

**POST TRAINING EVALUATION REPORT OF  
THE A.I.T COURSE ON**

**HOSPITAL  
MANAGEMENT**

**BY**

**AHMAD NAZIR WARRAICH  
INSTITUTIONAL CAPACITY DEVELOPMENT EXPERT**

# Table of Contents

---

<b>1 - EXECUTIVE SUMMARY .....</b>	<b>Page 1</b>
<b>2 - BACKGROUND .....</b>	<b>Page 1</b>
<b>3 - METHODOLOGY.....</b>	<b>Page 3</b>
<b>4 - FINDINGS.....</b>	<b>Page 3</b>
<b>5 – A COMPARISON BETWEEN HOSPITAL MANAGEMENT AND CONTRACT ADMINISTRAION &amp; ADR COURSES.....</b>	<b>Page 17</b>
<b>6 - RECOMMENDATIONS .....</b>	<b>Page 18</b>
<b>Annexes .....</b>	
Annex A : Questionnaire.....	
Annex B : Methodology.....	
Annex C : All the stated objectives of participants for the training.....	
.....	

## **1- EXECUTIVE SUMMARY**

The Government of Punjab is working at the capacity building of its officials with a view to improving the overall performance and efficiency levels of service delivery. This has become doubly important in view of the many reforms being introduced by the Government, as well as the rapidly changing modern governance paradigm, which require acquisition of new skill sets. The Punjab Resource Management Programme entered into a partnership with the Asian Institute of Technology ( A.I.T), with a view to train selected officials from identified Departments in the modern techniques and required skills. In keeping with good governance practices, it has been thought expedient to, at the same time evaluate the trainings being provided by A.I.T. It is hoped that this would provide them with feedback on how to improve the trainings. As a result of this initiative, one Evaluation report has already been submitted for the first course on Contract Administration and Alternative Dispute Resolution, the second report is being submitted, with regard to the course on Hospital Management. The report is based on the findings elicited through Questionnaires and select interview with the Group Leader. The Questionnaire ( attached at Annexure-A ) aims to assess a broad range of data including overall satisfaction with training quality, course content, resource persons quality, logistical arrangements, etc. The Report shows overall satisfaction with the course content, and field visits, as well as the qualifications of the Resource persons. However, in certain aspects, such as the availability of the Resource Persons for after session consultation, and Communication style, the participants show a lack of satisfaction with some of them. In this regard a separate section has been provided alongwith a graph, showing the comparison between the Resource persons of this course and the first one. In addition, with regard to course content, many participants have desired that a module on Financial Management should also be added to any such course in the future.

## **2- BACKGROUND**

The ability of the officials to perform their assigned tasks is crucial to the efficient performance of the tasks of various government departments. It is particularly so in the fast changing modern world, where the skill sets required for job performance are subject to continuous change and improvement. It is in keeping with this that the Government of Punjab, came up with a plan through the PRMP to build the capacity of the public servants working in the provincial government. This plan has been developed after a thorough and broad based stakeholder consultation process. It envisages a multi-pronged strategy, that includes granting of scholarships for Masters Programmes to world reputed universities, in areas of importance for the provincial government. In addition, it also includes sending selected government employees on short courses to various leading institutions, such as the Civil Service College, Singapore, and the Asian Institute of Technology ( A.I.T) Thailand, etc.

The first batches were sent to the A.I.T in May and June of this year. So far three batches have been sent, two from the Irrigation & Power Department, and one from the Health Department.

In order to ensure that the scarce government resources are being efficiently utilised, it was decided by PRMP to conduct an evaluation of these trainings, with a view to assess the courses, their contents and quality of the resource persons as well as the overall usefulness of the said courses, for the Government of Punjab. This exercise would help the Government determine whether to continue sending officials to this course in the future as well. It is also desired that any shortcomings and positive suggestions may be identified with a view to communicating the same to A.I.T, so that they may improve the course for the future batches that are sent on the said course.

The significance of health care can never be ignored and the number of institutions providing health care is always on the increase. This coupled with the rising need of professionalism further enhances the importance of proper hospital management. The government and various private hospitals are today competing to provide better health care services. Thus, the demand for professional hospital administrators is also on the rise.

In response to this need, the Government of Punjab (GoPb) is aiming to improve the quality of health services across the different levels of care from primary to tertiary. It recognizes that in order to reach this goal it should focus not only on improving the coverage of health facilities but also on quality of care which is to be provided.

In keeping with the GoPb's health reform strategy, the Government needs to focus on the development of relevant human resources. This would amongst others, focus on the need to train hospital managers. Thus, this training course is a part of the capacity building initiatives being carried out by the GoPb to improve health care delivery for its citizens. This training programme is designed to equip GoPb with well-trained hospital managers who will efficiently run its hospitals.

## 2.1-COURSE OBJECTIVES:

The training programme was designed to help GoPb in upgrading the management knowledge and managerial skills of their hospital managers. The course was so designed as to ensure that participants acquire knowledge and training about:

- Up-to-date management concepts and approaches applied for delivering quality health care services;
- Organizational development strategy, strategic plans, and necessary techniques for implementing development strategies of the hospitals;
- Performance-based management approach, key performance indicators and setting up of service delivery standards;

- Leadership skills required for hospital managers so as to develop the staff working under them, to deliver better service;
- Knowledge of key principles and concepts of MIS regarding Hospital Management and the methodology required for upgrading the organizations;
- Obtain essential knowledge on human resource management in health care service organizations;
- Learn from the exposure visit to public health organizations and tertiary hospitals in Thailand.

### **3- METHODOLOGY**

The methodology used for this evaluation exercise is the same as the one used in the Report already submitted for Contract Administration. It has therefore been thought convenient for the readers, to add the same as Annexure-B, rather than reproduce the same in full, in the main text.

### **4- FINDINGS**

#### **4.1 Level of satisfaction expressed by participants on different aspects of training**

The participants have shown an overall satisfaction with the course content and logistical arrangements. They have also showed a general level of satisfaction with the field/ study visits. There were concerns shown about some of the resource persons' specific skills and abilities. However, the participants have recommended that the course and the training at A.I.T, should be repeated for other recipients as well. All their responses in this regard have been conveyed below in the form of graphs, pie charts, matrixes/ tables etc.

