

WHEELCHAIR

SERVICE TRAINING OF TRAINERS PACKAGE

Trainer's Manual
INTERMEDIATE LEVEL

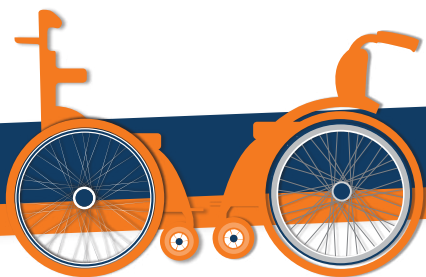


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Wheelchair service training of trainers package

Contents: Trainer's manual basic level – Trainer's manual intermediate level – Trainer's manual managers and stakeholders – ToT handbook basic level – ToT handbook intermediate level – ToT handbook managers and stakeholders
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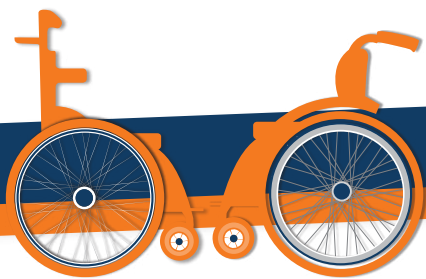
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Terminology

The following terms used throughout the WSTPtot are defined below.

ToT trainer	Person delivering the WSTPtot
Trainees	All participants attending the WSTPtot
Lead trainees	Trainees leading the delivery of an assigned WSTPb/i/m/s session
Support trainees	Trainees assigned to support the lead trainer/trainee in specific WSTPb/i/m/s sessions
ToT participants	Trainees who are in the role of the WSTPb/i/m/s participants during practice delivery sessions
Participants	People who are attending the WSTPb/i/m/s
ToT Handbook	Combined reference manual and workbook for ToT trainees

Acronyms

The following acronyms used throughout the WSTPtot are defined below.

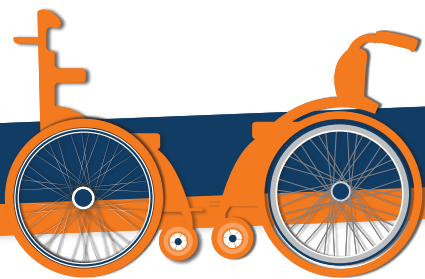
ASIS	Anterior superior iliac spine
AV equipment	Audio-visual equipment
CBR	Community-Based Rehabilitation
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DPO	Disabled People's Organization
INGO	International Non-governmental Organization
ISO standards	International Organization for Standardization standards
ISPO	International Society of Prosthetics and Orthotics
ISWP	International Society of Wheelchair Professionals
ITs	Ischial tuberosities (seat bones)
NGO	Non-governmental Organization
OPD	Organization of Persons/People with Disabilities
PPT/s	PowerPoint Presentation/s or slides
PSD	Postural Support Device
PSIS	Posterior superior iliac spine
PWDs	Persons with disabilities
SDGs	Sustainable Development Goals
ToT	Training of Trainers
USAID	United States Agency for International Development
WHO	World Health Organization

WSTP	Wheelchair Service Training Package
WSTP_b	Wheelchair Service Training Package – Basic Level
WSTP_i	Wheelchair Service Training Package – Intermediate Level
WSTP_m	Wheelchair Service Training Package for Managers
WSTP_s	Wheelchair Service Training Package for Stakeholders
WSTP_{tot}	Wheelchair Service Training of Trainers Package

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About the Wheelchair Service Training of Trainers Package

Introduction

Following the release of its *Guidelines on the provision of manual wheelchairs in less-resourced settings*¹ in 2008, the World Health Organization (WHO) in partnership with the United States Agency for International Development (USAID) developed a series of four training packages to increase wheelchair access in developing countries. The *Wheelchair Service Training of Trainers Package* (WSTPtot) is the latest in this series and focuses on developing trainers to deliver the existing packages.

The need for wheelchair personnel, and therefore trainers of wheelchair personnel, is universal. With the launch of the WSTPtot, WHO expects the numbers of trained wheelchair personnel to increase substantially, enabling many more people to access an appropriate wheelchair and fulfil their potential.

The WSTPtot comprises a *Core training skills* module and one package-specific module from the existing four packages: the *Wheelchair Service Training Package – Basic Level* (WSTPb) 2012; the *Wheelchair Service Training Package – Intermediate Level* (WSTPi) 2013; the *Wheelchair Service Training Package for Managers* (WSTPm) 2015; and the *Wheelchair Service Training Package for Stakeholders* (WSTPs) published in 2015. The WSTPm and WSTPs have been combined into one package-specific module within the WSTPtot.

The WSTPtot can be delivered in 40 hours, but this period may be extended or reduced depending on the specific needs and resources available in each context. On completion of the WSTPtot, a trainee should go forward to deliver their training package alongside an experienced trainer, allowing them to gain the skills and experience to then train independently.

1 Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (<http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>).

Target audience

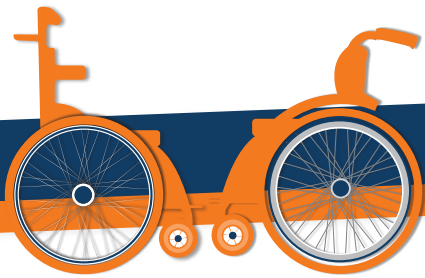
The WSTPtot is made up of four modules:

- *Core training skills* – two days
- *Basic Level (WSTPb)* – three days
- *Intermediate Level (WSTPi)* – three days
- *Managers and Stakeholders (WSTPm/s)* – three days.

All trainees should complete the *Core training skills* module followed by one of the package-specific modules:

- **The WSTPtot Basic Level** module is targeted at trainers who plan to deliver the WSTPb. Previous experience providing basic-level wheelchairs is essential; the WSTPtot has been designed assuming that trainees are able to demonstrate the competencies taught in the WSTPb.
- **The WSTPtot Intermediate Level** module is targeted at trainers who plan to deliver the WSTPi. Previous experience providing intermediate-level wheelchairs is essential; the WSTPtot has been designed assuming that trainees are able to demonstrate the competencies taught in the WSTPi.
- **The WSTPtot Managers and Stakeholders** module is targeted at trainers who plan to deliver the WSTPm and WSTPs. Previous experience implementing, managing or evaluating wheelchair services; or working to raise awareness among stakeholders of the need, benefit or development of wheelchair services is essential for trainees to gain the most from the *WSTPtot Managers and Stakeholders* module.

Trainees should have access to co-training opportunities within three months of completing the WSTPtot in order to consolidate and practise newly acquired skills.



Trainers

Skills: The ToT trainers delivering this package should have:

- significant experience delivering the WSTPi and mentoring others to deliver them
- a good understanding of the context in which they are delivering the WSTPtot
- knowledge of international guiding documents related to wheelchair provision
- the experience and ability to engage stakeholders in discussions about wheelchair provision.

Wheelchair users: As with the other WSTP, inclusion of wheelchair users in the training team is highly recommended. Wheelchair users can draw on their own experiences to give a valuable perspective on how appropriate wheelchair provision affected their feeling of inclusion and quality of life. They can also talk about the central role wheelchair users play in the selection of their own wheelchair.

Number of ToT trainers: Trainees need to be closely supported, so it is recommended that there is one ToT trainer for every four to five trainees for the *Basic* and *Intermediate* modules, and one ToT trainer for every six trainees for the *Managers and Stakeholders* module.

How to get started

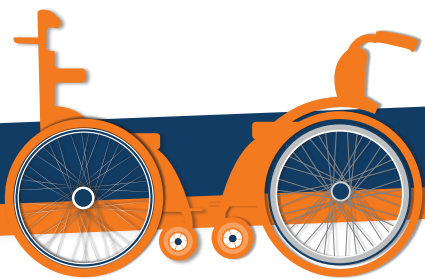
Before running the ToT programme, copy the WSTPtot folder from the WSTP Pen Drive to your computer's hard drive.

- Read *1. Guidance notes for ToT trainers* below. Prepare materials in the tables on pages xviii–xxiv.
- Make all the necessary arrangements, as described in the section *How to prepare to deliver the training package*.
- Give each trainee a full set of the training materials listed on pages xviii–xx of this manual.

I. Guidance notes for ToT trainers

Training overview

Core training skills module	Minutes	Day
ToT.1 Introduction to the Wheelchair Service Training of Trainers Package	75	Day 1
ToT.2 Wheelchair service training packages	90	
ToT.3 Practice delivery sessions	60	
ToT.4 Preparing for diversity	60	
ToT.5 Adult learning	85	
ToT.6 Preparation time	15	
Preparation	45	Day 2
ToT.7 Presenting and facilitating	60	
ToT.8 Communication skills	90	
ToT.9 Knowledge of guiding documents	75	
ToT.10 Audio-visual tools and equipment	45	
ToT.11 Feedback	45	
ToT.12 Managing group dynamics	40	
Preparation	75	
Intermediate Level module		
B.2: Physical assessment – sitting posture without support	120	Day 3
B.3: Physical assessment – pelvis and hip posture screen	120	
B.4: Physical assessment – hand simulation	75	
Session preparation, ToT trainer individual feedback	75	
B.5: Physical assessment – taking measurements	47	
B.8: Prescription (selection) of PSDs – stabilising the pelvis	75	Day 4
B.5: Physical assessment – taking measurements	75	
B.8: Prescription (selection) of PSDs – stabilising the pelvis	135	
B.9: Prescription (selection) of PSDs – supporting the hips	60	
B.10: Prescription (selection) of PSDs – supporting the trunk (part I)	135	
Session preparation, ToT trainer individual feedback	75	Day 5
B.11: Prescription (selection) of PSDs – supporting the head, thighs and lower legs	135	
B.12: Product (wheelchair) preparation	75	
B.13: Fitting	75	
B.14: User training	75	
ToT Trainer individual feedback	30	
Closing ceremony	15	
Total training time	2180	



Training package timetable and duration

The WSTPtot *Core training skills* and *Intermediate Level* modules can be delivered on consecutive days or in blocks over a period of time. A sample five-day timetable is available in the WSTPtot folder on the WSTP Pen Drive.

ToT trainers are encouraged to adapt and modify the timetable to suit the local context and the learning needs of trainees.

Core training skills session plans

The *Core training skills* module is made up of 12 sessions that each begin with a detailed session plan. The plan covers the following key points and is designed to help ToT trainers organize and deliver the sessions.

- Aim – what is the aim of the session
- Learning objectives – what will trainees have achieved by the end of the session
- Resources – what resources are needed for the session
- To prepare – checklist to help the ToT trainer prepare for the session
- Outline – the main contents of the session with timing.

ToT trainers are encouraged to bring their own knowledge, skills and style to the sessions and to draw out the trainees' experience throughout the WSTPtot.

WSTPi session plans

After completing the *Core training skills* module, trainees go on to the second part of the WSTPtot where they will practise the training skills they have learnt by delivering sessions from the WSTPi. Sessions are allocated to trainees and their delivery is followed by feedback and discussion. The practice delivery sessions allow the ToT trainer to observe and assess the trainees' skills.

- **Practice delivery:** Each practice delivery includes presentations of allocated sections of a session by the trainee.
- **ToT trainer demonstrations:** some sessions include a section that the ToT trainer will deliver as an example of good practice.
- **Feedback:** After the session, the ToT trainer will facilitate feedback from the trainee and the ToT participants. Further instructions for providing feedback can be found on page xxv–xxvi of this manual, *Guide to facilitating practice delivery sessions*.

Prepare trainees for practice deliveries

To enable trainees to prepare well for the WSTPtot, it is important to give them the WSTPi materials in advance. This can be a paper copy of the package, an e-copy or a link to download it. Trainees should be prepared to deliver any of the sessions.

A sample letter for trainees to prepare for the WSTPtot can be found in the WSTPtot folder on the WSTP Pen Drive.

Practice delivery allocations

Example practice delivery allocations can be found in the *WSTPtot Intermediate Level allocation* document in the WSTPtot folder. ToT trainers should modify this to their training context and trainee numbers. Practice delivery sessions are assigned during the first day of the *Core training skills* module in session *ToT.3 Practice delivery sessions*.

Note: If trainees have already attended the Core training skills module and will begin directly with the WSTPi module, they should be notified of their practice delivery sessions two-to-three days in advance.

Mentoring and peer support

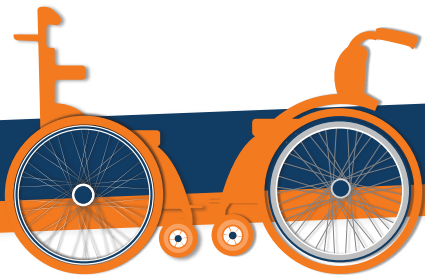
The ToT trainer has an important role to play as a mentor. Each trainee must be allocated a mentor ToT trainer at the beginning of the training programme. ToT trainers should divide trainees equally between them. As a mentor the ToT trainer is the trainee's main point of contact for questions about their practice delivery sessions and is also there to provide feedback on the trainee's progress.

ToT trainers are encouraged to continue to mentor trainees after the WSTPtot.

Trainees can also get valuable ongoing support from their peers, which will help them to develop their skills and confidence. Trainees may benefit from joining or creating a group on a social media platform, to ask questions and share learning experiences.

Co-training

After completing the WSTPtot, trainees should continue to develop their skills by co-training alongside experienced trainers. ToT trainers should promote co-training experiences as the best way for trainees to continue to develop their training skills after completing the WSTPtot.



The recommended ratio for co-training is one mentor trainer for every two to four co-trainers.

In some cases, ToT trainers may recommend that trainees develop stronger clinical or technical knowledge or skills before co-training. This information should be recorded in the feedback from practice deliveries and shared with the trainee.

Evaluating the ToT programme after each delivery

It is good practice to evaluate every training programme after it has been delivered. ToT trainers should gather regular feedback from trainees and record their own thoughts during the ToT programme. This will help ToT trainers to improve both the WSTPtot and their own training skills. It is very helpful if you can provide feedback and data including:

- participant registration and evaluation forms
- your reflections or comments on the WSTPtot.

Training programme evaluation forms are available in the WSTPtot folder on the WSTP Pen Drive and can be adapted by ToT trainers to meet their specific needs.

2. How to prepare to deliver the training package

Know the background of each trainee

It is important to be familiar with the background of each trainee. This includes:

- understanding what experience the trainee already has in wheelchair provision
- being aware of any training programmes the trainee has already attended or delivered
- knowledge of future opportunities for the trainee to deliver the WSTPi.

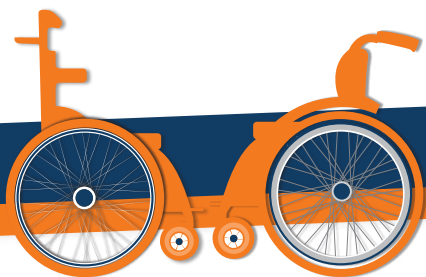
Find out how wheelchair service delivery and training fits within the trainee's overall duties at their place of work.

Prepare the training facilities

To run the WSTPtot you will need:

- one large training room (or space) that is big enough to allow trainees to divide up and work together in small groups and quiet enough to enable trainees to concentrate
- a separate space for lunch/refreshments
- clean toilets.

All areas, including toilets, must be wheelchair accessible.



The following checklist can be used to assess and prepare training facilities.

Facilities checklist

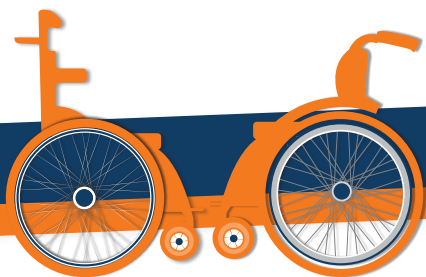
Training room	
Lecture area	<input type="checkbox"/>
Chairs for each trainee with a flap-tray or other facility so trainees can write notes	<input type="checkbox"/>
Space for trainees to break into small groups of two-to-four people	<input type="checkbox"/>
Space to display at least three wheelchairs and be able to move them around	<input type="checkbox"/>
Adequate lighting and ventilation	<input type="checkbox"/>
Lockable/secure space	<input type="checkbox"/>
Lunch/refreshment area	
Clean area for eating	<input type="checkbox"/>
Tables and chairs	<input type="checkbox"/>
Nearby space for washing hands – clean towels and soap	<input type="checkbox"/>
Toilets	
Clean toilets supplied with water; toilet paper; washing facilities and bins	<input type="checkbox"/>

Prepare the training resources and equipment

WSTPtot printed resources

Resource	Quantity	X	Comments/instructions
Manuals			
<i>ToT Trainer's Manual</i>	1 per ToT trainer (for each module delivered)	<input type="checkbox"/>	Print and bind.
<i>ToT Handbook</i>	1 per trainee (for each module delivered) and 1 per ToT trainer	<input type="checkbox"/>	Print and bind.
<i>WHO Guidelines on the provision of manual wheelchairs in less-resourced settings</i>	1 per trainee	<input type="checkbox"/>	Print and bind or provide a soft copy.
<i>United Nations Convention on the Rights of Persons with Disabilities (CRPD)</i>	1 per trainee	<input type="checkbox"/>	Print and bind or provide a soft copy.
Set of printed resources for package-specific module (WSTPi)	1 per trainee and ToT trainer	<input type="checkbox"/>	This includes manuals, workbooks, posters, forms and checklists. See table below for more details.

Training programme forms			
Participant registration form	1 per programme	<input type="checkbox"/>	Use this form to keep a record of trainees attending.
Name tags	1 per trainee and per ToT trainer	<input type="checkbox"/>	–
Timetables (<i>Core training skills</i> and package-specific module)	1 per trainee for each relevant module	<input type="checkbox"/>	Sample for each module available on WSTP Pen Drive; adjust to suit local context.
Photo consent form	1 form	<input type="checkbox"/>	Adapt this form for the host/ training organization; translate into local language; ensure any person who is photographed signs this form.
Trainee certificate	1 per trainee	<input type="checkbox"/>	Prepare trainee certificates or adapt the template provided on the WSTP Pen Drive.
Training programme evaluation forms <ul style="list-style-type: none"> • <i>Core training skills</i> • Package-specific module 	1 per trainee	<input type="checkbox"/>	Collate information after delivery and share with WHO.
<i>Feedback sheet for WSTPtot practice delivery sessions</i>	ToT trainer will require 1 per trainee.	<input type="checkbox"/>	Print at least 1 per trainee. This sheet can be used to provide feedback on up to 3 practice deliveries.



