAIRE (MCQ)

Date:/...../.....

Name:..... Profession

Gender (please tick as appropriate)

Male Female

Time allowed: 10 minutes

Please rank your current level of willingness to prescribe opioids in HIV/AIDS patients (please explain your answer briefly alongside options 1–5):

- 1= strongly unwilling
- 2= moderately unwilling
- 3= neutral
- 4= moderately willing
- 5= strongly willing

Circle only the relevant statement.

1. What do you understand by the term 'palliative care'?
 - A. Services offered to patients admitted when they are dying.
 - B. Support care for HIV/AIDS patients only.
 - C. A special relationship between the professional and patient.
 - D. An approach that improves the quality of life of patients and their families

2. The goal of palliative care is to:
 - C. Care to a dying patient.
 - D. Improve quality of life of patients and their families.
 - E. Counsel.
 - F. Ensure every possible step is taken to cure the patient.

3. How many times can breakthrough doses of morphine be given in a 24-hour period?
 - D. Once.
 - E. Twice.
 - F. Four hourly.
 - G. As often as necessary.

4. When prescribing oral morphine for pain control, what other medication should be prescribed?
 - E. Antibiotics.
 - F. Anti-emetics.
 - G. Laxatives.

- H. None of the above.
9. The most appropriate adjuvant analgesic for use when treating neuropathic pain is:
- A. Bisacodyl.
 - B. Steroids.
 - C. Cyclizine.
 - D. Amitriptyline.
6. The WHO analgesic ladder:
- G. Has four steps.
 - H. Says that Step 1 should not be given with step 2.
 - I. Says that Step 2 should not be given with step 3.
 - J. Says that Step 3 should not be given with step 1.
7. To implement a new palliative care programme, you need
- H. Government will.
 - I. Palliative care education.
 - J. Drug availability.
 - K. All the above.
8. In the management of pain, the goals are for the patient to be:
- I. Pain-free at night, on rest during the day, and when moving.
 - J. Referred to the hospital.
 - K. Reassessed and sent for investigations.
 - L. Given plenty of fluids.
9. Which of the following BEST describes the areas of pain experienced by patients with life threatening illnesses?
- J. Disease, psychological, family worries, fear.
 - K. Physical, psychological, spiritual, social.
 - L. Psychological, cultural, insomnia, questioning.
 - M. Spiritual, loss of role, disfigurement, anger.
10. What would you consider the best option for a patient admitted on your ward with severe pain that keeps them awake day and night?
- K. Prescribe a sedative to put them to sleep.
 - L. Acupuncture.
 - M. Prescribe and give a first dose of oral morphine.
 - N. Do counselling.

EXAMPLE A4: Session Evaluation form/ Peer Review Form (see Table 2 items 5, 6 and 9)

Session evaluation form/peer review form

Institution: Date:

Lecturer's/ Tutor's name:

Topic:

Time: No. of students

Lesson aspects	Comments
Were the objectives of the session SMART: <ul style="list-style-type: none"> • Specific? • Measurable? • Achievable? • Realistic? • Time bound? 	
Teaching/learning resources: <ul style="list-style-type: none"> • What teaching/learning resources are used in the lesson? Are they relevant/ appropriate for teaching palliative care? • Are they sufficient? Are they used effectively? Do the students interact with the materials? 	
Lesson development: <ul style="list-style-type: none"> • How was the lesson introduced? Did the lecturer review of the previous Lesson/ orientate students? • How well did the lecturer/tutor link this lesson to the previous one? • Did the lecturer/tutor start from known to unknown and build on the content systematically? • Is the learning building on the students' experiences? 	

Lesson aspects	Comments
<p>Methods of teaching used:</p> <ul style="list-style-type: none"> • Are the methods appropriate/relevant for the palliative care content being taught? • Are the methods participatory, practical and interactive? • Do the methods help students to understand the content taught and develop intended skills and competences? • Do the methods allow student involvement in group work, individual, whole class, pair work, reporting and assessing? 	
<p>Concept/competency development:</p> <ul style="list-style-type: none"> • What specific concepts/competences are being developed? • How are they being developed? How is the lecturer enabling students to move from a stage of not knowing what to do and how to do it, to that of knowing what to do and how to do it? • Are examples given or used that are suitable for the cultural, economic, social, political and educational contexts? 	
<p>Learning activities:</p> <ul style="list-style-type: none"> • Are learning activities hands-on, minds-on? • Are they relevant to facilitate the desired learning? • Are they appropriate for the target group? • Are they well sequenced to facilitate teaching/learning? 	
<p>Clarity of instruction and feedback:</p> <ul style="list-style-type: none"> • What instructions did the lecturer/tutor give to students? • Are the instructions clear, to allow students carry out activities efficiently? • Does the lecturer/tutor give constructive feedback to students for the questions that students have asked? 	

