Africa Clubfoot Training Project

Train The Trainer Course,

Basic Clubfoot Treatment Provider Course &

Advanced Clubfoot Treatment Provider Course

25-29 January 2016

COURSE REPORT
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Figure 1: Basic Provider Course , January 2016
1. Executive Summary

The second Africa Clubfoot Training project pilot course was held at the CURE Ethiopia Children’s Hospital, Addis Ababa on 25-29 January 2016. The course consisted of a two-day Train The Trainer (‘TTT’) course, a two-day Basic Clubfoot Treatment Provider Course (‘Basic Course’) and Advanced Clubfoot Treatment Provider Course (‘Advanced Course’). At the TTT course, a senior visiting faculty team (‘Team 1’) trained 18 clubfoot practitioners (‘Team 2’) as instructors, and then mentored them as they delivered the Basic and Advanced courses and trained 30 local health workers working in and around Addis Ababa in the Ponseti method of treating clubfoot. The attendees of the Train The Trainer course represented ten national clubfoot programmes across the continent and their valuable feedback on the development of the resources was collected through surveys and regular review meetings throughout the week. The third pilot of these course materials will take place in July 2016, followed by a fourth (Francophone) pilot of the course in October 2016. The final course materials should be published by early 2017.

2. ACT project objectives:

- Produce a standardized, tested Ponseti providers training course (basic and advanced)
- Produce a complementary, standardized, tested Train The Trainers course in Ponseti and clubfoot management, including mentoring component.
- Train a cadre of health workers in Ethiopia and Rwanda as Ponseti providers, through piloting the provider course
- Train specialists from approx. 16 countries in sub-Saharan Africa as Ponseti trainers, through piloting the TTT course
3. **Background to course materials:**

The ACT Basic and Advanced courses are based on previously developed training materials including the Global HELP Red Book, the GCI Ponseti for clubfoot training materials, the CURE clubfoot training resources and many others.

Stakeholder input: The ACT Provider Courses Working Group have developed these materials to incorporate:

- a. Survey data and key informant interviews from consultation with key trainers in the region
- b. Feedback from members of the UK Clubfoot Consensus Group (UKCCG) who are reviewing the scientific and clinical content
- c. Feedback from members of the project’s Africa Technical Advisory Group (ATAG) set up to review the draft course materials for suitability for Africa and training methodology

![Figure 3: Manipulating the skeleton models in small groups](image)

4. **Course objectives**

| General course design principles | • The training materials package for each course will comprise presentation materials (i.e. slides and handouts), a participants’ manual and a trainers’ manual  
| | • Designed so that the course could also be delivered in **modules**, in a clinic setting  
| | • All courses are linked to follow-up mentoring and supervision in clinics to consolidate skills and improve and maintain quality of treatment  
| | • Designed be simple and clear and therefore should be consistent on issues such as scoring, hand holds, classification, while recognising there is ongoing debate on these issues. |
- The course is not accredited. The attendees of the basic and advanced courses should be supported by mentors and supervisors in clinics after the course to practise and consolidate skills and receive constructive feedback.

### Train The Trainer Course (25-26 January)
- Aimed at experienced regional Ponseti practitioners with an active role in training others in Ponseti either in clinic setting or on courses
- 3 Course Objectives
  - Develop understanding and skills in effective clubfoot training course delivery (e.g. principles of adult learning, delivering interactive lectures, teaching practical skills, giving and receiving feedback etc),
  - Develop understanding and skills in delivering the ACT Basic and Advanced Clubfoot Treatment Provider Courses
  - Develop understanding and skills in measuring and improving treatment quality and clinic quality in a clubfoot programme i.e. being a trainer and mentor in a clinic setting
- Expected outcome:
  - Increase clubfoot training capacity in the region, to be able to train more providers
  - Increase clubfoot mentoring skills in the region, to be able to help improve and maintain quality of care