### Level of satisfaction expressed by participants on different aspects of training

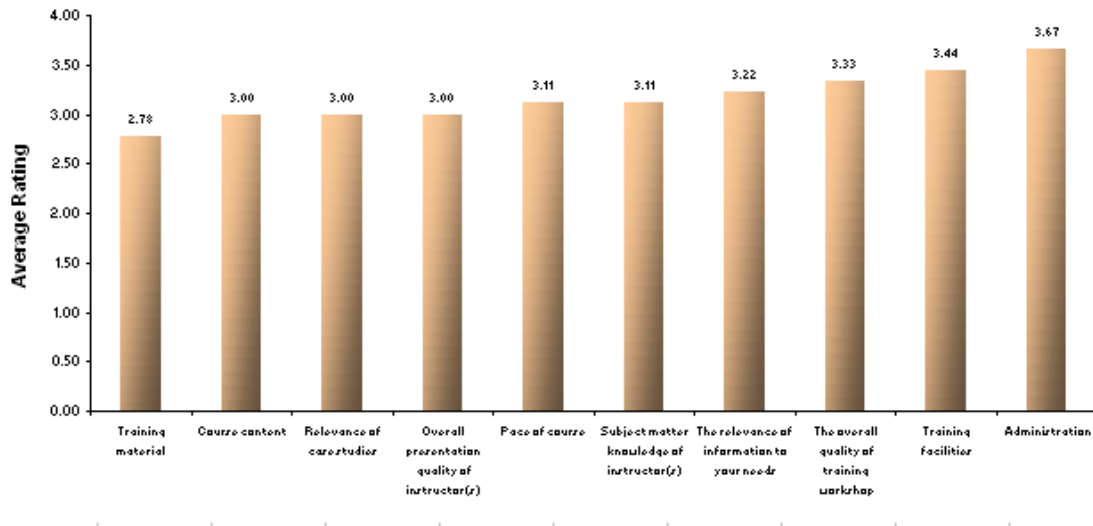


Figure 1

Participants were asked to rate each item on a four-point scale:

- 1 = Not satisfied
- 2 = Somewhat satisfied
- 3 = Satisfied
- 4 = Very satisfied

It is evident from the data acquired that the participants were satisfied with the course, with overall average of 3.17 that falls in the range of satisfied to very satisfied on the rating scale. In head wise rating , Administration (3.67) and training facilities (3.44), both were rated very highly. On the other hand, training material received the lowest average (2.78).

## 4.2 Self-ratings of participants of their knowledge before and after attending the course

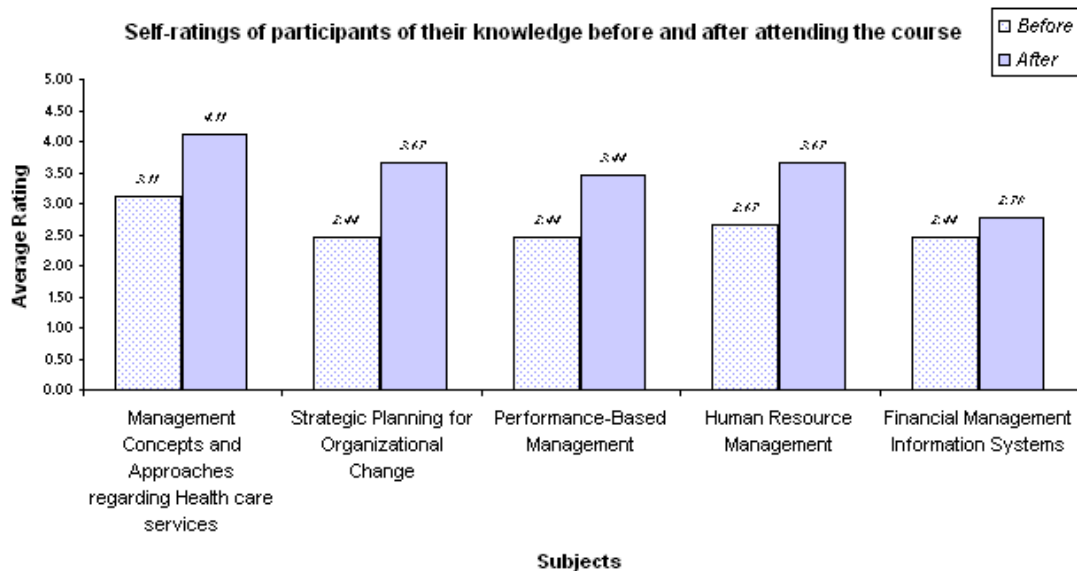


Figure 2

Participants were asked to rate their level of knowledge of each module taught with regard to before and after the training on a five-point scale as described below:

1. Very low = Know nothing about this topic
2. Low = Know very little about this topic
3. Moderate = Know about this topic but there is still a lot to learn
4. High = Have a good knowledge but there are still more things to learn
5. Very high = Know almost everything about this topic

The graph above shows that the level of knowledge of the participants about the subjects raised from approximately “moderate” of pre-training to “high” of post-training..

Most significant improvement in the knowledge of participants was noticed in Strategic Planning for Organizational Change and the least gain was observed in Financial Management Information Systems.

## 4.3 Individual evaluation of resource persons

In any training perhaps the most important input, aside from the participant, is the resource persons / trainers. In view of this it was thought essential that the resource persons of the said training should be evaluated by the participants. The participants' responses indicate that there were 7 resource persons in all.

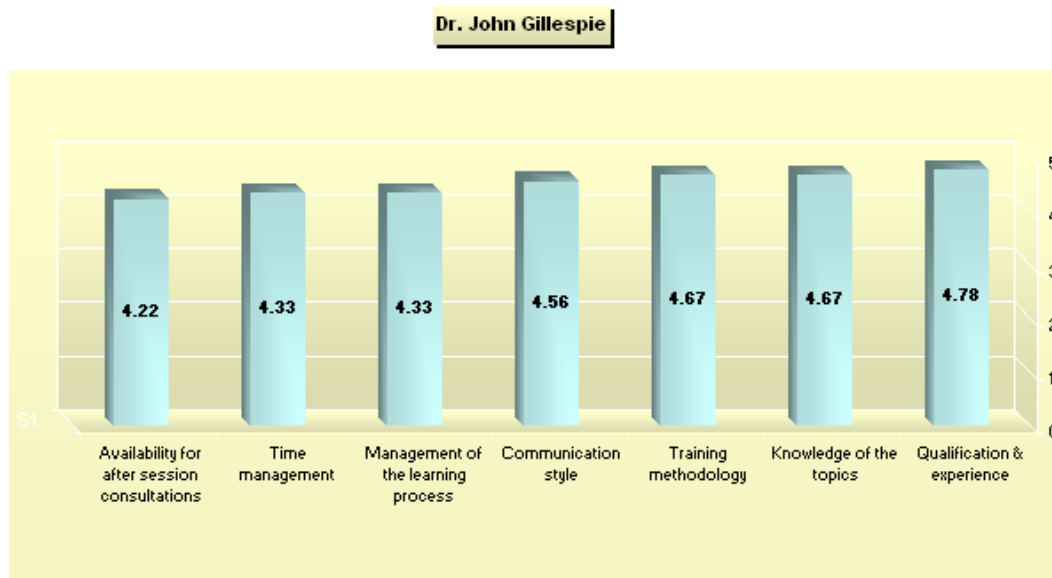
The participants were asked to rate the resource persons with regard to a number of skills:

- Qualification & experience
- Training methodology
- Knowledge of the topics
- Communication style
- Time management
- Availability for after session consultations
- Management of the learning process

The five-point scale used for the rating is as follows:

1. = Below average
2. = Average
3. = Good
4. = Very good
5. = Excellent

Results for the same are shown below:



**Figure 3**

The feedbacks of respondents showed that Dr. John Gillespie was rated highest. The respondents particularly appreciated his qualification and experience, knowledge of the topics and training methodology. His averages for his other abilities were also very impressive and remained in the range of very good to excellent. The result is based on a total of 9 feedbacks received for Dr. John Gillespie.



