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

HOSPITAL MANAGEMENT-4

BY

AHMAD NAZIR WARRAICH
INSTITUTIONAL CAPACITY DEVELOPMENT EXPERT

TABLE OF CONTENTS

1- EXECUTIVE SUMMARY

The Government of Punjab is working for the capacity building of its officials with a view to improving the overall performace and efficiency levels of service delivery. This has become doubly important in keeping with the many reforms being introduced by the Government, as well as the rapidly changing modern governance paradigm, which requires acquisition of new skill sets. The Punjab Resource Management Program entered into a partnership with the Asian Institute of Technology (A.I.T.), for training selected officials from identified Departments in the modern techniques and required skills of certain disciplines. In this regard so far six different training courses have been conducted. In keeping with best practices, it was decided to evaluate these trainings. Through this assessment process, A.I.T. is being provided with feedback on the aspects which need improvement. As a result of this initiative, ten Evaluation reports have already been submitted for the first ten courses, and the eleventh report on, *Hospital Management-4* is being submitted now. The report is based on the findings elicited through Questionnaires. The Questionnaire (attached as Annex-A) aims to assess a broad range of data including overall satisfaction with training quality, course content, resource persons quality, logistical arrangements, etc.

The courses included in the Hospital Management-4 course cover a broad range of modules including *Modern Management Concepts and Approaches, Strategic Planning for Organizational Change, Performance-Based Management, Financial Module* and *Human Resource Management.* In addition it also includes case studies and field visits to give participants ample exposure to actual applications, problems / challenges.

The total number of participants sent on this course was 20 and these were selected from the Health Department. Out of these 20 participants, 14 have filled in the Questionnaire. The Report is based on the feedback of these 14 participants. The participants have expressed their complete satisfaction with the training course and the logistical arrangements. The participants looked particularly satisfied with the *Subject matter knowledge of instructors* and the *Training material*. They have also shown satisfaction with the Resource Persons and declared the study visits (hospital visits) as very beneficial. Many of the participants were of the opinion that KPI (Key Performance Indicator) system can be replicated in Pakistan. Some of the participants have recommended an improvement in the residential facilities / hotel rooms. All participants have recommended this course and Institute for the future training of other officers as well.

2- BACKGROUND

The ability of the officials to perform well their assigned tasks is crucial to the efficient working of the 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 Programs 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 A.I.T. program was started in May, 2009 and the current batch was the seventh in this regard.

In order to ensure that the scarce government resources are being efficiently utilized, 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 on this course in the future as well. It is also meant to identify any short comings and come up with positive suggestions for onward communication to A.I.T., so that they may improve the course for the future batches.

Health care provision is of primary concern to any government in the World. There is a rising need of professionalism in this field. Both public and private hospitals are today competing to provide better health care services, thereby, increasing the demand for professional hospital administrators.

In realization of this need, the Government of Punjab is striving to improve the quality of health services across the board. 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. The Government is therefore in need of developing the capacity of hospital managers. The current course was designed to equip Government of Punjab with well-trained hospital managers who will efficiently run its hospitals.

Course Objectives:

After completion of this course the participants will:

- *Have knowledge on up-to-date management concepts and approaches applied for delivering quality health care services.*

- *Enrich knowledge and understanding on organizational development strategy, strategic plan, and appropriate techniques in implementing development strategies of the hospitals.*

- *Have understanding on performance-based management approach, key performance indicators and setting up service delivery standards.*

- *Ha ve awareness on the key leadership skills that hospital managers need to have and to develop staff to deliver better services.*

- *Gain knowledge on key principles and concepts of financial management and on the methods used for assessing the financial health of organizations.*

- *Obtain essential knowledge on human resource management in health care service organizations.*

- *Learn from the exposure visit to public health organizations and tertiary hospital in Thailand.*

3- METHODOLOGY

The same methodology was employed for the evaluation of this training program as the one used for the previous A.I.T. training courses and has been mentioned in earlier Reports already submitted for Contract Administration, Hospital Management (courses I & II), Irrigation System Management, Construction Management and M&E of Infrastructure Development Project. Instead of reproducing the whole methodology here, it was thought convenient for the readers to add it with this report as Annex-B.