### Basic Clubfoot Treatment Provider Course (27-28 January)
- To give a simple introduction to the core concepts and technique of the Ponseti method
- To give hands-on practice in manipulation, scoring, casting, bracing (and tenotomy where relevant) on training models and patients
- To be accessible to multi-cadre health care workers (doctors, physiotherapists, paramedical staff) with a variable level of previous medical education
- Aimed at trainees with no or limited experience of Ponseti treatment

### Advanced Clubfoot Treatment Provider Course (29 January)
- To refresh understanding and skills in basic Ponseti management
- Introduction to management of complicated cases (relapse, older child, atypical clubfoot)
- To share tips and tricks through case discussion of complicated cases
- To establish a common approach to measuring and improving quality of care in clinics, to encourage reflection on what is (and isn’t) working well in own practice/clinic setting, and to identify priority actions

### Faculty and organizing team
**Faculty**
- Ms Tracey Smythe, Physiotherapist, London, UK, chair of ACT Provider Course Working Group
- Mr Steve Mannion, Consultant Orthopaedic Surgeon, Blackpool UK, CBM Advisor
- Professor Chris Lavy, Consultant Orthopaedic Surgeon, Oxford UK, ACT project director, course leader
- Dr Birhanu Ayana, Consultant Orthopaedic Surgeon, Black Lion Hospital, Addis Ababa & Medical Director for Ethiopia national clubfoot programme
- Mr John Cashman, Consultant Orthopaedic Surgeon, Sheffield Children’s Hospital
- Ms Linda Hansen, CURE Clubfoot – Regional Director for Africa, based in Lusaka
- Ms Denise Watson, Paediatric Orthopaedic Physiotherapy Practitioner, Chelsea and Westminster Hospital
Mr Guy Atherton, Consultant Orthopaedic Surgeon, Bristol Royal Children’s Hospital
Mr Andy Wainwright, Consultant Paediatric Orthopaedic surgeon, Nuffield Orthopaedic Centre Oxford

Organisers / Project Team
Mr Adugna Hirpa, CURE Clubfoot Ethiopia programme manager, local organizer for this course
Mr Endashawu Abera, Physiotherapist, CURE Clubfoot Ethiopia programme, local organizing team
Mrs Tsion Tesfaye, ACT Administrator, CURE Ethiopia
Ms Deborah Kassahun, CURE Clubfoot team
Mr Scott Reichenbach, CURE Clubfoot Operations Director, Pennsylvania
Miss Grace Le, Oxford, ACT project manager, UK organizer for this course

Figure 4: How to teach a practical skill e.g. tying a knot

6. Train The Trainer course participants

The participants for the Train The Trainer course were selected and invited by the CURE Clubfoot programme and represented 10 clubfoot programmes. All are experienced Ponseti practitioners and key current or future trainers in their respective country programmes.

<table>
<thead>
<tr>
<th>Dr</th>
<th>Tim</th>
<th>Nunn</th>
<th>Consultant Orthopedic Surgeon</th>
<th>CURE Ethiopia Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr</td>
<td>Tewodros</td>
<td>Tilahun</td>
<td>Orthopedic Surgeon, Resident Director</td>
<td>CURE Ethiopia Children’s Hospital</td>
</tr>
<tr>
<td>Dr</td>
<td>Kagnew</td>
<td>Wubishet</td>
<td>Orthopedic Surgeon</td>
<td>Assella Teaching and Referral Hospital (Arsi University), Ethiopia</td>
</tr>
<tr>
<td>Mr</td>
<td>Solomon Fasika</td>
<td>Demissie</td>
<td>Lecturer in Physiotherapy and coordinator</td>
<td>University of Gondar, Ethiopia</td>
</tr>
<tr>
<td>Dr</td>
<td>Giorgio</td>
<td>Lastroni</td>
<td>Medical Director</td>
<td>BEIT CURE International, Lusaka, Zambia</td>
</tr>
</tbody>
</table>
7. **Basic and Advanced Course Trainees**

The participants for the courses were selected and invited by the Ethiopia national clubfoot program. Those attending the Basic course had received no or minimal previous training, whereas those attending the Advanced course had received some previous Ponseti training and had experience of managing clubfoot.