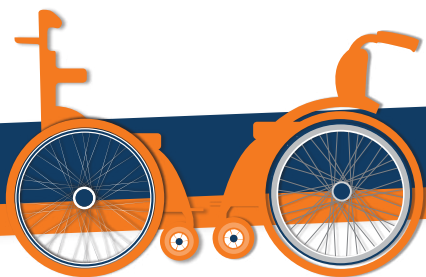
WSTPi printed resources

Resource	Quantity	×	Comments/instructions
Manuals, workbook and posters			
<i>Trainer's Manual</i>	1 per trainee and ToT trainer	<input type="checkbox"/>	Print and bind.
<i>Reference Manual</i>	1 per trainee and ToT trainer	<input type="checkbox"/>	Print and bind.
<i>Participant's Workbook</i>	1 per trainee and ToT trainer	<input type="checkbox"/>	Print and bind.
<i>Set of posters, including:</i> <i>Children and wheelchairs</i> <i>Different positions</i> <i>Postural Support Device (PSD) table</i> <i>Intermediate-wheelchair user training checklist.</i>	1 per trainee and ToT trainer	<input type="checkbox"/>	–
Wheelchair service forms and checklists:			
Intermediate wheelchair assessment form	1 per trainee and ToT trainer	<input type="checkbox"/>	–
Intermediate wheelchair prescription form		<input type="checkbox"/>	–
Intermediate wheelchair fitting checklist		<input type="checkbox"/>	Print and laminate. Checklists can be found in the WSTPi resources under Forms, and checklists.
Intermediate wheelchair user training checklist		<input type="checkbox"/>	
Intermediate wheelchair safe and ready checklist		<input type="checkbox"/>	
Postural support device (PSD) table		<input type="checkbox"/>	

Equipment

General training equipment

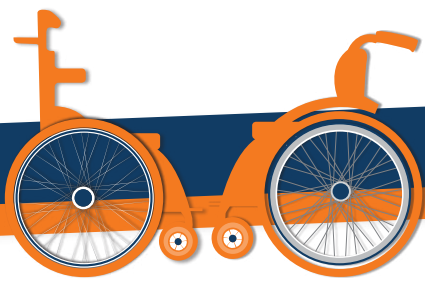
Item	Quantity	X	Comments/instructions
Large whiteboard	1	<input type="checkbox"/>	–
Whiteboard marker pens	3–4	<input type="checkbox"/>	Various colours
Data projector	1	<input type="checkbox"/>	–
Computer	1	<input type="checkbox"/>	–
Portable speakers	1 set	<input type="checkbox"/>	To improve video sound quality
Pointer/remote control	1	<input type="checkbox"/>	–
Flipchart stand and paper	1–2 stands and 1 pack of paper	<input type="checkbox"/>	–
Flipchart pens	3–4	<input type="checkbox"/>	Various colours
Post-it notes	3–4 blocks	<input type="checkbox"/>	Various colours
Masking tape or similar	1 roll	<input type="checkbox"/>	To attach flipchart sheets and posters to walls
Extension cord	At least 1	<input type="checkbox"/>	–
Multi-plugs/adapters	As needed	<input type="checkbox"/>	–



Intermediate Level equipment

Item	Quantity	X	Comments/instructions
Blocks of firm foam 30 mm x 150 mm x 300 mm	9	<input type="checkbox"/>	–
Wedges of firm foam 30 mm x 150 mm x 200 mm	9	<input type="checkbox"/>	See diagram in <i>WSTPi Trainer's Manual Annex II</i> .
Cardboard/plastic goniometers	3	<input type="checkbox"/>	–
Tape measure	3	<input type="checkbox"/>	Firm retractable tape measure in mm (not soft dressmaker's tape measure).
Clipboards	6	<input type="checkbox"/>	–
Assessment beds	3	<input type="checkbox"/>	A bench/assessment bed or plinth. The height should be level with average wheelchair-seat height. Avoid a hard surface if possible – if using benches provide a thin foam layer and cover, or yoga mat.
Set of foot blocks	3	<input type="checkbox"/>	Wooden blocks to provide support for wheelchair user's feet when sitting on the assessment bed. Several different heights should be available.
Wheelchairs: At least 1 of each locally-available wheelchair and supportive seat. Ensure all wheelchairs are in good working order and have a cushion.			
Wheelchairs with supportive seat	2–3	<input type="checkbox"/>	–
Manual wheelchair, folding frame, basic or adjustable, 4-wheeler	2–3 commonly used	<input type="checkbox"/>	–
		<input type="checkbox"/>	–
Manual wheelchair, rigid frame, 4-wheeler	Range with no arm rests/different style arm rests	<input type="checkbox"/>	–
Static seat	1–2 if commonly used	<input type="checkbox"/>	–
Manual wheelchair with slung seat and backrest (use for session B10)	1	<input type="checkbox"/>	–

Manual wheelchair with long wheelbase, if possible with solid backrest and seat (use for session B10)		<input type="checkbox"/>	–
Manual wheelchair, folding frame, kids size, slung seat and backrest (use for session B10)	I	<input type="checkbox"/>	–
Basic toolbox – to make adjustments to wheelchairs used during the training	I	<input type="checkbox"/>	–
Cushions			
Cushion that has been modified to support fixed unlevel pelvis	I	<input type="checkbox"/>	–
Cushion that has been modified to support a hip that cannot bend to neutral sitting posture (trunk-to-thigh angle more than 90 degrees)	I	<input type="checkbox"/>	–
Cushion (standard) with large wedge (minimum 20 cm high) to demonstrate how to accommodate both hips that cannot bend to neutral sitting posture (trunk-to-thigh angle more than 90 degrees)	I	<input type="checkbox"/>	–
Cushion that has been modified to support one hip or both hips that cannot open to neutral for sitting posture (trunk-to-thigh angle less than 90 degrees)	I	<input type="checkbox"/>	–
Cushion that has been modified with wedge for anterior tilt	I	<input type="checkbox"/>	–
Cushion to fit each wheelchair above	Cushions for each wheelchair above	<input type="checkbox"/>	–



PSD kit: Locally-available examples of the following PSDs will help to demonstrate the different supports taught in this training programme. Trainers should aim to have a sample of any commonly-available pre-fabricated PSDs.

Pelvis side pads	2	<input type="checkbox"/>	–
Outside thigh pads	2	<input type="checkbox"/>	–
Knee separator pad	1	<input type="checkbox"/>	–
Tension adjustable backrest	1	<input type="checkbox"/>	–
Trunk side pads	2	<input type="checkbox"/>	–
Headrest	1	<input type="checkbox"/>	–
Pelvis strap	1 per group	<input type="checkbox"/>	–
Calf strap	1	<input type="checkbox"/>	–
Foot straps	2	<input type="checkbox"/>	–
Shoulder harness	1	<input type="checkbox"/>	–

Samples of the following locally-used materials, for demonstration purposes only, for session B12: *Product preparation*

Wood/metal/plastic for rigid seats and backrests	1 of each type locally available	<input type="checkbox"/>	–
Firm foam (chip foam)	5	<input type="checkbox"/>	50 x 400 x 400 mm pieces
Soft foam	5	<input type="checkbox"/>	50 x 400 x 400 mm pieces
Eva foam	5	<input type="checkbox"/>	50 x 400 x 400 mm pieces
Sample fabric for cushion covers Fabric:	1 of each type locally available	<input type="checkbox"/>	Stretchy, strong, and water resistant
Nylon webbing	1 of each type locally available	<input type="checkbox"/>	–
Velcro with buckles	1 of each type locally available	<input type="checkbox"/>	–
Fasteners	1 of each type locally available	<input type="checkbox"/>	–
Nuts and bolts	1 of each type locally available	<input type="checkbox"/>	–

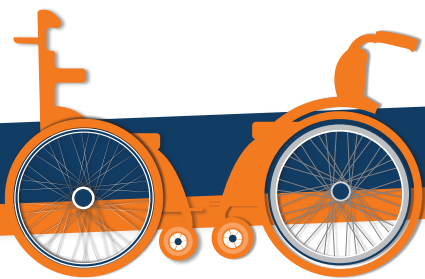
Get to know the training resources

As a ToT trainer, you will need a comprehensive knowledge of all the WSTPi resources. This includes familiarizing yourself with all aspects of the package-specific *Trainer's Manual* as well as the *Reference Manual for Participants*, *Participant's Workbook* and other resources on the WSTP Pen Drive.

You should also be familiar with all sections of the *ToT Trainer's Manual* and the *ToT Handbook*. You may be co-training the WSTPtot with another ToT trainer, however it is important for you to be familiar with all sessions. For example, you will need a good understanding of all the *Core training skills* taught in the WSTPtot and to model them as good practice during your own session deliveries.

Guide to facilitating practice delivery sessions

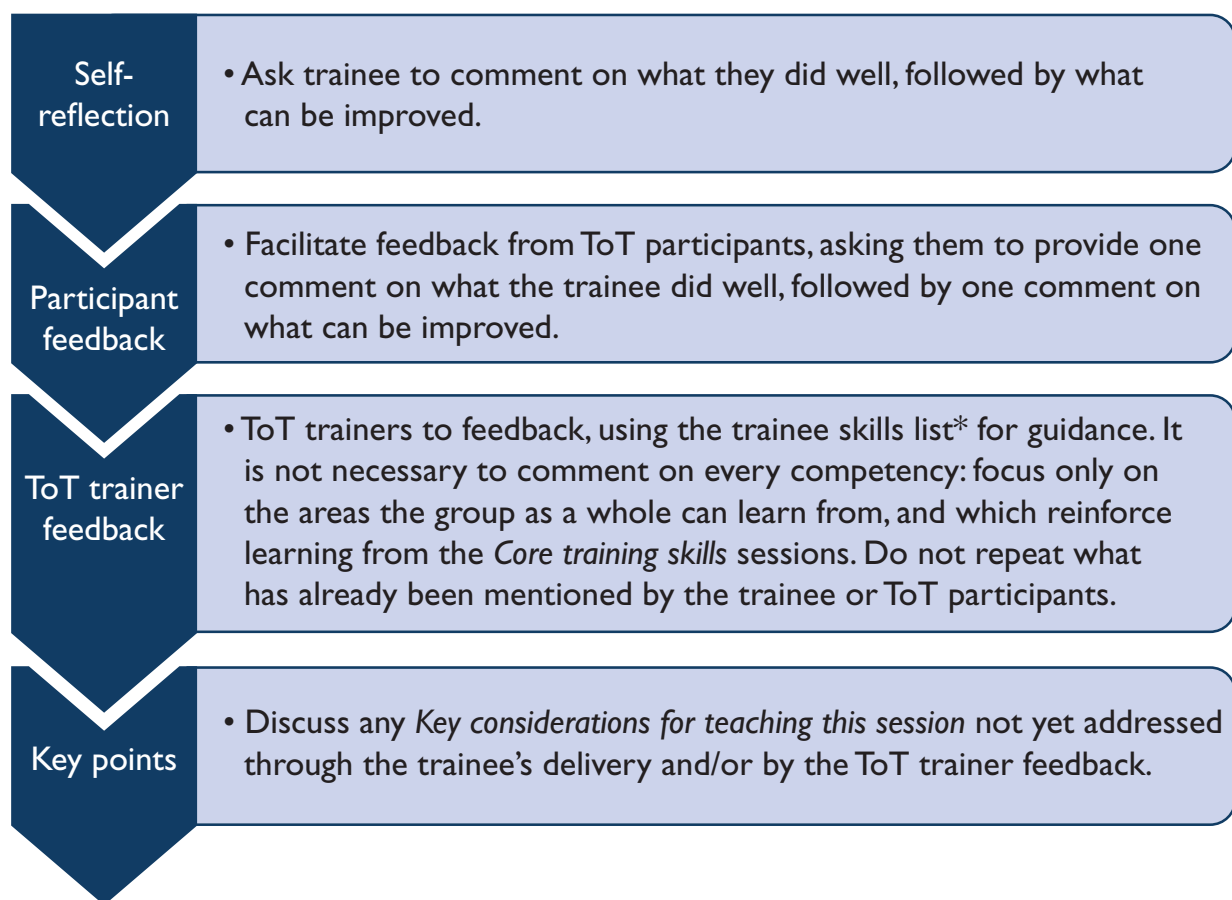
- Monitor the delivery time and stop the trainee when their allocated time is up, even if they have not finished.
- Where a session is shared by two or more trainees, to keep things moving run the whole session before facilitating feedback for each of the trainees in turn (unless the session requires a break due to WSTPtot timing).
- Be familiar with the *Errors in the WSTP materials* and *Key considerations for teaching this session* in the *ToT Trainer's Manual*, and watch to see if the trainee has addressed them.
- Follow the session in the *WSTP Trainer's Manual* and the *ToT Trainer's Manual*.
- During the delivery, complete the *Feedback sheet for WSTPtot practice delivery sessions*, found on the WSTP Pen Drive.
- During practical activities don't step in too quickly if the session is not running smoothly. Allow the trainees time to rectify the situation and redirect participants themselves. Only step in if there are safety concerns, or if trainees are unable to bring the session back on track themselves.



Facilitating feedback after practice deliveries

Your role is to facilitate the feedback sessions and ensure they are brief, constructive and relevant.

After the practice delivery is completed, go through the following process.



* Found in the *Feedback sheet for WSPtTot practice delivery sessions*.

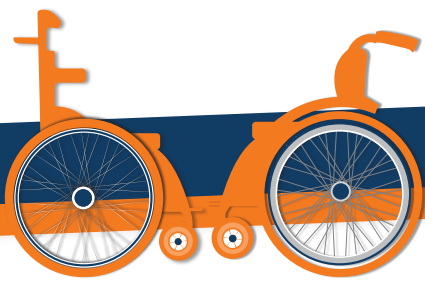
Closely monitor the feedback to ensure that it is constructive. Step in if a participant gives feedback that is negative or hurtful. Give examples of how to rephrase feedback so that it is constructive.

Individual feedback

Based on the ToT trainer mentor allocations, ToT trainers arrange a time to discuss feedback with each lead trainee, using the *Feedback sheet for WSPtTot practice delivery sessions* as a guide. Use this time to also feedback any additional or sensitive comments.

Core training skills module





ToT.I Introduction to the Wheelchair Service Training of Trainers Package

AIM	To introduce trainees to the Wheelchair Service Training of Trainers Package (WSTPtot).
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe the aim and objectives of the ToT programme <input type="checkbox"/> explain the ToT programme timetable and WSTPtot process.
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.I: Introduction to the WSTPtot</i> <input type="checkbox"/> name tag for each ToT trainer. <p>For each trainee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> different coloured sticky notes (A5 or similar): 3 or 4 pieces <input type="checkbox"/> <i>ToT Handbook</i> <input type="checkbox"/> module-specific WSTP trainer's manual, participant's reference manual and workbook, posters and WSTP Pen Drive <input type="checkbox"/> <i>WHO Wheelchair Guidelines and the United Nations Convention on the Rights of Persons with Disabilities (CRPD)</i> <input type="checkbox"/> timetables for <i>Core training skills</i> module and package-specific module <input type="checkbox"/> blank name tag.
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Arrange a short opening ceremony for the WSTPtot as locally appropriate. <input type="checkbox"/> Prepare the housekeeping information. <input type="checkbox"/> Prepare flipchart papers for Ground Rules and Car Park. <input type="checkbox"/> Set up the training room: tables and chairs; projector, computer and screen; whiteboard; flipchart stand and paper; and markers. <input type="checkbox"/> Sort resources into sets for each participant and set them out. To avoid confusion only provide trainees with the <i>ToT Handbook</i>, their package-specific WSTP <i>Trainer's Manual</i> and the ToT timetable at the start of the day. Provide remaining resources at the end of the day. <input type="checkbox"/> Prepare a Wall of Experience. Print or write headings given in Section 5 on large sticky notes or A5 paper and put them on the wall under a Wall of Experience heading.

OUTLINE	1. Opening ceremony	10
	2. Welcome and introductions	10
	3. Introduction to this session	1
	4. Housekeeping and Ground Rules	10
	5. Wall of Experience	15
	6. Overview of the WSTPtot	27
	7. Key point summary	2
Total session time		75

1. Opening ceremony (10 minutes)

In collaboration with the host organization, hold an opening ceremony for the WSTPtot as locally appropriate.

2. Welcome and introductions (10 minutes)

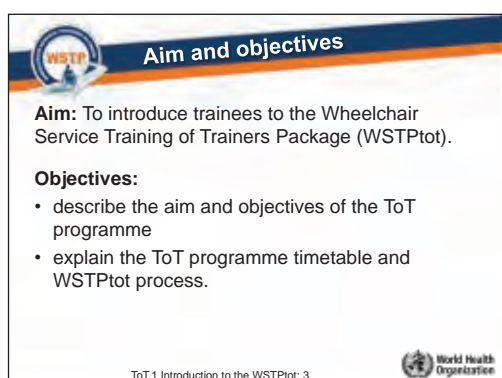


ToT trainers: Welcome everyone and introduce yourselves. Give a brief overview of your background and your experience in wheelchair provision and training.

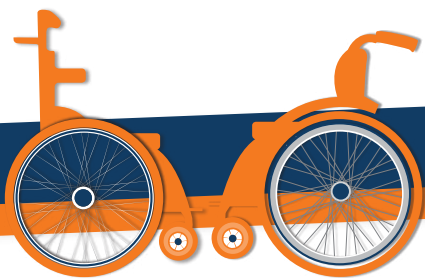
Ask trainees to introduce themselves, giving their name, job role and organization.

Give out name tags and ask trainees to write their name.

3. Introduction to this session (1 minute)



Explain the aim and objectives of the session.

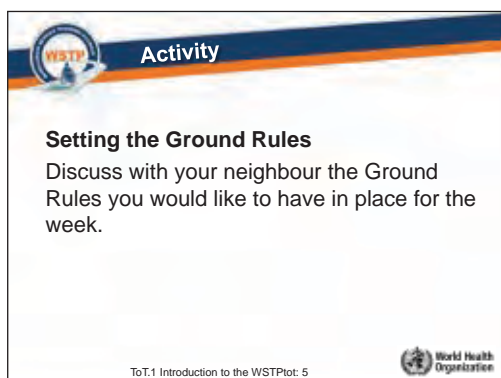


4. Housekeeping and Ground Rules (10 minutes)



Explain the following, as required:

- location of toilets
- refreshments and lunch arrangements
- any accessibility issues
- what to do if there is an emergency
- any other administration issues.



Show the slide throughout the activity.

Activity I	
Groups:	Divide trainees into pairs.
Instructions:	<p>Explain: We will now establish the Ground Rules for this training.</p> <p>Ask trainees to briefly discuss the Ground Rules they would like to have in place for the week.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 2 minutes for the activity and 5 minutes for feedback.
Feedback:	<p>Ask each pair to give one item from their list and record each rule on the flipchart until there are no more ideas.</p> <p>Gather feedback from trainees to ensure they agree on the rules.</p> <p>Ask how the group wants to manage people who break these rules.</p> <p>Pin up the Ground Rules on the wall for reference throughout the ToT programme.</p>

Notes for ToT trainers:

- **Explain** that everyone is responsible for enforcing the Ground Rules, not just the ToT trainer.
- **Refer** trainees to the list each time a Ground Rule is broken.

Examples of Ground Rules include:

- mobile phones – switch to silent
- no side talking or talking over other people
- respect for others' points of view
- be on time for all sessions
- keep the training area clean and tidy
- contribute to the discussions
- use appropriate disability terminology.




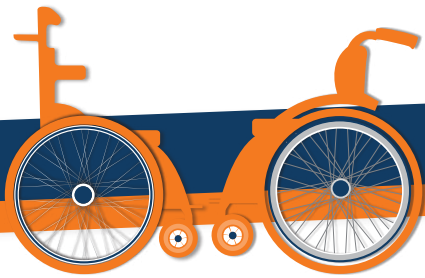
Explain:

- The WSTP promotes the use of positive terminology in relation to people with disabilities.
- Trainers must model good practice and follow the language guidance set out in the WSTP and the CRPD.
- Terms such as 'the disabled' or 'disabled people' or 'special people' are not appropriate, and should not be used.
- Always use 'persons with disabilities' or 'people with disabilities'.
- Avoid using the term 'normal people' when referring to people without disabilities.

Add 'use appropriate disability terminology' as a Ground Rule if it is not listed. Suggest that trainees monitor the use of positive terminology throughout the ToT.

Notes for ToT trainers:


- Although we recommend avoiding use of the term 'disabled people', the terms 'Disabled People's Organization' and 'DPO' are still in wide use and generally accepted. Encourage the use of the term 'Organization of Persons/People with Disabilities' (OPD), which is becoming increasingly common.



Car Park

- Sometimes called Parking Lot
- Topics and questions that come up in a session but are outside the content or cannot be covered immediately will be 'parked' and discussed at a later time.

ToT.1 Introduction to the WSTPtot: 7




Explain:

- During the training, you may have questions that the trainers are unable to answer immediately, or that may be covered during a later session.
- These questions will be placed in the Car Park to be discussed at an appropriate time.

Pin up the Car Park flipchart on the wall.

5. Wall of experience (15 minutes)



Activity


Creating a Wall of Experience

Write about yourself on sticky notes. Include:

- Number of years and type/s of experience related to assistive devices
- WSTP training given or received
- Professional background
- Languages spoken.

There is no need to include your name.

ToT.1 Introduction to the WSTPtot: 8

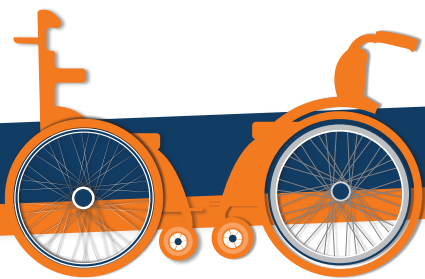


Show the slide throughout the activity.

Activity 2	
Groups:	Ask trainees to work alone.
Instructions:	<p>Put the Wall of Experience headings on the wall, including:</p> <ul style="list-style-type: none"> • WSTP training given or received • number of years and type/s of experience related to assistive devices • professional background • languages spoken. <p>Explain: We all come to this training with different types of experience, knowledge and skills. We will create a Wall of Experience together.</p> <p>Write your answers using sticky notes in a different colour for each heading (or more than one if required).</p> <p>Ask trainees to write clearly and then stick their notes up onto the wall under each heading.</p>
Monitor:	<p>Monitor the trainees and assist as needed.</p> <p>Check that trainees are writing clearly, with one statement on each piece of paper/card.</p>
Time:	Allow 10 minutes for the activity and 5 minutes for feedback.
Feedback:	<p>Ask trainees to comment on the Wall of Experience.</p> <p>Draw attention to the wealth of existing knowledge, skills and experience in the room.</p> <p>Emphasize that trainees have already progressed a long way to get to this point and they will build up even more experience from here.</p>

Notes for ToT trainers:

- Keep referring to this Wall throughout the programme and link this to other parts of the training as appropriate.