4- FINDINGS

The participants have expressed their complete satisfaction with the training course and the logistical arrangements. They were also very satisfied with the different aspects of the course and rated *Subject matter knowledge of instructors* and the *Training material* very highly. They have shown satisfaction with the Resource Persons and declared the study visits (hospital visits) as very beneficial. All the participants have recommended this course and institute for the future training of other officers as well. The participants' feedback in this regard have been organized and reported below in the form of charts, matrixes / tables, etc.

4.1 - Level of satisfaction expressed by participants on different aspects of training

This section shows the level of satisfaction expressed by the participants on the different aspects of the training course.

Overall Evaluation of Training

How satisfied are you with	Not Satisfied	Somewhat Satisfied	Satisfied	Very Satisfied
The relevance of information to your needs		1	8	5
Course content		4	6	4
Pace of course	1	4	7	2
Training material		2	7	5
Relevance of	1	3	7	3

case studies				
Overall presentation quality		2	8	4
Subject Matter knowledge of instructors		3	7	4
Training facilities		3	8	3
Administration		4	7	3
The overall quality of the training workshop		3	8	3

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

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

How do you rate your knowledge about:	BEFORE THIS WORKSHOP					AFTER THIS WORKSHOP				
	Very Low	Low	Mode-rate	High	Very High	Very Low	Low	Mode-rate	High	Very High
Overview of Modern Management Concepts and Approaches		3	10	1				3	9	2
Strategic Planning for Organizational Change	1	3	10				1	2	9	2
Performance-Based Management		4	9	1				3	9	2
Performance Appraisal and Key Performance Indicators	2	3	8	1				4	8	2
Assessing Financial Health of Organization	2	5	6	1			1	7	6	
Financial Management Information System (FMIS)	2	4	7	1				5	8	1
Strategic Human Resource Management	2	1	11					4	9	1
Leadership and Change Manager	2	1	8	3					12	2
Client-oriented Approaches in Health Care Service	2	3	8	1				3	8	3

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

Figure 2 illustrates that there was clear improvement in the knowledge of participants across a range of skill sets.

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 participants should evaluate the resource persons of the said training. The participants' responses indicate that there were 8 resource persons in all. It needs to be mentioned that our evaluation questionnaire in this regard has place for only six resource persons, therefore some of the resource persons are not mentioned by all the scholars.

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

The following table shows the results for the same. The numbers given in the table show the number of participants who gave the particular resource person, the said grading for the given quality, e.g., Dr. Lowe, was graded 'excellent' for 'Qualification & expertise' by 6 participants, whereas 4 found him to be 'very good', and 3 found him to be 'good' in this category.

Michael E. Lowe [14]

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience			3	4	6
B	Training Methodology.		1	6	3	5
C	Knowledge of the topics			3	5	6

D	Communication style			3	4	5
E	Time management		1	3	5	6
F	Availability for after session consultations.			5	4	5
G	Management of the learning process		2	3	2	7

Figure3

Dr. Michael Lowe's grading shows him to be amongst the best Resource Persons, he got the 'excellent' grading from a large number of the participants in most of the skills graded. Table 1 illustrates Dr. Lowe's high rating in all skills, except for F, that is 'availability for after session consultations. Mr. Michael E. Lowe is one of those resource persons who have taught at all the four Hospital Management courses and has consistently been among the top rated resource persons.

Dr. Pongpisut [13]

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience		1	5	5	2
B	Training Methodology.		3	5	4	1
C	Knowledge of the topics		1	6	5	1
D	Communication style	1	3	3	4	1
E	Time management		1	5	4	2
F	Availability for after session consultations.		7	1	3	2
G	Management of the learning process		3	5	3	2

Figure 4

Dr. Pongpisut has received lower grading than Dr. Michael Lowe, his grading for most of the skill has been in the 'good' or ' very good' category, and is the weakest for 'availability for after session consultations'.