**Basic Course - Participants (17)**

<table>
<thead>
<tr>
<th>Dr</th>
<th>Name</th>
<th>Position</th>
<th>Hospital/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Melkamu</td>
<td>Tafesse</td>
<td>Orthopaedic Surgeon</td>
<td>Hawassa University Hospital</td>
</tr>
<tr>
<td>Dr Bezawit</td>
<td>Sedika</td>
<td>Orthopaedic Surgeon</td>
<td>Ambo Hospital</td>
</tr>
<tr>
<td>Kassaw</td>
<td>Belay</td>
<td>Orthopaedic Surgeon</td>
<td>Dessie Rehabilitation Center</td>
</tr>
<tr>
<td>Anteneh</td>
<td>Belay</td>
<td>Orthopaedic Surgeon</td>
<td>Asella hospital</td>
</tr>
<tr>
<td>Aelaf</td>
<td>Telay</td>
<td>Orthopaedic Surgeon</td>
<td>Chero zonal hospital</td>
</tr>
<tr>
<td>Dr Musefa</td>
<td>Redwan</td>
<td>Orthopaedic Surgeon</td>
<td>Yirgalem general Hospital</td>
</tr>
<tr>
<td>Berhe</td>
<td>G/Mariam</td>
<td>Orthopaedic Surgeon</td>
<td>Mekelle Hospital</td>
</tr>
<tr>
<td>Yibeyen</td>
<td>Abadi</td>
<td>Orthopaedic Surgeon</td>
<td>Adigrat Hospital</td>
</tr>
<tr>
<td>Kidan</td>
<td>Asegdom</td>
<td>Orthopaedic Surgeon</td>
<td>Axum Hospital</td>
</tr>
<tr>
<td>Meaza</td>
<td>Ketema</td>
<td>Orthopaedic Surgeon</td>
<td>St Luke Catholic hospital</td>
</tr>
</tbody>
</table>

**Advanced Course - Participants (17)**

<table>
<thead>
<tr>
<th>Dr</th>
<th>Name</th>
<th>Position</th>
<th>Hospital/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Paul Mang’oli</td>
<td></td>
<td>Orthopaedic Surgeon</td>
<td>AIC CURE International Hospital, Kijabe, Kenya</td>
</tr>
<tr>
<td>Dr Stephen Kariuki</td>
<td></td>
<td>Senior Physiotherapist</td>
<td>Embu level 5 Hospital, Kenya</td>
</tr>
<tr>
<td>Dr Samuel Maina</td>
<td>Githiomi</td>
<td>Orthopaedic Consultant</td>
<td>BEIT CURE International Hospital, Malawi</td>
</tr>
<tr>
<td>Mr Benjamin</td>
<td>Gwilliam</td>
<td>Physiotherapist</td>
<td>BEIT CURE International Hospital, Malawi</td>
</tr>
<tr>
<td>Mr Safalao</td>
<td>Phalira</td>
<td>Orthopaedic Clinical Officer</td>
<td>BEIT CURE International Hospital, Malawi</td>
</tr>
<tr>
<td>Dr Prosper Aakurekuu</td>
<td>Kuunaiguo-moh</td>
<td>Medical Director/Orthopaedic Surgeon</td>
<td>Duayaw/ Nkwanta, Ghana</td>
</tr>
<tr>
<td>Dr Joseph Kwame</td>
<td>Korpisah</td>
<td>Orthopaedic Surgeon</td>
<td>St Anthony's Hospital, Ghana</td>
</tr>
<tr>
<td>Dr Peter Matthias</td>
<td>Schmauch</td>
<td>Orthopedic Surgeon</td>
<td>Maputo Central Hospital, Mozambique</td>
</tr>
<tr>
<td>Mr Ryan Sean</td>
<td>Bathurst</td>
<td>Director</td>
<td>Zimbabwe Sustainable Clubfoot Programme</td>
</tr>
<tr>
<td>Mr Augustine Boye</td>
<td>Chiewolo</td>
<td>Executive Director</td>
<td>Bassa Town, Paynesville, Relight, Liberia</td>
</tr>
<tr>
<td>Dr Isidor Henry</td>
<td>Ngayomela</td>
<td>Orthopedic Surgeon</td>
<td>Bugando Medical Center, Tanzania</td>
</tr>
<tr>
<td>Ms Esperance</td>
<td>Uwizeye</td>
<td>Physiotherapist</td>
<td>Rwanda CURE International</td>
</tr>
<tr>
<td>Dr Emmanuel</td>
<td>Nsengiyumva</td>
<td>Orthopedic Surgeon</td>
<td>Rilima Pediatric Orthopedic Hospital, Rwanda</td>
</tr>
</tbody>
</table>
Alemnesh Aseffa Maychawe lemlem Carle Hospital
Million Asfaw Yirgalem Hospital
Dr Berhe G/Slassie Mekelle Hospital
Teklay Hailu Mekelle Hospital
Markina Mekonnen Adama University teaching Hospital
Tesfaye Bogale Adama University teaching Hospital
Assefa Gebeyehu CURE Ethiopia Hospital