6. Overview of the WSTPtot (27 minutes)


Aim and objectives of the WSTPtot

Aim: To equip new trainers with knowledge and skills to deliver the WSTP.

Objectives:

- demonstrate the qualities of a good trainer
- create an effective learning environment
- reflect on their own training performance
- co-train on the appropriate WSTP.

ToT.1 Introduction to the WSTPtot: 9




Explain the aim and objectives of the WSTPtot.

Overview of ToT timetable

Day 1	Core training skills
Day 2	Core training skills
Day 3	Package-specific
Day 4	Package-specific
Day 5	Package-specific

ToT.1 Introduction to the WSTPtot: 10



Ask trainees to look at their copy of the ToT timetable.


Explain: the ToT is divided into two sections:

- *Core training skills* module
- package-specific module, during which trainees will practise delivering WSTP sessions to their peers.

Notes for ToT trainers:

- While there are four Wheelchair Service Training Packages, there are only three package-specific modules because the Managers and Stakeholders packages are covered in one module.

Introduce the resources that are being provided to each trainee. Briefly **explain** and **show** each one. **Explain** that some of the materials will be distributed at the end of the day.



Trainee profile

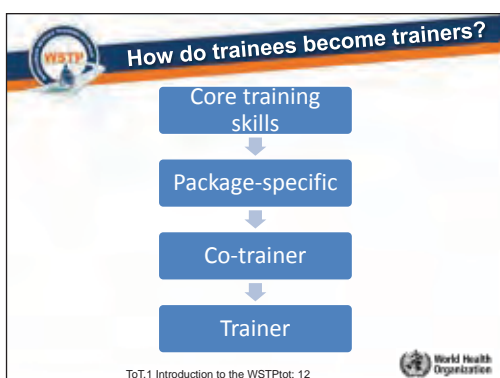
- Completed one or more WSTP
- Experience in wheelchair service provision or the disability sector
- Language proficiency
- Experience as a trainer or facilitator
- Opportunities to deliver the package after the ToT programme.

ToT.1 Introduction to the WSTPtot: 11



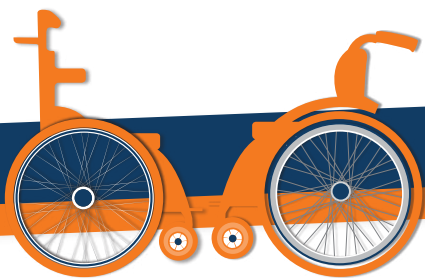
Explain: in order to get the most out of the WSTPtot, trainees should:


- have completed one or more WSTP
- have experience in wheelchair service provision or the disability sector
- be able to read and write in the language used to deliver the ToT programme
- have some experience of training or facilitating
- have opportunities to deliver the package after the ToT programme.




Explain:

- Co-training takes place after the ToT programme and before trainees train independently. Co-training experiences are the best way to further develop your training skills after completion of the WSTPtot.
- After completing the ToT programme, all trainees should have at least one co-training experience.
- Co-training with an experienced trainer will help strengthen your training skills including:
 - planning and preparing to deliver the WSTP
 - presenting and facilitating
 - mentoring participants
 - coordinating training logistics.




 **Getting enough support**

- Co-training is the best way to develop your skills
- Other ways to get support include:
 - distance support from experienced trainers
 - connecting with other ToT trainees.


ToT.1 Introduction to the WSTPtot: 13 

Explain: if you are unable to co-train with experienced trainers consider other ways to get the support you need, such as:

- contacting experienced trainers and asking them to mentor you from a distance – through email and phone contact
- connecting with other ToT trainees and supporting each other through the planning, preparation and delivery of the WSTP.

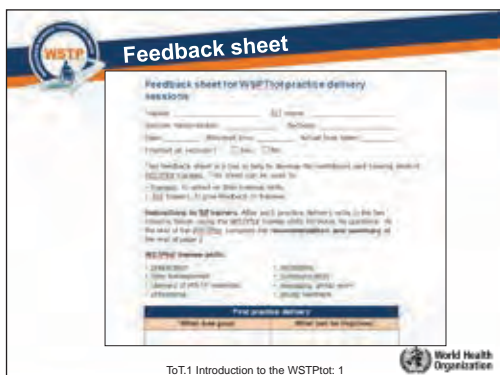
 **Co-trainings**

- Number and timing of co-trainings will vary by trainee
- ToT trainers will help decide how many co-trainings you should complete
- Logistics are a part of co-training.

ToT.1 Introduction to the WSTPtot: 14 

Explain:

- The number of co-trainings you will complete will vary by trainee.
- The timeframe for becoming a trainer will also vary based on when co-trainings are available and how many co-trainings you complete.
- ToT trainers and trainers who mentor you while co-training will support you in deciding how many co-trainings you should complete before training on your own.



Feedback sheet

Feedback sheet for WSTPtot practice delivery sessions

Trainer: _____ (S) Name: _____

Session: _____ (S) Date: _____

Topic: _____ (S) Time: _____

Feedback sheet is a tool to help to improve the content and delivery of WSTPtot sessions. The sheet can be used by:

- Trainers to collect on their own delivery.
- Trainers to give feedback to trainees.

Feedbacking to Trainers: After each practice delivery, write in the box the feedback you receive from the WSTPtot trainees about the quality of the content of the WSTPtot sessions and the implementation and sequencing of the material.

WSTPtot session goals:

1. Knowledge	2. Attitudes
3. Skills	4. Confidence
5. Demand of WSTPtot materials	6. Motivation, active participation
7. Feedback	8. Group dynamics

Final practice delivery

Overall feedback	Other points for improvement
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ToT.1 Introduction to the WSTPtot: 1

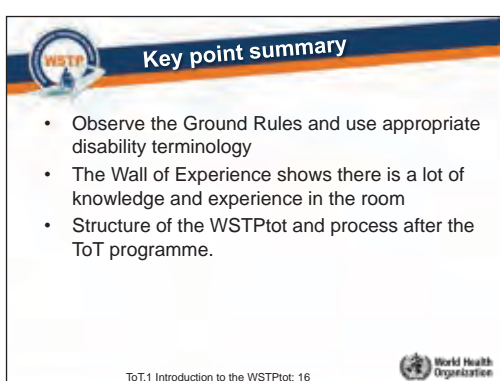
World Health Organization

Ask trainees to look at their copy of the *Feedback sheet for WSTPtot practice delivery sessions* in their *ToT Handbook* on page 124-126.

Explain:

- Reflecting or thinking about what you do well and what can be improved will help you to become a better trainer.
- The *Feedback sheet for WSTPtot practice delivery sessions* includes a list of the trainee skills that this training aims to develop.
- The feedback sheet will be used to guide feedback to trainees after each practice delivery.
- ToT trainers will also use it to provide feedback to lead trainees at the end of each day, and written feedback at the end of the ToT programme.

7. Key point summary (2 minutes)



Key point summary

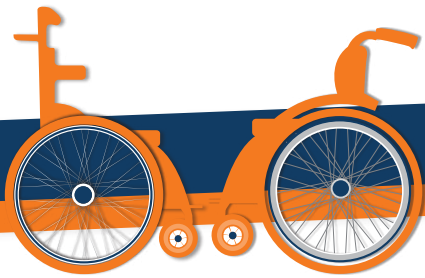
- Observe the Ground Rules and use appropriate disability terminology
- The Wall of Experience shows there is a lot of knowledge and experience in the room
- Structure of the WSTPtot and process after the ToT programme.

ToT.1 Introduction to the WSTPtot: 16

World Health Organization

Read the key points.

Ask whether there are any questions.



WALL OF EXPERIENCE

**Number of years and type/s of experience
related to assistive devices**

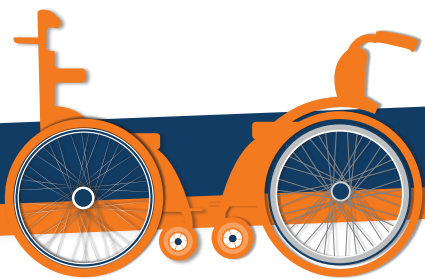
WSTP training given or received

Professional background

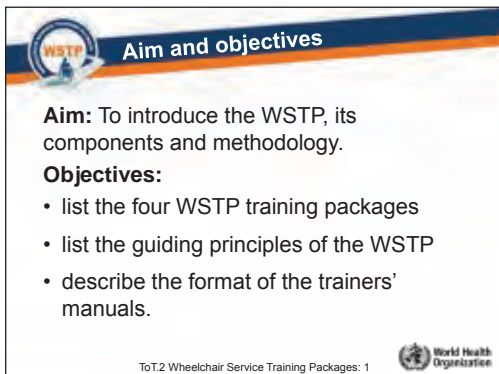
Languages spoken

ToT.2 Wheelchair Service Training Packages

AIM	To introduce the WSTP, its components and methodology.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> list the four WSTP <input type="checkbox"/> list the guiding principles of the WSTP <input type="checkbox"/> describe the format of the trainers' manuals for each package. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.2: Wheelchair Service Training Packages</i> <input type="checkbox"/> hard copy of the <i>Trainer's Manual</i> for each trainee: WSTPb, WSTPi or WSTPm and WSTPs, according to the package-specific modules trainees will attend after the <i>Core training skills</i> module. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> If possible, embed the WSTP Pen Drive link into PPT slide 20 to demonstrate its use. 	
OUTLINE	<ol style="list-style-type: none"> 1. Introduction 2. Background and rationale of the four WSTP 3. Structure of the different WSTP 4. Getting to know the <i>Trainer's Manual</i> 5. How to use the WSTP 6. Key point summary 	<ol style="list-style-type: none"> 2 15 5 30 35 3
Total session time		90



1. Introduction (2 minutes)




Aim: To introduce the WSTP, its components and methodology.

Objectives:

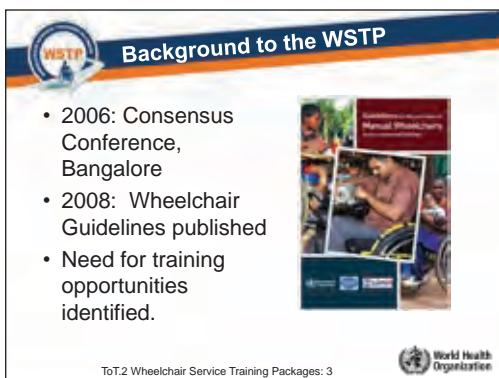
- list the four WSTP training packages
- list the guiding principles of the WSTP
- describe the format of the trainers' manuals.

ToT.2 Wheelchair Service Training Packages: 1




Explain the aim and objectives of the session.


2. Background and rationale of the four WSTP (15 minutes)



- 2006: Consensus Conference, Bangalore
- 2008: Wheelchair Guidelines published
- Need for training opportunities identified.



ToT.2 Wheelchair Service Training Packages: 3



Explain:

- The Consensus Conference on Wheelchairs for Developing Countries, held in Bangalore, India, in November 2006¹ laid the foundation for the *WHO Guidelines on the provision of manual wheelchairs in less-resourced settings*.²
- The *Wheelchair Guidelines* identified the need for training opportunities, which led to the development of the WSTP Basic, Intermediate, Managers, and Stakeholders.

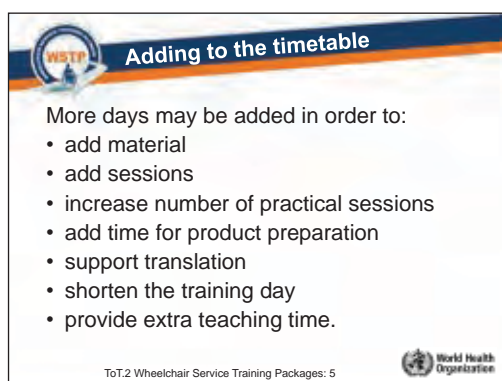
1 Sheldon S, Jacobs NA, editors. Report of a Consensus Conference on Wheelchairs for Developing Countries, Bengaluru, India, 6–11 Nov 2006. Geneva: World Health Organization; 2006 (<http://www.who.int/disabilities/technology/WCGconsensusconf/en/>).

2 Guidelines on the provision of manual wheelchairs in less-resourced settings. Geneva: World Health Organization; 2008 (<http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>).



Explain:

- The WSTPb³ trains personnel to provide an appropriate manual wheelchair and cushion for adults and children who have mobility impairments but can sit upright without additional postural support.
- The WSTPi⁴ trains personnel to provide an appropriate manual wheelchair and cushion for adults and children who need additional postural support to sit upright.

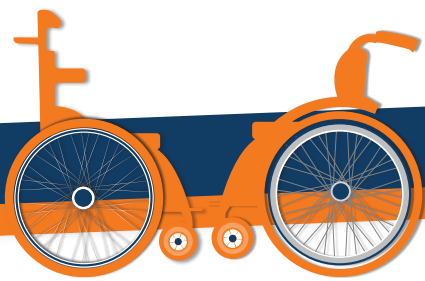


Explain:

- Both the WSTPb and WSTPi are designed to be delivered in a minimum of five days.
- Extra time can be added to the training programme to:
 - add material to the session plans
 - add sessions
 - increase the number of practical sessions with wheelchair users
 - provide more preparation time for products used in the training
 - allow for translation
 - reduce the length of training days
 - provide extra time to learn key concepts.

3 Wheelchair Service Training Package – Basic Level. Geneva: World Health Organization; 2012 <http://www.who.int/disabilities/technology/wheelchairpackage/en/>

4 Wheelchair Service Training Package – Intermediate Level. Geneva: World Health Organization; 2013 (<http://www.who.int/disabilities/technology/wheelchairpackage/wstpintermediate/en/>).



Explain:

- The WSTPb and the WSTPi are intended to increase the number of personnel trained in wheelchair service delivery.
- However, trained personnel alone cannot ensure appropriate wheelchair provision without higher-level involvement.
- To support the development of services, WHO developed:
 - WSTPm⁵ – designed to guide managers to effectively support appropriate wheelchair provision. This includes promoting the involvement of managers and stakeholders in establishing appropriate wheelchair provision. WSTPm can be delivered in a minimum of two days.
 - WSTPs⁶ – designed to create awareness and develop the skills and knowledge of all stakeholders in establishing appropriate wheelchair provision in their country/region. It can be delivered in a minimum of four hours.
- Both packages can be delivered over a longer period allowing time for translation, more detailed discussion and planning, or to combine with other sessions relevant to the local context, such as a stakeholder action-planning meeting.

5 Wheelchair Service Training Package for Managers. Geneva: World Health Organization; 2015 (<http://www.who.int/disabilities/technology/wheelchairpackage/wstpmanagers/en/>).

6 Wheelchair Service Training Package for Stakeholders. Geneva: World Health Organization; 2015 (<http://www.who.int/disabilities/technology/wheelchairpackage/wstpmanagers/en/>).



Explain: The WSTP has been developed following a set of guiding principles, including:

- a user-centred and rights-based approach, which sets the wheelchair user at the centre of the wheelchair service
- following available evidence-based, international best practice
- a focus on less-resourced settings
- inclusion of wheelchair users as trainers and target participants in all training packages.

Explain: The WSTP uses accessible, non-medical language and terminology so that:

- participants without clinical or technical qualifications can be trained
- service personnel can use terms that are easily understood by wheelchair users.

3. Structure of the different WSTP (5 minutes)

Notes for ToT trainers:

- Keep this section brief, as more details are given later in the ToT programme during the package-specific modules that follow the Core training skills. Focus on the WSTP the trainees will deliver during the following package-specific module.

Package components

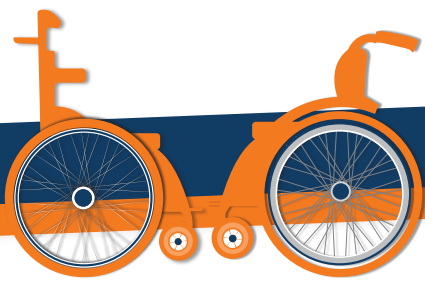
	Basic and Intermediate	Managers	Stakeholders
Trainer's Manual	✓	✓	✓
PowerPoint presentations	✓	✓	✓
Videos	✓	✓	✓
Set of posters	✓	selected posters	selected posters
Supplementary resources	✓	✓	✓
Reference Manual for participants	✓	✓ combined	
Participant Workbook	✓		
Forms and checklists	✓	–	
Additional Resources: including tools, equipment.	–	✓	

ToT.2 Wheelchair Service Training Packages: 8

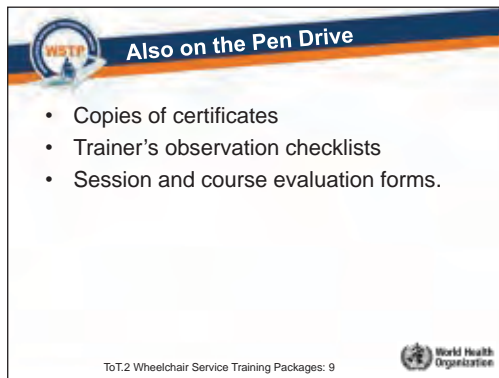
World Health Organization

Explain: Each package contains a range of resources:

- a *Trainer's Manual*, PPT presentations, videos and posters
- reference manuals for participants are available for WSTPb, WSTPi and WSTPm
- service forms, checklists and a separate participant workbook are included in the WSTPb and WSTPi.



Explain: All the WSTP materials are provided on the WSTP Pen Drive included in your training resources. They can also be downloaded from the WHO website.

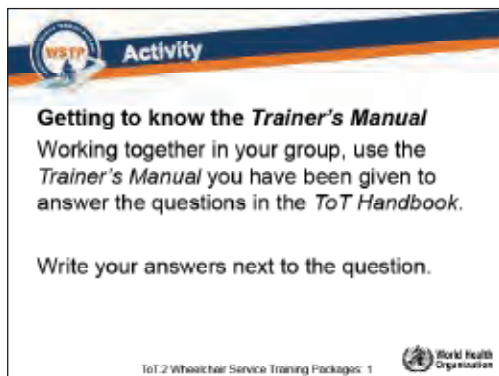


Explain: The WSTP Pen Drive also contains:

- certificates
- trainer's observation checklists
- evaluation forms.

These will not be used during the ToT, but should be used during delivery of the WSTP.

4. Getting to know the *Trainer's Manual* (30 minutes)



Explain: While the four WSTP cover different subjects, they all have the same structure and approach. We will become more familiar with the structure during this activity.

Show the slide throughout the activity.

Activity I	
Groups:	Divide trainees into pairs. If trainees will be attending different package-specific modules after the <i>Core training skills</i> module, pair trainees with others who will learn to train the same package.
Instructions:	<p>Each pair will need at least one copy of the <i>Trainer's Manual</i> for the WSTPb, WSTPi or WSTPm.</p> <p>Explain that the aim of this activity is to familiarize trainees with the <i>Trainer's Manual</i>.</p> <p>Ask pairs to work together to answer the questions in the <i>ToT Handbook</i>.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 15 minutes to find the answers and 10 minutes to feedback.

Feedback:	Questions	Answers
	1. Where can you see a list of everything included in the <i>Trainer's Manual</i> ?	In the list of contents at the beginning of the manual.
	2. How are group activities shown in the sessions?	There is an <i>Activity</i> table describing the groups, instructions, monitoring, time and feedback for each activity.
	3. Where can you find the overall aim or purpose of the training package?	In the section headed <i>Purpose</i> on page 2.
	4. How does the session plan indicate when the trainer should show a PowerPoint slide?	An image of each slide is shown on the left-hand side of the page in the session plan, in the order of delivery, next to the related text.
	5. Where can you find out what facilities, resources and equipment are needed to run the training sessions?	Lists are provided in Section 2 of the <i>Trainer's Manual: How to prepare to deliver the training package</i> : <ul style="list-style-type: none"> • on page 14 in WSTPb, and WSTPi • on page 9 in WSTPm.