Lesson aspects	Comments
<p>Monitoring student activities:</p> <ul style="list-style-type: none"> • Did the lecturer/tutor move around to check the progress of the students on the task at hand? • Did the lecturer/tutor provide the necessary support to students? • What support did the lecturer/tutor give? 	
<p>Classroom organisation and management:</p> <ul style="list-style-type: none"> • Was the classroom arrangement suitable for the method used and activities carried out? • Was the lecturer/tutor polite and non-threatening? 	
<p>Time management:</p> <ul style="list-style-type: none"> • Did the lecturer/tutor give students enough time for the activities? • Did the lecturer/tutor start on time and end on time? 	
<p>Communication:</p> <ul style="list-style-type: none"> • Was the language used simple? • Was body language used appropriate – posture, gesture, movement, facial expression, dress and eye contact? • Did the lecturer/tutor listen to students' ideas? • Was the content presented in a logical sequence? 	
<p>Closure:</p> <ul style="list-style-type: none"> • How was the lesson ended? • Did the lecturer/tutor give a summary of key points or did he/she just stop because it was time for another lesson? 	

EXAMPLE A5: Daily Evaluation Form

(see table 2 item 6)

INSTRUCTIONS:

Trainees should complete this form at the end of the day to give quick feedback on the positive and negatives aspects of the day. Do not write your name.

Date:	Course Name:
--------------	---------------------

List three strengths and weaknesses of the day	
Strengths	Weaknesses
1.	1.
2.	2.
3.	3.

List three key issues that you learnt from today's session (s)
1.
2.
3.

Name three concepts that were difficult to understand from today's session(s)
1.
2.
3.

Suggestions for improvement

Please comment on:

Meals

Training venue

Accommodation

EXAMPLE A6: Clinical Placement Evaluation Form (see Table 2 item 7)

CLINICAL PLACEMENT EVALUATION FORM

This tool should be administered to students upon completion of their placement. The aim of this evaluation is to assess what learning was accomplished, what challenges were faced and how students handled those challenges. Information obtained from the evaluation will be used by placement managers/mentors of institutions to improve clinical placement programmes.

Background information

Institution: _____ Date: _____

Student's name: _____

Student's country of origin: _____

Course: _____

Academic year: _____

Placement health facility's name: _____

Country where placement was carried out: _____

Palliative care practice

Please show by use of a tick the correct response to the questions below and be honest to yourself. Also write an explanation to justify the response given.

1. Are you able to apply the knowledge and skills gained from the course to provide palliative care to patients?
 - a) Yes
 - b) No

If yes, explain the kind of care you provided and how you did it. If not, give reasons why you were unable to provide it

2. What specific patient care activities were you involved in during placement?
 - a) Assessment of pain and other symptoms
 - b) Management of pain and other symptoms
 - c) Identifying patients with palliative care needs

3. What other activities were you involved in during your placement?
 - a) Made a journal club presentation
 - b) Presented a case during a case conference
 - c) Went for home visits
 - d) Counselling patients and their families
 - e) Identified and referred patients
 - f) Followed up patients
 - g) Attended a CME workshop

- h) Carried out coaching and mentoring
- i) Wrote and compiled a case write-up
- j) Others (please specify)

.....

.....

.....

.....

.....

.....

If you did not get involved in any other activity, give reasons why you did not.

.....

.....

.....

.....

.....

.....

4. What support did you get from your mentor?

.....

.....

.....

.....

.....

.....

5. What lessons did you learn from your placement experience?

.....

.....

.....

.....

.....

.....

6. What challenges did you face during placement?

.....

.....

.....

.....

.....

.....

7. How did you handle the challenges faced?

.....

.....

.....

.....

.....

.....