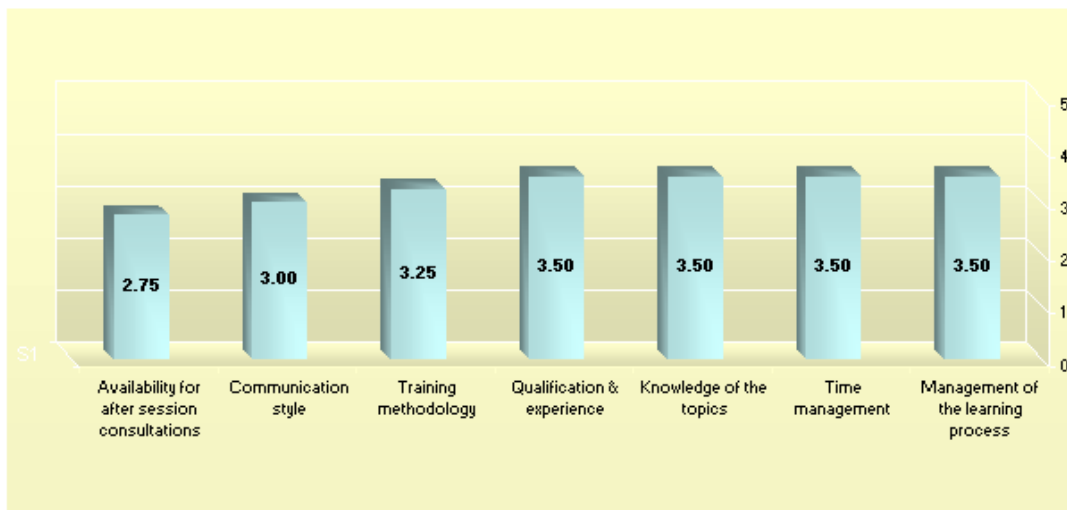
**Mr. Michael Lowe**



**Figure 4**

The participants rated Mr. Michael Lowe the second best among the resource persons. His main strengths as highlighted by respondents were his knowledge of the topics and qualification & experience. Like Dr. John Gillespie, his averages for his all other mentioned abilities ranged between very good to excellent. His averages are calculated from total of 9 feedbacks received.

**Dr. Surayat Suppa Pannachart**



**Figure 5**

The averages for Dr. Surayat are based on 4 participants' feedbacks. Dr. Surayat's averages for availability after session consultancy, communication style and training methodology were way behind the average of Dr. John Gillespie and Mr. Michael Lowe.

Most of the averages for his different abilities fall between good and very good on rating scale.

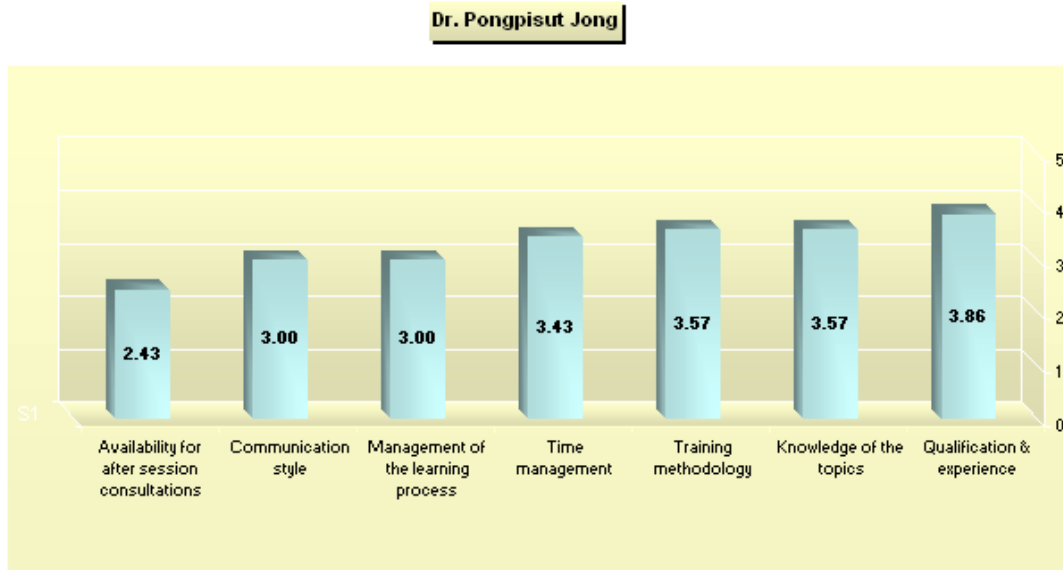


Figure 6

Dr. Pongpisut's averages are based on feedbacks of 7 participants. All his abilities received average ratings between good to very good. Availability for after session consultancy has been his weakest point, when compared to the rest of his attributes.

