TEACH-VIP 2

users' manual

World Health Organization

training
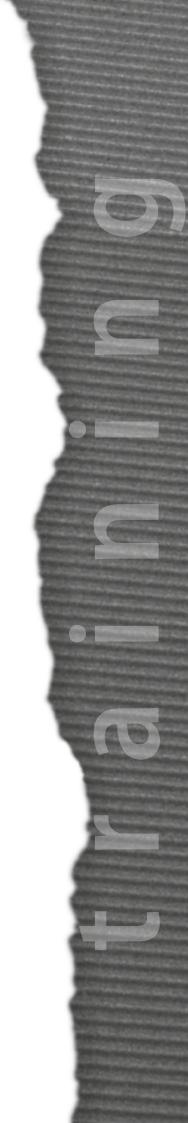
TEACH-VIP 2

Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention

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Contents

Foreword

Capacity building for injury prevention is one of the main challenges facing the injury prevention area today. The need is very obvious – injuries are a major global public health problem that has largely been overlooked. Reports of the World Health Organization (WHO) such as the *World report on violence and health*, the *World report on road traffic injury prevention*, and the *World report on child injury prevention* have done much to raise awareness about the magnitude of the problem, its impact and the potential for prevention. In a large number of settings this increased awareness has been followed up by specific commitments on the part of governments and an increased willingness to engage with the prevention of injury.

And yet, engaging with injury prevention is inherently challenging. Due to the historical neglect of the area of injury, many countries do not have the experts needed to address the issues based on the best available evidence. Public health students generally receive only a very rudimentary exposure to topics related to injury prevention. Doctors and nurses learn about the management of trauma and injuries but rarely have exposure to the latest knowledge on prevention. Government staff working in sectors relevant to the prevention of injury have not always benefited from such training either. Channels and mechanisms for sharing information across different sectors of government are often insufficient, and personnel and funding required to support basic needs such as injury surveillance are usually absent.

In short, there is a wide variety of needs in terms of developing the capacities required to prevent injury. In order to define its contribution to meeting these needs, WHO held an international consultation meeting in 2002. The primary recommendation emerging from this meeting was that WHO should coordinate the development of a global curriculum for injury prevention and control. The curriculum, known as TEACH-VIP (Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention), was launched in 2005. In 2007 additional material was added to the curriculum to address the areas of disability and rehabilitation. TEACH-VIP 2 is the first major revision and update of the original TEACH-VIP currriculum, and is provided here in its entirety on CD-ROM with its use described further in this manual. Some of the areas of revision in this edition include: newer case examples, updated data, newer graphics, and new lesson content addressing areas such as child injury, alcohol and violence, intimate partner and sexual violence, and policy.

TEACH-VIP 2 can be used as a basis for training a variety of audiences ranging from students in schools of public health or medicine to officials from government and nongovernmental organizations. Some of TEACH-VIP's many assets are its modular form and the fact that it is provided

electronically, thereby allowing for easy modification to adapt to local conditions and environment.

The TEACH-VIP potential will be better realized if the TEACH-VIP 2 curriculum is used in conjunction with other steps to develop national capacity for injury prevention. Other elements to consider are the existence of a national strategy and plan of action, data collection systems, platforms to share information and coordinate action, prevention programmes and efforts to assist victims and survivors. This users' manual also discusses some other areas in which specific capacity building needs and opportunities exist.

The TEACH-VIP 2 manual is the latest iteration to result from a considerable global effort. The original version of TEACH-VIP was developed over a period of three years in collaboration with more than 60 experts across 19 countries. It is my hope that TEACH-VIP 2 will help in efforts for local, national and regional capacity building and thereby contribute to reducing the unacceptable toll of injuries and violence.

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Acknowledgements

1 Introduction

1.1 Injury and violence: the scale of the problem

According to WHO data for 2008, published in 2011, an estimated 5.1 million injury-related deaths occurred worldwide, comprising 9% of all deaths *(1)*. Data from high-income countries indicate that for every person killed by injury, approximately 30 people are hospitalized for non-fatal injuries, and roughly ten times this number are treated in hospital emergency rooms and later released. Many people who survive their injuries are left with health sequelae, including serious medical complications or permanent disability. Globally, the most recent figures available from WHO indicate that injuries account for 12% of all disability-adjusted life years (DALYs) lost.

There are many effective measures that individuals or societies can adopt to prevent injuries and many of these have been presented in reports such as the *World report on violence and health (2),* the *World report on road traffic injury prevention (3),* and the *World report on child injury prevention (4)*. However, responding to the need to implement prevention strategies requires the development of appropriate capacities. One of the pressing needs is provision of appropriate training to the wide variety of personnel who may contribute to the prevention of injury.

1.2 What is TEACH-VIP 2?

TEACH-VIP is the second major revision of a comprehensive injury prevention and control curriculum that has been developed through the efforts of WHO and a network of global injury prevention experts. The course material is designed around a classroom instruction model, with PowerPoint slide presentations, supporting lecture notes and learning exercises which address a full range of topics relevant to injury prevention and control.

A key characteristic of TEACH-VIP is that the curriculum is modular. A modular curriculum means that the course's structure and content lend themselves to flexible arrangement of the lessons. This flexibility allows training courses to be structured in ways appropriate for a wide variety of different situations. The obvious factors that might influence the choice of training content would be different training audiences, in particular those with very different levels of prior exposure to injury training, or different physical settings, with different specific injury problems and pre-existing capacities.

1.3 Why was TEACH-VIP developed?

TEACH-VIP was developed by WHO in response to numerous requests from Member States and professional groups for education in injury. In many schools of public health or other possible venues for injury training there is no teaching of injury-related issues. The curriculum was, therefore, developed in order to address this deficit by stimulating teaching of injury-related issues. It is meant to respond, in part, to the capacity building needs that arise with an increasing engagement with the prevention and control of injuries.

The overarching objective of TEACH-VIP is to support and facilitate the prevention of injury through the training of a variety of personnel. There is a wide range of topics relevant to the prevention and control of injury. Some examples of the specific training areas covered within TEACH-VIP 2 include: the application of key injury prevention and control principles; the design of effective surveillance systems; the collection and assessment of injury data; the development of preventive programmes and policies; and the evaluation of intervention programmes and policies. Obviously, the local requirements and the training audience in a given setting will dictate which specific learning objectives are relevant and therefore which lessons are administered in a given implementation of TEACH-VIP 2. The learning objectives for the material, taken in their entirety, may be found in Box 1.

Training is not the only requirement for capacity building, and other needs are discussed in greater detail in Section 4 of this manual. However, training remains a vitally important component of capacity building and an important priority for WHO to address.