Advanced Course participants (13)

Ermiyas Fikre
Wuleteaw Wono
Berihu Birhane
Kedir Aman Erango
Sr. Rahel Simachew Mekonnen
Sr. Hiwot Tesfaye W/Semayat
G/Silassie Yihdego Tewelde
Gezahegn T/Tsadik Bekele
Tigist Getahun Worku
Abate Assefa Debo
Aschalew Tadele Abesha
Dr Baru Legesse
Dr Hiwot Hailu

Figure 5: Demonstration of examination
8. Patients

Patients from CURE Ethiopia and Black Lion Hospital were seen during the Basic and Advanced courses:

Total patients seen = 32 (52 feet)

- 10 for brace review (14 feet)
- 4 for tenotomy (6 feet)
- 18 for serial casting (32 feet)

Figure 6: casting workshop

9. Consensus discussions

A consultation was held with the TTT participants, who represented a wide range of national clubfoot programmes, on a number of key ‘consensus’ issues and how best to handle these in the Basic and Advanced courses materials respectively e.g.:

- Pirani score - technique
- Recurrence definition
- Classifications of clubfoot
- Atypical clubfoot creation
- Casting in older children
- Casting intervals
- Brace review protocol
10. Course Assessment

The Train The Trainer two-day course was attended by 18 regional clubfoot trainers, who then delivered the Basic course to 17 Ethiopian providers over 2 days and the Advanced course to 13 Ethiopian providers over 1 day.

All course attendees completed a pre-course and post-course multiple-choice questionnaire to assess knowledge of key content covered in the course and a self-assessment of confidence in key skills.

**TTT Course:** Feedback from the regional clubfoot trainers highlighted many had never attended a course on adult learning principles or how to teach both theory and practical skills. This is reflected in an average increase of 16% in knowledge and 20% in confidence from pre to post training.

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Pre-course knowledge</th>
<th>Post course knowledge</th>
<th>Pre-course confidence</th>
<th>Post course confidence</th>
<th>After delivery of basic course - Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTT Course</td>
<td>18</td>
<td>73.3%</td>
<td>89.4%</td>
<td>66%</td>
<td>88%</td>
</tr>
</tbody>
</table>

**Table 1: Knowledge and Confidence of TTT participants**

**Basic and Advanced courses:** The pre- and post-course test for both Basic and Advanced course practitioners included questions that reflected knowledge of anatomy, clinical reasoning and practice. The outcomes are presented in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Number of participants</th>
<th>Pre-course knowledge</th>
<th>Post course knowledge</th>
<th>Pre-course confidence</th>
<th>Post course confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC</td>
<td>17</td>
<td>59%</td>
<td>72%</td>
<td>61%</td>
<td>91%</td>
</tr>
<tr>
<td>ADVANCED</td>
<td>13</td>
<td>77%</td>
<td>89%</td>
<td>78%</td>
<td>91%</td>
</tr>
</tbody>
</table>