		1	2	3	4	5	
Skill	No of visits	Un-able	Weak	Aver-age	Good	Very good	Comments
Creates rapport with a patient							
Take a holistic history from a patient							
Assesses neuropathic pain keeping in mind the concept of 'total pain'							
Diagnoses neuropathic pain keeping in mind the concept of 'total pain'							
Assesses and diagnoses different types of nociceptive pain							
Develops a management plan for different types of nociceptive pain							
Develops a management plan for neuropathic pain							
Recognises the importance of non-drug measures for the control of pain							
Records appropriate details from the pain assessment on the patient's chart							
Carries out a physical examination of the patient							
Carries out a general examination of the patient							
Effectively uses the NRS (numerical rating scale) and records the results as required							
Uses the analgesic ladder							
Uses adjuvant drugs							
Demonstrates effective understanding of the use of oral morphine in palliative care (dosage regime and adjustment)							
Gives simple instructions to the patient/ carer on how to take oral morphine							
Conducts a case conference							
Makes referrals for patients							

EXAMPLE **A7**: Micro Teaching Feedback Form (see Table 2 items 8 and 9)

MICRO TEACHING FEEDBACK FORM FOR A TEACHING SESSION

PRESENTER'S NAME _____

Give a score to all the points listed below.

(1 = Very poor, 2 = Poor, 3 =Average, 4 = Good, 5 = Excellent)

During the Session	1	2	3	4	5	Comments
Room preparation						
Preparation of equipment/resources						
Introduction was interesting						
Aims and outcomes were clear						
Teacher appeared to be well-prepared						
Teacher involved all participants						
Use of visual aids						
Teacher developed good rapport with the class						
Effective use of voice						
Minimum distracting gestures						
The teacher kept to time						
Teacher checked whether learning had taken place						
Session clear and understandable						
After the lesson:	2	4	6	8	10	
General overall evaluation of session						

**General comments on the session:
Post-observation conference between supervisor and lecturer/tutor**

1. Areas to be maintained

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

2. Areas that need improvement

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

3. Way forward/strategies for improvement
(Agreed by both parties – this agreement forms a basis for follow up)

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

4. General comments

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

Supervisors'/ Observers' name:

Signature

EXAMPLE **A8**: Module Evaluation Form (see table 2 item 10)

END OF MODULE EVALUATION FORM

Profession _____

Post Held _____

Place of work _____

Institution _____

Course name _____

1. Write 3 key concepts you learned in the module

2. Write 3 areas that need improvement

3. The table below indicates concepts and principles learned in palliative care introductory course. Please tick in the appropriate box depending on your understanding of concepts.

Area/concept	Yes	No	Not sure
Discuss the principles and Ethics of Palliative Care including definitions and applicability to patient care?			
Discuss the Hospice and Palliative Care Concept and holistic care in Africa and applicability to Botswana?			
Discuss and utilize basic communication skills in Palliative Care including the Breaking of Bad News?			
Discuss issues of grief and bereavement in Palliative Care for both adults and children?			
Discuss and teach pain assessment and management skills to your students?			
Discuss and apply holistic care of patients and their families including issues of psychosocial, and sexuality?			
Discuss spirituality and stress management in Palliative Care?			
Discuss Palliative Care models and their suitability to Botswana?			
To contribute to the integration of Palliative Care services into existing training curriculum?			
Pass on Palliative Care knowledge to your students?			

4. Please give your comment on the training content.

5. In what ways do you think the facilitators of the course can continue supporting the development of Palliative Care teaching skills in your own institution

6. Any suggestions for the training team?

7. What went very well on the course?

8. What do you think would be improved on a similar course in future?

9. Has the course met your personal expectations? Yes No Not Sure

10. If Not briefly explain.

EXAMPLE **A9**: Action Plan Worksheet (see Table 2 item II)

ACTION PLAN Worksheet – Template

Name of the student:

Name of institution:

Course name:

Action plan for the period:

Objectives	Key activities	Responsible	Timeline	Support required
1.				
2.				
3. etc				

EXAMPLE A10: End of Course Evaluation Form (see table 2 item 12)

END OF COURSE EVALUATION FORM

The aim of this form is to get feedback on the course and its worth. Various areas of training are evaluated. Evaluation findings can be used for informed decision making in palliative care education. The participant is expected to fill in every aspect of the tool by circling the appropriate answer.

Course name:

Course dates start End

Sex Male Female Name (optional)

Please rate the following list of statements on a scale of 1 to 5 by circling the appropriate number accordingly.