Dr. Will Zimmerman[14]

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience			3	10	3
B	Training Methodology.		1	1	9	3
C	Knowledge of the topics		1	3	8	3
D	Communication style	1		1	5	6
E	Time management		1	7	5	2
F	Availability for after session consultations.	1	2	7	4	1
G	Management of the learning process		1	4	8	1

Figure 5

Figure 5 shows that Dr. Zimmerman scored the highest number of 'very good' ratings, particularly for 'qualification & experience', 'training methodology', knowledge of the topics' and 'management of the learning process'.

Dr. Boonchai [11]

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience			5	2	2
B	Training Methodology.		2	4	2	1
C	Knowledge of the topics		3	2	2	1
D	Communication style		4	2	2	2
E	Time management		2	4	1	2

F	Availability for after session consultations.	3	2	1	2	1
G	Management of the learning process		3	3	2	1

Figure 6

Figure 6 shows that Dr. Boonchai mostly got grading of 'good', and many of 'average'. This shows that the participants were not very satisfied with his abilities and qualification and experience.

Elizabeth Maheen [1]

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

Figure7

Figure 7 shows that Ms Elizabeth Maheen was rated by only one participant, and was granted 'very good' in all the categories.

Mr. Thanasal Vidheecharoen [14]

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

Figure 8

Figure 8 shows that Mr. Thanasal Vidheecharoen got majority of ratings for 'good' and 'very good'. His weak spot seems to be 'communication style' and 'availability for after session consultations'.

Dr. Somwang [2]

		Below aversage	Average	Good	Very good	Excellent
A	Qualification & experience			1	1	
B	Training Methodology.			1	1	
C	Knowledge of the topics			1	1	
D	Communication style		1		1	
E	Time management			1	1	
F	Availability for after session consultations.		1		1	

		Below average	Average	Good	Very good	Excellent
G	Management of the learning process			1	1	

Figure 9

Figure 9 shows that only two people rated Dr. Somwang. He got majority rating of 'very good'.

Mr. Cholain [1]

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

Figure 10

Figure 10 shows that Mr. Cholain was rated by one participant only, and he got mostly ' very good' grading.

Mr. Pongtorn [14]

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience			3	6	1
B	Training Methodology.			6	3	1
C	Knowledge of the topics			3	6	1
D	Communication style		2	7	3	1
E	Time management		1	5	3	1

		Below average	Average	Good	Very good	Excellent
F	Availability for after session consultations.		5	3	1	1
G	Management of the learning process				6	3	1

Figure11

Figure 11 shows that Mr. Pongtron was rated 'very good' for most of the skills and 'good' for a large number as well. However, 2 people have given him 'average' for 'communication style'.

S. Dauchaiviji [2]

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

Figure 12

Figure 12 shows that Mr. S. Dauchaiviji was rated by only 2 participants, and half his grading is 'very good' and half is 'good'.

Dr. Boom Chaikijsanyotin[1]

		Below average	Average	Good	Very good	Excellent
A	Qualification & experience			1	1	
B	Training Methodology.			1	1	

C	Knowledge of the topics			1	1	
D	Communication style			1	1	
E	Time management			1	1	
F	Availability for after session consultations.			1	1	
G	Management of the learning process			1	1	

Figure 13

Figure 13 shows that Dr. Boom Chaikojaynisvotini was rated by only two participants, and again he got the grading of 'very good' and 'good'.

