Training Programme
for Public Health Nurses and Doctors
in Child Health Screening, Surveillance and Health Promotion

Introduction

April 2006
Contents

Foreword

Introduction to the Programme
- Background to the Training Initiative
- Review of standards in the Core Child Health Screening and Surveillance Programme

Training for Public Health Nurses & Doctors
- Rationale
- Training Project Vision
- Principles Underpinning the Work
- Determinants of Child Health
- Role of Child Health Screening and Surveillance Service
- Implications of Training
- Training Methodologies
- Training Unit Template

Implementation of Training Programme at Local Level
- Model Employed
- The Local Teams
- Quality Assurance for Training
- Commissioning Training

Core Competencies for Trainers

Check List for Trainers

References

Training Programme Outline
Child Health Promotion and Partnership with Parents
Vision Screening
Hearing Screening
Medical Examination and Orthopaedic Assessment
Developmental Assessment including Speech and Language
Growth Monitoring
Food and Nutrition
Newborn Metabolic Screening

Appendices
Appendix 1: Training of Doctors and Public Health Nurses in Child Health Surveillance, 2000
Appendix 2: Best Health for Children Revisited, 2005
Best Health For Children Revisited

Foreword

The national review of child health services, which resulted in the strategic report *Best Health for Children - Developing a Partnership with Families* (BHFC) was published in 1999 by the National Conjoint Child Health Committee. This report contains recommendations for a revised core programme for child health surveillance in Ireland in eight key areas and recommended training in that revised programme.

*In 2000, Training of Doctors and Public Health Nurses in Child Health Surveillance* was published by the National Conjoint Child Health Committee, suggesting an outline curriculum for a national standardised, quality assured, evidence-based training programme for doctors and nurses involved in child health surveillance. This manual is the outcome of the work carried out since then to develop the training resources for that programme.

I would like to thank the members of the National Expert Group in Child Health Training which has steered the training process from development to implementation. I would like to thank Ms Sheila O’Malley for chairing the Group and Ms Caroline Cullen, who a strategic role in guiding the initiative. I also wish to thank members of the Curriculum Development Groups which were chaired by Dr Brenda Corcoran. I especially wish to thank Ms Carmel Cummins who project managed the process.

I am particularly pleased that the project is now delivering standardised training to health professionals at service level throughout the HSE. Sincere thanks are due to Child Health Development Officers, Child Health Training Officers, clinical tutors and support staff involved in this work.

**Dr. Sean Denyer**

*Director*

HSE Programme of Action for Children

April 2006
Disclaimer

This resource is made available for information purposes only. Under no circumstances should it be utilised as a training resource without practitioners receiving accredited training as outlined on page 7.
Introduction to the Programme

Background to the Training Initiative

Best Health for Children (BHFC) was established by the Conjoint Body of Chief Executives of the health boards in 1999 to drive the implementation of the report, *Best Health for Children-Developing a Partnership with Families*. Arising from the recommendations in this report for child health and surveillance, BHFC published a supplementary report entitled *Training of Doctors and Public Health Nurses* (2000). Both reports can be accessed through [www.hse.ie](http://www.hse.ie).

A National Training Committee, with membership drawn from all the key stakeholders, produced a training report that was accepted by the CEOs of each Health Board in 2000. *Training of Doctors and Public Health Nurses in Child Health Surveillance* suggested an outline curriculum for a *standardised, quality assured, evidence-based training programme* for doctors and nurses involved in child health surveillance.

A national training plan for doctors and nurses involved in child health surveillance was developed. A national expert group to oversee this development was sanctioned by the CEOs of each Health Board through the Health Boards Executive (HeBE). At this time, also, the work of Best Health for Children was incorporated into the newly established HeBE Programme of Action for Children. The Expert Group started work in September 2003 to oversee the implementation of the Training Project. Joint training of regional trainers by the Department of Paediatrics Trinity College Dublin and the Programme of Action for Children began in January 2004.

The evidence mandate and key documents which endorse the approach taken in this training programme include the following:

- *Best Health for Children - Developing a Partnership with Families* 1999
- *Best Health for Children Revisited- report from the National Core Child Health Programme Review Group* 2005
- *Training of Doctors and Public Health Nurses in Child Health Surveillance* 2000 (see appendix 1).

It is further supported by the:

- *National Children’s Strategy* 2000
- *National Health Strategy: Quality and Fairness—a health system for you* 2001
- *Investing in Parenthood to achieve best health for children* 2001
Review of Standards in Child Health Screening and Surveillance

In March 2004, a Core Programme Review Group was established to review, consult and make recommendations in relation to the standards for the core Child Health screening and surveillance programme. This Group reported in 2005 and Best Health for Children Revisited is included in Appendix 2.