1. Have course objectives met your training needs?

1. Fully met	2. Met	3. Fairly met	4. Somehow met	5. Not met
--------------	--------	---------------	----------------	------------

2. How would you rate the range of topics within the various sessions/modules for this course?

1. Excellent selection	2. Good selection	3. Fair selection	4. Somewhat fair selection	5. Poor selection
------------------------	-------------------	-------------------	----------------------------	-------------------

3. To what extent was the course content relevant to your work responsibilities?

1. Very relevant	2. Relevant	3. Fairly relevant	4. Somewhat relevant	5. Not relevant
------------------	-------------	--------------------	----------------------	-----------------

4. The training course methodology enabled you to improve your understanding of the subject matter.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

5. The training course has provided new knowledge, practical skills and ideas for improving your professional work.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

6. The information and concepts covered met stated course objectives.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

7. The sequencing of the various topics within the session/module was appropriate.

1. Very appropriate	2. Appropriate	3. Fairly Appropriate	4. Somehow Appropriate	5. Not appropriate
---------------------	----------------	-----------------------	------------------------	--------------------

8. How was the course duration?

1. Took too much time	2. Right amount of time	3. Somehow too much amount of time	4. A little less time than needed	5. Too little amount of time
-----------------------	-------------------------	------------------------------------	-----------------------------------	------------------------------

9. Methods used during the course were appropriate for your learning.

1. Strongly agree	2. Appropriate	3. Fairly appropriate	4. Somewhat appropriate	5. Not appropriate at all
-------------------	----------------	-----------------------	-------------------------	---------------------------

10. Concepts and information covered during the course did not meet the stated course objectives?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

11. The quality of training materials used to facilitate learning were of good quality.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

12. Delivery of the overall course content was effective.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

13. Facilitators made use of illustrations to simplify concepts.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

14. Please rate the following list of statements on a scale of 1–5 by circling the appropriate number (1 = strongly agree; 2 = agree; 3 = neutral; 4 = disagree; 5 = strongly disagree).

A: Exercises and activities did not help me understand the session content.				
1	2	3	4	5
B: Facilitators did not use relevant examples throughout the training session.				
1	2	3	4	5
C: Facilitators involved me in the learning process.				
1	2	3	4	5
D: Facilitators provided me with clear explanations.				
1	2	3	4	5
E: Facilitators did not ensure a good learning environment.				
1	2	3	4	5
F: Facilitators responded to participants' needs satisfactorily.				
1	2	3	4	5

G: Facilitators organised sessions in a logical sequential order.				
1	2	3	4	5
H: Facilitators never had good knowledge of the subject matter.				
1	2	3	4	5

15. The course was useful in establishing professional contacts for future networking activities.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

16. The training course content was satisfactory.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

17. Accommodation for the course was appropriate.

1. Strongly agree	1. Agree	2. Neutral	3. Disagree	4. Strongly disagree
-------------------	----------	------------	-------------	----------------------

18. The food served during the course at mealtimes and breaks was enjoyable.

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
-------------------	----------	------------	-------------	----------------------

What do you consider as the three key strengths of this course?

- A
- B
- C

What do you consider as the three key weakness of the training course?

- A
- B
- C

What else would you have liked included on the course?

.....

.....

.....

.....

.....

.....

.....

Any other comments/ recommendations for improvement of the course?

.....

.....

.....

.....

.....

.....

EXAMPLE **AI**: Activity Reporting Format (table 2 item I3)

ACTIVITY REPORTING FORMAT

I. Summary Table

(Please complete the table below which summarises key information about the activity and who implemented it, when)

Name of National Association	
Country	
Activity title	
Organisation which implemented the activity	
Date(s) of activity	
Donor funding the activity	
Budget code	
Name or person who prepared the report	
Date report submitted	

2. Background (Please explain why this activity was needed now; what is the importance of the activity for the development of palliative care in your country)

3. Details of the activity (Please complete the table below with the details about the activity)

Number of participants	Men: Women:
Cadre/type of participants	Policy makers: Doctors: Nurses: Other health professionals: National Association staff: Other:
Location of activity:	
Facilitators:	
What happened at the activity:	

4. **Challenges** *(Please list any challenges you faced in implementation- and explain what you did to address these, and if this had any impact on the results)*
5. **Outcomes/Results** *(Please describe the results of the activity. Where there also any unexpected outcomes, if so, what were they?)*
6. **Lessons/Recommendations** *(If you were doing this activity again, would you do anything differently? Are there any recommendations that have emerged from the activity? Are there any lessons that you can use for other programmes or that other people might find useful?)*
7. **Appendices** *(Please attach: Participants list, agenda, photos (please ensure you send the consent form from the person agreeing that their photos can be shared and used by APCA), quotes from participants).*

Example **A12**: End of module/Course Report Format (see table 2 item I4)