**Table 2: Knowledge and Confidence Basic and Advanced course participants**
11. Next steps

- Since the January course, all materials have been revised in the light of feedback collected from faculty and participants, and distributed to the project’s Africa Technical Advisory Group members for review in May 2016.
- **Basic course:** The course manual and course trainers’ manual have been developed further, and decisions made around ‘consensus’ issues (following consultation) have been standardised throughout the course materials.
- **Advanced course:** A ‘Common Errors’ talk has been added to the Advanced course, and a series of case study presentation slides is being developed to facilitate discussion in courses when suitable live discussion cases are not available during the training course.
- **Train The Trainer course:** A participant manual has been written, and the faculty training team manual developed further. Some course sessions have been redesigned to utilise problem-based learning teaching methods.
- **Pilots:** The TTT course, Basic course and Advanced course will be piloted in July 2016 (in English) and in October 2016 (in French).
- **Extra resources:** We have started to film an atypical clubfoot training video and a neglected clubfoot treatment training video.
- **Publication:** The final course materials will be published by early 2017 for partners to use.
12. Acknowledgments

This training course is part of the Africa Clubfoot Training (ACT) Project, which is supported by the Tropical Health Education Trust as part of the Health Partnership Scheme, which is funded by the UK Department for International Development.

We would particularly like to thank all of our main project partners (University of Oxford, CURE Clubfoot, CURE Ethiopia Children’s Hospital, Global Clubfoot Initiative and CURE International UK) for their valuable support for this training initiative, as well as the many partnering organisations and institutions who have greatly contributed to this training course, including CBM, Black Lion Hospital and the UK Clubfoot Consensus Group. We are very grateful to the local team who organised the course, including Dr Birhanu Ayana, Adugna Hirpa, Tsion Tesfaye, Endashaw Abera, Deborah Kassahun and the CURE Ethiopia surgical team. We could not have run this course without the experienced team of volunteer clubfoot trainers who gave up their time to teach on this course, and all those who advised and contributed to the development of the current course materials through consultations leading up to the course.

Chris Lavy, Linda Hansen, Tracey Smythe and Grace Le

actproject@ndorms.ox.ac.uk

June 2016

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Appendix 1: Train The Trainer Course Timetable (January 2016)