This Training Manual is a resource to support training in those standards. The training modules were developed by curriculum development groups made up of clinicians with relevant expertise, key health professionals and PAC staff.

Training for Public Health Nurses & Doctors

Rationale:
Training and development for key personnel is based on the premise of strong evidence that investment in universal health services to children and families and in early identification and remediation of disorders leads to better health and educational outcomes for the individual and to positive social and economic outcomes.

Training Project Vision:
Training of key personnel in their roles in child health surveillance will ensure that:

- Each child has the opportunity to realise his/her full potential in terms of good health, well-being and development.
- Remediable disorders are identified at the earliest possible date and treated in a timely fashion.
- Families are worked with as partners

Principles underpinning the work
Health is understood in its holistic dimensions, to include physical, mental, emotional, spiritual and social well-being, not just the absence of disease, and as the foundation for the development of human potential. This vision of health has especial relevance for the developing child given the evidence from neuroscience of the importance of the development of the neural pathways in the first three years of life and the evidence of the effectiveness of early interventions on future outcomes. It is also relevant given that the determinants of child health are primarily economic and social and based in family and community relationships. The following in terms of importance are
Determinants of child health

- poverty and income inequality
- families and relationships
- education – parent and child
- nutrition
- the physical and social environment
- social attitudes and stigma
- risk behaviours
- genetics
- health service provision

Source:
Child Public Health: M. Blair, S. Stewart-Brown, T. Waterson, R. Crowther
Oxford University Press 2000

Role of the Child Health Screening and Surveillance Service

The statutory Universal Child Health Screening and Surveillance Service provides access to the entire population of children. Contact with such large numbers of children has allowed the health professionals involved to develop a high level of expertise in a wide range of areas of child health. While the major determinants of child health are economic, relational and societal, an evidence-based approach to this work has the potential to maximise positive health outcomes for children and their families.

The key principles of the Child Health Screening and Surveillance Service set out in the BHFC Report (p9) are:

- Children have the right to achieve their maximum health potential
- Parents have the right to be actively involved in their children’s health and supported in appropriate and effective ways.
- Services exist to meet the needs of children and parents
- Parents have the right to information about services
- Parents have the right to appropriate feedback from services
- Parents have the right to be consulted about how services are delivered
- Parents and children have a right to services of high quality
Implications for Training

This training programme takes into consideration these principles and uses appropriate methodologies to integrate these principles in the training content.

<table>
<thead>
<tr>
<th>Programme Content Outline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Health Promotion and Partnership with Parents</td>
<td>6 Hours</td>
</tr>
<tr>
<td>Vision Screening</td>
<td>6 Hours</td>
</tr>
<tr>
<td>Hearing Screening</td>
<td>12-6 Hours</td>
</tr>
<tr>
<td>Medical Examination and Orthopaedic Assessment</td>
<td>6 Hours</td>
</tr>
<tr>
<td>Developmental Assessment including Speech and Language</td>
<td>6 Hours</td>
</tr>
<tr>
<td>Growth Monitoring</td>
<td>3 Hours</td>
</tr>
<tr>
<td>Food and Nutrition</td>
<td>6 Hours</td>
</tr>
<tr>
<td>Neonatal Metabolic Screening</td>
<td>3 Hours</td>
</tr>
</tbody>
</table>

Additional training and clinical placements will be undertaken as further training needs are identified. Currently this is the responsibility of the Child Health Training Officer in partnership with relevant clinicians.

Training Methodologies

Most studies have found that educational materials used alone have little impact on professional behaviour and health outcomes (Oxman et al 1995). Incorporation of educational materials in active problem-based learning styles, however, has been shown to be effective (B.Booth, 1996) and this approach is endorsed in the WHO’s Educational Handbook for Health Personnel, (J.J. Guilbert, Geneva, 1998).

Based on the principles of adult learning and research evidence on the effectiveness of continuing medical education, the guidelines below have been central to the methodology employed in the training programme:

- The primary purpose is to improve the quality of care/health status of client groups
- The content of the activity demonstrates high clinical and ethical standards
- Clinicians participate in planning the activity
- A learning needs assessment has been conducted
- The activity has clear learning objectives
- The learning environment promotes fulfilment of the learning objectives
- The learning activity is evaluated.