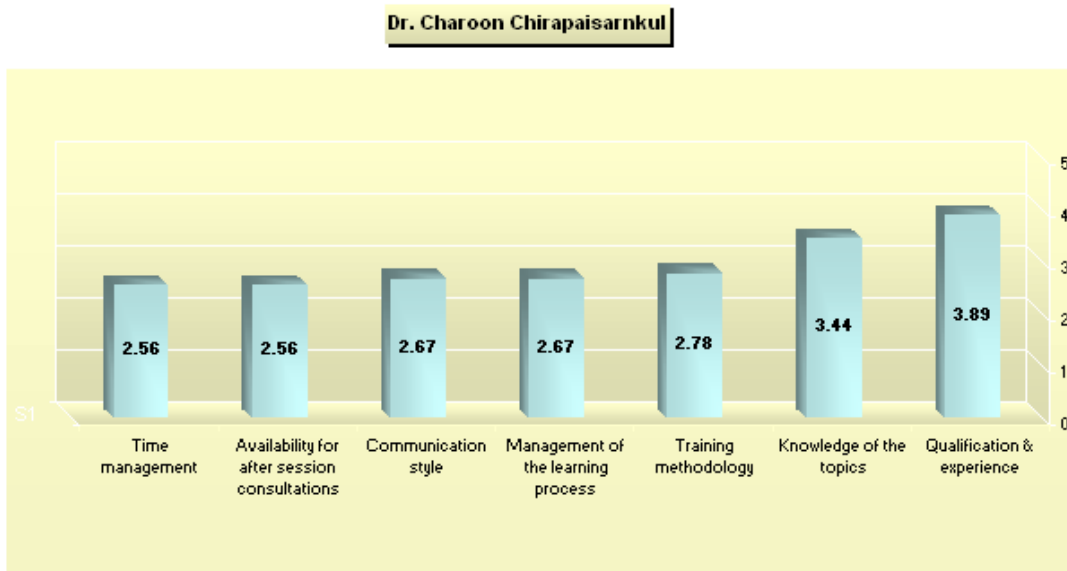
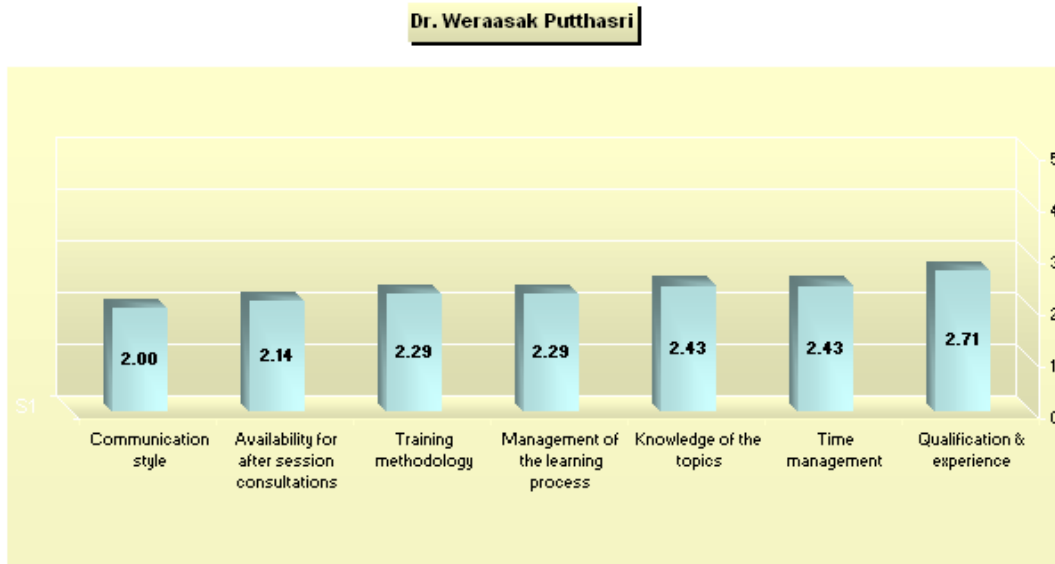


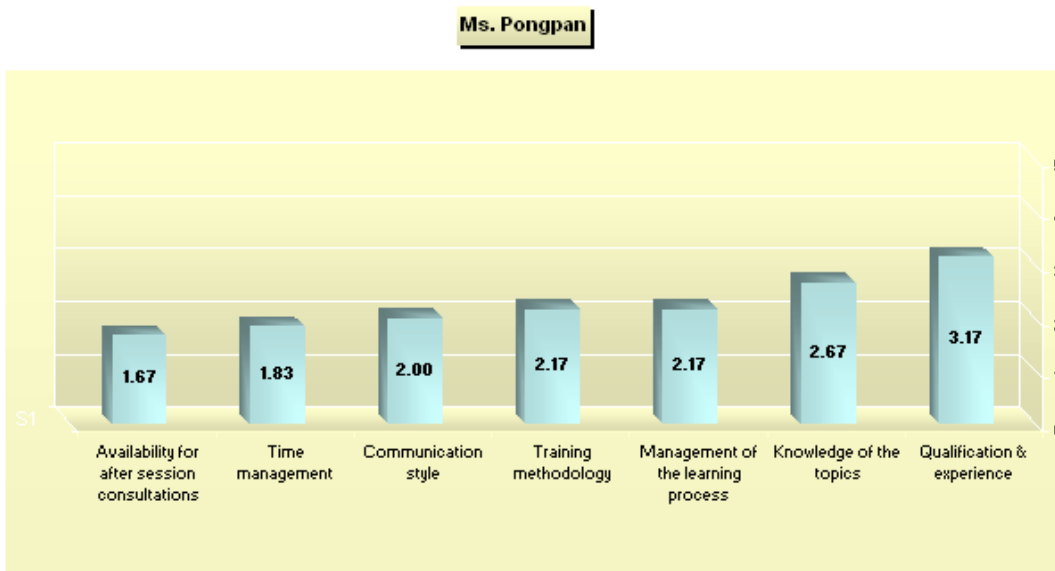
Figure 7

Dr. Charoon received an average of 3.89 for his qualification and experience which was rated highest by participants but his averages for time management and availability for after session consultation were no where near that. The averages for Dr. Charoon were calculated from the feedbacks of 9 participants..



**Figure 8**

Dr. Weerasak's averages did not show much variation in his various skills and abilities and ranged between 2 for Communication style to 2.71 for qualification and experience category . All his abilities were rated between average to good by 7 participants.

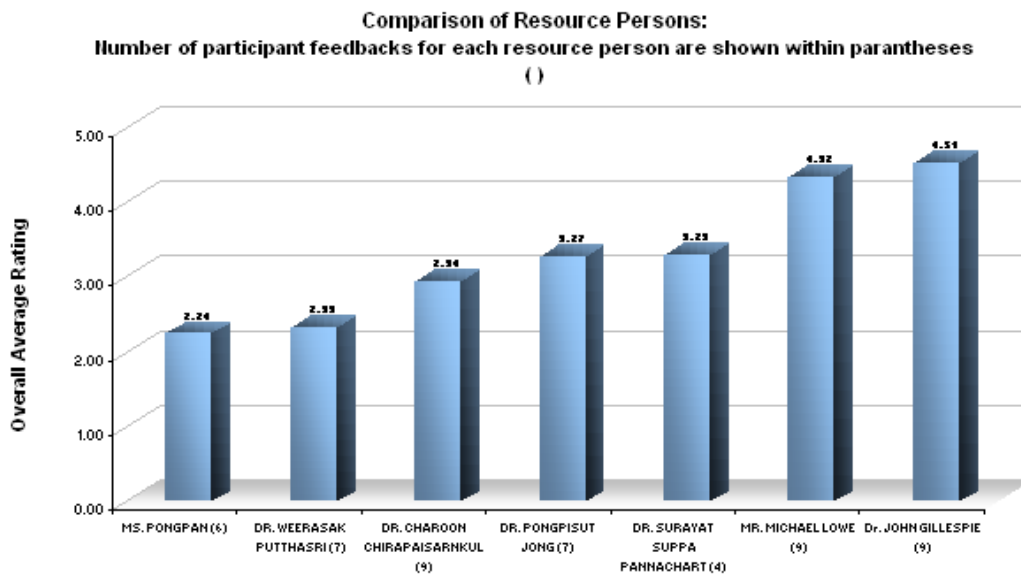


**Figure 9**

Ms. Pongpan received the lowest averages from the participants. Her averages for availability for after session consultation, time management and communication style were rated between below average and average by the respondents. These averages for Ms. Pongpan are taken from 6 respondents' feedbacks.