Box 1. **Overall learning objectives of TEACH-VIP 2 training materials in their entirety**

▶ To identify the basic principles of injury prevention, control and safety promotion
▶ To differentiate basic methods to study injury problems in the community
▶ To diagnose problems from a multidisciplinary perspective
▶ To design, implement and evaluate injury prevention and safety promotion interventions
▶ To identify and compare effective injury prevention and control interventions (products, programmes, policies)
▶ To identify relevant sources of information (scientific literature, guidelines and recommendations, summaries of research, web sites) and critically appraise them
▶ To advocate for injury prevention in communities
▶ To practise injury prevention control and safety promotion based on universally accepted ethical principles

1.4 Who is TEACH-VIP 2 for?

Experience to date has demonstrated that TEACH-VIP is suitable for a wide variety of training audiences. This is important as prevention and control of injury requires multisectoral collaboration and a variety of disciplines working together with a common understanding of key issues.

To date, audiences that have received TEACH-VIP training have included:

- government personnel
- injury prevention practitioners
- injury response service providers
- students in public health and medical and nursing sciences.

The modular nature of TEACH-VIP 2 is well suited to meet the needs of this diverse range of training audiences. Those making use of the materials will select the lessons most appropriate to the needs of their particular training audience. As will be discussed later in this manual, users are encouraged to adapt the TEACH-VIP 2 training material and make it as relevant to their local context as possible.

2 The TEACH-VIP 2 training curriculum: structure and contents

The TEACH-VIP 2 training curriculum is located on the CD-ROM that is included with this manual. Providing the training materials on CD-ROM gives a number of advantages, including the following.

1. TEACH-VIP materials can be updated and modified over time.
2. Students and trainers need only work with curricular materials that are relevant for their particular training setting.
3. Distribution via CD-ROM is considerably less wasteful of resources than committing all of the training content to a printed manual.

2.1 General overview

When the TEACH-VIP 2 CD-ROM is opened on a computer, the following file and three folders are displayed.

1. *Welcome to TEACH-VIP 2* document file
2. *TEACH-VIP 2 training materials* folder
3. *Additional capacity building resources* folder
4. *TEACH-VIP 2 evaluation materials* folder.

The *Welcome to TEACH-VIP 2* document provides an up-to-date overview of the training content and resources available on the CD-ROM. In addition to documenting new updates and additions to the CD-ROM content, this document also provides information regarding evaluation of TEACH-VIP 2 as well as additional resources for injury prevention.

The *TEACH-VIP 2 training materials* folder contains the entire curricular material of TEACH-VIP 2. These training materials are divided into a 'core curriculum' and an 'advanced curriculum', each of which is located within a specific folder and a series of sub-folders. The differences and similarities between the training materials in the advanced and core curricula will be discussed in detail in Section 2.2. Briefly, both curricula ultimately consist of training

Figure 1. Directory structure of the CD-ROM

material for lessons addressing a specific injury topic. Each of these lessons is meant to take approximately one hour and has been developed around a PowerPoint slide presentation with supporting documentation for trainers, hand-outs that may be printed out for students and learning exercises and questions to facilitate discussion.

The *Additional capacity building resources* folder provides additional material and access to resources that can also contribute to building capacity for injury prevention. Materials within this folder can be a useful resource for gathering additional information, self-teaching for trainers who may not be proficient in a given topic area, or finding case examples for the topics that will be a part of the training sessions offered in a given setting. The materials within this folder also include a number of key publications that offer a means to provide hand-outs for students to supplement the course materials.

The *TEACH-VIP 2 evaluation materials* folder contains a series of questionnaires designed to evaluate TEACH-VIP 2. These brief questionnaires exist for students, individual trainers involved in administering the training content and for 'course coordinators' – individuals who are responsible in an overall sense for the administration of the TEACH-VIP 2 training content. Taken as a whole, the series of questionnaires constitute a means to comprehensively evaluate the TEACH-VIP 2 materials and their implementation. Appropriate instructions for completing the questionnaires are also provided in this folder.

2.2 TEACH-VIP 2 training materials

As indicated previously, the TEACH-VIP 2 training materials are presented on the CD-ROM as core and advanced curricula. The rationale for having developed the training materials in this manner was to provide for the greatest flexibility in meeting varied training needs. The core curricular materials are designed to offer a comprehensive series of lessons that cover a full range of topics relevant to injury prevention and control and may be taught over a relatively short period of time, thus lending themselves to the development of an inclusive short course on injury prevention that can be implemented within a week.

There is a substantial overlap of topics covered within the advanced and core curricula. For topics addressed in the two curricula the presentation within the core curriculum will, in general, go into less detail than when covered as part of the advanced curriculum. The level of difficulty and technical detail provided tends to be somewhat higher in the advanced curriculum. Despite these apparent differences, these are general comments and not a hard and fast distinction between the training materials present within both curricula.

It should be clear from the foregoing that while differences between the advanced and core training materials do exist, they may be subtle and in any given setting lesson materials from either curriculum could be appropriate.

Trainers who are developing lesson plans for a particular setting should look carefully at the advanced and core curricular materials available for the topics they are interested in teaching and determine which are most appropriate for the training situation and audience in their setting.

As will be discussed in further detail in Section 3, an important step to making the most effective use of TEACH-VIP 2 is to adapt the materials provided on the CD-ROM, making them locally relevant to the injury profile in a given setting and pitched at an appropriate level for the students. This process of adaptation may easily mean that a trainer decides to combine elements from a lesson within the advanced curricular materials with a lesson addressing the same topic from the core curricular materials.

2.2.1 Core and advanced curricula contents and structure

The tables of contents for the lesson topics covered within TEACH-VIP 2 are given in Appendix 1. The training material includes lessons dealing with a wide range of injury-related topics. Fundamentals of injury prevention and control are addressed in both the core and advanced curricula with lessons dealing with issues such as general principles and definitions, data collection and injury classification systems. Lessons addressing specific types of injuries are also covered within the curricula and examples of some of the areas covered include road traffic injury, child abuse and neglect, youth and gender-based violence, drowning and injuries due to falls and burns. Both curricula also contain lessons that focus on responses to injury, including policy development, interdisciplinary approaches to injury prevention, ethical issues, injury care and rehabilitation.

Both the core and advanced curricula provide three files for any particular lesson.

1. A PowerPoint file containing the slide presentation meant to deliver the training content.
2. A Word document giving lesson notes for the slide presentation. This document is meant to provide support for trainers.
3. A Word document that can be printed out and given to students (or put online).

The differences between the lesson notes and student hand-outs will be discussed in greater detail in Section 2.2.3.