5. How to use the WSTP (35 minutes)

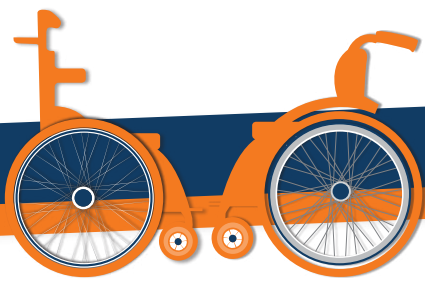
Ask participants to turn to the first section of the *Trainer's Manual: About the Wheelchair Service Training Package*.

Explain: There are helpful notes and guidance for trainers in the front of each *Trainer's Manual*.

Ask one of the participants to read out the headings in this section of the *Trainer's Manual*.

Most important answers:

- Introduction
- Target audience
- Purpose
- Scope
- Trainers
- How to get started.



WSTP Evaluation and feedback

- Request from WHO for feedback and data
- Send copies of participants' registration and evaluation forms
- Reflections on strengths and weaknesses of the training.

ToT.2 Wheelchair Service Training Packages: 11

Explain:

- On the WSTP Pen Drive you will see a file called *Read Me First*. This is an important document.
- It includes a request from WHO to provide feedback and data from the WSTP training programmes that you deliver including:
 - participant registration and evaluation forms
 - trainer's reflections or comments on the training.

Explain that section 2 of the *Trainer's Manual* is called *How to prepare to deliver the training package* (or for WSTPs *How to prepare for the Stakeholder Workshop*).

WSTP Activity

Getting to know the 'How to prepare' section

Work with your partner to read and discuss the section in the *Trainer's Manual*, *How to prepare to deliver the training package*.

Write down any questions to ask the trainer during feedback.

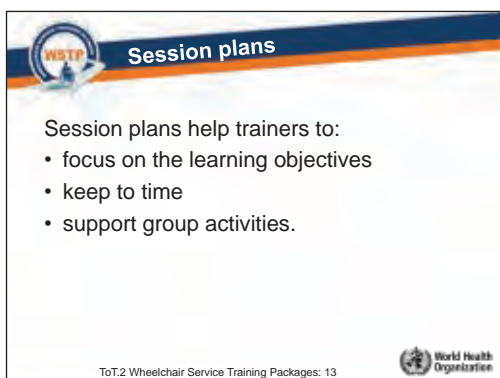
ToT.2 Wheelchair Service Training Packages: 12

Show the slide throughout the activity.

Activity 2	
Groups:	Divide trainees into the same pairs as the previous activity.
Instructions:	<p>Ask trainees to look through the section on <i>How to prepare to deliver the training package</i> with their partner; reading and discussing the different sections.</p> <p>Ask trainees to write down any questions they have.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 7 minutes to discuss and 5 minutes to answer questions.
Feedback:	<p>Ask the whole group if they have any questions related to their training package.</p> <p>Broader questions about the training can be parked in the Car Park if you do not have time to cover them, or if they will be covered in a later session.</p>

Notes for ToT trainers:

- There are variations in the section headings between the packages.



Session plans

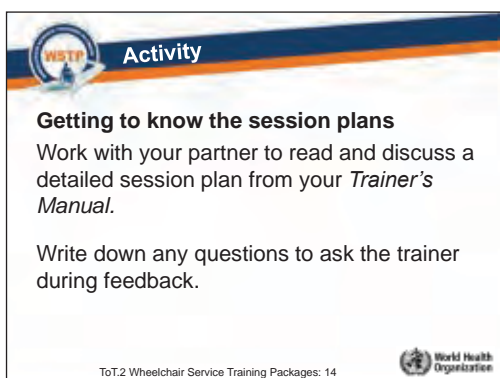
Session plans help trainers to:

- focus on the learning objectives
- keep to time
- support group activities.

ToT.2 Wheelchair Service Training Packages: 13

Explain: Session plans work like a recipe to guide trainers through the session. Following the session plans will help trainers to:

- stay focused on the learning objectives
- keep to time
- focus group activities, discussions and questions on relevant topics.



Activity

Getting to know the session plans

Work with your partner to read and discuss a detailed session plan from your *Trainer's Manual*.

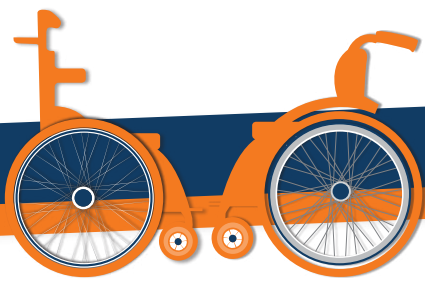
Write down any questions to ask the trainer during feedback.

ToT.2 Wheelchair Service Training Packages: 14

Show the slide throughout the activity.

Activity 3

Groups:	Divide trainees into the same pairs as the previous activity.
Instructions:	<p>Ask trainees to read and discuss a detailed session plan with their partner, and to write down any questions for discussion with the group.</p> <p>Allocate a session from the following list, according to which package each pair is going to present during the ToT:</p> <ul style="list-style-type: none"> • WSTPb: <i>Trainer's Manual</i>, page 99: A.8: <i>Transfers</i>. • WSTPi: <i>Trainer's Manual</i>, page 52: B.1: <i>Assessment overview and assessment interview</i>. • WSTPm: <i>Trainer's Manual</i>, page 15: A.1: <i>What is appropriate wheelchair provision?</i>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 7 minutes to discuss and 5 minutes to answer questions.



Feedback:

Ask the whole group for any questions or clarifications.

Park any questions on changing PowerPoint slides in the Car Park. These can be addressed in session ToT.10 Audio-visual tools and equipment.

Explain: There is a session summary box at the beginning of each session plan.

Ask one of the pairs: What are the different sections of the session summary?

Most important answers:

- **Objectives:** describes the aims of the session.
- **Resources:** any resources required for the session.
- **Context (For WSTPi this is called Context and prior learning):** Suggested adjustments to suit the local context/country/service.
- **To prepare:** things to prepare before the session starts.
- **Outline:** summarizes sections of the session with timings.

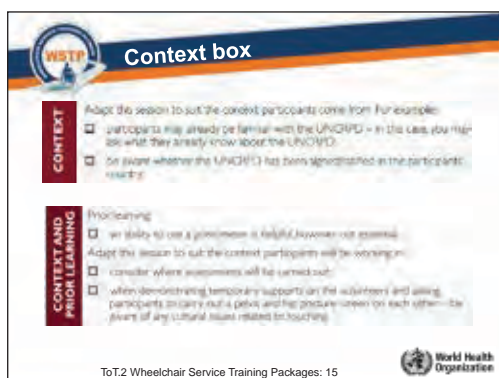
Ask another pair: What is the purpose of the *Context* or the *Context and Prior Learning* box?

Most important answer:

- It provides trainers with guidance about how the session plan could be adapted for the local situation or the type of participants attending the training.

Ask another pair: What might influence the context of the training?

Acknowledge responses.



Explain: Sessions can be influenced by different:

- service delivery models
- levels of experience among participants
- institutional, regional or national policies
- available products for prescription.

Ask another pair: How do the session plans indicate that a video should be shown?

Most important answer:

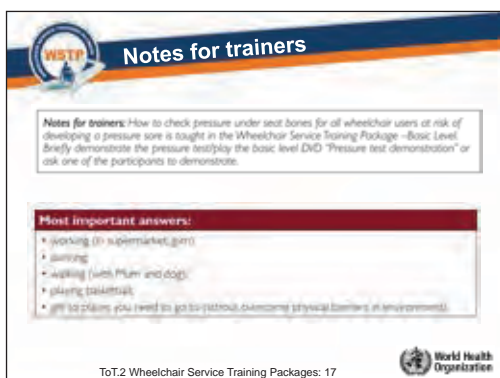
- A video box is shown, with a video icon.



Explain:

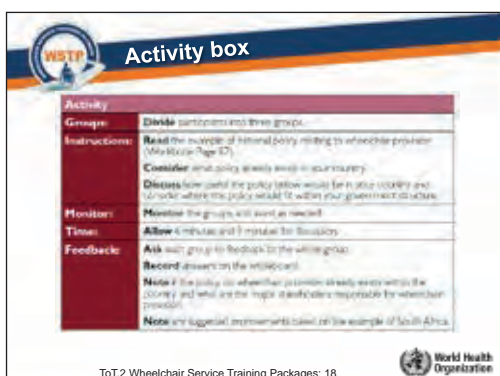
- It is important for trainees to be familiar with the content, relevance and timing of all the videos.
- More details on the use of videos are given later in the ToT.

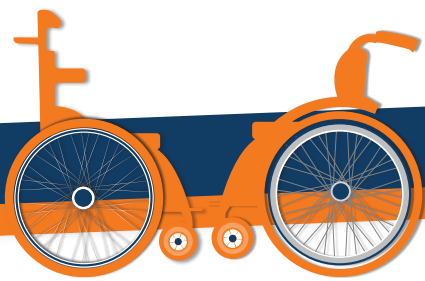
Explain: The *Trainer's Manual* uses different words in **bold** to guide trainers. This includes words such as: **Ask, Explain, Show.**



Explain: Extra information to help to guide trainers is provided in the *Trainer's Manual*, including:

- additional information that can assist trainers to answer questions from participants
- most important answers to questions
- guidance about group activities.





Ask another pair: What information is provided in the Activity table in the session plans?

Most important answers:

- **Groups:** how to split the whole group for the activity.
- **Instructions:** how the activity should be carried out, what to say to participants.
- **Monitor:** how to monitor groups during activities to ensure they are doing the right thing.
- **Time:** gives the duration of the activity and any time for feedback at the end.
- **Feedback:** questions to ask, key points to cover and how to draw out participants' thoughts and feelings.

Explain: The electronic copy of the WSTP can be run either on a computer hard drive or via an external storage device (DVD or WSTP Pen Drive).

Exit slideshow mode. **Pull up** the WSTP Pen Drive folder, from the WSTP Pen Drive or from the files on your computer.

Show the electronic copy of the *START.pdf* file on the projector.

Explain: Resources can be accessed from the standard WSTP Pen Drive menu or by clicking on the “Start” menu.

Show the links. Click on one or two sessions to show the PPTs.

Explain:

- Videos are embedded into the PPTs in the PDF versions of the files.
- All individual PPT files are available, and can be modified if necessary. Modifying PPTs will be discussed in a later session.

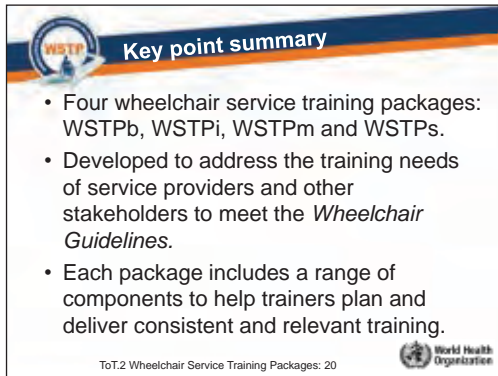
Show how to find the manuals, posters and forms.

Notes for ToT trainers:

- *Macintosh (Mac) computers cannot open the “Start” file and use the “Start” menu links unless the file is opened with Adobe Pro or similar.*

Explain: Each session ends with a *Key point summary* or *Actions for Managers* in the case of the WSTPm.

6. Key point summary (3 minutes)



The slide is titled 'Key point summary' and features a blue header with a white 'WSTP' logo. It contains three bullet points: 'Four wheelchair service training packages: WSTPb, WSTPi, WSTPm and WSTPs.', 'Developed to address the training needs of service providers and other stakeholders to meet the *Wheelchair Guidelines*.', and 'Each package includes a range of components to help trainers plan and deliver consistent and relevant training.' At the bottom, it includes the text 'ToT.2 Wheelchair Service Training Packages: 20' and the World Health Organization logo.

Key point summary

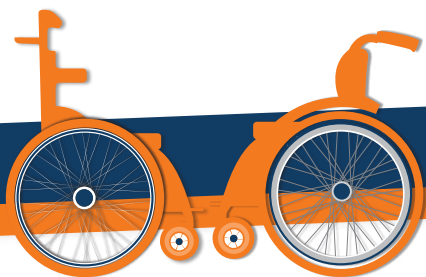
- Four wheelchair service training packages: WSTPb, WSTPi, WSTPm and WSTPs.
- Developed to address the training needs of service providers and other stakeholders to meet the *Wheelchair Guidelines*.
- Each package includes a range of components to help trainers plan and deliver consistent and relevant training.

ToT.2 Wheelchair Service Training Packages: 20

World Health Organization

Read the key points.

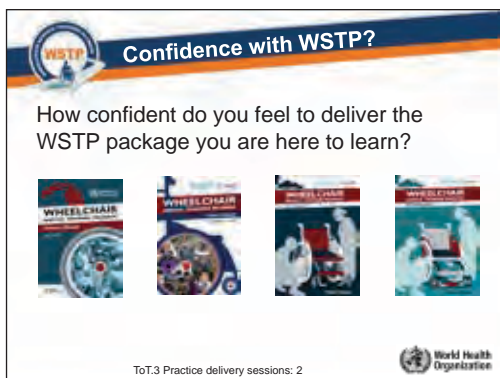
Ask whether there are any questions.



ToT.3 Practice delivery sessions

AIM	To provide details of the package-specific modules and the roles of ToT participants and trainers.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe the aim and structure of the WSTPtot practice delivery sessions <input type="checkbox"/> describe the roles and responsibilities of lead and support trainees <input type="checkbox"/> know which practice sessions they are to present <input type="checkbox"/> know how to prepare for the practice delivery sessions. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.3: Practice delivery sessions</i> <input type="checkbox"/> WSTPtot allocation (trainee copy) for the package-specific module: one for each trainee <input type="checkbox"/> Lucky Dip trainee numbers on pieces of paper <input type="checkbox"/> flipchart sheet with trainee numbers written on it. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Refer to the terminology box at the beginning of this manual. <input type="checkbox"/> Finalize and copy the <i>WSTPtot allocation</i> for the package specific module based on the number of trainees. <input type="checkbox"/> Prepare Lucky Dip trainee numbers in bucket/hat based on final numbers. <input type="checkbox"/> Prepare a flipchart sheet with the trainee numbers and a space to add participants' names once their numbers are selected. <input type="checkbox"/> Discuss how you will allocate trainees for mentoring with their co-trainer. Give participants this information during the session, or at the beginning of <i>ToT.6 Preparation time</i>. 	
OUTLINE	<ol style="list-style-type: none"> 1. Introduction 2. Structure and aims of the package-specific module 3. Format of practice delivery sessions 4. Roles of lead and support trainees and ToT participants 5. Reflection and feedback 6. Preparing for practice delivery sessions 7. Key point summary 	<ol style="list-style-type: none"> 4 3 2 15 5 30 1
Total session time		60

I. Introduction (4 minutes)

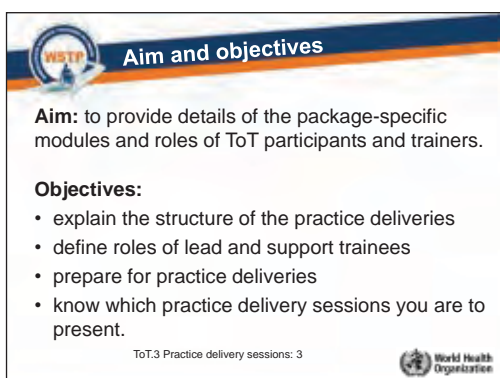


Ask: How confident do you feel to deliver the WSTP package/s you are here to learn, on a scale of one to ten?

- One means you are not at all confident
- Ten means you are very confident.

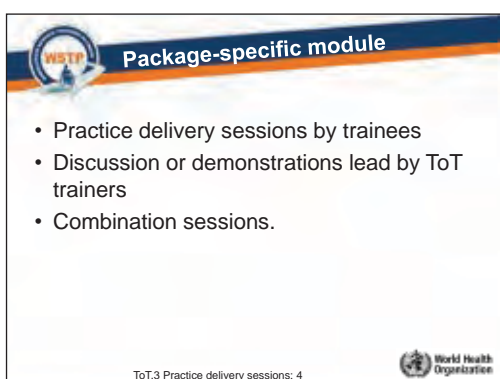
Explain:

- Record your score on page 10 of your *ToT Handbook*.
- At the end of the ToT programme, we will ask you to record how confident you now feel.
- You will add both scores to your confidential ToT evaluation form.



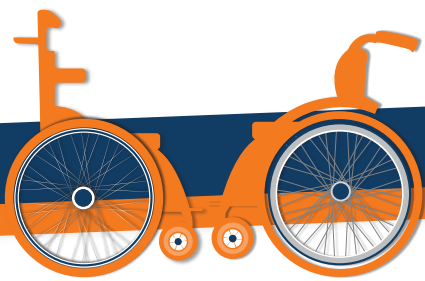
Explain the aim and objectives of the session.

2. Structure and aims of the package-specific module (3 minutes)

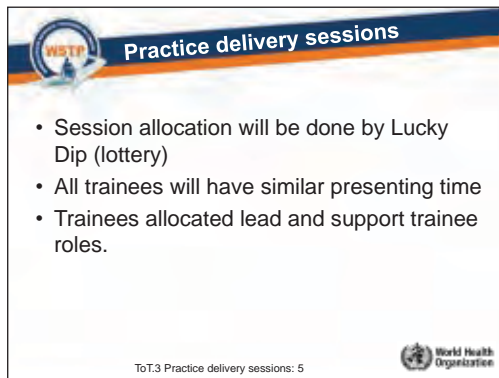


Explain:

- After the *Core training skills* sessions, you will begin your package-specific module.
- Package-specific modules include:
 - opportunities to deliver sessions from the WSTP you have chosen to learn
 - discussion sessions or demonstrations led by ToT trainers, or
 - a combination of the above.



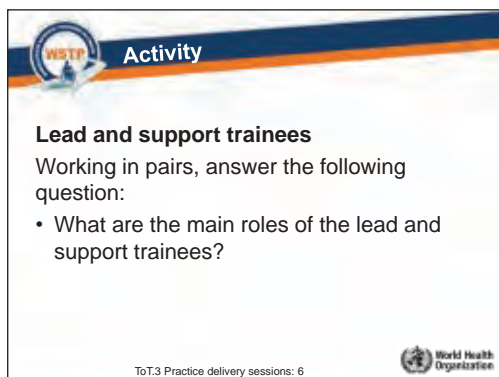
3. Format of practice delivery sessions (2 minutes)



Explain:

- Allocation of practice delivery sessions will be done by lottery (Lucky Dip) at the end of this session.
- Each trainee will have a similar amount of presenting time.
- You will be allocated roles as both a lead and support trainee.
- When two or more lead trainees are allocated to the same session, one will automatically assume the support trainee role when they are not presenting.

4. Roles of lead and support trainees and ToT participants (15 minutes)



Show the slide throughout the activity.

Activity 1	
Groups:	Divide trainees into pairs.
Instructions:	<p>Ask participants to discuss with their partner what they think are the main roles of the lead and support trainee.</p> <p>Ask participants to record their ideas in their <i>ToT Handbook</i> on page 10.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 3 minutes for the activity and 5 minutes for feedback.
Feedback:	<p>Ask: What are the main roles of the lead and support trainees?</p> <p>Discuss and clarify answers, record the most important answers on the board.</p> <p>Ask participants to record the correct information in their <i>ToT Handbook</i>.</p>

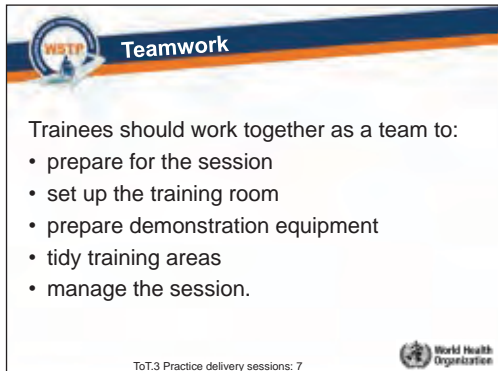
Most important answers:

The role of the lead trainee includes:

- delivering the session
- preparing demonstration and practical equipment
- keeping to time
- coordinating support trainees.

The role of the support trainee includes:

- writing answers on the board during participatory sessions
- adding any missing or supporting information
- helping to keep to time
- facilitating group activities
- giving feedback about participants to the lead trainee
- contributing to the overall feedback/reflection on the session delivery
- assisting with demonstration equipment during the session
- turning lights on/off and opening/closing blinds as needed when videos are shown.



The slide is titled 'Teamwork' and features the WHO logo. It lists the responsibilities of trainees working as a team. At the bottom, it includes the text 'ToT.3 Practice delivery sessions: 7' and the 'World Health Organization' logo.