#### 4.4 A comparison of resource persons

The following chart is based on the performance comparison of all the resource persons. It is based on the range of questions asked from participants to rate the different individual abilities of the resource persons and has been presented to compare the overall performances of all resource persons.



**Figure 10**

For the purpose of constructing this comparison, an average for the aggregate scores gained by resource persons from participants for each of their individual skill and ability was taken.

This comparison of resource persons shows that Dr. John Gillespie scored highest overall average rating from the participants with an average of 4.51. Mr. Michael Lowe was not far behind Dr. John Gillespie with average of 4.32. Ms. Pongpan and Dr. Weerasak had the lowest averages of 2.24 and 2.33 respectively and were way behind Dr. Gillespie and Mr. Michael Low in terms of their averages.

#### 4.5 Evaluation of the training in achieving the objectives at the department level

	<p style="text-align: center;"><b>PARTICIPANTS' COMMENTS</b></p>
<p><i>How would you evaluate the training in achieving your objectives at the departmental level?</i></p>	<ul style="list-style-type: none"> <li>➤ Training imparted skill and knowledge to improve the organization &amp; service delivery at district level.</li> <li>➤ Satisfactory</li> <li>➤ Very good – Perfect – Its application is a continuous process.</li> <li>➤ It will be a great help for me to achieve goals of my organization. It will help to organize such training at my organization.</li> <li>➤ The study visit gave exposure to new ideas and initiatives regarding hospital management. However similar tailor made courses of hospital management can be arranged at LUMS and Agha Khan University with exposure / study visits to different hospitals abroad.</li> <li>➤ The training was excellent for individual improvement of our hospital management skills. For organizational / departmental improvement, the group needs to do advocacy to implement the lessons learnt.</li> <li>➤ This was my first visit abroad. I learned about the Health Care System of Thailand. Some good points of that system can be adopted.</li> <li>➤ If Pays in accordance with performance system is adopted in Pakistan, the Punjab Health Departments can achieve its objectives regarding providing health facilities to poor patients.</li> <li>➤ Good.</li> </ul>

## **4.6 How beneficial and relevant were the study visits with the rest of training and was there any model, which can be replicated in Pakistan**

### *4.6.1 Relevance / Relation of study tours with the rest of training.*

The participants' response was unanimous and positive while answering the question about the relevance and beneficence of the study visits with the rest of their training. All of the participants were of the view that the visits were related to the training and were productive.

### *4.6.2 About replication of a model in Pakistan:*

Following are the study visits mentioned by participants alongwith their views about the same:

- *The study visits especially Saraburi (PPP) & Health Centre were good & can be replicated in Pakistan.*
- *Client centred approach and Eye camps at Periphery can be replicated in Pakistan.*
- *Study visits were very productive. I will say Saraburi Hospital (Thursday – 14 May) is a nice system to replicate.*
- *Study visit to different Hospitals was the best opportunity to learn and many things can be replicated in Pakistan regarding hospital management.*
- *The course was beneficial for developing leadership / management skills. There were many things, which can be replicated with some modifications in Punjab.*
- *Study visits to Hospitals were extremely beneficial. All the concepts and philosophies can be replicated at all levels with a little bit of commitment, consultation and pro-active approach.*
- *Overall the course programme was relevant. The capitation system, accreditation of hospitals may be replicated in Pakistan.*
- *The study visits were very beneficial especially visit of Autonomous Hospital Banphaeo was very useful and Banphaeo Hospital may be replicated to strengthen the AMIs in Pakistan.*

#### 4.7 To what extent the objectives for going to this training were fulfilled

The chart below shows the percentage of objectives achieved, unachieved and those, which are stated by participants as achieved partially.

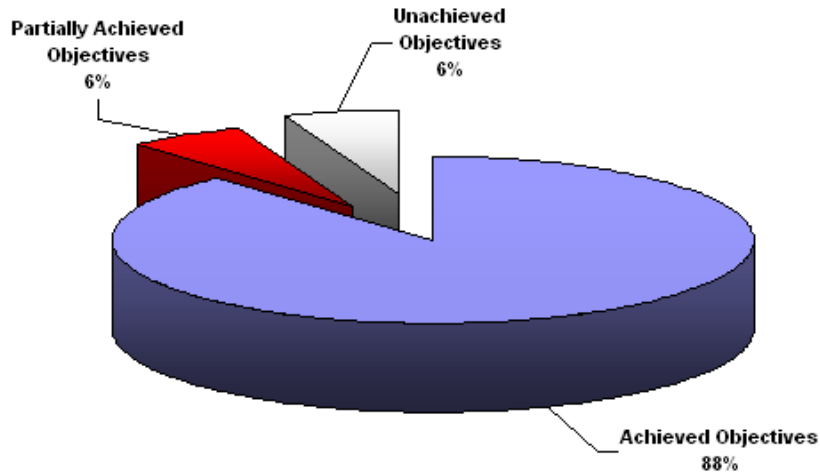


Figure 11

There were 34 objectives in total stated by the participants. 30 objectives were marked as achieved, 2 of the objectives remained unachieved and 2 were partially achieved. All the stated objectives of the participants are attached in the Annexure-C, of this report.