The major difference in terms of structure between the core and advanced curricula is that the advanced curriculum consists of modules addressing a specific topic. Within these modules there are a series of three lessons, each of which have the identical file structure to lessons in the core curriculum (a PowerPoint slide presentation, a lesson notes document for trainers and a student hand-out document). It is expected that this should allow for a greater breadth and depth of coverage of an area than the core curriculum.

2.2.2 PowerPoint slides

The PowerPoint slides are the main training component within TEACH-VIP 2. This manual assumes that users of TEACH-VIP 2 have at least basic familiarity with PowerPoint. Experienced users of PowerPoint should feel free to skip the following brief discussion that will point out some basic elements of the PowerPoint interface and use of the program.

Depending on the version of PowerPoint a variety of different views are available of the slide material when one opens a PowerPoint slide presentation from the CD-ROM. These include the 'Normal View', 'Slide Sorter View' or the 'Slide Show' views. In the 'Normal View' the main element of the window shows a slide within the presentation. Directly underneath this view of the slide is the identical text that is found in the slide section of the lesson notes so that trainers have visual access to these notes while viewing the slide material.

Users may change from the 'Normal View' to either the 'Slide Sorter View' or the 'Slide Show' function by clicking on small icons which appear at various locations along the bottom of the screen depending on the version of PowerPoint being used. Changing to the 'Slide Sorter View' is useful when adding to or removing slides from a presentation when adapting the material, and the 'Slide Show' function is the mode used when actually presenting the material during a training session. More complete information about the use of PowerPoint is available within the program by clicking on the Help menu.

2.2.3 Supporting documentation – lesson notes and student hand-outs

As mentioned above, once a specific lesson on the CD-ROM is accessed, the three files available always consist of a PowerPoint file and lesson notes and student hand-outs. The lesson notes have been written to provide extensive support to trainers. They begin with a title page for the lesson, laying out the main objectives for the lesson, followed by the core competencies students are expected to attain by the end of the session. The next section of the document provides supporting text for each slide of the associated presentation. Some slides have little or no associated text within the lesson notes, meaning that there is relatively little training content on the slide.

The expectation is that trainers may not be fully proficient in the particular area in which they have been called upon to provide instruction. If trainers need additional support to convey the contents of a slide or answer a question, then they should make use of the detailed background available to them within the lesson notes.

The next section of the document presents a number of sample exercises the trainer may wish to provide as a means of determining whether core competencies have been attained. Answer notes for the exercises given are also provided. The document then concludes with a section entitled 'Required readings' for the lesson, followed by a section entitled 'References' for the lesson, which gives all the references utilized in the slide note text. Some

lessons have a section entitled 'Additional references', where additional works are referenced that broaden exposure to concepts or topics relevant to the lesson. An appendix includes a listing of all titles provided in the 'References' section with full text abstracts of the material where available.

The student hand-out has some differences from the trainer's lesson notes. It also begins with a title page for the lesson, laying out the main objectives for the lesson, followed by the core competencies students are expected to attain by the end of the session. However, the slide lesson notes given to trainers are not provided. Instead, the next section provides small images corresponding to each slide of the PowerPoint presentation along with some blank lines to allow for students to write notes. The rationale for not providing to students the slide lesson notes that are given to trainers is to ensure that students feel that the trainers actively impart additional information to the material presented on each slide.

Following the section dealing with the slides, the student hand-out also provides the sample questions, although without the answer notes. The remainder of the student hand-out document is identical to the document for trainers ('Required readings' and 'References' sections, followed by optional sections providing 'Additional references' and an appendix).

Table 1 provides a breakdown of the differences and similarities between the various sections of the lesson notes document and the student hand-out documents.

Table 1. **Summary of similarities and differences in supporting documentation for trainers and students**

Document section	Lesson notes document (meant for trainers)	Student hand-out document (meant for students)
Title page section		
Title page	Identical for trainers and students	Identical for trainers and students
Objectives of lesson		
Core competencies		
Slide section	Fully detailed slide notes	Small images of slides and blank lines for taking notes
Sample exercises	Questions and answer notes provided	Questions only provided
Reference section		
Required readings	Identical for trainers and students	Identical for trainers and students
References		
Additional references*		
Appendix*		

* Not present in all lessons

3 Using TEACH-VIP 2 most effectively

Ultimately, the impact of the TEACH-VIP 2 curriculum largely depends on the trainers. The lessons and modules, like any course, rely on effective communication and appropriate examples in order to help convey the material. This section provides information to users that should allow them to make more effective use of TEACH-VIP 2 and avoid some of the more common pitfalls that have been observed in experience to date with the materials.

The various topics that will be covered in this section are the following.

- Adding locally relevant content
- Customizing content for different training audiences
- Making training sessions more interactive
- Managing appropriate time for training sessions
- Preparing for different class sizes
- Course certification, evaluation and follow-up.

Appendix 2 provides some examples of TEACH-VIP training sessions that have successfully addressed these considerations.

> *"The information is good, but it is the trainers who deliver it with enthusiasm that make a difference."*
>
> (TEACH-VIP student from New Zealand)

3.1 Adding locally relevant content

TEACH-VIP 2 is a training package that by necessity has been developed in a manner that allows for teaching a wide variety of training audiences in settings around the world. Naturally, the prior exposure of a given training audience to injury prevention training and the locally relevant injury problems or interests have not been taken into account when the materials were developed.

Part of addressing these local circumstances is a thoughtful selection of the specific lessons from those available within TEACH-VIP 2. However, a critically important step is then adapting these lessons in order to make them locally relevant for the setting and audience at hand.

The individual slides in a given lesson should be looked upon as part of a scientifically sound, coherent and well-conceived overview of the injury area, but not something that should remain unchanged. Indeed, it is WHO's explicit hope and expectation that course materials are changed at least somewhat in order to make them relate directly to local injury problems and realistic prevention strategies as well as prior training levels of the audience.

Obviously a risk exists that the materials can be adapted so fundamentally

that they no longer convey accurate information about the topic at hand. It is important, therefore, that trainers and course coordinators who are overseeing the local adaptation of the training materials take it upon themselves to ensure that these changes are made in a manner that ensures that the fundamental content and principles being provided are not radically changed.

The importance of adapting the materials to local situations cannot be underestimated. A striking characteristic of successful TEACH-VIP courses to date has consistently been the adaptation of materials to reflect local injury content. Conversely, a criticism of the administration of the material in other settings has been that some aspects were not relevant to local injury issues or training audiences. Appropriate use of additional local content provides the pragmatic grounding that most students find indispensable to their training.

In view of the above, a standard part of preparation for providing any of the lessons should be to review the original TEACH-VIP 2 material closely and consider two different issues.