Teamwork

Trainees should work together as a team to:

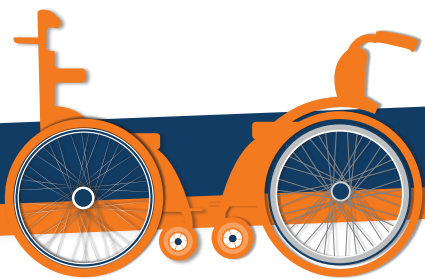
- prepare for the session
- set up the training room
- prepare demonstration equipment
- tidy training areas
- manage the session.

ToT.3 Practice delivery sessions: 7

World Health Organization

Explain: During the practice delivery sessions, trainees should work together as a team. This includes supporting each other to:

- prepare for the session
- set up the training room
- prepare demonstration equipment
- tidy training areas
- manage the session, including:
 - managing time
 - clarifying errors
 - answering questions from participants
 - managing disruptions and interruptions.



WSTP Role models

Being a role model includes:

- being on time
- being well prepared
- problem solving
- being positive and constructive
- being responsible for yourself.

ToT.3 Practice delivery sessions: 8

World Health Organization

Explain:

- Trainers should set positive examples of professional behaviour and practice.
- Model the behaviour you want to see from participants by:
 - being on time and well prepared
 - problem solving and finding solutions for challenging situations
 - providing positive and constructive feedback
 - managing yourself well: this includes balancing preparation with getting adequate sleep and good nutrition to help you to manage stress.

WSTP Question

What could you do if you are asked a question and do not know the answer?

ToT.3 Practice delivery sessions: 9

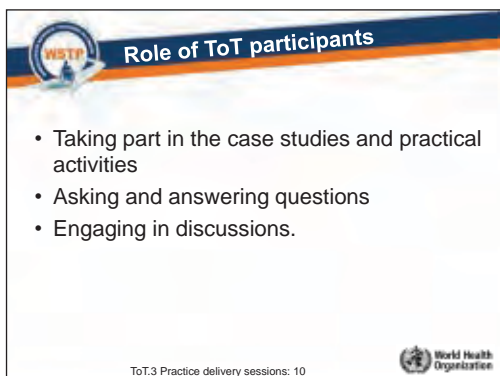
World Health Organization

Explain: Being a good trainer and role model does not mean you always need to know the answers to questions.

Ask: What could you do if you are asked a question and do not know the answer?

Most important answers:

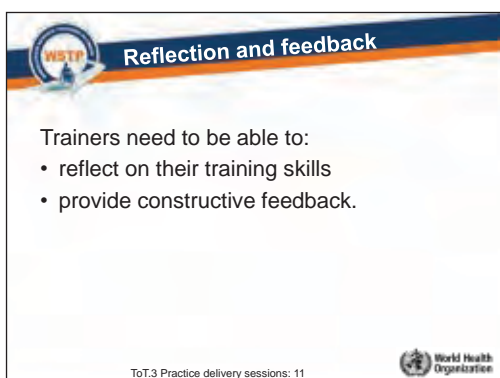
- Ask support trainees if they know the answer.
- Ask participants if they know the answer.
- Do not pretend to know the answer.
- Agree to find out the answer before the training programme finishes (add to Car Park).



Explain:

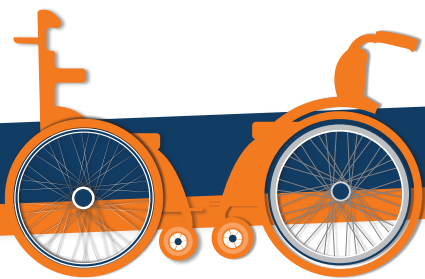
- While your fellow trainees are delivering their sessions, you will play the role of the WSTP participant.
- This includes:
 - taking part in the case studies and practical activities
 - asking and answering questions
 - engaging in discussions.
- While it is important to participate actively to create a 'realistic' training situation, do not purposefully act in a challenging manner.
- Put away your *WSTPtot Trainer's Manual* and your *ToT Handbook* during the session delivery.

5. Reflection and feedback (5 minutes)



Explain:

- It is important that trainers learn to reflect on their own training skills.
- It is also important that trainers are able to give constructive feedback to training participants.
- Both of these skills are incorporated into the ToT programme.



Feedback

- Lead trainees reflect on:
 - what went well
 - what can be improved.
- ToT participants feedback to lead trainees on:
 - what went well
 - what can be improved.

ToT.3 Practice delivery sessions: 12

World Health Organization

Explain:

- At the end of each practice delivery session, the lead trainee/s will be asked to reflect on:
 - what was good and what went well
 - what can be improved.
- ToT participants will provide brief feedback to lead trainee/s. We will discuss this further in *ToT.II: Feedback*.
- The ToT trainer will give feedback, adding anything not already mentioned by the lead trainee or ToT participants.

6. Preparing for practice delivery sessions (30 minutes)

Preparing to deliver sessions

- Read the session plan in the *Trainer's Manual*
- Read the relevant sections of the *Reference Manual* and *Workbook*
- Edit the PPT
- Practice delivering the session
- Work with support trainees
- Prepare resources.

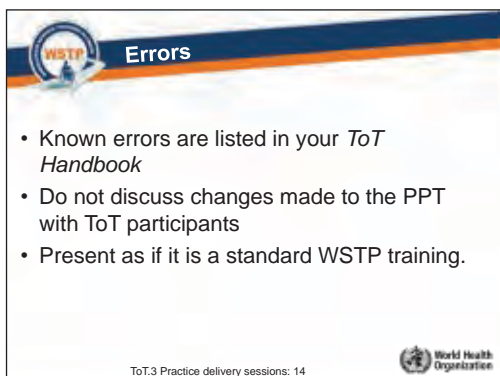
ToT.3 Practice delivery sessions: 13

World Health Organization

Explain:

- Read the session plan in your *Trainer's Manual* and make sure you understand all the material.
- Read the relevant sections of the participant's *Reference Manual* and *Workbook* (available for all but WSTPs).
- Make any relevant changes/additions to the PPT.
- Incorporate your own knowledge and experience and use your own case studies if appropriate.
- Practice your delivery, including timing.
- Work as a team with your support trainee.
- Prepare the resources you need for the session.

Explain: If your session includes a demonstration by the ToT trainer, discuss with them how they will manage their part of the session.

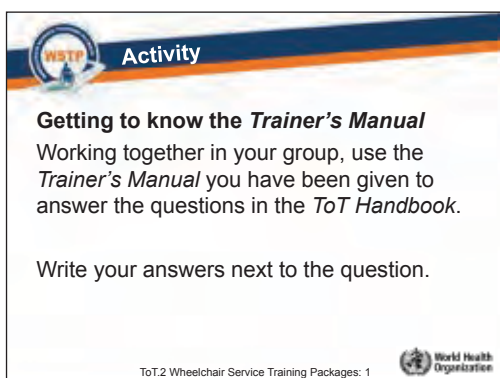


Explain:

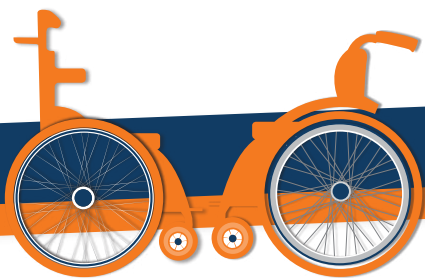
- There are some known errors in the *WSTP Trainer's Manual, Participant Manuals and Workbooks, and PPTs.*
- Known errors are listed in your *ToT Handbook.*
- When preparing for your session, check if your session has errors, and make the necessary changes.
- Do not discuss the errors with ToT participants, but present the session as if you are training on a standard WSTP.

Notes for ToT trainers:


- *The WSTP has some known errors that will not be corrected until a second edition is published. The errors are listed in the ToT Handbook so that trainees can make corrections to their materials.*



Show the slide throughout the activity.




Activity 2	
Groups:	Divide trainees into pairs.
Instructions:	<p>Ask the trainees to look at the following sessions in their <i>Trainer's Manual</i> and find the notes relating to this session in their <i>ToT Handbook</i>.</p> <p>Ask them to read through both to understand how they relate to each other, and how they would be used to prepare to deliver a session.</p> <ul style="list-style-type: none"> • WSTPb: Session A.6: <i>Appropriate wheelchairs</i>. • WSTPi: Session B.8: <i>Prescription (selection) of PSDs – stabilizing the pelvis</i>. • WSTPm: Session A.1: <i>What is appropriate wheelchair provision?</i> <p>Ask them to also locate the <i>Guidelines for preparing practice delivery sessions</i> in the introduction to the <i>ToT Handbook</i> and to briefly review it.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 10 minutes for the activity and 5 minutes for feedback.
Feedback:	<p>Emphasize the following:</p> <ul style="list-style-type: none"> • Trainees should follow the instructions in the <i>Trainer's Manual</i> and their <i>ToT Handbook</i> for the practice deliveries and all future co-training deliveries. • They should allow enough time to follow instructions dealing with errors in the WSTP materials; take account of gender and cultural considerations; and tips on session preparation, presentations and logistics to improve flow and timing. • During the practice deliveries, trainees are responsible for setting up the training areas as needed. <p>Ask whether there are any questions.</p>



Preparation time


- Some session preparation time is included in the ToT timetable
- ToT trainers are available during this time, or at breaks
- Ask for help if you have questions or concerns.

ToT.3 Practice delivery sessions: 16



Explain:


- There will be time at the end of each day to prepare for future practice delivery sessions. We will discuss this more in session ToT.6.
- ToT trainers will be available during breaks and at the end of the day. Ask for help if you have questions or concerns.
- It is normal to feel nervous when delivering the sessions in front of your peers and the ToT trainers.
- You will grow in skills and confidence as you deliver more sessions.
- Remember that it is not a competition, everyone has different training styles.
- You will be required to present feedback from group activities over the next two days – use this as an opportunity to practise presenting to your peers.



Time limits for session delivery


- Time will be strictly monitored
- ToT trainers will end the session at the correct time
- Learning to keep to time is an important skill.

ToT.3 Practice delivery sessions: 17



Explain:


- Time will be strictly monitored during practice deliveries to ensure trainees are treated equally.
- If you go over your time, the ToT trainers will stop you and move on to the next trainer, or end the session.
- Learn how to keep to time. It is an important skill, and you will improve with practice.



PPT

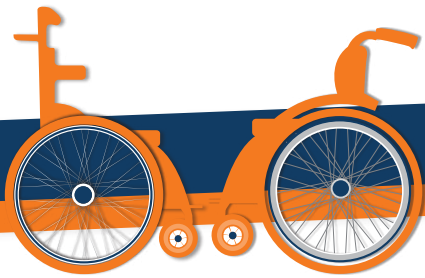
- The standard PPT for each session will be available on the training laptop
- If you make any changes to your PPT, you will need to provide it to ToT trainers before your session.

ToT.3 Practice delivery sessions: 18



Explain:

- The standard PPT for each session will be available on the training laptop with videos already embedded.
- If you make any changes to your PPT, you will need to upload it onto the training laptop before your practice delivery.



Notes for ToT trainers:

- Tell participants when you need the PPT to be loaded on to the computer; for instance, 30 minutes before training begins or at break time before a session.

Allocation of sessions

- Time for LUCKY DIP!
- Pick a number
- Complete the *Practice delivery session allocation sheet*
- Note who is your ToT trainer mentor.

ToT.3 Practice delivery sessions: 19

Explain: Now we will allocate the sessions.

Ask each trainee to pick a number.

Ask each trainee to write their name on their WSTPtot allocation (trainee copy) for the package-specific module.

Ask each trainee to tell the group their number and to record this on their list.

Record the trainee names next to the relevant numbers you have listed on the prepared flipchart paper.

Explain: Each trainee has been assigned a ToT trainer as his or her mentor. Your mentor will:

- assist you with preparation
- provide individual feedback on your presentation skills.

7. Key point summary (1 minute)

Key point summary

- As lead/support trainee:
 - practise the responsibilities of the role you are allocated
 - be a role model and work as a team.
- As a ToT participant:
 - give clear and specific feedback.

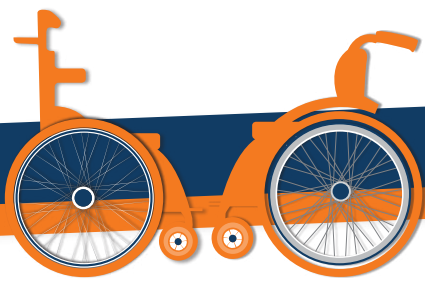
ToT.3 Practice delivery sessions: 20

Read the key points.

Ask whether there are any questions.

ToT.4 Preparing for diversity

AIM	To understand culture, diversity, cultural competence and the importance of these concepts in relation to training the WSTP.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> understand the difference between culture and diversity <input type="checkbox"/> understand the importance of cultural competence <input type="checkbox"/> discuss challenges of cross cultural communication <input type="checkbox"/> identify challenges to integrating wheelchair users into training and work environments. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.4: Preparing for diversity</i> <input type="checkbox"/> masking tape or similar. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Plan appropriate 'divisions' to use for the first activity, based on local context and trainee group characteristics. <input type="checkbox"/> Put a line of masking tape down the centre of an open area of the room to use for the first activity. 	
OUTLINE	<ol style="list-style-type: none"> 1. Introduction 2. Culture and diversity 3. Cultural competence 4. Encouraging diversity: inclusion of wheelchair users and people with disabilities 5. Key point summary 	<div>20</div> <div>5</div> <div>20</div> <div>14</div> <div>1</div>
Total session time		60



I. Introduction (20 minutes)

Activity I	
Groups:	Whole group.
Instructions:	<p>Draw attention to the line of masking tape down the middle of the floor.</p> <p>Ask everyone to move to one side of the room.</p> <p>Ask all the men to stand on one side of the line and all the women to stand on the other.</p> <p>Explain this is our first diverse grouping: men and women. We are going to look at different aspects of diversity.</p> <p>Ask everyone who has children to stand on one side, and all the people who don't to stand on the other side.</p> <p>Ask everyone who is over 50 years of age to stand on one side of the room. Ask everyone else to stand on the other side.</p> <p>Continue with the exercise for at least six rounds.</p> <p>Divisions could include:</p> <ul style="list-style-type: none"> • languages spoken • country or region of origin • presence or absence of disability • professional background.
Monitor:	Ensure that participants are not embarrassed or uncomfortable.
Time:	Allow 10 minutes for the exercise and 10 minutes for feedback.
Feedback:	<p>Ask people how they felt about the divisions.</p> <p>Ask how did you feel when you were in the larger group?</p> <p>Ask how did you feel when you were alone or in a minority?</p> <p>Explain that for some this may be a negative experience, but for others it may be positive.</p>

Explain: People often feel powerful and confident when they are in a majority. They can feel isolated and marginalized when they are in a minority. Groups can be separated or brought together by culture or by diversity and we are going to look at these two concepts in more detail.




Aim and objectives

Aim: To understand culture, diversity, cultural competence and the importance of these concepts in relation to training the WSTP.

Objectives:

- understand the difference between culture and diversity
- understand the importance of cultural competence
- discuss challenges of cross cultural communication
- identify factors and challenges to integrating wheelchair users into training and work environments.

ToT.4 Preparing for diversity: 2 

Explain the aim and objectives of the session.

2. Culture and diversity (5 minutes)

Write the words *culture* and *diversity* on either side of a board or flipchart with a line running down the middle.

Ask: What do you understand the terms *culture* and *diversity* to mean?

Encourage responses and write on the board.

Most important answers:

Culture – the things that make us the same:

- a shared or common system of values, attitudes, morals, traditions, beliefs
- a shared understanding of appropriate behaviour.

Diversity – the things that make us different:

- ethnicity, gender, gender identity, age, physical abilities
- religious or spiritual beliefs, political beliefs
- professions.

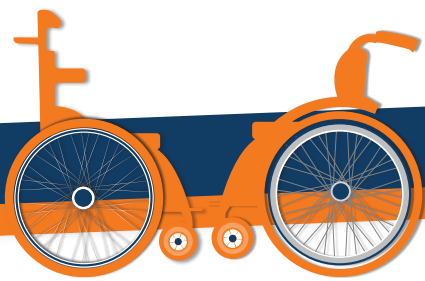
Explain: Culture and diversity can be viewed in different ways.

- Are they seen as strengths and encouraged?
- Or are they seen as a source of conflict and disharmony?
- Are they a distraction?

Ask the group to reflect on the diversity and cultures present among themselves that we experienced in the earlier activity.

Ask: Is the group diverse?

Ask: What types of diversity does the group include?



Ask: What cultures do we share?

Acknowledge responses.

Explain: Remember that we all belong to more than one cultural group and we are all diverse in many ways.

3. Cultural competence (20 minutes)

Ask: What is cultural competence?

Acknowledge responses.



Explain:

- Cultural competence is an active process through which individuals learn how to effectively and respectfully engage with a culture that is different from their own.
- It is about having a positive attitude towards cultural differences and accommodating them.
- It is about being conscious of how culture impacts on interactions between people.

Explain: Cultural differences can lead to misunderstandings, disappointments, confusion, embarrassment, anger or insult. For example, a comment made without offence intended may be insulting to someone from another culture.


Explain: WSTP training may be delivered by trainers from a different culture to that of the participants. Some examples of how different cultural considerations may affect training are given in the *ToT Handbook* on page 16.

WSTP Activity

Cultural competence

- Think about examples of when you experienced a culture different from your own
- Write down what it was like, how you felt and what you learned
- Discuss the experience with your partner.

ToT.4 Preparing for diversity: 4




Show the slide throughout the activity.

Activity 2	
Groups:	Divide trainees into pairs.
Instructions:	<p>Ask trainees to think about examples of when they experienced a culture different from their own. Write down what it was like, how they felt and what they learned.</p> <p>Ask trainees to discuss the experience with their partner.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 8 minutes for discussion and 5 minutes for feedback.
Feedback:	Ask 4–5 people to share their experiences with the group.


4. Encouraging diversity: inclusion of wheelchair users and people with disabilities (14 minutes)

WSTP Inclusion in the WSTP

The WSTP promotes the inclusion of wheelchair users and people with disabilities in training teams and as participants.



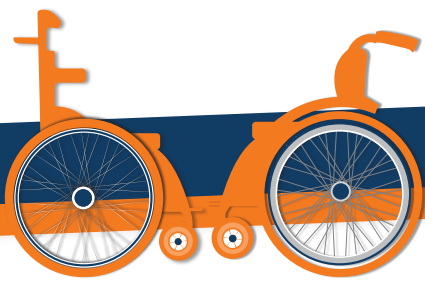
ToT.4 Preparing for diversity: 5



Explain:

- Disability is one aspect of diversity.
- The WSTP promotes the inclusion of wheelchair users in training teams and as participants.

Ask: Why is this important?



Most important answers:

- Wheelchair users are able to draw on their own first-hand experiences and perspectives to communicate the learning objectives of the WSTP.
- Being taught by a wheelchair user will reinforce the central role of wheelchair users in wheelchair services.
- The inclusion and participation of wheelchair users can help to shift perspectives of what people with disabilities are capable of; combat stigma, and reinforce the principles of the CRPD.

Wheelchair users in training teams

- Can draw on their own experiences
- Promote a user-centred and rights-based approach to wheelchair provision
- Act as role models of empowerment.

ToT.4 Preparing for diversity: 6

World Health Organization

Read the slide.

Ask: What are some of the barriers preventing the full inclusion of people with disabilities, including wheelchair users, into society?

Most important answers:

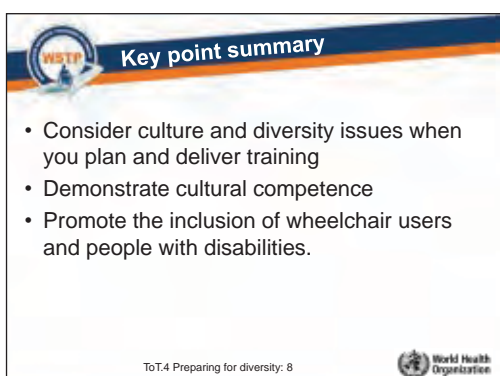
- Attitudinal barriers.
- Environmental barriers: lack of access to homes, schools and community buildings.
- Lack of assistive devices.
- Cultural beliefs that see disability negatively.
- Lack of supportive legislation about disability rights.
- Lack of funding for services and support.