END OF MODULE/COURSE REPORT FORMAT

Background Information

Name of the Institution

Course Title

Duration of Course

Date when training started

Date when training ended

Details of the Report

Executive summary

1. Background to the training

- 1.1 Preparations e.g. if there was a pre-meeting for facilitators just before the training
- 1.2 Format of the course and teaching methodologies used

2. The Training – details

- 2.1 Participants and distribution by profession and place of work
- 2.2 Official opening if any
- 2.3 Participants expectations
- 2.3 Aim and objectives of the course as well as expected outcomes and extent to which these were met
- 2.4 A summary of daily course sessions including group discussions
- 2.5 Course assessments
- 2.6 Follow-up and mentorship plans
- 2.7 Challenges encountered
- 2.9 Key lessons and recommendations
- 2.10 Official closing

3. Appendices :

1. List and contacts of facilitators
2. Institutions represented at the training by category
3. Course time table/programme
4. Participants list and contact details
5. Participant signed registration forms
6. Results of the overall course evaluation
7. Any other relevant information e.g. activity photos

Example **A13**: Alumni Follow-up Form (see Table 2 item 15)

ALUMNI FEEDBACK QUESTIONNAIRE

The aim of this questionnaire is to assist the training institution to know whether or not objectives of the training programme are being met. The monitoring and evaluation process facilitates the identification of constraints that participants are facing and how these challenges can be overcome. Information obtained can be used for improvement of palliative care training programmes as well as for informing policy formulation and implementation at different levels. **Please answer all questions.**

Course identification information

Course Name	
Course Dates	
Course Venue	
Course Coordinator	

Name of respondent:

.....

What are the major activities you carry out in your current position?

.....

Have you changed role or organisation since attending a palliative care course?

Yes 1	No 2
-------	------

If you answered 'yes' to the previous question, give details as follows:

Former position	Former organisation	New organisation	New position	Year changed

Has your attendance of a palliative care training programme helped you to obtain your new job?

Yes 1	No 2	Don't know 3	Not applicable 9
-------	------	--------------	------------------

Have you been given new responsibilities after you attended palliative care training?

Yes 1	No 2	Don't know 3	Not applicable 9
-------	------	--------------	------------------

In which ways has the course contributed to your career progression?

On a scale of 1–5, 1 being very relevant and 5 being completely irrelevant; how relevant were the topics covered in the course to your work responsibilities?

1	2	3	4	5
---	---	---	---	---

What other topics would you have wanted to be covered?

On a scale of 1–5, with 1 being very applicable and 5 being not applicable at all, how applicable were the knowledge and skills acquired during the course in terms of your job/profession?

1	2	3	4	5
---	---	---	---	---

Mention actions that the training institution should undertake to make its training programmes more attractive:

On a scale of 1–5 with 1 being “no problems/constraints at all” and 5 being “numerous problems and constraints”, to what extent did you experience problems/constraints while applying skills acquired from palliative care training course you attended?

1	2	3	4	5
---	---	---	---	---

If the answer immediately above was 3, 4 or 5, please indicate the reasons why you experienced these problems/constraints (tick all that are applicable):

Limited resources	1
Negative attitudes of clients and beneficiaries	2
Lack of support from supervisors/management authorities	3
Changed responsibilities	4
Change of job	5
Others (specify)	6
Not applicable	9

On a scale of 1–5 with 1 being “very supportive” and 5 being “not supportive at all”, how supportive were your supervisors in assisting you to apply the knowledge and skills acquired from a palliative care course?

1	2	3	4	5
---	---	---	---	---

Did you make an action plan on how to implement what was learned during the palliative care course?

Yes 1	No 2
-------	------

If the answer is yes, what activities on the action plan have you been able to implement?

What key initiatives (projects, research, policy issues, advocacy etc), if any, have you been able to implement? These projects must be linked directly to new knowledge acquired through palliative care training programmes attended:

Would you recommend this training to your colleagues if it were offered again?

Yes 1	No 2
-------	------

What new areas/modules/information would you recommend to be introduced?