1. What modifications to the style and level of content being provided may be necessary in view of the pre-existing knowledge base of the training audience?
2. Where can local realities be introduced within the materials to augment the course? Keep in mind that these realities may constitute issues such as data about local injury problems, case examples of specific strategies that are being implemented locally to prevent injuries, or local information that reveals something about factors that may represent either constraints to, or opportunities for, advancing injury prevention.

Examples of the sorts of things that might be considered to draw into the training sessions to make the training material more locally relevant could include information catalogued from local reporting sources such as newspapers that describe local injury patterns and incidents. These might be used to illustrate that the specific type of injury problem being discussed exists and is common in the setting or, conversely, they could be used to make the point that certain types of injury – for example, intimate partner violence – may only rarely receive attention within local media. In addition to local media, there may be local or national entities that gather official data about injury problems. If so, these may be contacted and asked if they are able to provide data about injury patterns within the concerned setting. It may be useful to participants to compare local data with similar data available for other settings or other countries in order to put local injury patterns into a broader perspective.

While it is not feasible to compile a comprehensive list of potential sources of local content, there are some sources that should always be considered. Various entities within local, regional or national levels of government may be specifically mandated to gather such information. In addition, universities, medical centres and research facilities are all possible sources for local content on injuries and violence. Where possible, speaking directly

with personnel involved in receiving and using such information is advisable for a number of reasons.

1. It may bring to light official approvals and procedures that may need to be complied with in order to access and use such information.
2. It may offer an exchange that leads to a better comprehension of the perspective of the person or persons involved in gathering such information. These may include insights on local constraints, important limitations of the available information and informed views on priorities for improving the quality and quantity of such information in the future.
3. It provides a clear signal to those involved in gathering such information that there is a demand for, and use of, such information.
4. It provides an opportunity for exchange of information about capacity building for injury prevention and may lead to the fostering of deeper, more productive relationships in this area over time.
5. It provides an opportunity to identify other persons who can act as trainers.

Trainers must be aware that adding excessive local content may mean that students are overloaded with too much information delivered over too little time. This is a potential pitfall which experience to date has revealed in several settings. Trainers may, therefore, find that local content needs to be introduced while deleting other lesson content, or the time allotted to sessions needs to be made longer.

The training materials developed for TEACH-VIP 2 have originally been developed with session times foreseen of one hour per lesson; however, it is entirely appropriate that this be increased if local adaptation of the content means that more material is being covered or other activities such as specific exercises are planned.

An alternative to increasing session time, if additional content is provided and trainers do not wish to remove much in the way of training content, could be to provide printed copies of the local material instead of introducing it as slides. This can still allow the students to relate the slide presentation lecture with local examples and data.

A number of alternatives to increase the local relevance of TEACH-VIP 2 training sessions are provided in Box 2. Many of these may facilitate discussion within the training about important issues such as local prevalence of injuries, media's coverage of these issues and local structures and capacities to either provide services or prevent such injuries from occurring in the future. In this way, students are encouraged to think along the lines of direct application of the TEACH-VIP 2 training content within their local environment.

> *Box 2.* **Strategies to increase local relevance of TEACH-VIP 2 training**
>
> ► Analysis and review of local media coverage of injury
>
> ► Pre-course assignments involving local injury issues
>
> ► Data collection activities using local injury statistics
>
> ► Interviews and/or practical work experience with local public health personnel involved in injury prevention
>
> ► Supplementary reading

3.2 Customizing content for different training audiences

The modular structure of TEACH-VIP 2 allows for flexibility in customizing training sessions so that they draw from the specific lessons that best meet the needs and prior backgrounds of the training audience. Trainers are advised to carefully consider the training audience and the most appropriate selection of TEACH-VIP 2 lessons. Box 3 provides some guidance for factors to consider when selecting the TEACH-VIP 2 lessons on which a training session will be based.

Careful consideration of the training audience, in particular their pre-existing knowledge and practical needs in relation to injury information, should weigh heavily in deciding what lessons are to be delivered within the time available for training.

Government personnel working in sectors relevant to the prevention of injury, for instance, may be most likely to approach TEACH-VIP 2 from a policy and programme implementation perspective. Depending on the specific sector of government in which they work, the areas of knowledge they may wish to develop could include policy development and advocacy, epidemiology and evaluation. While there may be great value in having them address any or all of these, or even other topics covered within the lesson materials, the amount of time they may have available to attend training may mean this is not possible.

Box 3. **Some factors to consider in making lesson selection appropriate for the training audience**

▶ What is the pre-existing knowledge level of the training audience? In particular, how sound is their grasp of injury prevention fundamentals?

▶ Is this training audience actively working in a capacity directly related to injury prevention and do they need to acquire competencies for their work, or are they not working in the injury area and require only to be sensitized and made aware of some issues surrounding injury?

▶ For those training audiences engaged in injury prevention, how can the selection of lessons be optimized so as to make the training session of direct relevance to the vocations involved?

▶ Are the training audiences of a level that they can be expected to participate actively in various forms of participatory exercises and exchange of information? If so, how might lesson selection take advantage of this?

▶ How much time is available for the planned training session and what is a realistic number of lessons to provide, taking into account any participatory exercises, discussions and group work that are also planned?

Briefly, with any training audience the challenge in selecting and customizing lesson content is to balance the pre-existing knowledge base of the training audience and their priority training needs with the time available for training. Government agency personnel are unlikely to benefit from receiving an in-depth exposure to some of the TEACH-VIP 2 lessons that address clinical management of care for injured people. On the other hand, if time permits and their scope of work includes health systems planning, some of the elements of the lessons within TEACH-VIP 2 which address the continuum of care aspects could be very valuable. The modular aspects of the course materials and the fact that they should be locally adapted becomes critical to ensuring a successful and effective utilization of the training materials.

> *"Briefly, with any training audience the challenge in selecting and customizing lesson content is to balance the pre-existing knowledge base of the training audience and their priority training needs with the time available for training."*

One consideration that should be made when customizing the TEACH-VIP 2 training content is that there can be a tendency to overlook some of the fundamentals and general principles in injury prevention and instead structure training sessions around lesson material focusing on a specific type of injury. It is not possible to say that such a decision is right or wrong – it depends entirely on the setting and the training audience. However, it should be remembered that capacity for injury prevention is so underdeveloped across so many settings that many of these fundamental issues such as data collection systems and personnel who understand their utility are a vital unmet need. WHO has placed a great deal of importance on these issues by issuing guidelines on both injury surveillance *(5)* and community-based surveys for injury *(6)*.

There can be no fixed rules offered within this manual about appropriate selection of lesson materials that should be covered. Each training setting will require a careful assessment of the training audience and a judgement to be made by trainers about the priority training needs and the lesson material selection which will best meet those needs. Where possible, defining the priority training needs and selecting lessons to be covered would ideally include information gathered through direct interaction and exchange with the training audience in advance of the training.