<table>
<thead>
<tr>
<th>Start</th>
<th>Mins.</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>09.00</td>
<td>Welcome &amp; Introductions</td>
</tr>
<tr>
<td>2</td>
<td>09.30</td>
<td>Ice-breaker and set up TTT Mentoring Groups of 4</td>
</tr>
<tr>
<td>2</td>
<td>09.45</td>
<td>Pre-course assessment</td>
</tr>
<tr>
<td>3</td>
<td>10.00</td>
<td>Effective Training and Learning (Theory)</td>
</tr>
<tr>
<td></td>
<td>10.45</td>
<td>Coffee</td>
</tr>
<tr>
<td>4</td>
<td>11.00</td>
<td>Leading Small Group Discussions</td>
</tr>
<tr>
<td>5</td>
<td>11.15</td>
<td><strong>PRACTICAL 1: Small Group Discussion</strong></td>
</tr>
<tr>
<td>6</td>
<td>11.30</td>
<td>How to give and receive feedback</td>
</tr>
<tr>
<td>7</td>
<td>12.00</td>
<td>How to teach a practical skill</td>
</tr>
<tr>
<td></td>
<td>12.30</td>
<td>Lunch</td>
</tr>
<tr>
<td>8</td>
<td>13.30</td>
<td><strong>PRACTICAL 2: Teaching a Practical Skill &amp; Giving Feedback</strong></td>
</tr>
<tr>
<td>9</td>
<td>14.30</td>
<td>Supervision, Mentoring and Continuing Professional Development</td>
</tr>
<tr>
<td></td>
<td>14.45</td>
<td>Tea</td>
</tr>
<tr>
<td>10</td>
<td>15.30</td>
<td>Teaching large groups (+ giving presentations using slides)</td>
</tr>
<tr>
<td>11</td>
<td>16.00</td>
<td><strong>PRACTICAL PREP: Teaching Large Groups (Assign topics for mini-lectures on day 2)</strong></td>
</tr>
<tr>
<td>12</td>
<td>16.15</td>
<td>Closing session day 1</td>
</tr>
<tr>
<td></td>
<td>16.30</td>
<td>End of Day 1</td>
</tr>
<tr>
<td>13</td>
<td>16.30</td>
<td>DAY 1 DEBRIEF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Set up Day 2</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>09.00</td>
<td>Welcome and review</td>
</tr>
<tr>
<td>15</td>
<td>09.15</td>
<td><strong>PRACTICAL 3.1: Teaching Large Groups &amp; Giving Feedback</strong></td>
</tr>
<tr>
<td></td>
<td>09.55</td>
<td>Comfort break</td>
</tr>
<tr>
<td>16</td>
<td>10.00</td>
<td><strong>PRACTICAL 3.2: Teaching Large Groups and Giving Feedback</strong></td>
</tr>
<tr>
<td></td>
<td>10.45</td>
<td>Coffee</td>
</tr>
<tr>
<td>17</td>
<td>11.00</td>
<td><strong>PRACTICAL 3.3: Teaching Large Groups and Giving Feedback</strong></td>
</tr>
<tr>
<td>18</td>
<td>11.30</td>
<td>How to measure clubfoot treatment and clubfoot clinic quality</td>
</tr>
<tr>
<td>19</td>
<td>12.15</td>
<td>Post-course assessment</td>
</tr>
<tr>
<td></td>
<td>12.30</td>
<td>Lunch and course photo</td>
</tr>
<tr>
<td>20</td>
<td>13.30</td>
<td>How to organize a clubfoot course</td>
</tr>
<tr>
<td>21</td>
<td>14.00</td>
<td>Results from pre and post course assessment</td>
</tr>
<tr>
<td>22</td>
<td>14.15</td>
<td>Briefing session on teaching Basic and Advanced Courses this week</td>
</tr>
<tr>
<td>23</td>
<td>15.00</td>
<td>Reflection in small groups</td>
</tr>
<tr>
<td></td>
<td>15.15</td>
<td>Tea</td>
</tr>
<tr>
<td>24</td>
<td>15.30</td>
<td>Plenary: Question Time &amp; Evaluation forms</td>
</tr>
<tr>
<td>25</td>
<td>16.00</td>
<td>Closing session TTT day 2</td>
</tr>
<tr>
<td>26</td>
<td>16.15</td>
<td>End of Day 2. Debrief session</td>
</tr>
<tr>
<td></td>
<td>17.00</td>
<td>Set up for Basic Course</td>
</tr>
</tbody>
</table>
Appendix 2: Basic Clubfoot Treatment Course Timetable (January 2016)

DAY 1
09:00 - 09:15  15”  0. Welcome,
09:15 - 09:30  15”  Pre-course MCQs
09:30 - 10.00  30”  1. Introduction to clubfoot and Ponseti (20 slides)
10.00 - 10.30  30”  2. Anatomy and definitions (23 slides)
10.30 - 11.00  30”  3. Pirani score – to include the score, form (emphasise sheet) and graph
11.00 - 11.15  15”  Tea
11.15 - 12.15  60”  4. Clubfoot Deformity and Ponseti method of manipulation
12:15 - 12:45  30”  Practical session 1: small group - manipulation of rubber/skeleton models
12.45 - 13:30  45”  Lunch
13:30 - 14:00  30”  5. Applying Ponseti casts
14:00 - 14:45  45”  Practical session 2: Demonstration Pirani score and casting (on patients)
14:45 - 15.00  15”  Room set up for Practical session 3
15.00 - 15.15  15”  Tea
15.15 - 16.45  90”  Practical session 3: Casting on rubber models in small groups
16:45 - 17:15  30”  Practical 4: Ponseti video
17:00 - 17:30  15”  Day 1 Closing Session