#### 4.8 Participants' feedback of most beneficial modules for the public sector

	<b>PARTICIPANTS' COMMENTS</b>
<p><i>Out of the whole course, which, modules did you find most beneficial for the Public Sector?</i></p>	<ul style="list-style-type: none"> <li>➤ Leadership and Change Management, Client oriented approach in Healthcare, Study visit to Sarasuri Hosp. (Public Private Partnership)</li> <li>➤ Action planning, Study visits.</li> <li>➤ Outreach hospital exposure / practical experience at those hospitals was most beneficial.</li> <li>➤ Visit of different hospitals of Thailand. It gave me the opportunity to see the health delivery system of Thailand.</li> <li>➤ The modules on Leadership, motivation of staff and change management and Hospital Accreditation were very beneficial.</li> <li>➤ The modules on Client based Services &amp; Quality Management were the best, as they can be adopted in public sector. This would not require any additional resources as according to the speaker "Quality is free". It would need only commitment on the part of managers &amp; service providers.</li> <li>➤ Leadership, motivation and change management.</li> <li>➤ Pay for performance; Capitation and Hospital accreditation would be most beneficial in public sector.</li> <li>➤ MIS in hospital management.</li> </ul>



**4.9 Modules that should have been added to the current course to make it more useful in view of participants**

	<b>PARTICIPANTS' COMMENTS</b>
<p><i>What modules you think should have been added to the current course, to make it more useful?</i></p>	<ul style="list-style-type: none"> <li>➤ Financial management in tertiary Hospital. Health Insurance</li> <li>➤ Hospital Waste Management. Problem Solving (Arbitration techniques for Managers)</li> <li>➤ IT (in context to hospital management). Financial Management / Disciplines, etc. Health Economics.</li> <li>➤ Cost Effective Financial Management. Modern Hospital Housekeeping and Waste management.</li> <li>➤ Financial management of Hospitals.</li> <li>➤ Although the course curriculum was quite extensive, a module on Financial Management and more details about universal health coverage system already being practiced in Thailand could have added comprehensiveness. Also, some more practical highlighting of information management system at Top level (Ministry of Public Health) could be done.</li> <li>➤ Planning and Development. Financial Management</li> <li>➤ Financial Management, involving procurement system and Accountability.</li> <li>➤ Financial Management may be added to make it more beneficial for managers.</li> </ul>

#### 4.10 Modules to be identified by participants that are not so relevant for the Public Sector.

The participants were requested to identify the modules which are not so relevant for the Public Sector in their opinion. Most of the participants declared all the modules as relevant. Few of the participants mentioned following modules as having not much relevance to the Public Sector:

- *MIS in hospital management (The presentation was not so good). Accreditation (The contents were lengthy and somewhat irrelevant)*
- *Hospital Accreditation in Thailand*
- *Result Based Management*

#### 4.11 Are you satisfied with the training attended

Out of the total of nine, eight participants expressed satisfaction with the training attended. One of the participant did not agree with the statement and declared the training as not cost effective.

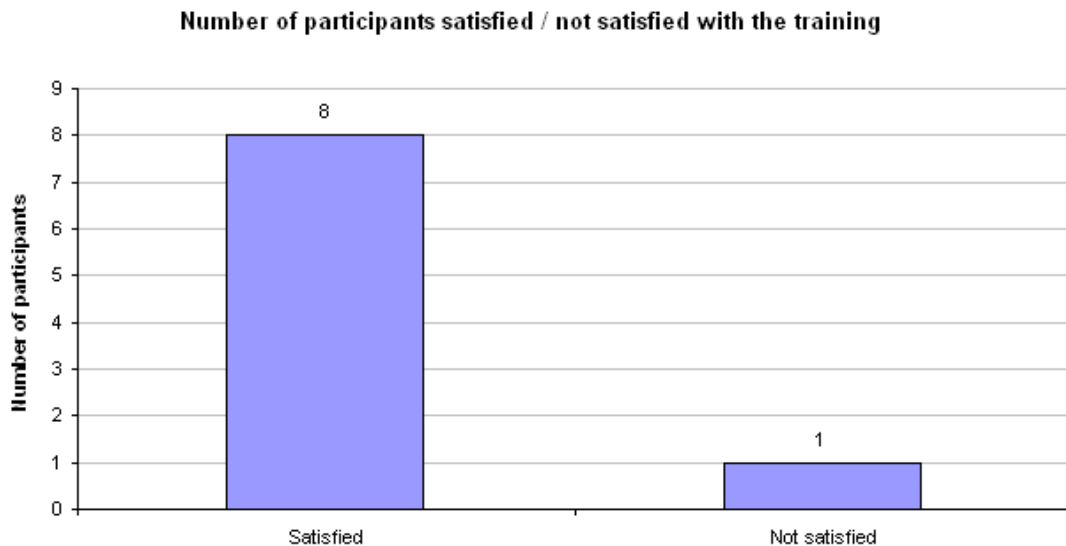


Figure 12

## 5- A COMPARISON BETWEEN HOSPITAL MANAGEMENT AND CONTRACT ADMINISTRATION & ADR COURSES

### 5.1 - COMPARISON BETWEEN THE RESOURCE PERSONS OF THE TWO COURSES

In order to enhance the quality of training an effort has been made to compare skills of resource persons who taught at the trainings.

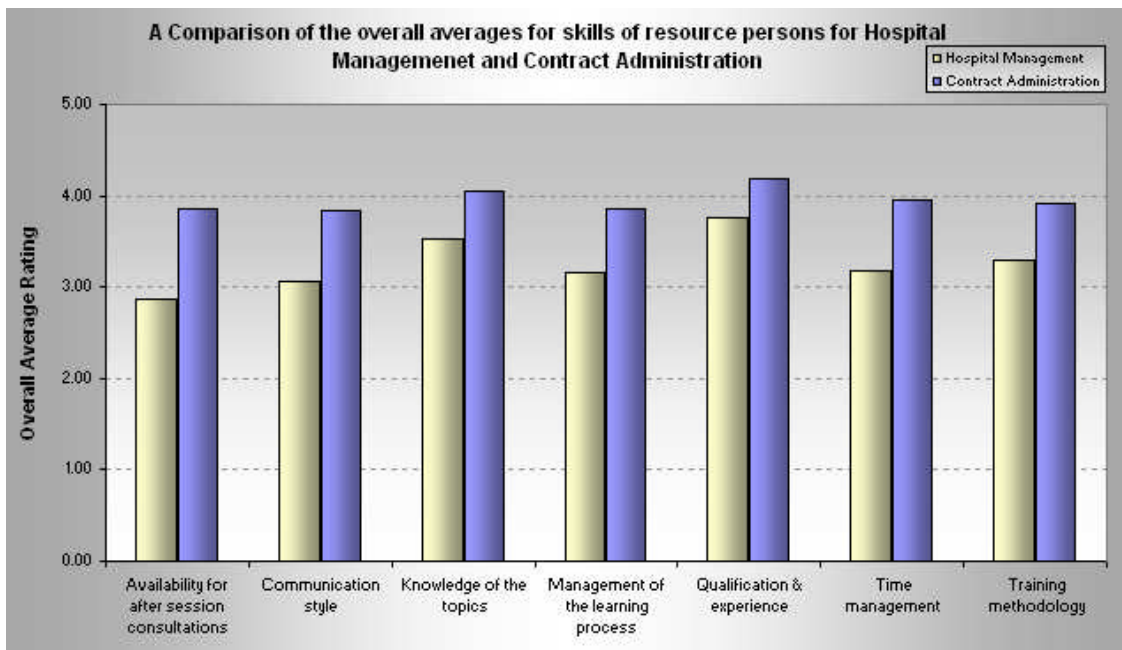
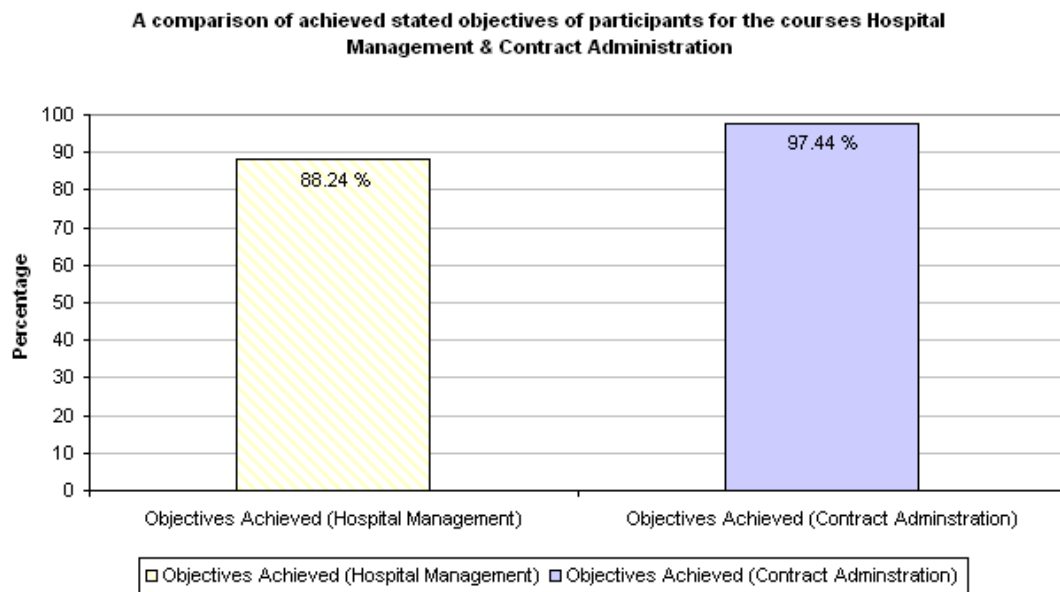