4.4 - Evaluation of the training in achieving the objectives at the department level

♦ *Helpful*

♦ *Good training helped to implement new ideas.*

♦ *This training was highly useful in getting our objectives at our department level.*

♦ *Development of a system for Hospital Accreditation well understood.*

♦ *Much beneficial health system in Thailand, more organized and has chain of command. DHIS is now fully functional in Punjab and hoping to achieve the objective.*

♦ *It was very useful and excellent training giving me the chance to observe the Health System in Thailand and update the training and our Hospital Systems accordingly.*

♦ *Excellent*

♦ *Very Good*

♦ *The learnt skills can be applied at department level. However this would need resources and cooperation from the authorities concerned.*

♦ *More equipped and more confident to manage at department level.*

♦ *Training was quite useful in achieving our objectives at department level.*

♦ *By implementing the lessons learnt*

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

The participants were of the view that the study tours were relevant with the rest of training and were beneficial. They have also mentioned models, which in their view can be replicated in Pakistan. Following are the participants' views (verbatim) in this regard:

- *Health care delivery system of Thailand at all level in Pakistan.*

- *Study visits were even more beneficial; KPIs may be replicated in Pakistan.*

- *Study visits were very beneficial. Their hospitals are well equipped with efficient delivery of health care facilities. Their nursing staff is enviably trained & skilled. Their private hospitals are much expensive. With a set system of KPI and upgrading incentives that should be followed in Pakistan too.*

- *Model of Health Centre which is equivalent to BHU can be easily replicated.*

- *Study visits to Hospitals were very beneficial and related to our training.*
  The Nurse bed ratio (A very good indicator for patient care). Every Department has developed its own KPI (Key Performance Indicator) which may be replicated.

- *Study visits were very useful as far as their big hospitals are concerned. At Community & District level their facilities were not exemplary.*
  We can replicate in Pakistan:
  - KPI in Nursing & Doctors
  - Their Referral System
  - Risk Management System
  - Ratio of doctors & nurses to the patients
  - Public Awareness System in government hospitals
  - Daycare Centers
  - Private Business in government hospitals

- *Very much beneficial. Universal Care Coverage, KPIs & Hospital Accreditation can be replicated in Pakistan.*

- *Highly beneficial and many models can be replicated in Pakistan*

- *Study visits were particularly useful and relevant. In my opinion Siriraj Hospital model can be applied to our Teaching Hospitals.*

- *Organized Health Care delivery system. No waiting for points token system.*

- *Study visits were beneficial in terms of gaining information and comparing with ours. Bangkok health service is expensive. In Pakistan we do have free treatment facilities in some hospitals.*

♦ *MIS – very beneficial & can be replicated in Pakistan.*

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

The participants stated 41 objectives in total. Out of which 37 objectives were marked as fulfilled and 3 of the objectives was marked as unfulfilled by the participants. One of the objectives was declared to be yet to be fulfilled. And five of the stated objectives were neither marked as fulfilled nor as unfulfilled by the participants and therefore these five were not taken into account while calculating the percentages.

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

Out of the whole course, which, modules did you find most beneficial for the Public Sector?	**PARTICIPANTS' RESPONSES**
	♦ *Leadership, motivation and change management* ♦ ♦ *Visits of the hospitals* ♦ *Universal Coverage Scheme* ♦ *Referral System* ♦ *Quality & Performace Management* ♦ *Accreditation of Hospitals* ♦ *KPI (Key Performance Indicators)* ♦ *Management skills* ♦ *Information Technology* ♦ *Performance appraisal* ♦ *Client oriented public service* ♦ *Health Delivery Systems* ♦ *Financial management* ♦ *Performance Based Management* ♦ *Result Based Management*

Many modules were repeated, which is why the number of times a module was mentioned has been written afterwards within brackets.