Based on this methodology each unit of training has been developed using the following template to achieve standardisation.
Training Unit Template

1. Introduction
   - Aim
   - Objectives
   - Background/Rationale
     - Whole Child Perspective
     - Implications Of Failure

2. Anatomy / Physiology (Normal)

3. Development Issues
   - Standards (To Date)
   - Pathologies / Risks

4. Specific Screening Techniques
   - Practical Toolkit
   - How To Use It / Protocols
   - Referral Pathways

5. Problems & Challenges in Practice
   - Children
   - Families
   - The System

6. Bridge to Action

7. Evaluation

8. References & Resources
Implementation of Training Programme at Local Level

Model employed

The Programme of Action for Children, in partnership with the Department of Paediatrics, Trinity College Dublin and clinical expertise within the HSE, provided training and training resources for regional trainers at national level with the understanding that trainers would then be in a position to cascade the delivery of the various training modules to clinical practitioners at local level.

It was recommended that a Child Health Training and Development Officer be appointed who would act as project manager in the training process. The officer worked with the project team, which analysed, planned, delivered and evaluated the standardised quality-assured training programme in Child Health Screening and Surveillance.

The Local Teams also included:
- Child and Adolescent Health Development Officer
- Child Health Clinicians who participated in national training of regional trainers
- Trainers/facilitators from the local Health Promotion team
- Local specialists in the clinical content of the training programme.
- National specialists as appropriate – e.g. metabolic disorders.

Quality Assurance for training
All training, whether directly delivered by Child Health Training Officers or commissioned, should be provided in line with the principles of best practice as outlined above. It should also be delivered in line with best practice in relation to adult learning. (See Core Competencies and Checklist for Trainers).

1 In practice, a Regional Child Health Training and Development Officer was appointed in five of the ten previous Health Board regions. In four others regions, in the absence of a Training and Development Officer for Child Health, the Child and Adolescent Health Development Officer had responsibility for the roll out of the Training Programme. A project specialist acted as manager of the training initiative in one Health Board region.
Commissioning Training

This should be the role of the Training Project Manager who takes responsibility for the various components of the Training Cycle i.e.

- Analysis
- Planning
- Implementation
- Evaluation

In commissioning delivery of training, it is important that each trainer/tutor is briefed on each component.

Core competencies for Trainers

This section outlines the personal development in skills and knowledge needed to be a competent trainer. This formed the basis of the training skills section of the training of regional trainers provided by the Programme of Action for Children in 2004. These trainers have the opportunity to have their skills accredited by the Irish Institute of Training and Development.