DAY 2
08:00 - 08:20  20”  Review
08:20 - 08:50  30”  6. Tenotomy
08:50 - 09:30  40”  7. Bracing and relapse
09:30 - 10.00  30”  Tea
09.30 - 13:00  180”  Practical 5: Pirani score, manipulation and casting in small groups
13:00 - 13:30  30”  Lunch
13:30 - 15:00  90”  Practical 6: Parallel session. Group 1: Brace fitting & Group 2: Tenotomy
15:00 - 15:30  30”  Tea
15:30 - 16:00  30”  8. When to stop and rethink treatment
16:00 - 16:15  15”  Post-course MCQ
16:15 - 16:30  15”  Close and certificates of attendance

Appendix 3: Advanced Clubfoot Treatment Course Timetable (January 2016)

09:00 - 09:15  15”  0. Welcome, introductions and warm up
09:15 - 09:30  15”  MCQs
09:30 - 10:30  60”  1. A Review of Clubfoot and the Ponseti Method
10.00 - 11.00  30”  2. Relapse
11.00 - 11.15  15”  Tea
11.15 - 12.00  45”  3. Treating Older Children (Neglected clubfoot)
12.00 -12.45  45”  4. Atypical/Complex
12:45 - 13:30  45”  Lunch
13.30 - 14.30  60”  Practical Session 1: Refresher of casting (normal clubfeet) + atypical casting
14.30 - 15.30  60”  Practical Session 2: Case Studies
15.30 - 15.45  15”  Tea
15.45 - 16.15  30”  5. Clinic set up and measuring quality
16.15 - 16.30  15”  5b. Small group discussion - personal and clinic action plans
16:30 - 16.45  15”  MCQs
16:45 - 17.00  15”  Closing session (Plenary) inc. certificates
Appendix 4: Summary of TTT Participants’ Reflective Feedback at the end of day 4 (after teaching the ACT Basic Course for the first time)

Number of respondents: 18

1. What do you think went well during the Basic Course for you personally?
   - Good management of the small groups ++++
   - Challenged myself in the presentation
   - Teaching the practical sessions ++++++
   - Leading practice in groups
   - Giving feedback effectively +++++
   - Guide participants in assessment, planning and executing Ponseti treatment
   - Improved communication in a large group ++++
   - Interactive teaching
   - Manipulation and casting skills
   - Adapted my teaching strategy to various situations
   - Time management

2. What do you think you would try to improve next time you deliver Ponseti training?
   - The feedback that I give
   - I would include small group discussion
   - Communication
   - Optimising the presentation according to the time allocated
   - When putting a cast on babies I will ensure groups are created according to the knowledge of the participants to allow those who are not comfortable with casting to become so in a good environment
   - I will engage learners more
   - Engage more group discussion in an interactive way
   - I will teach practical skills in a systematic way (the 4 step approach) ++
   - Proper time management
   - Involve participants as much as possible
   - Provide supervision and mentoring ++
   - Timing of feedback
   - Teach brace application with more practical practice
   - Improve evaluation of results of training
3. **Further comments on the current version of the Basic course after delivery?**

- Include more information on how to manage the neglected clubfoot since the training is about Africa and we manage many neglected clubfoot cases.
- Pirani score must come after the introduction, anatomy and general assessment
- Consider having a nominated Ethiopian translator per group of 10 who knows Ponseti
- It was very positive to see real babies on the first day
- Great improvement of the teaching material
- Pathoanatomy should be included more, even if the terms are changed
- The content is enough for a basic course
- The content seems largely good and overall it meets the desired objectives
- A great improvement from previous versions
- Classification of clubfoot should be looked at
- The notes pages for the slides need to relate to the slides more closely
- It easily integrates the theory and practical sessions
- At present they are good an able to address Ponseti technique effectively
- Have the rehab staff present and assist the tenotomies to learn/see/feel the pop of Achilles
- We have done more than I would have expected to accomplish in 2 days of basic teaching

Demonstrating a practical skill, large group teaching, how to give feedback and the use of small groups were the areas that most trainers felt they did well during the Basic Course.