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

The participants were requested to identify those modules, which should have been added to the course they attended to make it more useful. The responses of the participants who have mentioned modules are given in the below table:

What modules you think should have been added to the current course, to make it more useful?	PARTICIPANTS' RESPONSES
	◆ *Capacity building of the paramedical staff.* ◆ *Data analysis* ◆ *Hospital record keeping Human Resource Management* ◆ *Leadership skills and management* ◆ *Video conferences* ◆ *More visits to the hospitals and relevant public departments* ◆ *Health information systems* ◆ *More detailed course in waste management* ◆ *Practical aspects in financial management* ◆ *Planning course* ◆ *Motivation skills* ◆ *Visits to private hospitals to be included*

There were few modules which were repeated, that is why the number of times a module was mentioned has been written afterwards within brackets.

4.10 - Modules identified by participants that were not so relevant for the Public Sector.

The participants were requested to identify those modules, which were not so relevant for the Public Sector in their opinion. An overwhelming majority of the participants declared all the modules as relevant. The comments of those who have mentioned the modules as having not much relevance to the Public Sector are as follows:

- *Universal health care coverage*
- *Financial assistance and budget allocation by government*
- *IT lectures*
- *Visit to incinerator was not necessary.*
-
- *Finance Management in Health Care Sector.*

4.11 Are you satisfied with the training attended?

This question was included in the questionnaire to find out the number of participants who were satisfied with the training in general.
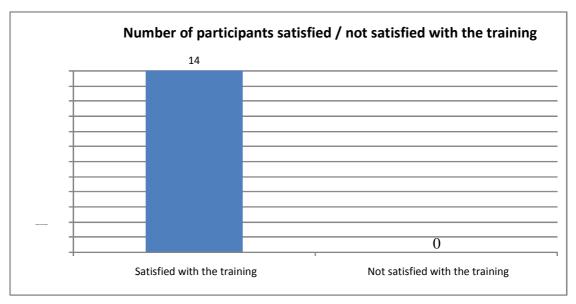

Figure 2

All fourteen participants have expressed their satisfaction with the training and recommended the Course and Institute for future training to other officers.

6- A COMPARISON BETWEEN THE 3 HOSPITAL MANAGEMENT COURSES CONDUCTED BY A.I.T.

This section has been added to compare the three courses Hospital Mangement-1 Hospital Mangement-2 and Hospital Mangement-3 because this was the third course on the same topic conducted by A.I.T. It was thought useful to compare these three Hospital Management courses with each other to determine the changes that have been made from the previous courses especially in the light of recommendations / suggestions made for the first two courses.

In this regard the following aspects of the courses are compared in this section:

- Resource Persons

- Course Objectives
- Course Content

6.1 - RESOURCE PERSONS

6.1.1. List of resource persons

The following table shows the list of Resource persons of all three Hospital Management courses (referred to as HM-1 for first course and HM-2 for the second and HM-3 for the third course in this section):

Resource Persons			
HM-1	HM-2	HM-3	HM-4
Mr. Michael Lowe	Mr. Michael	Mr. Michael Lowe	Dr. Michael Lowe
Dr. Pongpisut Jong	Dr. Pongpisut	Dr. Pongpisut Jong	Dr. Pongpisut
Dr. John Gillespie	Khunying Pornthip	Dr. John Gillespie	Dr. Boonchai
Dr. Charoon Chirapaisarnkul	Tony Lavender	Dr. Boonchai	Dr. Somwang
Dr. Weerasak Putthasri	Dr. Boonchai	Dr. Somwang	Dr. Zimmerman
Dr. Surayut Suppa Pannachart	Dr. Pongsatorn	Dr. Thanasal	Dr.Thanasal
Ms. Pongpan	Dr. Sarayuth	Dr. Kittinon	Dr. Pongtron
	Dr. Jarueyporn	Dr. Pongtorn	Dr. Boom
	Prof. Somwang		Dr. Chonalin
	Dr. Thitinut		Dr. S. Dauchaiviji

It can be seen from the table above that, except for Mr. Michael and Dr. Pongpisut from the HM-1 course, all the Resource Persons for HM-2 course were changed. While for the HM-3 course Mr. Michael, Dr. Pongpisut, Dr. Boonchai, and Dr. Somwang were included from the HM-2 course.