Figure 13

It is evident from the chart that the overall average of each individual skill exhibited by resource persons for the course Hospital Management is significantly lower than those of their counterparts for Contract Administration and Alternative Dispute Resolution.

## 5.2 – A COMPARISON BETWEEN THE ACHIEVED STATED OBJECTIVES OF PARTICIPANTS OF BOTH COURSES

The following chart demonstrates the results of objectives achieved, from all the stated objectives of participants of both the courses, in percentage terms.



**Figure 14**

## 6- RECOMMENDATIONS

The recommendations given below are based on the Suggestions of Participants.

- Best part of this training was study visits to different Hospitals. A study tour to different countries (4-5 countries) developing and developed may be very helpful to learn the lesson for improvement in our country's health system.
- The study visit gave exposure to new ideas and initiatives regarding hospital management. However similar tailor made courses of hospital management can be arranged at LUMS and Agha Khan University with exposure / study visits to different hospitals abroad.
- Guest speakers should be selected carefully at this level (People with better communication and language skills)

- Visits to Health Departments / Ministry should be added.
- Except Mr. Michael and Mr. JJG the resource persons had little command over English language. The resource person should be fluent in English.
- The Capitation and Health awareness system of Thailand may be studied in detail and be replicated in Pakistan.
- It was really a very good training, however financial management component may be included.
- The foreign exchange had to be arranged by ourselves.
- The meeting before the departure was just formal. It should have been more elaborate.
- The course curriculum should be known to the participants before departure.
- However, the training course needs further refinement to make it more useful and cost effective.

# ***ANNEXES***

*Annex A: Questionnaire*

**Short Courses-Post Training Evaluation Form**  
**Asian Institute of Technology**

PERSONAL INFORMATION		
1. Name:	2. Gender:	Male Female
3. Designation & Department:		
4. Occupational Group/Service:	5. Pay Scale:	
6. Date of Birth:	7. Year of Joining Service:	

**1) Education:**

Degree	Subject	Institution	Year
M.A. / M.Sc.			
Professional Degree			
Others			

*Evaluation OF Short Executive Courses Please provide your candid evaluation of the Short Course that you have just undertaken. Your evaluation will help to improve the future delivery of trainings by Punjab Resource Management Program.*

2) Were you satisfied with the logistical arrangements for training before your departure and during the program?

Yes  No

If no, why [please use extra sheet if required]:

-----

-----

-----

**3) Training Program:**

**a. Title of the Training:**

---

**b. Name of the Institute/ Department:**

---

**d. Are you satisfied with the Training attended?**

Yes  No

**If no, than kindly elaborate [Please feel free to use extra sheet, if required]:**

---

---

---

**e. Out of the whole course, which, modules did you find most beneficial for the Public Sector ?**

---

---

---

**f. What were the modules, which were not so relevant (identify 2-3 only) for the Public Sector?**

---

---

---

**g. What modules you think should have been added to the current course, to make it more useful?**

---

---

---



**h. Would you like to recommend your Course and Institute for future training to other officers?**

Yes  No

		Poor	Fair	Good	Very good	Excellent
<b>i.</b>	<b>Your overall rating of Training Program and Institute.</b>	1	2	3	4	5

**4) Learning Objectives**

**4.a) What were your objectives for going to this Training?**

-----

-----

-----

-----

**4.b) To what extent were these objectives fulfilled?**

Objectives	Fulfilled	Not Fulfilled
1.		
2.		
3.		
4.		
5.		

**4.c) How would you evaluate the training in achieving your objectives at the departmental level?**

-----

-----

## 5) Training Evaluation

### 5.a) Overall Evaluation of Training

How satisfied are you with:	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
The relevance of information to your needs?	1	2	3	4
Course content	1	2	3	4
Pace of course	1	2	3	4
Training Material	1	2	3	4
Relevance of Case Studies				
Overall Presentation quality of instructor(s)?	1	2	3	4
Subject matter knowledge of instructor(s)?	1	2	3	4
Training facilities?	1	2	3	4
Administration	1	2	3	4
The overall quality of the training workshop?	1	2	3	4

### 5.b) Resource Person Evaluation:

#### a. Resource Persons Evaluation (\_\_\_\_\_)

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience	1	2	3	4	5
B	Training Methodology	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

#### b. Resource Persons Evaluation (\_\_\_\_\_)

		<b>Below average</b>	<b>Average</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

*c. Resource Persons Evaluation (\_\_\_\_\_)*

		<b>Below average</b>	<b>Average</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

*d. Resource Persons Evaluation (\_\_\_\_\_)*

		<b>Below average</b>	<b>Average</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

e. **Resource Persons Evaluation** ( \_\_\_\_\_ )