While there was a small increase in confidence from 88% - 91% after delivery of the BPC, trainers were able to specifically outline how they would change their practice on return to their national training programmes and apply principles of adult learning. Key themes from the written feedback related to involving the trainees in an interactive way when teaching. In order to do this, trainers consistently noted that they would apply the principle of small group discussions and break down practical tasks for learning. The provision of supervision and mentoring was noted to be important.
Appendix 5: Summary of TTT Post-Course Evaluation Forms (at the end of day 2)

1. Did the training meet your expectations?

![Expectations met with training](chart)

2. Was the length of time spent on the training appropriate?

![Appropriate Training Length](chart)

3. What have been the most helpful 3 things you have learned during this course that will assist you in future training efforts?

How to give and receive feedback was spontaneously written by 17/18 respondents. How to teach a practical skill and how to lead a small group were mentioned by over half of the respondents as being one of their top three helpful elements.
4. What are the 3 top things that you would change about the course?

More time for group presentations
Have a team building session
Increase time for small group discussion practice ++
Allow presenters to present their own slides
Send the pre-course reading earlier
More focus on advanced course teaching
Move the monitoring and evaluation talk to the morning
Give a more detailed description of the course to participants so that they know what to expect
Include videos as a teaching aid
Decrease the distance from accommodation

5. How useful would you rate the following lectures and practical sessions? (score 1=not at all useful, 5=extremely useful)

100% of respondents rated ‘how to give effective feedback’ as extremely useful. Pre-course reading and preparation received the largest variation in opinion and was found to be the least useful due to difficulties in accessing the material and time given in which to prepare.

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Average Score</th>
<th>Variation in Score (standard deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre course reading and preparation</td>
<td>3.94</td>
<td>1.16</td>
</tr>
<tr>
<td>Effective teaching and learning</td>
<td>4.44</td>
<td>0.70</td>
</tr>
<tr>
<td>Leading small group discussions</td>
<td>4.61</td>
<td>0.61</td>
</tr>
<tr>
<td>Practical - small group discussions</td>
<td>4.78</td>
<td>0.43</td>
</tr>
<tr>
<td>Giving effective feedback</td>
<td>5.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Teaching practical skills</td>
<td>4.94</td>
<td>0.24</td>
</tr>
<tr>
<td>Practical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Teaching practical skills</td>
<td>4.89</td>
<td>0.32</td>
</tr>
<tr>
<td>Supervision and mentoring</td>
<td>4.41</td>
<td>0.62</td>
</tr>
<tr>
<td>Giving a group presentation</td>
<td>4.78</td>
<td>0.43</td>
</tr>
<tr>
<td>PRACTICAL - giving a group presentation</td>
<td>4.78</td>
<td>0.43</td>
</tr>
<tr>
<td>Measuring treatment and clinic quality</td>
<td>4.06</td>
<td>0.97</td>
</tr>
<tr>
<td>How to organise a clubfoot course</td>
<td>4.41</td>
<td>0.87</td>
</tr>
<tr>
<td>Briefing session - Basic and Advanced course</td>
<td>4.55</td>
<td>0.52</td>
</tr>
<tr>
<td>Reflection in Mentoring groups</td>
<td>4.43</td>
<td>0.65</td>
</tr>
</tbody>
</table>

6. What subject matter in the course was new to you?
   - Concepts of practical teaching skills
   - Providing feedback ++
   - Supervision and mentorship
   - Leading small group discussions
   - Measurement of treatment and quality
   - Facilitating small group discussions
   - Learning theories

Respondents repeatedly commented that all aspects of teaching and education were new, as they have had little previous training on these previously. There is a positive correlation between ‘how to provide feedback’ and ‘how to teach a practical skill’ with being a new concept and being extremely useful.

7. What do you plan to change or implement as a result of this training when you return home?
   - Increase interactive learning
   - Include large and small groups in teaching
   - Apply proper feedback / give learner-centred feedback
   - The way in which presentations are prepared and practical skills are taught
   - Include more activities when giving large group teachings
   - Measure outcomes
   - Adopt new teaching skills