Explain:

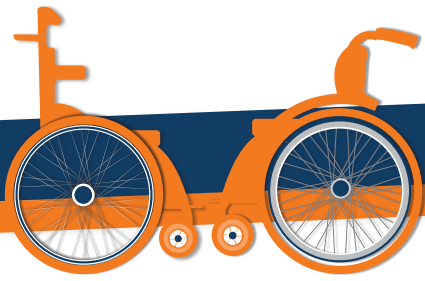
- Attitudinal barriers can include:
 - assumptions about what is possible for a person with a disability
 - assumptions that people with a disability cannot make decisions for themselves
 - treating people with disabilities as objects of charity
 - in some cultures, it is believed that people with disabilities are cursed and they are excluded from their communities and/or families as a result.
- Environmental barriers can include:
 - the natural environment – such as rocky or steep terrain
 - the built environment – such as inaccessible homes, schools and community buildings
 - a lack of assistive devices.
- Institutional barriers can include:
 - a lack of government legislation and policies that support the rights of people with disabilities
 - rules and regulations regarding admission criteria for school or university.

5. Key point summary (1 minute)



Read the key points.

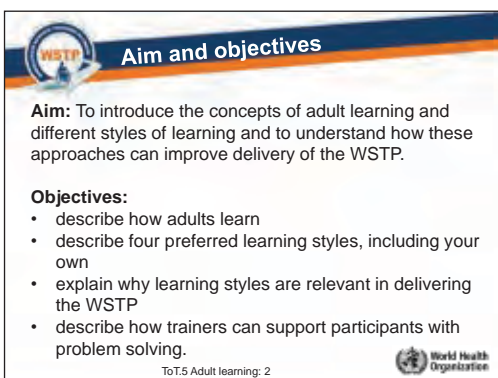
Ask whether there are any questions.



ToT.5 Adult learning

AIM	To introduce the concepts of adult learning and different styles of learning: to understand how these approaches can improve delivery of the WSTP.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe how adults learn <input type="checkbox"/> describe four preferred learning styles, including their own <input type="checkbox"/> explain why understanding learning styles ensures the effective delivery of the WSTP <input type="checkbox"/> describe how trainers can support participants with problem solving. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.5: Adult learning</i>. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. 	
OUTLINE	<ol style="list-style-type: none"> 1. Introduction 2. Preferred learning styles 3. Experiential learning cycle 4. Supporting adult learning 5. Helping participants to problem solve 6. Key point summary 	<ol style="list-style-type: none"> 2 25 30 10 15 3
Total session time		85

1. Introduction (2 minutes)



Aim: To introduce the concepts of adult learning and different styles of learning and to understand how these approaches can improve delivery of the WSTP.

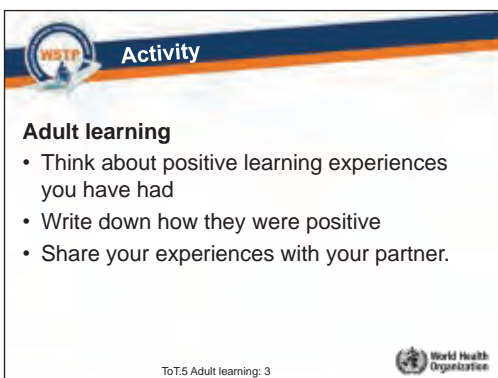
Objectives:

- describe how adults learn
- describe four preferred learning styles, including your own
- explain why learning styles are relevant in delivering the WSTP
- describe how trainers can support participants with problem solving.

ToT.5 Adult learning: 2

Explain the aim and objectives of the session.

2. Preferred learning styles (25 minutes)



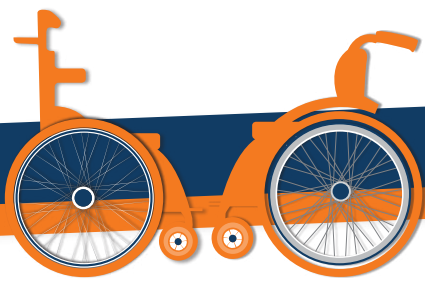
Adult learning

- Think about positive learning experiences you have had
- Write down how they were positive
- Share your experiences with your partner.

ToT.5 Adult learning: 3

Show the slide throughout the activity.

Activity 1	
Groups:	Divide trainees into pairs.
Instructions:	<p>Ask trainees to:</p> <ul style="list-style-type: none"> • Think about positive learning experiences they have had. • Write down in what way the experiences were positive in the table on page 20 of their <i>ToT Handbook</i>. • Share experiences with their partner.
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 5 minutes for individual reflection and discussion in pairs, and 5 minutes for feedback.
Feedback:	<p>Ask each pair to read out one item from their list, going around the room until all the experiences are written on the board.</p> <p>Allow brief discussion.</p>



Explain: We can see from the positive learning experiences discussed during the last activity that there are different ways that we prefer to learn.

Activity

What is your learning style?

- Individually, think about how you learn best, how you like to learn new things.
- On the question sheet, circle all of your preferences.
- On the scoring sheet, circle the same letters and add up how many circles you have in each column to find your preferred learning style.

ToT.5 Adult learning: 4

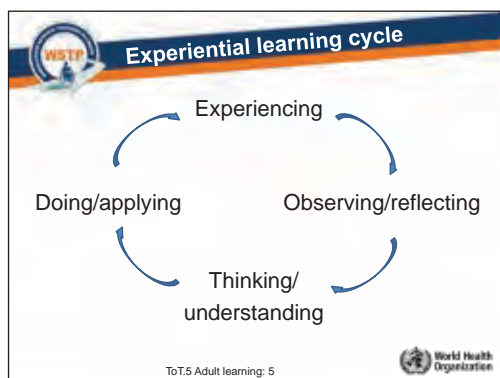
Show the slide throughout the activity.

Activity 2	
Groups:	Ask trainees to work alone.
Instructions:	<p>Ask trainees to turn to page 21 in their <i>ToT Handbook</i>.</p> <p>Explain that there is a list of statements in the <i>ToT Handbook</i> that relate to learning.</p> <p>Ask trainees to circle all of their preferences and transfer the information to the scoring sheet on the next page.</p> <p>Ask trainees to add up the number of circles to see which column has the highest number. The column with the highest number is their preferred learning style.</p>
Monitor:	Monitor trainees and assist as needed.
Time:	Allow 10 minutes for the activity and 3 minutes for feedback.
Feedback:	<p>Ask each trainee to share their preferred learning style with their neighbour.</p> <p>Highlight that if some people have two or more styles with the same or similar number; this means they have no strong preferences and are comfortable with more than one way of learning.</p> <p>Ask trainees if their learning style/s match their positive learning experiences.</p>

3. Experiential learning cycle (30 minutes)

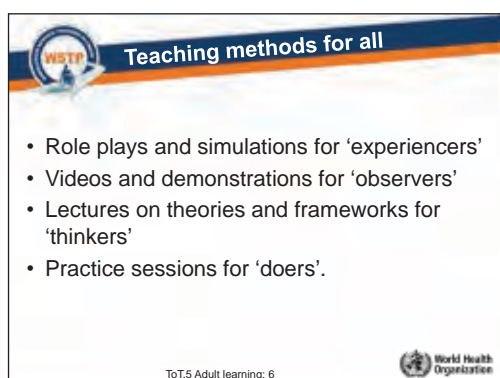
Explain:

- Each of us has a preferred learning style or styles.
- However, learning new information and skills is most effective when we learn the information in multiple ways.

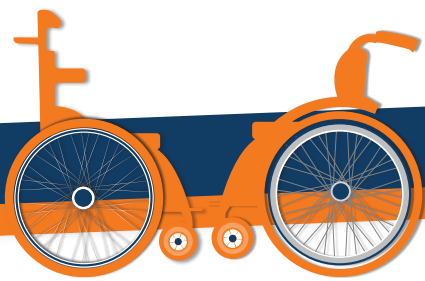


Explain:

- Each stage of the experiential learning cycle matches the four learning styles.
- While we all have different styles, learning new knowledge and skills is most effective when we go through each of the four stages.
- This is why each of the four phases or types of learning are included in the WSTP.
- We can start anywhere in this cycle: with an experience; with a reflection or observation; with a theory or definition/ explanation of a concept; or by doing.



Explain: When developing the WSTP, preferred learning styles and adult learning concepts were incorporated into the structure of individual session plans and the overall training timetable.



Explain: The WSTP follows these four phases to ensure that learning happens.

- During WSTPb, participants try different mobility skills in a wheelchair. This is experiencing.
- During WSTPi, participants watch a video of wheelchair users and their families talking about the positive impact of postural support devices. This is observing or reflecting.
- During WSTPm, participants learn about concepts and principles related to wheelchair service delivery. This is thinking or understanding.
- During WSTPb and WSTPi, participants work with wheelchair users and provide them with an appropriate wheelchair and cushion. This is doing or applying.

Ask: What would happen if we missed out the experience part?

Most important answer:

- The learning will not have a connection with the person's life; it will not be anchored in the participant's personal experience – it would be abstract.

Ask: What would happen if we missed out the observation part?

Most important answer:

- The learner would not be able to explore or see how his or her personal experience connects to the larger abstract concept or framework.

Ask: What would happen if we missed out the thinking part?

Most important answer:


- The learner would go from one experience to another without being able to see how they link together. He or she would not be able to benefit from a framework that would help organize the experiences in a meaningful way.

Ask: What would happen if we missed out the doing (practice) part?

Most important answer:

- The learner would not find out how to apply the theory or framework in the workplace or in his or her own life.


Explain: It is important that trainers support all learning styles, not just the ones that we personally prefer.


Activity

Putting concepts into practice

- Read what styles of learning Carlos, Miriam, Sita and Ahmad prefer.
- Read each of the training activities listed and decide who would find the activity most appealing, considering their learning style.
- Later you can review the list of activities with respect to your own preferred style.

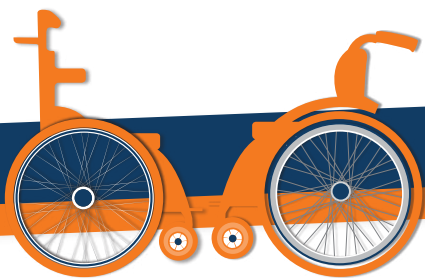
ToT.5 Adult learning: 7



Explain: Now that we have looked at the concept of learning styles and the experiential learning cycle, let's put this into practice and learn by doing.

Show the slide throughout the activity.

Activity 3	
Groups:	Divide trainees into groups of two or three.
Instructions:	<p>Ask trainees to look at the <i>Matching activities with learning preferences</i> sheet in the <i>ToT Handbook</i> (pg. 24).</p> <p>Explain:</p> <ul style="list-style-type: none"> • Carlos learns best by doing • Miriam learns best by observing • Sita learns best by experiencing • Ahmad learns best by understanding the big picture. <p>Ask trainees to place an 'x' under the name of the person who would find the training activity most effective given their learning style.</p> <p>Suggest that after the session each participant should fill in the last column with their own preference.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 10 minutes for the activity and 10 minutes for feedback.
Feedback:	<p>Review the answers with the whole group as follows:</p> <p>Ask trainees to volunteer answers.</p> <p>Check if everyone agrees.</p> <p>If there is no disagreement, acknowledge the answer (if it is correct) and move to the next line.</p> <p>If not everyone has the same answer prompt the correct answer and clarify.</p> <p>Allow only brief discussion.</p>



Notes for ToT trainers:

- In the answer box below, x indicates the best answer; (x) indicates other possible answers that are also correct.

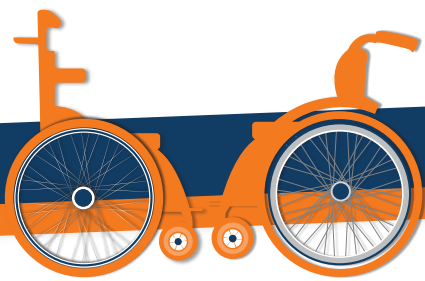
If trainees have answers other than those marked, **ask** them to explain their reasoning and **discuss** it with the group. If you are comfortable that their reasoning is good, and that they understand the differences between the learning styles, they do not need to correct their answer.

Key learning from this exercise is awareness that people do not all learn in the same way.

Answers

	Doing Carlos	Observing Miriam	Experiencing Sita	Understanding Ahmad
1. Using a role play to practise wheelchair user training	X		(X)	
2. Watching the trainer show how to measure a new wheelchair user		X		
3. Attending a presentation by a government official about laws and regulations regarding wheelchair services in his or her country				X
4. Watching people in wheelchairs doing the things they want to do		X		
5. Learning about the key documents that are relevant to wheelchair services				X
6. Discussing with other participants the advantages and disadvantages of follow-up in the user's home			X	
7. Listening to the trainer review the most important articles in the CRPD				X

Answers				
	Doing Carlos	Observing Miriam	Experiencing Sita	Understanding Ahmad
8. Making a pressure-relief cushion	×		(×)	
9. Riding a wheelchair to get a feel for the obstacles a wheelchair user might experience			×	
10. Observing the trainer conduct an assessment		×		
11. Doing an assessment interview with a new user	(×)		×	
12. Calculating the cost-savings of adding a wheelchair service to existing rehabilitation services	×		(×)	




4. Supporting adult learning (10 minutes)

Explain: While we all have preferred learning styles, there are some common factors that relate to all adult learners.

Adult learners: self directed

Adult learners are self-directed and responsible for their own learning.



ToT.5 Adult learning: 8


World Health Organization

Explain:

- Adult learners are self-directed and responsible for their own learning.
- This means supporting them to be:
 - active participants
 - engaged in discussions and group activities.

Adult learners: existing knowledge

Adult learners bring their own knowledge and experience to learning.



ToT.5 Adult learning: 9


World Health Organization

Explain:

- Adult learners bring their own knowledge and experience to each learning activity, including:
 - work-related experience
 - previous education
 - life and family experience.

Adult learners: practical learning

Adult learners need learning to be relevant and practical.

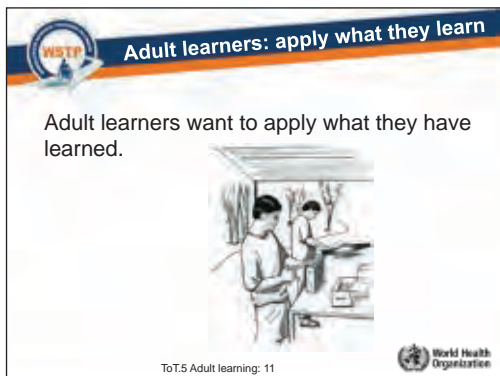


ToT.5 Adult learning: 10

World Health Organization

Explain:

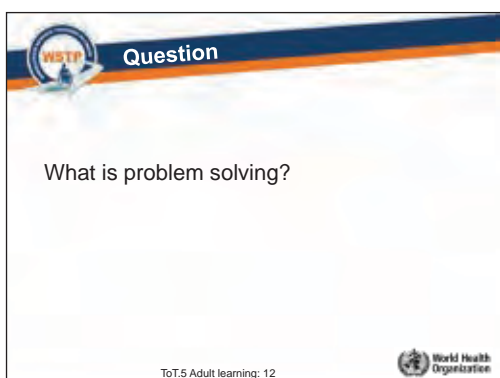
- Adult learners need learning to be relevant and practical.
- Adults must see a reason for learning the new information – and be able to apply it to their situation.
- Training should have:
 - clear learning objectives
 - obvious practical application.



Explain: Adult learners want to apply what they have learned.

- Use examples to help them see the connection between what they are learning during training and what they will do after the training programme is over
- Use problem-solving activities
- Create learning-action plans.

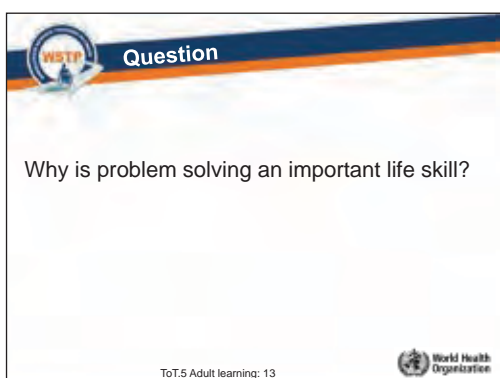
5. Helping participants to problem solve (15 minutes)



Ask: What is problem solving?

Most important answer:

- The process of finding the best solution to a problem. It is an important part of adult learning.



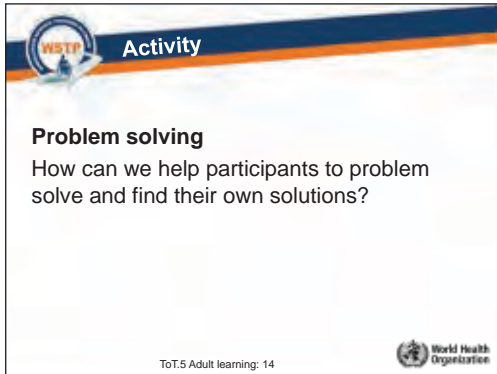
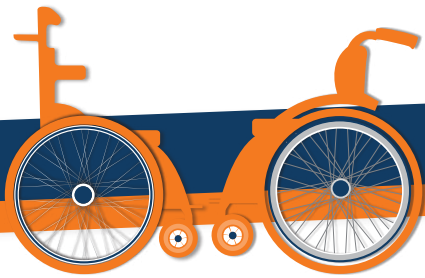
Ask: Why is problem solving an important life skill?

Most important answers:

- Because we all set goals and face challenges to achieve them.
- Because we need to find ways to overcome barriers we encounter.

Explain:

- Problem solving is an important skill in wheelchair service provision where solutions to problems may be complex.
- We have an important role as trainers to develop participants' problem-solving skills, so they can find solutions to the difficulties they come across in their work.



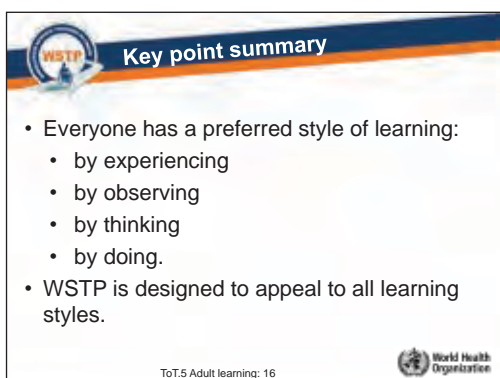
Show the slide throughout the activity.

Activity 4	
Groups:	Divide trainees into groups of two or three.
Instructions:	<p>Ask trainees to brainstorm how they can help participants to problem solve and find their own solutions.</p> <p>Take 2 minutes to think about it individually, then share with your group members to create a list of ideas.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 12 minutes for this activity.
Feedback:	<div data-bbox="437 1182 928 1552" data-label="Image"> </div> <p>Ask each group in turn to describe one way to support participants in problem solving. Continue until there are no new ideas.</p> <p>Record each new idea on the board using only a few key words.</p> <p>Acknowledge good examples of things to consider.</p> <p>Correct/clarify any misunderstandings.</p> <p>Show the slide to summarize.</p>

Most important answers:

- **Ask open-ended questions** – these cannot be answered with a simple ‘yes’ or ‘no’. Open-ended questions require trainees to think more deeply about something, or explore their own experience and think for themselves, rather than guessing the answer that the trainer expects.
- **Ask rather than tell** – ask participants what they think the solution should or could be, rather than telling them. Help them work it out for themselves.
- **Invite others in the group to come up with a response** – ‘does anyone have a different idea?’
- **Encourage case discussion** – talk to participants about individual users who come to the training for assessment, fitting and user training.
- **Don’t take ‘I don’t know’ for an answer** – help participants consider what they do know about a subject and support them in considering possible answers.
- **Be patient** – developing problem-solving skills takes time.
- **One step at a time** – assist participants by breaking down the task into individual steps and asking questions/facilitating problem solving step-by-step.
- **Encourage** participants to be creative and to think laterally.
- **Encourage** participants to work together; teamwork and good communication helps to solve problems.


6. Key point summary (3 minutes)



The slide features a blue header with the WSTP logo on the left and the text 'Key point summary' in white. The main content area is white with a blue border. It contains two bullet points: 'Everyone has a preferred style of learning:' followed by a sub-list of 'by experiencing', 'by observing', 'by thinking', and 'by doing', and 'WSTP is designed to appeal to all learning styles.' The footer includes the text 'ToT.5 Adult learning: 16' and the World Health Organization logo.