		<b>Below average</b>	<b>Average</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

f. **Resource Persons Evaluation** ( \_\_\_\_\_ )

		<b>Below average</b>	<b>Average</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
A	Qualification & experience	1	2	3	4	5
B	Training Methodology.	1	2	3	4	5
C	Knowledge of the topics	1	2	3	4	5
D	Communication style	1	2	3	4	5
E	Time management	1	2	3	4	5
F	Availability for after session consultations.	1	2	3	4	5
G	Management of the learning process	1	2	3	4	5

5. c) **Please explain how beneficial and related were the study visits with the rest of your training, and was there any model which can be replicated in Pakistan:**

-----  
 -----

**6) Level of Knowledge: (Hospital Management)**

Please circle the appropriate number to indicate your level of knowledge about the following topics **before** and **after** completing the program. Please use the following key for rating:

1. Very Low = Know nothing about this topic.
2. Low = Know very little about this topic
3. Moderate = Know about this topic but there is still a lot to learn
4. High = Have a good knowledge but there are still more things to learn
5. Very High = Know almost everything about this topic

How do you rate your knowledge about:	BEFORE THIS WORKSHOP					AFTER THIS WORKSHOP				
	Very Low	Low	Moderate	High	Very High	Very Low	Low	Moderate	High	Very High
Management Concepts & Approaches regarding Health care services	1	2	3	4	5	1	2	3	4	5
Strategic Planning for Organizational Change	1	2	3	4	5	1	2	3	4	5
Performance-Based Management	1	2	3	4	5	1	2	3	4	5
Human Resource Management	1	2	3	4	5	1	2	3	4	5
Financial Management Information Systems	1	2	3	4	5	1	2	3	4	5

**7) Any other suggestion / comment.**

-----

-----

\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:**

The information contained in this Performa will be used for evaluation and analysis. We may also use your comments in certain publications/ reports.

## ***Annex B: Methodology***

Evaluation is the comparison of actual project impacts against the agreed strategic plans. It looks at what you set out to do, at what you have accomplished, and how you accomplished it. It can be **formative** (taking place during the life of a project or organisation, with the intention of improving the strategy or way of functioning of the project or organisation). It can also be **summative** (drawing lessons from a completed project or an organisation that is no longer functioning). In addition, experts usually distinguish among four levels of training evaluation, which were first developed by Donald L. Kirkpatrick in 1959:

### ***Level 1 : Reaction***

*Measures participant's opinions about the course. This is the most common way to evaluate a course and provides a measure of customer satisfaction. It is low cost; easy to administer, provides insights into participants' opinions. This method provides quick feedback regarding successes and failures.*

***Level 2: Learning*** *Can include tests of performance before and after the course*

***Level 3: Transfer to the job*** *Measures how the knowledge, skills and values from a course are used on the job. Typically measures 3 to 6 months after training*

***Level 4: Organizational impact:*** *Measures performance improvements, quality improvements and cost savings to an organization*

This evaluation report is based on the first level technique, that is the reaction of the participants. The other three advanced levels of evaluation require much more time and resources than level 1.

### **Methods used:**

The total number of participants was 18, out of which only 11 have filled in the Questionnaire. This means that we were handicapped by the small number of participants, which obviously resulted in the availability of limited data. It is because of this that the sampling technique was not used, as the total amount of data available was itself small enough to be easily manageable. It is because of this that all the available data has been carefully and systematically incorporated in the evaluation process.

In the development of this report Methodological triangulation was employed. Two separate sources of data collection were used, one of the questionnaire, and the other of the select interview. However, within the first method of questionnaire, two within-method techniques were used, that is *the Rankings* and the *Rating Scales*.

The objective is that to see if there is room for improvement and to communicate that information to AIT.

### **Structure of Post-Training Evaluation Form / Questionnaires:**

Questionnaires were carefully designed in such a way so as to acquire the relevant data from participants, which could subsequently be used to review and assess the quality of training provided by AIT. Evaluation process requires a combination of quantitative and qualitative information in order to be comprehensive and hence the questionnaires were custom designed to yield quantitative as well as qualitative data. The questions used in the questionnaire were both open-ended questions and the closed-ended ones. The objective was to obtain explanatory responses from participants, their observations and their candid views on different aspects of training.

The questionnaire was further developed in a way that involved both the ranking and ratings scale. Ranking was incorporated to judge what participants found most/ least useful during the course. The Rankings method involves getting participants to state what they consider most important, most useful, least important, least useful, etc. It can be used with individuals and groups, as part of an interview schedule or questionnaire, or as a separate session. The Rating Scale method was included to let the participants express their level of liking and disliking about various fields of training. This technique makes use of a continuum, along which participants are expected to place their own feelings, observations etc. People are usually asked to say whether they agree strongly, agree, don't know, disagree, disagree strongly with a statement.

### **Process:**

All the participants of the course were provided with the questionnaires and were requested to fill in the required fields as per their experiences and observations during training.

In addition, the method of select semi-structured one on one interview was employed to complement the process of information acquisition and these outcomes were considered while preparing recommendations.

The data from questionnaires was meticulously extracted and compiled. Statistical techniques were used to convert responses into means (averages), frequencies and percentages for further clearer analysis. After a thorough analysis, the analyzed data was organized in the form of lists, graphs, summaries and charts and has been included in the succeeding section.

At the end of the report recommendations and suggestions for improvement of training courses has been provided as per the recommendations provided by the participants themselves.

***Annex C: All the stated objectives of participants for the training.***

- Updating Management Concepts
- Learning Strategic Planning
- Performance based Management
- Leadership skills
- Accreditation of Hospitals
- A comparative study of Thai & Pakistani Health Systems
- Improving managerial skills
- Interaction with colleagues
- To see a new culture
- Sightseeing
- Knowledge update on management concept
- What is performance based management & its benefits / applications in health
- How public sector (Health) in Pakistan can be improved
- To understand financial principles / management
- To learn modern Hospital Management
- Capacity Building in Human Resource Management
- Quality Management / Hospital Accreditation
- Cost Effective Hospital Management
- Leadership and Change Management
- Improving knowledge and skills for hospital management
- Exposure to working of different hospitals in Thailand
- First hand knowledge of Primary Health Care (PHC) set up of Thailand
- Learning more about management skills especially Hospital Management
- Having insight into quality service provided by Hospitals
- Studying Health Management Information System in Thailand and its application in Pakistan
- Learn from Thailand's experience of Health Systems Research and Reforms.
- Exposure to the Thai Health system
- Learning from the experience of Thailand
- To strengthen knowledge of Planning and Financial Management
- To improve efficiency
- To refresh my knowledge
- Comparison of Health System with other developing countries
- Share the experiences
- Meeting experts and learning from them