On a final note, customizing the TEACH-VIP 2 content should be seen in close relation with both the addition of locally relevant content and the inclusion of elements within the training that make it more interactive. Trainers must consider their training objectives as something to be achieved through a carefully considered selection of the TEACH-VIP 2 lessons or parts of particular lessons, the adaptation of this content to make it locally relevant, and the ultimate provision of material in a manner that allows for interaction wherever possible.

3.3 Making training sessions more interactive

Experience in the field of education has shown that strategies that increase the degree of interaction are an effective means to increase the acquisition and retention of competencies *(7)*. Training audiences appreciate the diversity that opportunities for interaction provide, although the nature of interactive strategies that will be appropriate in a given setting will depend on the size of the training audience as well as on the resources and time available.

Table 2 provides a variety of strategies that may be considered in order to increase the opportunities for interaction within training sessions. The time available, the suitability for the training audience size and pre-existing knowledge base and any additional resources required – all need to be considered when deciding whether and which of these strategies may be introduced into training sessions.

Table 2. **A list of sample exercises and activities that can be conducted in partners, groups and classrooms**

Partner exercises	*Partner collaboration* In pairs, each person explains a topic, concept or answer to his or her partner. The partner listens and then asks questions or discusses. *Peer evaluation* Divide the class into pairs. Partners exchange written work or listen to each other's oral presentations. They give each other feedback and work together to identify what was good, what needed improvement and how it could be improved.
Group exercises	*Case studies* A study or scenario is presented to the class or provided as a hand-out. Groups discuss the study or scenario together in response to questions. *Fishbowl* One group discusses a topic. A second group observes the discussion and each person records: • a partner's contribution (and gives individual feedback after); • the important parts of the discussion (may be identification of issues, applications, generalizations, etc.). *Group discussion* Groups (up to six people) talk about a topic. A set of questions from the lecturer helps to structure the discussion and focus the group. *Syndicates* Groups of students work together on a project(s) which entails researching and presenting information. Useful for focusing on group and cooperative skills while covering discipline content.
Classroom exercises	*Panel* One or more people with technical expertise are invited to the session and answer questions from the class. These people may be from government, other teachers, medical personnel and/or students. *Presentations* Individuals or small groups find information on a topic, then prepare and deliver a short informative session to the wider group. *Question-and-answer session* This is a useful activity to check students' understanding. A time is set aside for discussion/answer.

The TEACH-VIP 2 training materials have been developed around a classroom-based instruction model. This means that the lesson material has been developed for imparting knowledge to the training audience through lecture, supplemented by the visual aid of the PowerPoint slides. Opportunities for interaction such as those listed in Table 2 have been specifically developed within education studies to complement classroom-based learning and allow the training audience to provide both input and reaction to the training material as well as move away from being passive recipients of knowledge transfer.

While in theory and in practice these opportunities are beneficial, their integration within the training session with the TEACH-VIP 2 slide material is something that needs to be carefully planned. Some common pitfalls that should be avoided when introducing interactive elements within training sessions are the following.

- Opportunities for interaction do not have any logical or direct connection with the competencies training audiences are meant to acquire.
- Interactive opportunities become exchanges of information and personal perspectives of the training audience which may not be factually correct.
- Time taken for interactive exchanges means insufficient time is provided for teacher-centred delivery of key learning content.
- One or two students may dominate the class while the remainder become disengaged from the learning process.

In addition to the above considerations, an issue that merits particular attention in relation to interactive training is the size of the training audience. Medium- to large-sized training audiences may not be able to sustain the personal and active participation that smaller classes can without taking away valuable instruction time. In addition, the degree of unregulated participation that can be tolerated depends on the size of the class. Smaller groups can have a more spontaneous and open style of exchange and interaction whereas in larger groups trainers need to be particularly careful and creative when integrating strategies to develop interaction within the training session. The primary concern in these larger class situations is that trainers need to be aware of the need to control the direction this interaction takes to ensure that the group as a whole benefits and that the time required for interaction remains in balance with the overall training plan.

The fact that interaction is more difficult to integrate and control within larger training audiences means that the quality of the lecturing takes on greater importance. Trainers should rely on energetic delivery, ensuring that they make eye contact with various parts of the room and shifting their location actively in order to encourage interest and engagement of the training audience.

In summary, opportunities for increasing interaction within TEACH-VIP 2 training sessions can be a valuable means to increase the effectiveness of the training sessions. A variety of strategies have been suggested to achieve this, and careful integration of appropriate means can greatly

improve the quality of training sessions, elevating them beyond a purely passive exposure to the training materials.

3.4 Managing appropriate time for training sessions

To avoid overwhelming students, it is essential to plan for appropriate use of time. In the previous section the point was made that integrating opportunities for interaction within the training, while very desirable, needs to take into account the additional time that these activities would require. Similarly, adaptation of the material to make it locally relevant and suited to the needs of the training audience will also mean that the training content delivered will not be identical to the material provided on the TEACH-VIP 2 CD-ROM. The trainer, therefore, needs to carefully consider what is an appropriate amount of time over which the content should be administered and be aware that there is a tendency to try and cover too much training content in too little time, with too few opportunities for interaction.

"Lecture content for a day should reduce and that should be done incorporating students in work and talking rather than let the students look at the PowerPoint presentation and listen to a lecture."
(TEACH-VIP student from undisclosed location)

"Too much being talked at — needed more interactive activities and discussions, thought-provoking questions."
(TEACH-VIP student from undisclosed location)

"Should have more time so participants can discuss more deeply."
(TEACH-VIP student from undisclosed location)

For those training sessions where a series of TEACH-VIP 2 lessons is being administered as a short-term course (e.g. 2–5 days), trainers should be particularly aware of the need to integrate opportunities for interaction around relevant training content such as those outlined in Table 2. A useful guideline to bear in mind for short-course instruction where training audiences are spending an entire day, or several consecutive days with the material, is that no more than six hours per day should be spent in a classroom setting.

In addition, it is important to bear in mind that with short-term courses there is less flexibility in terms of time available and how it may be used. This means that each training component (lesson materials, adaptation and interactive activities) needs to be very carefully considered in order to make the most effective use of the training time available. Avoid trying to achieve too much by way of training objectives and focus on those that will be relevant to the training audience. With several hours of lectures per day, it becomes important to consider the timing of interactive opportunities in order to change the pace of training and use these to break up lecture segments. Breaks also help change the pace of learning, provide students time to digest a topic and avoid fatigue on their part.