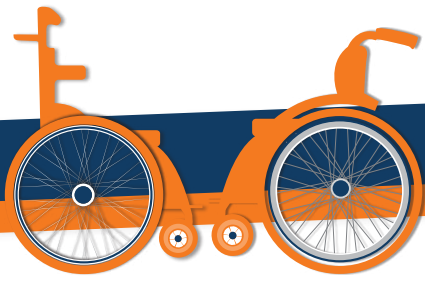
Key point summary

- Everyone has a preferred style of learning:
 - by experiencing
 - by observing
 - by thinking
 - by doing.
- WSTP is designed to appeal to all learning styles.

ToT.5 Adult learning: 16 

Read the key points.

Ask whether there are any questions.



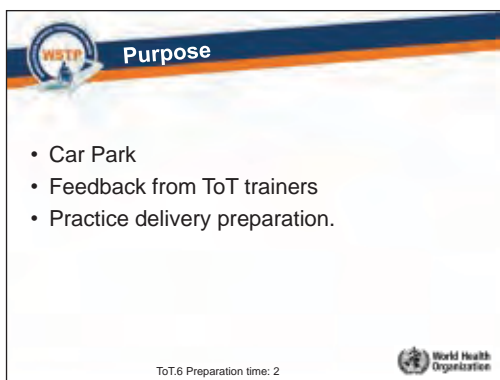
ToT.6 Preparation time

AIM	To ensure trainees use the preparation time effectively at the end of each day.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> understand the purpose of the preparation time at the end of each day <input type="checkbox"/> discuss any questions related to their practice deliveries. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.6: Preparation time.</i> 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Review the Car Park and prepare to answer any questions. 	
OUTLINE	1. Review of Car Park 2. Purpose of preparation time	10 5
Total session time		15

1. Review of Car Park (10 minutes)

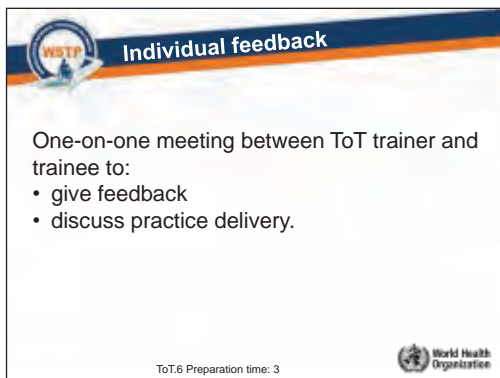
Review the Car Park with trainees. If any items need to be clarified before the next day, provide answers or explanations as needed.

2. Purpose of preparation time (5 minutes)



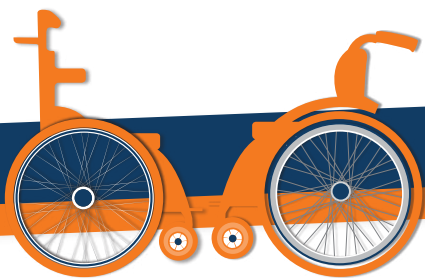
Explain: After our first day, we have time set aside for:


- reviewing any remaining Car Park items
- trainees to meet with ToT trainers for feedback
- preparing for practice deliveries.



Explain:


- ToT trainers will set up short, one-on-one meetings with lead trainees to give feedback and discuss their practice delivery.
- It is an opportunity for trainees to ask questions about how to apply this feedback to future practice deliveries.
- We will discuss how to give and receive feedback in more detail in *ToT.II*.



 **Preparation for practice deliveries**

- Coordinate with trainees assigned to the session
- Prepare materials or flipcharts
- Raise questions with ToT trainers
- Check PPT presentations
- Study session plans.

ToT.6 Preparation time: 4

 World Health Organization

Explain: When you are not meeting with ToT trainers to discuss feedback, you should use this time to:

- coordinate with your co-trainers
- prepare demonstration materials and AV equipment needed for your session
- clarify any content of your session that you do not understand with the ToT trainers
- check that your PPT presentation is working correctly.

Ask whether there are any questions.

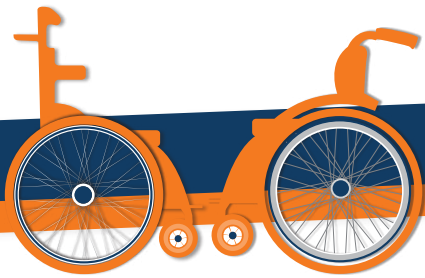
Remind trainees of any logistics they need to remember before the start of the training day tomorrow.

Notes for ToT trainers:

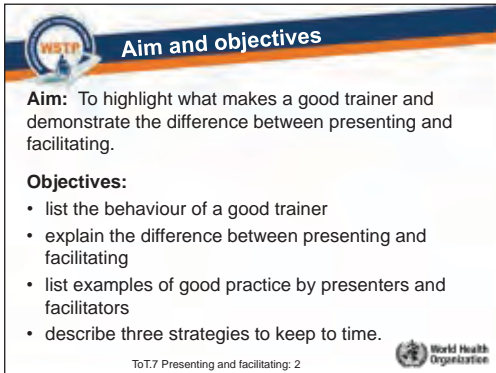
- *After the first day of the WSTPtot, use this time to arrange logistics related to practice deliveries during the rest of the programme. For example, can trainees come to the site early to set up for their session; or, when should trainees upload any modified PPTs for use the next day?*

ToT.7 Presenting and facilitating

AIM	To highlight what makes a good trainer and demonstrate the difference between presenting and facilitating.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> list the behaviour of a good trainer <input type="checkbox"/> explain the difference between presenting and facilitating <input type="checkbox"/> list examples of good practice by presenters and facilitators <input type="checkbox"/> describe three strategies to keep to time. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.7: Presenting and facilitating.</i> 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. 	
OUTLINE	<ol style="list-style-type: none"> 1. Introduction 2. Trainer skills 3. Presenting and facilitating 4. Good practices for presenting and facilitating 5. Managing time 6. Key point summary 	<div>3</div> <div>15</div> <div>5</div> <div>15</div> <div>20</div> <div>2</div>
Total session time		60



1. Introduction (3 minutes)



Aim and objectives

Aim: To highlight what makes a good trainer and demonstrate the difference between presenting and facilitating.

Objectives:

- list the behaviour of a good trainer
- explain the difference between presenting and facilitating
- list examples of good practice by presenters and facilitators
- describe three strategies to keep to time.

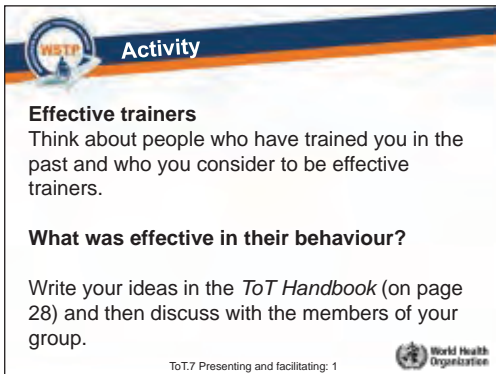
ToT.7 Presenting and facilitating: 2

Explain the aim and objectives of the session.

2. Trainer skills (15 minutes)

Explain: You need to develop a variety of skills to deliver a successful training programme.

In this session we look at the skills of a trainer, both as a presenter of information and as a facilitator of learning. Effective trainer behaviour is critical to bring about participants' learning and create a positive learning environment.



Activity

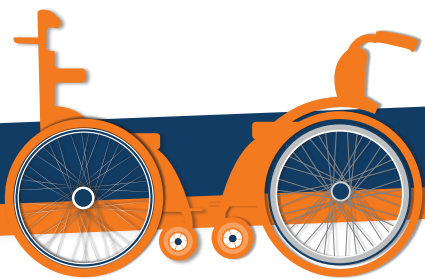
Effective trainers
Think about people who have trained you in the past and who you consider to be effective trainers.

What was effective in their behaviour?
Write your ideas in the *ToT Handbook* (on page 28) and then discuss with the members of your group.

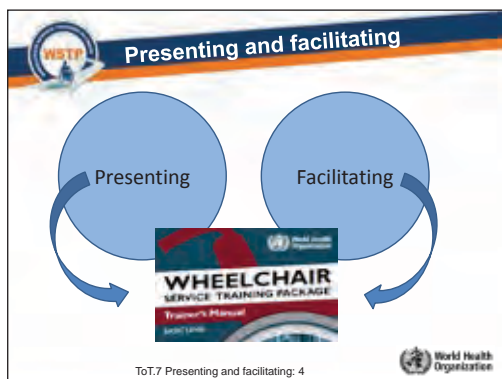
ToT.7 Presenting and facilitating: 1

Show the slide throughout the activity.

Activity 1	
Groups:	Divide trainees into groups of two or three.
Instructions:	<p>Ask trainees to think about people who have trained them in the past and to identify who they consider to have been effective trainers. In other words, people who enabled them to learn what they needed to and who gave them positive and worthwhile experiences.</p> <p>Ask trainees to take a few minutes to reflect on the effective trainers' behaviour and write their ideas in the space on page 28. in the <i>ToT Handbook</i> headed: <i>What was effective in their behaviour?</i></p> <p>Ask trainees to share their thoughts with the member/s of their group.</p> <p>Ask groups to consider all aspects of their previous trainers' behaviour:</p> <ul style="list-style-type: none"> • how they presented themselves • how they interacted with the trainees • how they managed the training • how they created a positive environment.
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 5 minutes for discussion and 10 minutes for feedback.
Feedback:	<p>Ask the groups to report back, giving one idea each until all ideas have been presented.</p> <p>Record ideas on the board.</p> <p>Refer trainees to the information in their <i>ToT Handbook</i>.</p> <p>Remind trainees that they will have a chance to practise the behaviour later in the week.</p> <p>Suggest that trainees use the list of <i>Good practice for presenting and facilitating</i> in the <i>ToT Handbook</i> (pg. 29) to help them to identify behaviour they need to work on. Explain that the list can be used for self-assessment if desired.</p>



3. Presenting and facilitating (5 minutes)

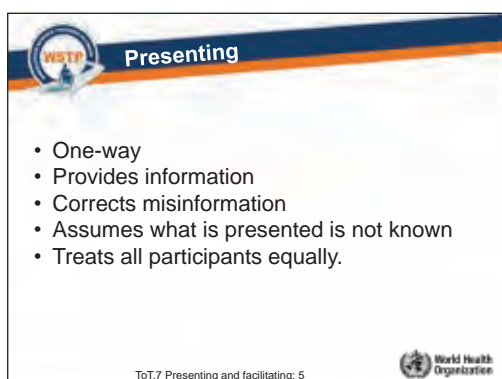


Explain: The role of the trainer in the WSTP switches frequently between presenting and facilitating.

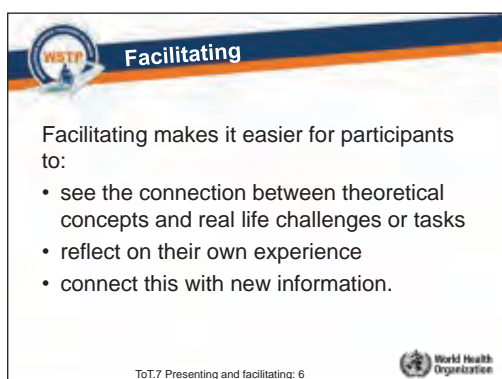
Ask: What do you think the difference is between presenting and facilitating?

Allow trainees a few minutes to think about this, then collect responses from the group.

Show the next slides and acknowledge responses already given.



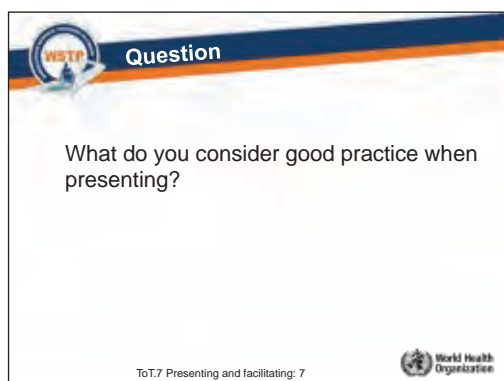
Read the slide content, expand if needed.



Read the slide content, expand if needed.

Explain that in the WSTP a combination of presenting and facilitating is used. The *Trainer's Manual* indicates when to present and when to facilitate.

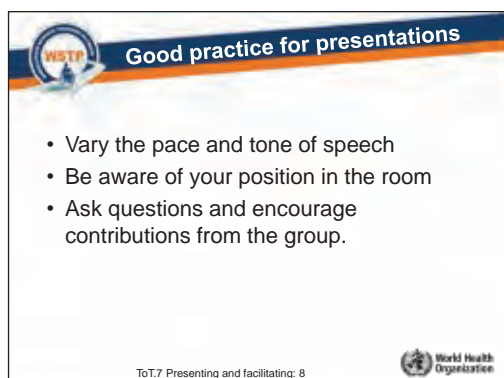
4. Good practice for presenting and facilitating (15 minutes)



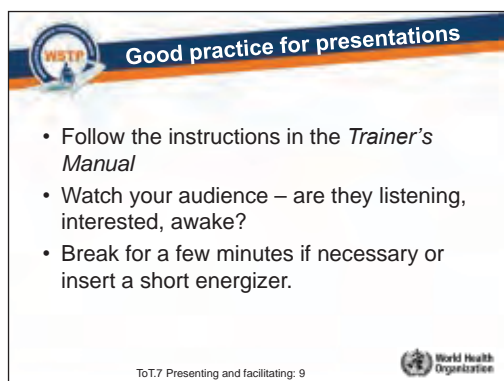
Ask trainees to reflect on what they consider good practice when giving a presentation. Collect responses from the group.

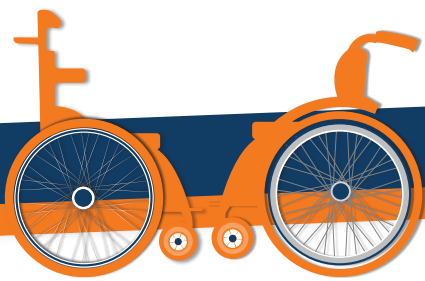
Notes for ToT trainers:

- *ToT trainers must ensure they are a model of good practice throughout the ToT, especially during this session. Make sure you practise everything you say.*



Read the slides and acknowledge examples already given by the participants when reviewing.





Ask: Who knows what we mean by an *energizer*?

Acknowledge responses.

Explain:

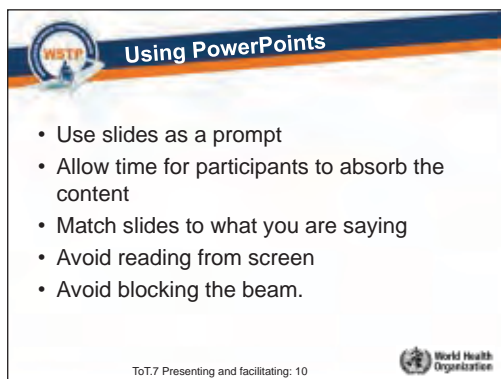
- An *energizer* is a short activity designed to enliven and re-energize a group of participants.
- Often, but not always, the *energizer* is unrelated to the content of the session.
- There is a section about energizers, with examples, in the *ToT Handbook* on page 30.

Ask a trainee to lead a short energizer for the group.

Ask trainees what the energizer did to the group.

Notes for ToT trainers:

- Most trainees will know some energizers from previous training experiences. Be prepared to give an example if no one volunteers.



Explain:

- Use the slides as a prompt and to show the key messages.
- Allow time for participants to absorb the content of each slide. This will take longer for those working in a foreign language.
- Add variety by asking participants to read slide messages out loud.
- Make sure the slide shown corresponds with what you are saying.
- Keep the slides synchronized with the *Trainer's Manual*.
- Avoid reading from the screen.
- If you do read from the screen, do not look over your shoulder or stand with your back to the audience.
- Avoid blocking the beam.

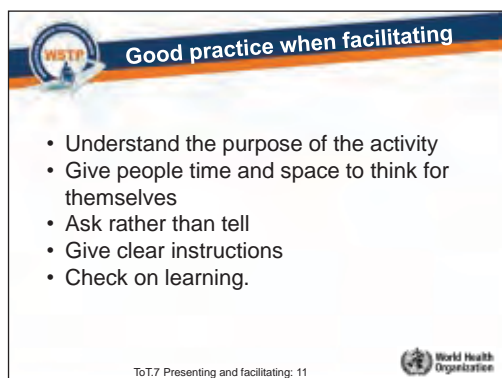
Demonstrate these last three points by showing how you can move to the side of the training room or behind the participants.

Ask: How will your presentation style and session planning change when participants have a visual impairment?

Acknowledge answers.

Most important answers:

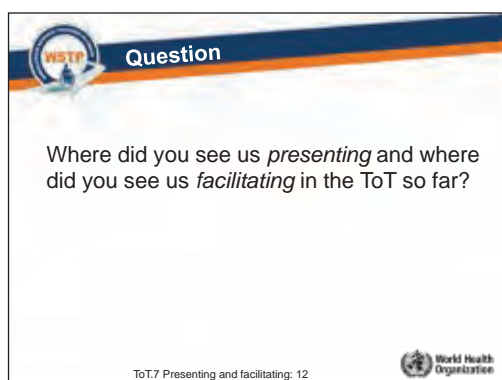
- Read information on the slides to ensure participants with visual impairments get all of the information.
- Make sure the presentations are in a large font and that the screen is as large as possible for those who are partially sighted.
- Meet with participants before the training to understand their needs.
- If participants use a screen reader, provide documents and presentations ahead of time so they can review before the training starts.
- Provide documents in braille if applicable.



Read the slide.

Refer trainees to the key points in the *ToT Handbook*.

Expand as needed.

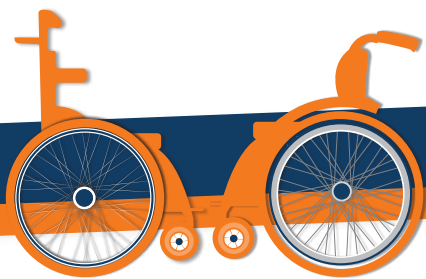


Ask: Can anyone think of examples where the trainers have been *presenting* and where they have been *facilitating* in the sessions we have done so far?

Ask: How do the two methods feel different to you as a trainee?

Acknowledge responses.

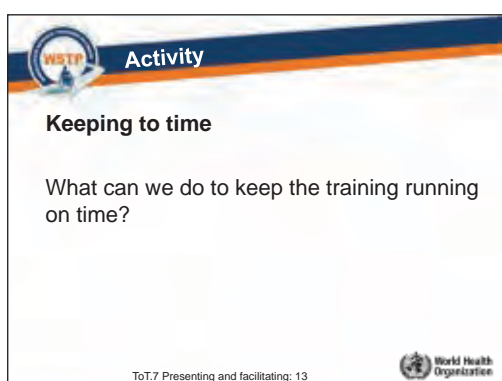
Remind trainees that they will have the opportunity to observe and practise both presenting and facilitating as the ToT continues.



5. Managing time (20 minutes)

Explain:

- Trainers and participants need to make sure that the training programme runs on time.
- There are many sessions and activities and a limited amount of time to complete them.



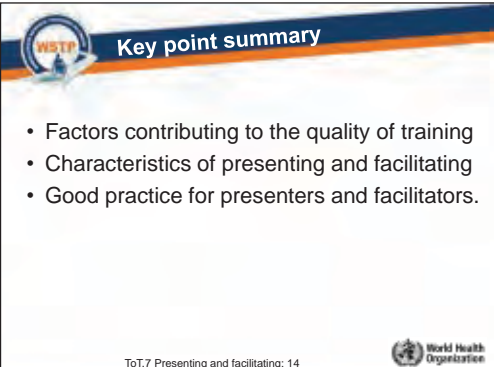
Show the slide throughout the activity.

Activity 2	
Groups:	Divide the trainees into pairs.
Instructions:	<p>Ask What can we do to keep the training running on time?</p> <p>Ask trainees to write ideas down in their <i>ToT Handbook</i> on page 31.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 5 minutes for discussion and 15 minutes for feedback.
Feedback:	<p>Feedback as a whole group, taking suggestions from pairs in turn.</p> <p>Acknowledge responses and add to them using the <i>Notes for ToT trainers</i> below.</p>

Notes for ToT trainers:

- Keeping to time is everyone's responsibility; encourage participants to take responsibility for their own timekeeping.
- Begin each session on time (at the beginning of the day and after breaks); avoid penalizing those who arrive on time by making them wait for latecomers.
- Prepare equipment and resources in advance; plan how you will use these and where you will position them.
- Follow session plans closely. Do not add material or too many examples to the WSTP unless you have additional time.
- Keep discussions focused on the aim and objectives of the session. Park topics for discussion that are not relevant to the current session or that cannot be answered quickly.
- Give clear time markers for participants, for example: '15 minute tea break, back at 10:45'; 'You have 10 minutes for discussion in your groups and 5 minutes for feedback'.
- Agree on signals with co-trainers to indicate how much time is remaining for a session.
- Have a back-up plan for sessions that require specific logistics, for example, what if rain interrupts the wheelchair mobility session?
- In areas with unreliable power, consider having a generator with in-line UPS (Uninterrupted Power Supply) for back-up.
- Check that the refreshments are organised – delays in food arriving can mean sessions start late after breaks.