6.2 - COMPARISON BETWEEN COURSE OBJECTIVES

The course objectives as conveyed by A.I.T. for all three Hospital Management courses were same and are as follows:

Course Objectives:

After completion of this course the participants will:

- *Have knowledge on up-to-date management concepts and approaches applied for delivering quality health care services.*

- *Enrich knowledge and understanding on organizational development strategy, strategic plan, and an appropriate techniques in implementing development strategies of the hospitals.*

- *Have understanding on performance-based management approach, key performance indicators and setting up service delivery standards.*

- *Have awareness on the key leadership skills that hospital managers need to have and to develop staff to deliver better services.*

- *Gain knowledge on key principles and concepts of financial management and on the methods used for assessing the financial health of 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.*

6.3 - COMPARISON BETWEEN THE COURSE CONTENT

Following are the lists of modules of both Hospital Management courses:

List of Course Modules of HM-1

- Management Concepts & Approaches regarding Health care services
- Strategic Planning for Organizational Change
- Performance-Based Management
- Financial Management Information Systems
- Human Resource Management

List of Course Modules of HM-2, HM-3 and HM-4

- Review of Modern Management Concepts and Approaches
- Strategic Planning for Organizational Change
- Performance-Based Management
- Performance Appraisal and Key Performance Indicators
- Assessing Financial Health of Organization
- Financial Management Information Systems

- Strategic Human Resource Management
- Client-Oriented Tertiary Health Care Service
- Leadership and Change Manager

The modules of Hospital Management-2 ,3and Hospital Management-4 courses were the same which included all the modules of the first course and also there were four additional modules that are added to the list:

- Assessing Financial Health of Organization
- Performance Appraisal and Key Performance Indicators
- Client-Oriented Tertiary Health Care Service
- Leadership and Change Manager

7- RECOMMENDATIONS

The participants were appreciative of the course. The broad recommendations consisted of sending more people on this course, increasing the duration of the course and better utilisation of the returning participants, particularly through training further people locally by the course participants. Some of the participants recommended that such training can also be arranged through video conferencing links for participants here in Pakistan. Some of the scholars have recommended more field visits, and the need to have an interpreter, this is especially relevant for field visits, where many of the experts don't speak good English.

ANNEXES

SHORT COURSE-POST TRAINING EVALUATION FORM
ASIAN INSTITUTE OF TECHNOLOGY
Hospital Management
(May, 2010)

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*:***

    _____

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

        Yes   ☐   No   ☐

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

    _____

    _____

    _____

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

    _____

    _____

    _____

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

    _____

    _____

    _____

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

    ----

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

Yes ☐   No ☐

		Poor	Fair	Good	Very good	Excellent
h.	**Your overall rating of Training Program and Institute.**	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	1	2	3	4
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

		Below average	Average	Good	Very good	Excellent
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 (_____)*

		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

c.   *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

d.   *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

e.   *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

f.   *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

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	Mode--rate	High	Very High	Very Low	Low	Mode--rate	High	Very High
Overview of Modern Management Concepts and Approaches	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
Performance Appraisal and Key Performance Indicators	1	2	3	4	5	1	2	3	4	5
Assessing Financial Health of Organization	1	2	3	4	5	1	2	3	4	5
Financial Management	1	2	3	4	5	1	2	3	4	5

Information System (FMIS)										
Strategic Human Resource Management	1	2	3	4	5	1	2	3	4	5
Leadership and Change Manager	1	2	3	4	5	1	2	3	4	5
Client-oriented Approaches in Health Care Service	1	2	3	4	5	1	2	3	4	5

7) Any other suggestion / comment.

_____

_____

Name: _____   Signature: _____

Date: _____   Contact Telephone No: _____

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 organization, with the intention of improving the strategy or way of functioning of the project or organization). It can also be **summative** (drawing lessons from a completed project or an organization 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 20, out of which only 12 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.