Long-term courses will mean that the TEACH-VIP training content is being administered over an extended time frame with inherently more flexibility in terms of how the time for training is managed. It may mean that the materials are being delivered alongside other training materials (i.e. as

part of a public health school curriculum) or on their own. While delivery of the material over these longer periods can help avoid some issues with student fatigue, it may be more difficult for students to synthesize the material and make connections between related training topics without regular refresher sessions.

Long-term courses may, therefore, benefit from specifically revisiting or otherwise connecting with past relevant lessons. Another useful consideration is the integration of long-term projects or group activities that utilize the content being taught, in order to help the students synthesize the material more effectively. Trainers should try to take advantage of the increased flexibility due to a longer duration and include activities, discussion time and local content.

In conclusion, the appropriate management of training time is a critically important step. Trainers must plan this aspect of the training sessions accordingly and familiarize themselves with the training material well in advance, consider how it can be adapted and supplemented by interactive activities and provided within the time available. Priority consideration must be given to not overwhelming training audiences with too much content over too little time, and to using the time available in a manner that keeps the students engaged, alert and interested in the material.

3.5 Preparing for different class sizes

The number of students in a training audience has a range of implications for how the training environment can be structured in a physical sense, as well as for how material is likely to be most effectively presented. For the purposes of the following discussion, class sizes have been divided, somewhat arbitrarily, into three sizes: large classes, meaning over 35 people, medium classes, meaning 20–35 people, and small classes of under 20.

Large classes will most often be physically structured with the training audience seated in rows of chairs without desks and the trainer in front. This arrangement accommodates large training audiences but does carry with it a risk that students will feel little engagement with the lesson material. Trainers who are involved in these contexts must be aware that they face several potential problems.

1. The attention spans of students can be difficult to maintain due to prolonged inactivity.
2. There is generally diminished flexibility within the curriculum and fewer appropriate strategies for achieving interactive learning.
3. There is more difficulty in stimulating higher-level thinking (such as analysis, synthesis, relating key concepts, problem-solving, application and evaluation of ideas).
4. There is a greater likelihood of major differences across the training audience of what they feel is an appropriate pace for the material.

5. Trainers may find it more difficult to get feedback from students and will consequently be less able to monitor the effectiveness of their teaching during the session.

While these are all potential problems facing trainers who must deal with large classes, studies from the education field show that a variety of strategies can help mitigate these factors *(8)*.

1. A relaxed atmosphere
2. Compelling "real-world" content
3. Demonstrated concern for students' progress
4. Well-timed breaks
5. Relevant illustrations and examples
6. Stimulating and entertaining delivery
7. Accompanying tutorial system.

Medium-sized classes benefit from, and are more likely to be physically structured with, students seated in rows of desks with the trainer standing at the front of the room. This arrangement allows students to engage more actively with the material by the process of taking notes. The student handouts included in the TEACH-VIP 2 materials provide space for students to take notes on each slide as it is presented. The added writing space also allows more flexibility in terms of the types of interactive activities available for students to do during the lecture. Adding activities such as five-minute written exercises to be completed in small groups can help in creating a dynamic teaching environment that avoids prolonged student inactivity.

Small-sized classes benefit from physically organizing students at desks in a circular or semi-circular arrangement. Physical organization of the training environment like this encourages group interaction, including the partner, group or classroom exercises outlined in Table 2 and discussed in greater detail in Section 3.3.

3.6 Course certification, evaluation and follow-up

Training settings may decide to provide some sort of certification for students who have received TEACH-VIP 2 training. Because WHO is not directly involved with the provision of the training, it cannot provide a WHO certification or otherwise accredit people who have received training based on the TEACH-VIP 2 materials. Certification nevertheless remains an important incentive in many settings, and certificates provided to students may indicate that the training materials have been adapted from content originally developed by WHO.

Section 2.1 noted that the *TEACH-VIP 2 evaluation materials* folder contains a series of questionnaires designed to evaluate TEACH-VIP 2. These provide a means to gather important information from students, trainers and course coordinators. WHO strongly recommends that every instance

of training with TEACH-VIP should be fully evaluated using these questionnaires. Full instructions on administering the evaluation questionnaires are provided in the *TEACH-VIP 2 evaluation materials* folder.

A final remark should be made about the importance of follow-up. Many students who receive TEACH-VIP training will benefit from being supported in the future. As with any training exposure, there is a limit to what can be achieved within the formal training environment. Opportunities for continued support and follow-up such as mentoring and assistance to individuals becoming more deeply involved in injury-related issues should be pursued to the extent possible.

4 TEACH-VIP 2 and the wider context of capacity building for injury prevention

The main objective of this users' manual is to improve the effectiveness of delivery of TEACH-VIP 2 training. It is useful nevertheless to conclude this manual with a section that places TEACH-VIP 2 within the larger context of capacity building for injury prevention and control.

There is no single widely held view of what constitutes capacity building. Some see capacity building as being limited to training of human resources while others see it more broadly to include things such as development of structures and systems in which people work, financial resources capable of being dedicated to an area, etc. In the case of injury prevention, this broader view would seem to make more sense as there are important unmet needs beyond training.

TEACH-VIP is a training curriculum. Its main contribution is as a means to convey knowledge to a training audience. It has been developed as a comprehensive curriculum, meant to offer a well-conceived, modular and adaptable set of training materials that can be used across a wide variety of training audiences. While this is a valuable contribution, it is important to recognize that knowledge is not the only domain that needs to be addressed in terms of building capacity for injury prevention.

Other needs also exist and it is useful to consider capacity building needs as falling into four different domains.

1. Knowledge
2. Skills
3. Systems and structures
4. Networks and collaborations.

Clearly, this is only one way of looking at capacity building needs in the area of injury prevention, but it does discriminate between qualitatively different areas where inputs are needed. Each of these will now briefly be discussed.

Knowledge

Knowledge obviously refers to the knowledge base that is relevant for injury prevention and this is the domain most immediately addressed by TEACH-VIP 2. The knowledge base that is relevant in a given setting depends on the training audience and the local context. Nevertheless, major requirements

in terms of the knowledge base that needs to be conveyed are the fundamentals of injury prevention, including awareness of the scope and magnitude of injury impacts within societies, the means of quantifying and researching this, and the preventability of injuries and the fact that this requires interdisciplinary collaboration.

The target audience for this knowledge base is necessarily broad and includes people who may not work in a vocation that explicitly relates to injury prevention. It may be entirely appropriate to train some individuals simply to sensitize them to the injury area, and investment in their training may be made knowing that they will not necessarily work in the injury area afterwards.

Skills

The development of skills relevant for the prevention of injury is related to but somewhat different than the acquisition of knowledge. Knowledge refers in a general sense to an awareness of information or facts and principles. Skills refer to an ability to do something well and typically something that requires training and experience. Therefore, skills and their development often imply some prerequisite knowledge as well as additional knowledge gained through experience.