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

Please give any other comments and recommendations needed to improve palliative care training course:

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

Date alumnus/alumna completed this questionnaire

Assessor's name: Date:

Resources for Developing M&E Framework

“African Palliative Care Mentorship Manual” (2008), Mentorship Programme Concept Note

African Palliative Care Association (2012), *Core Competencies: A Framework of Core Competencies for Palliative Care Providers in Africa*

African Palliative Care Association (2012), *Palliative Care Core Curriculum for Introduction Course in Palliative Care*

African Palliative Care Association (2011), *Standards for Providing Quality Palliative Care Across Africa*

African Palliative Care Association (2011), *Strategic Plan 2011–2020*

Taylor, B (2004): *The Oasis School of Human Relations: Mentoring, Coaching, Supervising and Managing the Development Alliance Manual*; Oasis Press

Mpanga, S et al, “The Cape Town Palliative Care Declaration: Home grown solutions for sub-Saharan Africa”, in *Journal of Palliative Care Medicine*, June 2003, 6(3):341–3

Regional AIDS Training Network (2007), *Operations Manual for Utilizing Monitoring for RATN Training Programmes*

Internet Resources

www.businessballs.com/bloomstaxonomyoflearningdomains.htm (accessed on 1 February 2013)

www.brainyquote.com/words/ed/education158388.html

www.umass.edu/oapa/oapa/publicationsonline_handbooks/course_based.pdf

http://www.skills-thirdsector.org.uk/documents/Training_Needs_Analysis_2010-stf.pdf

<http://publichealthinternationaldevelopment.wordpress.com/2010/06/10/the-six>

Smith, S, Unit 109, “Identify and assess learners’ needs”; and Unit 115, “Support and Guidance“, at www.simonsdiary.co.uk

ABOUT APCA



The African Palliative Care Association (APCA) is a non-profit-making pan-African membership-based organisation, which was provisionally established in November 2002 and formally established in Arusha, Tanzania, in June 2004. Acknowledging the genesis of modern palliative care within the United Kingdom, APCA strives to adapt it to African traditions, beliefs, cultures and settings, all of which vary between and within communities and countries on the continent. As such, APCA being a recognised regional voice for palliative care in Africa works in collaboration with its members and partners to seek African solutions to African problems.

APCA's vision is to ensure access to palliative care for all in need across Africa, while its mission is to ensure that palliative care is widely understood, underpinned by evidence, and integrated into all health systems, to reduce pain and suffering across Africa. APCA's broad objectives are to:

- Strengthen health systems through the development and implementation of an information strategy to enhance the understanding of palliative care among all stakeholders
- Provide leadership and coordination for the integration of palliative care into health policies, education programmes and health services in Africa
- Develop an evidence base for palliative care in Africa
- Ensure good governance, efficient management practices and competent human resources to provide for institutional sustainability
- Position palliative care in the wider global health debate in order to access a wider array of stakeholders and to develop strategic collaborative partnerships
- Diversify the financial resources base to meet APCA's current funding requirements and to ensure the organisation's future sustainability.

APCA works to build effective linkages between all our key stakeholders, including: patients, their families and communities; carers (both family and volunteers); health care providers and educators; African governments, policy makers and decision-makers; its constituent members (both individuals and organisations); national palliative care associations, hospices and palliative care organisations; academic institutions; the media; governmental and non-governmental donors (both within and outside the continent), and the general public, in a network of national, regional and international partnerships.

The development of a core curriculum for palliative care is one of the strategies through which palliative care can be integrated in existing pre service and post service health education programmes. This is instrumental in ensuring that palliative care is integrated into the wider health systems across the African continent.

www.africanpalliativecare.org

ABOUT THE DIANA PRINCESS OF WALES MEMORIAL FUND



The Diana Princess of Wales Memorial Fund was an independent grant making charity set up in September 1997 in the immediate aftermath of The Princess' death.

Over 15 years the Fund dedicated its work securing sustainable improvements in the lives of disadvantaged people in the UK and around the world. The fund was committed to sharing lessons learned that emerged from rigorous evaluations and research to help increase impact, support evidence-based advocacy and lead to positive social change.

As a spend-out foundation, the Fund made its last grants in September 2012 and closed its doors on 31st December 2012.

African Palliative Care Association
PO Box 72518
Plote 95 Dr. Gibbons Rd, Makindye,
Kampala, Uganda
Tel: +256 031 2264978
Fax: +256 312 264978
E: info@africanpalliativecare.org
W: www.africanpalliativecare.org



All rights are reserved, whether referring to the whole or a part of the material, particularly the rights to reproduce images or text or to translate or reprint. Requests for permission to reproduce text or images, or to translate APCA publications, or any other inquiries, should be directed to APCA, PO Box 72518, Kampala, Uganda. Tel: +256 414 266 251, Fax: +256 312 264978, email: info@africanpalliativecare.org, website: www.africanpalliativecare.org.