The competencies required are the knowledge and abilities in the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Knowledge</th>
<th>Abilities</th>
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</thead>
<tbody>
<tr>
<td><strong>Systematic Training</strong></td>
<td>- History of training</td>
<td>- Describe and interrelate stages of systematic training cycle</td>
</tr>
<tr>
<td></td>
<td>- Components of training process</td>
<td>- Understanding of behaviour and measurement</td>
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<tr>
<td></td>
<td>- Cyclical nature of training process</td>
<td>- Identify aims and objectives, prepare SMART objectives</td>
</tr>
<tr>
<td></td>
<td>- Training terms and definitions</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Profiles</strong></td>
<td>- Individual differences</td>
<td>- Understand learning and physical prerequisites for a particular training situation</td>
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<tr>
<td></td>
<td>- The effect of these on training preparation and delivery</td>
<td>- Prepare a learner profile</td>
</tr>
<tr>
<td><strong>Learning Process</strong></td>
<td>- How adults learn and of adult learning cycle</td>
<td>- Use learning cycle to create appropriate learning situations which make optimal use of senses</td>
</tr>
<tr>
<td></td>
<td>- Components and interrelationship of these</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Types and methods in learning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Importance of senses in learning</td>
<td></td>
</tr>
<tr>
<td><strong>Learning Style</strong></td>
<td>- Knowledge of learning styles and the effect of teaching styles on the learner</td>
<td>- Ability to adapt training presentation to meet the needs of particular learning styles</td>
</tr>
<tr>
<td><strong>Motivation Theories</strong></td>
<td>- Knowledge of the main motivational theories e.g. Maslow, Herzberg, Mc Gregor</td>
<td>- Ability to support the learner by utilising the most appropriate motivational theory for any given learning situation</td>
</tr>
</tbody>
</table>
| Training Analysis | - Knowledge of Job and task analysis procedures including job descriptions, job specifications and formats  
- Knowledge of Training Needs identification methods | - Ability to use appropriate procedures and formats to prepare accurate job descriptions, job specifications and Training needs specifications |
|-------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Preparation for Training Programmes | - Knowledge of the QA 58 01 Design Standard.  
- Knowledge of curriculum timetables, schedules formats | - Ability to prepare and plan training using appropriate formats |
| Training Methods | - Knowledge of the common training methods and their optimum use e.g. Computer Based Training/Learning, Open Learning Lectures, Talks, Discussion Groups, Resource based Learning, Project based Learning, Programmed Learning, Case study, Role play exercises, Buzz groups, Syndicate groups and Facilitation training | - Ability to discuss the merits or otherwise of each training method in relation to a specific piece of training |
| Communications | - Knowledge of basic communications theory including the advantages and disadvantages of one-way and two way communications | - Ability to make appropriate use of basic communications theory |
| Feedback | - Knowledge of the concept of feedback  
- Knowledge of the rules or guidelines for constructive feedback | - Ability to give and receive feedback in the training situation |
| Structured Talks | - Knowledge of the underlying theory and format for the planning and presentation of a structured talk | - Ability to plan and present a structured talk |
| Structured Demonstration | - Knowledge of the underlying theory and format for the planning and presentation of a structured demonstration i.e. the short and long format | - Ability to plan and present a structured demonstration i.e. the short and long format |
| Facilitation | - Knowledge of group dynamics.  
- Knowledge of team | - Ability to negotiate a learning contract. |
<table>
<thead>
<tr>
<th>Development</th>
<th>Ability to support learners to take responsibility for their own learning.</th>
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<tbody>
<tr>
<td>Ability to handle conflict.</td>
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<tr>
<th>Training / Visual Aids</th>
<th>Knowledge of Training aids as Overhead Projectors, Slide Projectors, White Boards, Chalk Boards and Flip Charts</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge of the appropriate design and use of Visual Aids in line with QA 68 02</td>
</tr>
<tr>
<td></td>
<td>Ability to use Overhead Projectors, Slide Projectors, White Boards, Chalk Boards and Flip Charts Ability to use prepare and use Visual Aids in line with QA 68 02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equality Matters</th>
<th>Knowledge of the terms and concepts related to equality and inequality matters for trainers e.g. characteristics used as a pretext for unequal treatment, the process underlying inequality.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Appropriate language and equality for people with disabilities</td>
</tr>
<tr>
<td></td>
<td>Ability to carry out training using appropriate language, behaviour in relation to matters of equality.</td>
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<tr>
<th>Evaluation</th>
<th>Knowledge of the principles and purpose of evaluation as a component of the training process.</th>
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<tr>
<td></td>
<td>Knowledge of the levels of evaluation i.e. Reaction level, Intermediate or Learning level and Organisational or on-the-job level</td>
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<tr>
<td></td>
<td>Knowledge of objective learning assessment processes</td>
</tr>
<tr>
<td></td>
<td>Ability to determine the appropriate evaluation level</td>
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<tr>
<td></td>
<td>Ability to formulate and interpret an appropriate training evaluation instrument</td>
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<td></td>
<td>Ability to objectively assess learner progress</td>
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<tr>
<th>Self-management</th>
<th>Understanding of knowledge and skill requirements for the role.</th>
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<tbody>
<tr>
<td></td>
<td>Knowledge of own strengths and limitations.</td>
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<tr>
<td></td>
<td>Ability to create learning opportunities for oneself.</td>
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<td></td>
<td>Ability to manage oneself in the learning environment.</td>
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<td></td>
<td>Ability to manage the boundaries.</td>
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</table>
Check List for Trainers

The following checklist can be used by each trainer in preparation for training events.

- Interact with clients, participants and other stakeholders in a spirit of equity, equality, respect and a genuine enthusiasm for the promotion of learning.

- Ensure the safety, comfort and well-being of participants during learning events.

- Make the necessary efforts to ensure that all participants receive the required learning support and encouragement.

- Deliver a high standard of training and related activities.

- Be available and fully prepared to deliver training at arranged times and venues.

- Have contingency plans in the event of unexpected events.

- Provide quality materials that are accurate, user-friendly, and comply with the principles of best practice in instructional design.

- Conduct their training activities within the laid down parameters of training best practice.

- Identify own continuing training needs

- Plan to meet these needs through coaching/training of trainers and other relevant learning opportunities.
Bibliography/References:

M. Blair, S. Stewart-Brown, T. Waterson, R. Crowther, Child Public Health, Oxford University Press 2003


Department of Health and Children, National Play Strategy, NCO , Dublin, 2004


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World Health Organisation, European strategy for child and adolescent health and development, WHO, Copenhagen, 2005