Skills that are required in the area of injury prevention and control can be divided into two categories: skills that are primarily technical in nature and skills that are more related to those involving personal interactions. Examples of the former would be carrying out research, contributing to policy development, establishing epidemiological surveillance systems and critically reviewing scientific literature. Examples of the latter type of skills would include initiating intersectoral collaborations to implement injury prevention strategies, communicating effectively, fund-raising and providing leadership and coordination.

Skills development is something to be considered among individuals who will tend to be engaged in a vocation that is directly related to injury prevention. Examples include senior public health managers, government officials working in sectors relevant to the prevention of injury, researchers, policy-makers and injury prevention practitioners. Developing the relevant skill sets among such individuals is a long-term process. Perhaps one of the most direct and effective means to address this particular need is through mentoring and site exchange programmes. Under such approaches, personnel in need of developing certain skills may organize exchange visits and establish an ongoing interaction with colleagues having a more fully developed set of skills in a particular area. Mentoring and site exchange programmes also foster skills development through providing valuable practical examples of effective approaches to injury prevention in more fully developed injury prevention systems. WHO has established a global mentoring programme for injury and violence prevention, known as MENTOR-VIP. More

information about MENTOR-VIP can be obtained through the capacity building area of WHO's injury prevention web site (http://www.who.int/violence_injury_prevention/).

Systems and structures

The third domain addressed in the listing above is systems and structures. While people may be provided with extensive knowledge and develop key skills over time, this will do little to contribute to actual capacity unless they are supported by official structures and working environments.

People who commit their time and energies to contributing to injury prevention activities need to have viable career paths in injury prevention available to them. People who are skilled in establishing injury surveillance systems need to have financial support from governments that permit the creation of such systems and their ongoing maintenance and use. Mechanisms that provide for the interdisciplinary responses required to prevent injury need to be developed and solidified within government and society at large.

All of these require leadership as well as political and financial support. A key source of this investment is from within governments, and the capacity building implications of injury prevention have been explicitly referred to in the Fifty-sixth World Health Assembly resolution WHA56.24, the Fifty-seventh World Health Assembly resolution WHA57.10, the Sixtieth World Health Assembly resolution WHA60.22, and the Sixty-fourth World Health Assembly resolution WHA64.27. The development of systems for the prevention of injury in turn needs to be fed with, and supported by, a pool of well-trained and skilled personnel in order to implement the injury prevention activities of these systems.

Networks and collaborations

The final domain listed above is networks and collaborations. Networks of individuals engaged in the injury field and collaborations between these individuals can potentially make an important contribution to developing capacities across settings. Such collaborations and networks allow for the exchange of technical information, experiences and strategies. In turn, these can lead to improved efficacy in awareness raising, stimulate interest around defining strategically formulated research agendas, define priority actions for the field and contribute to the distillation, sharing and uptake of best practices in injury prevention.

TEACH-VIP 2 is an important contribution to capacity development in the area of injury prevention and control. If implemented alongside other activities that target the development of systems, key skill sets and support for networks and collaborations, it can play a vital role within an integrated strategy to address injury prevention and control.

5 Conclusion

Building capacity for the prevention of injury is an obvious need. The burden of injury is substantial and yet relatively little has been done to address the issue in most countries. There are many deficits that exist in terms of capacity to prevent and control injury, and training is an important priority to address.

TEACH-VIP 2 is the second major revision of a curriculum developed specifically to support and facilitate the prevention of injury and address the lack of injury-related training material. It is based on the best available knowledge, is comprehensive and well-conceived and has been developed under the coordination of WHO by some of the foremost injury experts in the world. It can be adapted to local injury problems and used with a broad variety of training audiences.

The primary objective of this manual has been to allow trainers using the TEACH-VIP 2 material to be more effective. The contents of this manual are also supplemented by up-to-date information available on the TEACH-VIP 2 CD-ROM itself as well as the capacity building area of WHO's injury prevention web site (http://www.who.int/violence_injury_prevention/). Both of these will provide useful further information and resources relevant to capacity building.

Training is only one element of capacity building. WHO will continue to strengthen the TEACH-VIP training material and how it is implemented, while also contributing to addressing other capacity building needs that fall within WHO's mandate.

WHO wishes all trainers who will be using the TEACH-VIP 2 training materials success with their training endeavours as well as with their future work in the larger picture of capacity building for injury prevention.

References

1. World Health Organization 2011. Cause-specific mortality: regional estimates for 2008 (http://www.who.int/healthinfo/global_burden_ disease/estimates_regional/en/index.html accessed on 9 February 2012).

2. Krug EG et al., eds. *World report on violence and health.* Geneva, World Health Organization, 2002 (http://www.who.int/violence_injury_prevention/ violence/world_report/en/full_en.pdf, accessed on 9 February 2012).

3. Peden M et al., eds. *World report on road traffic injury prevention.* Geneva, World Health Organization, 2004 (http://whqlibdoc.who.int/ publications/2004/9241562609.pdf, accessed on 9 February 2012).

4. Peden M et al., eds. *World report on child injury prevention.* Geneva, World Health Organization, 2008 (http://whqlibdoc.who.int/publications/ 2008/9789241563574_eng.pdf, accessed on 9 February 2012).

5. Holder Y et al., eds. *Injury surveillance guidelines.* Geneva, World Health Organization, 2001 (http://whqlibdoc.who.int/publications/2001/ 9241591331.pdf, accessed on 9 February 2012).

6. Sethi D et al., eds. *Guidelines for conducting community surveys on injuries and violence.* Geneva, World Health Organization, 2004 (http://whqlibdoc.who. int/publications/2004/9241546484.pdf, accessed on 9 February 2012).

7. Bjorke A, Bodil A, Debbie H. *Global cooperation on e-learning: background and pedagogical strategy.* United Nations University, 2003.

8. Joyce B, Weil M, Calhoun E. *Models of teaching.* Boston, Allyn and Bacon, 2004.

Appendix 1.
TEACH-VIP 2 core and advanced curricula

TEACH-VIP 2 core curriculum

Area of knowledge	Sections	Lesson topics
Foundations and fundamentals of injury prevention, control and safety promotion	I. Basic principles and approach to injury prevention control and safety promotion	History, definitions, principles of prevention, injury classification systems
		Exposure measurement of injuries and social measures of disease burden
	II. Methodological approaches: injury research and monitoring. Information systems	Data collection mechanisms, general approach to using community surveys and design and development of injury surveillance systems
	III. Methodological approaches: measurement and evaluation tools for injury prevention, control and safety promotion	General aspects on methods for studying and evaluating injury prevention control and safety promotion interventions
	IV. Ethical issues involved in injury prevention, control and safety promotion	Ethical issues related to surveillance, research, care and access to services
Specialized areas	V. Applications of injury prevention, control and safety promotion	Road traffic injuries
		Other injuries: falls, burns, animal bites, drowning and poisoning
		Child injury
		Introduction to violence prevention; child abuse and elder abuse
		Prevention of intimate partner and sexual violence
		Youth violence and collective violence
		Alcohol and violence
		Suicide, self-inflicted harm and collective violence
		Work injuries and violence prevention in urban and rural settings
		Disability and rehabilitation
Foundations and fundamentals of injury prevention, control and safety promotion	VI. Injury care and rehabilitation	Pre-hospital care, emergency medical services and acute care, mid- and long-term care and rehabilitation. Injury severity scores
	VII. Interdisciplinary approach to injury prevention	The role of education, the law and other disciplines—communication across divides
	VIII. Policy development and advocacy	The role of advocacy in policy development, the process of developing policies and their evaluation

TEACH-VIP advanced curriculum

Area of knowledge	Sections	Lesson topics
Foundations and fundamentals of injury prevention, control and safety promotion	I. Injury prevention: general principles and methods	Injury prevention: general principles
		Injury research methods: data collection
		Injury research methods: study design
	II. Injury information systems	Injury coding and classification
		Trauma scoring and injury surveillance
		Communicating injury surveillance information for public health action >>

Area of knowledge	Sections	Lesson topics
Specialized areas	III. Road traffic injuries	Determinants and risk factors
		Planning and implementing road traffic injury interventions
		Putting knowledge into practice
	IV. Injuries due to falls and burns	Injuries due to falls
		Injuries due to burns
		Falls and burns: programme planning
	V. Drowning, poisoning and animal-related injuries	Drowning-related injuries
		Child poisoning
		Animal-related injuries
	VI. Child injury	Under 5 year olds
		5–9 year olds
		Adolescents
	VII. Child maltreatment	Child maltreatment 1
		Child maltreatment 2
		Child maltreatment 3
	VIII. Elder abuse and neglect	Elder abuse as a social phenomenon
		Interventions for elder abuse prevention
		Prevention, ethics and policy in elder abuse situations
	IX. Youth violence	Youth as victims and victimizers
		Exposure to violence in youth
		Preventing youth violence; preventing victimization
	X. Intimate partner and sexual violence	Magnitude, risk and protective factors
		Evidence base for primary prevention
		Improving programme planning and evaluation
	XI. Suicide and self-harm	A stress vulnerability model and the development of the suicidal process
		The public health approach: primary prevention
		Suicide prevention in health care and psychiatry: secondary and tertiary prevention
	XII. Alcohol and violence	Youth violence and alcohol
		Child maltreatment and alcohol
		Alcohol and intimate partner violence
	XIII. Disability and rehabilitation	Health, disability and rehabilitation
		Rehabilitation services
		Policy and rights for people with disabilities
Foundations and fundamentals of injury prevention, control, and safety promotion	XIV. Injury care and rehabilitation	Trauma care systems
		Pre-hospital care
		Facility-based care: acute care and rehabilitation
	XV. Ethical issues in violence and injury prevention	Self-inflicted injuries, suicide attempts and suicide
		Unintentional injuries
		Violence
	XVI. Policy development	General principles
		Multi-sectoral policy making and monitoring
		Integrating injury policymaking within agendas

Appendix 2.
Examples of successful TEACH-VIP training sessions

This appendix briefly presents some of the techniques and elements used within some TEACH-VIP training sessions to date that have been highly evaluated by participants. The intention is to use these examples as a means to illustrate how trainers successfully incorporated additional material with the TEACH-VIP lesson material and used various techniques to stimulate interaction and interest during the training.

TEACH-VIP training session One: an intensive two-day course

The programme for the workshop was structured around five TEACH-VIP lessons delivered to a training audience of injury prevention service providers over two days. While this may appear to have only provided five hours of instruction, in fact the two-day training session was complemented by a number of additional activities that were implemented in addition to the TEACH-VIP material. The TEACH-VIP training material was also modified and locally adapted.

The following is a brief overview of the major elements that were incorporated into the training course and adaptations made to the original training material.

- TEACH-VIP training materials were contextualized into the local setting. This was done by using local statistics, local web sites and, if possible, local case studies. Global examples were maintained where appropriate.
- Simplified some of the wording on the slides as some were too academic for the training audience.
- Deleted repetitive information within lessons selected for inclusion.
- Added student activities to make the training session interactive.
- Used alternative teaching graphics and tools to highlight some more difficult concepts, e.g. Haddon matrix.

TEACH-VIP training session Two: a one-week short course training session

The training session was delivered over a one-week period to an audience consisting of government agency staff involved in public health. A total of five hours of instruction was scheduled for each day and an additional hour

of exercises was also scheduled for three of the days. Some of the steps taken by course organizers in this setting were:

- designating a period for questions from the training audience which occurred at the end of each lecture and encouraged both feedback on training methods and questions or clarification about the materials;
- adding local examples to the material;
- removing excess text from slides and adding visual material;
- reducing overly detailed or complex information.

TEACH-VIP training session Three: a six-month training session

This training session involved the administration of a substantial number of TEACH-VIP training materials to a training audience consisting of Masters of Public Health students (many with wide-ranging experience that involved exposure to injury prevention) over a six-month period.

In this setting trainers undertook to make the following modifications to the TEACH-VIP training material.

- Local data drawn from local government and national government sources were incorporated into the relevant slides from TEACH-VIP.
- Direct contact was made with regional organizations involved in injury prevention to include within the material a summary of the locally available injury prevention resources and capacities.
- A nationally televised documentary dealing with an injury topic was utilized within the course as a local case study.
- Due to the experience present within the training audience, interactive sessions were added to the lectures to allow for discussion and ideas to pass between trainers and participants.
- Due to a relatively well-developed series of local interventions to prevent violence, discussions were raised on similarities and differences between local approaches to prevention and the examples provided in the original TEACH-VIP training content.

The brief outline provided above around three successful examples of implementation of TEACH-VIP reveals two important similarities. Firstly, the TEACH-VIP training material was thoughtfully adapted to suit the local context and background and needs of the training audience. Secondly, the scope and specific training objectives of the training session were carefully matched to the time available. Care was taken not to overload students and provide them with opportunities for being active participants in the training.

These basic similarities should serve as a guide to the successful modification and implementation of the TEACH-VIP training materials in any setting. Further material relating to how training sessions may be made more effective can be found within the *Welcome to TEACH-VIP* document found on the TEACH-VIP CD-ROM.

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