6. Key point summary (2 minutes)



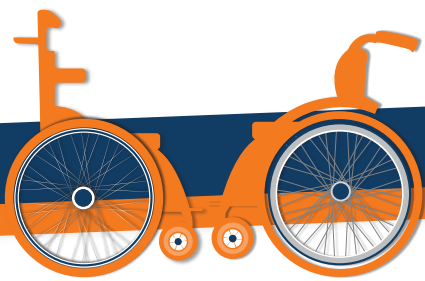
Key point summary

- Factors contributing to the quality of training
- Characteristics of presenting and facilitating
- Good practice for presenters and facilitators.

ToT.7 Presenting and facilitating: 14

Read the key points.

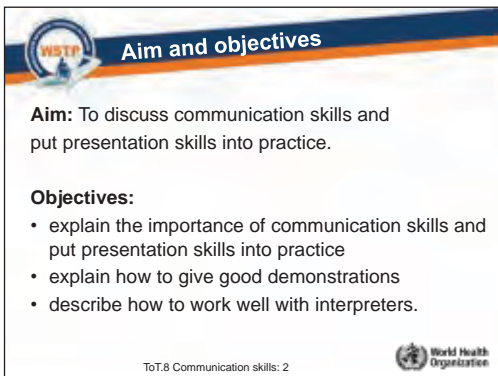
Ask whether there are any questions.



ToT.8 Communication skills

AIM	To discuss communication skills and put presentation skills into practice.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> explain the importance of communication skills and put presentation skills into practice <input type="checkbox"/> explain how to give good demonstrations <input type="checkbox"/> describe how to work well with interpreters. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.8: Communication skills.</i> 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. 	
OUTLINE	1. Introduction 2. Types of communication 3. Demonstrations, videos and interpreters 4. Key point summary	2 55 30 3
Total session time		90

1. Introduction (2 minutes)



Aim and objectives

Aim: To discuss communication skills and put presentation skills into practice.

Objectives:

- explain the importance of communication skills and put presentation skills into practice
- explain how to give good demonstrations
- describe how to work well with interpreters.

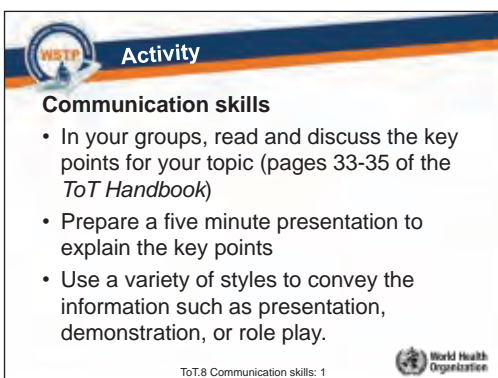
ToT.8 Communication skills: 2

Explain the aim and objectives of the session.

2. Types of communication (55 minutes)

Explain:

- Communication skills are key to becoming a good trainer.
- In this activity you will have the opportunity to practise your communication skills.
- You will take on the role of trainer and present the key learning points for your topic yourself.
- This is a chance for you to put some of the skills discussed in the *Presenting and facilitating* session into practice.



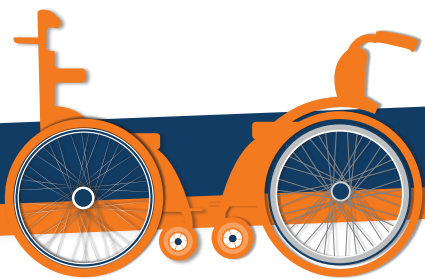
Activity

Communication skills

- In your groups, read and discuss the key points for your topic (pages 33-35 of the *ToT Handbook*)
- Prepare a five minute presentation to explain the key points
- Use a variety of styles to convey the information such as presentation, demonstration, or role play.

ToT.8 Communication skills: 1

Show the slide throughout the activity.



Activity I	
Groups:	Divide trainees into four groups.
Instructions:	<p>Assign each group one of the topics listed in the <i>Notes for ToT trainers</i> that follow and direct trainees to page 33–35 in the <i>ToT Handbook</i>.</p> <p>Each group should present the information listed under their topic.</p> <p>Encourage groups to be creative and to use props, flipcharts, or the board as desired.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 20 minutes for groups to prepare the task; 5 minutes for each group to present; 2 minutes for discussion after each presentation; and 5 minutes for final feedback and consolidation by the ToT trainer.
Feedback:	<p>Refer trainees to their <i>ToT Handbook</i> to check if all the information was communicated in the session.</p> <p>Focus feedback on the content of the session and the different communication skills. The ToT trainer should briefly summarize any key points not clearly presented by the group.</p>

Notes for ToT trainers:

Group I - Verbal skills

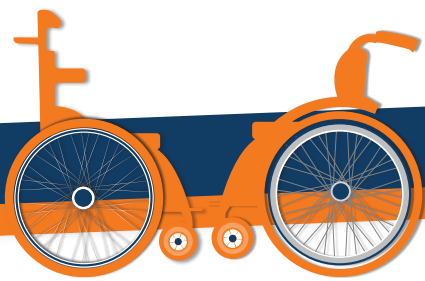
- Be aware of speed, volume and rise and fall (intonation) of the voice when presenting.
- Avoid using socially inappropriate language, including slang and 'non-speak' ('er', 'um', 'like', 'you know').
- Be heard clearly by all participants.
- Be aware of when participants do, and do not, understand what the trainer says.
- Be sure that everyone understands when the training programme is in a second language for participants, or when it is delivered via an interpreter.
- Use terms that will be understood by all the participants (especially when discussing anatomical parts of the body).
- Terms used in the training are simple and non-medical to ensure wheelchair service users and participants without clinical or higher education understand the content.

Group 2 – Non-verbal communication

- Maintain eye contact.
- Be aware of your body language.
- Use humour when appropriate. Humour is about lightness and not taking oneself and one's opinion too seriously.
- Humour does not mean joking. Jokes are often cultural and may not work the way you intended.
- Use appropriate actions when communicating with wheelchair users, including lowering your body to be at eye level.
- Position yourself and participants in the room:
 - when presenting, the trainer should stand at the front or side
 - participants should be able to see and hear the trainer
 - in semi-circles so that no one is in the back row and all participants can see each other
 - standing behind participants is appropriate in certain circumstances, for instance when presenting and the trainer needs to read their PowerPoint slides
 - depending on the context, it may be appropriate for the trainer to sit at times; this creates a more relaxed, friendly dynamic.

Group 3 – Asking questions

- Allow time for all participants to think about and respond to the question – don't always take an answer from the first respondent. Some participants may need time to think, especially if the training is not being delivered in their first language.
- Don't jump to answer participants' questions. Help facilitate participants to think of the idea, concept, or answer without telling them the answer when possible. Draw answers from the room.
- Rephrase questions when needed. If the response from participants is silence, confusion, or a wrong answer, the question may need to be rephrased.
- Use open questions to check understanding (for example, 'what are the three causes of pressure sores?').
- Avoid using closed questions (questions where the response is 'yes' or 'no').
- Acknowledge when correct answers are given.
- If an incorrect answer is given, first ask the same question to another participant or to the rest of the group. Only provide the correct answer if no one in the group can do so.
- If questions are repeatedly answered incorrectly, it is a sign that something is wrong. Possible problems include:
 - participants are not learning. You may need to rephrase your explanation or return to an earlier part of the training that now appears to be poorly understood
 - questions are inappropriate for their level of knowledge
 - questions are poorly phrased
 - questions use words participants do not understand.



Group 4 – Answering questions

- Sometimes participants ask a question without thinking it through for themselves. When this happens, challenge them to work out the answer themselves. (Refer to the last exercise in Session ToT.5: Adult Learning).
- Help participants find the answer by questioning them. For example, 'What do you think?', 'What factors are important to consider when deciding...?' Draw out the correct ideas from participants, developing their clinical reasoning and problem-solving skills.
- If someone asks a question that you do not know the answer to, first ask if any participants or co-trainers can answer it.
- If no one can answer, add the question to the Car Park and offer to look it up and share it with the group before the end of the training.
- Never make up an answer if you do not know.
- If there is not enough time to answer a question at the time of asking, use the Car Park to make a note of it and address it later in the training programme.
- Avoid spending time on questions that are beyond the aim and objectives of the session. Take the opportunity in a break to discuss the issue with the questioner.
- Questions related to upcoming sessions can be parked in the Car Park. When Car Park questions are covered, check if the participant feels their question has been answered.
- Listen: make sure you listen to the whole question before assuming you know what the question is. This means not interrupting or filling in the sentence.
- Be aware of the difference between 'right/wrong' questions (especially relevant to WSTPb and WSTPi) and those that do not have a right or wrong answer, as is often the case in WSTPm and WSTPs.

3. Demonstrations, videos and interpreters (30 minutes)


**Other communication skills**

- Giving demonstrations
- Using videos
- Communicating through foreign language and sign language interpreters.

ToT.8 Communication skills: 4

Explain: We will now look at three more aspects of communication.

Read the slide.




Activity

Demonstrations, videos and interpreters

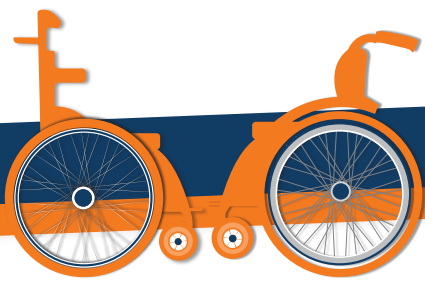
- In your group, discuss what to consider when delivering training about your topic.
 - **Group 1:** Good practice for giving demonstrations and showing videos
 - **Group 2:** Working with foreign language and sign language interpreters.
- Close your *ToT Handbook* during this activity.

ToT.8 Communication skills: 5



Show the slide throughout the activity.

Activity 2	
Groups:	Divide trainees into two groups.
Instructions:	<p>Ask trainees to close their <i>ToT Handbook</i> (the answers are in the book).</p> <p>Assign one topic to each group:</p> <ul style="list-style-type: none"> • Ask group 1 to consider: Good practice for giving demonstrations and showing videos. • Ask group 2 to consider: Working with foreign language and sign language interpreters. <p>Ask trainees to discuss what to consider when delivering training about your topic and to write it on a flipchart to present to the other group.</p> <p>Refer trainees to the activity instructions on the PPT slide.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 10 minutes for the groups to develop their lists; 5 minutes for each group to present; and 5 minutes for additional key points after each presentation.
Feedback:	<p>Ask group 1 to present their findings to group 2.</p> <p>Add in any key points missed from the trainer's notes below.</p> <p>Ask group 2 to present their findings to group 1.</p> <p>Add in any key points missed from the <i>Notes for ToT trainers</i> below.</p> <p>Refer trainees to the reference material in the <i>ToT Handbook</i>.</p>



Notes for ToT trainers:

Giving demonstrations:

- make sure everyone can see
- prepare props and equipment in advance
- explain clearly, demonstrate and repeat
- know your audience
- allow participants to practise what has been demonstrated
- monitor participants and step in as necessary to give feedback (especially related to safety)
- consider gender during demonstrations in WSTPb and WSTPi, especially when touching is necessary.

Using videos:

- familiarize yourself with the content
- check for cultural and gender sensitivity
- explain what it is about before you show it
- mention the approximate length
- link it to the session
- play videos with subtitles to make them easier to follow
- ask questions about issues you want participants to consider, and highlight what they should observe
- repeat key sections, if time allows, or pause at critical points for emphasis.

Working with foreign language and sign language interpreters:

Meet with the interpreter before the training starts to discuss:

- pace of speech
- key terms, including terminology related to people with disabilities
- how to communicate with wheelchair users
- their role during practical activities
- content of the training – provide a copy of the Trainer's Manual to interpreters
- instruct interpreters to translate everything, not to summarize or change what is being said
- interpreters should never answer a question on your behalf
- arrange for two interpreters so that they can take rest breaks.

During the training make sure that you:

- speak slowly and clearly
- watch your body language
- keep your hands away from your face for lip-readers
- always engage with the individual or audience directly
- show interest, keep eye contact and remain focused
- plan your time: talking through an interpreter makes conversations twice as long.

4. Key point summary (3 minutes)



The slide is titled "Key point summary" and features a blue header with a logo on the left. The logo consists of a circular emblem with a stylized figure and the letters "WSTP". Below the title, there is a bulleted list of three key points. At the bottom left, the text "ToT.8 Communication skills: 6" is visible, and at the bottom right is the World Health Organization logo.

Key point summary

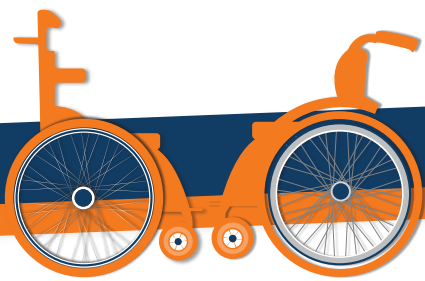
- Think about all aspects of your communication
- Best practice for giving demonstrations and using videos
- Meet with interpreters before the training to discuss your needs and set expectations.

ToT.8 Communication skills: 6

World Health Organization

Read the key points.


Ask whether there are any questions.



ToT.9 Knowledge of guiding documents

AIM	To introduce trainees to the WSTP guiding documents and explain their relevance.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> list the WSTP guiding documents <input type="checkbox"/> explain their importance for WSTP trainers and participants. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.9: Knowledge of guiding documents</i> <input type="checkbox"/> Video: <i>Sustainable Development Goals</i>. <p>One copy of each of the following resources:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>United Nations Convention on the Rights of Persons with Disabilities (CRPD)</i> <input type="checkbox"/> <i>WHO Guidelines on the provision of manual wheelchairs in less-resourced settings</i> <input type="checkbox"/> <i>WHO Joint position paper on the provision of mobility devices in less-resourced settings</i> <input type="checkbox"/> <i>WHO CBR Guidelines: Introductory Booklet and Health Component</i> <input type="checkbox"/> <i>Design Considerations for Accessibility</i>. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Ensure thorough knowledge of all guiding documents. <input type="checkbox"/> Consult the UN website to check the total number of countries that have signed the <i>CRPD</i> at the time of your training programme. Check whether the trainees' countries have signed and ratified the <i>CRPD</i> so that you can mention this and answer any questions. http://www.un.org/disabilities/ 	
OUTLINE	<ol style="list-style-type: none"> 1. Introduction 2. The <i>CRPD</i> as it relates to wheelchair service provision 3. <i>WHO Guidelines on the provision of manual wheelchairs in less-resourced settings</i> 4. <i>CBR Guidelines</i> 5. Other guiding documents 6. Key point summary 	<ol style="list-style-type: none"> 8 20 5 25 15 2
Total session time		75

I. Introduction (8 minutes)




Aim and objectives

Aim: To introduce trainees to the WSTP guiding documents and explain their relevance.


Objectives:

- list the WSTP guiding documents
- explain their importance for WSTP trainers and participants.

ToT.9 Knowledge of guiding documents: 2




Explain the aim and objectives of the session.



Question

What do we mean by guiding documents?

ToT.9 Knowledge of guiding documents: 3




Ask: What do we mean by guiding documents?

Acknowledge answers.

Most important answers:


- Publications, policies, conventions or laws that provide frameworks, guidance or rules that are relevant to wheelchair service provision.
- Resources that guide stakeholders in the provision of wheelchair services.



Question

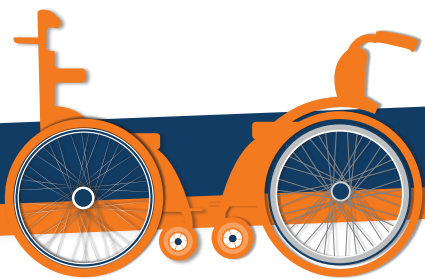
Why is it important for you to be aware of these documents?

ToT.9 Knowledge of guiding documents: 4



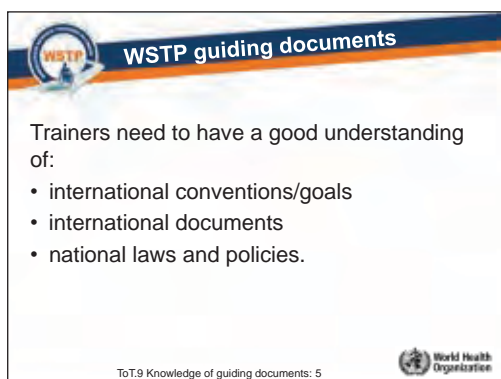
Ask: Why is it important for you as trainers to be aware of these documents?

Acknowledge answers.



Most important answers:

- Many governments, international agencies, donors and other stakeholders plan and fund development work in line with these international frameworks.
- To be in a stronger position to educate and advocate for appropriate wheelchair service provision.



Explain:

- When running a WSTP training programme, it is important to be aware of these guiding documents to help you educate and advocate for appropriate wheelchair provision.
- Local documents are likely to be referred to by participants and trainers will need a good understanding of them too.

Explain: A good understanding of these resources can contribute to the quality of your training delivery. There is more information on all guiding documents in your *ToT Handbook*

Ask: What are the two most important guiding documents that relate to wheelchair service provision?

Most important answers:

- *United Nations Convention on the Rights of Persons with Disabilities*
- *WHO Guidelines on the provision of manual wheelchairs in less-resourced settings.*

2. The CRPD as it relates to wheelchair service provision (20 minutes)

**CRPD**

- Most important international treaty relating to disability
- Came into force in 2008
- Designed to change the way people with disabilities are viewed and treated.



ToT.9 Knowledge of guiding documents: 6



Explain:

- We will look first at the *United Nations Convention on the Rights of Persons with Disabilities*,⁷ commonly known as the *CRPD*.
- The *CRPD* is widely considered to be the most important international treaty relating to people with a disability.
- The *CRPD* came into force in 2008.

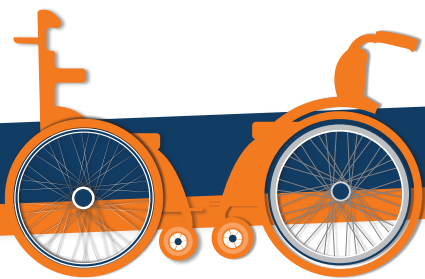
Explain:


- On its opening day, 82 countries signed the *CRPD* and 44 signed its Optional Protocol: the highest number of signatories to a UN Convention on its opening day in history.
- The *CRPD* was designed by representatives of the international community to change the way people with disabilities are viewed and treated in their societies.
- Representatives included people with disabilities, government officials and representatives of nongovernmental organizations.
- The *CRPD* is important because it is a tool for ensuring that people with disabilities have access to the same rights and opportunities as everybody else.

Notes for ToT trainers:


- Look up the total number of countries that have signed the *CRPD* at the time of your training programme and check whether the participants' country/countries have signed and ratified the Convention.

⁷ Convention on the Rights of Persons with Disabilities. In: Sixty-first session, United Nations General Assembly, New York, 6 December 2006. New York: United Nations; 2006. (Res.A/ 61/611 (<http://www.un.org/esa/socdev/enable/rights/convtexte.htm>)).



 **Question**

Why is it important for participants of the WSTP to be familiar with the CRPD?


ToT.9 Knowledge of guiding documents: 1 

Ask: Why is it important for participants of the WSTP to be familiar with the CRPD?


Acknowledge responses.

Most important answers:

- To use the rights-based approach of the CRPD to help develop wheelchair service provision for people with disabilities.
- To use CRPD articles as a guide when setting goals for wheelchair service delivery.
- To help advocate to government and other stakeholders to collaborate to achieve the aims of the articles.
- To encourage donors who back the CRPD to support wheelchair service provision in their countries.

 **Question**

Which articles of the CRPD are most relevant?

ToT.9 Knowledge of guiding documents: 8 

Explain: The CRPD has several articles relevant to wheelchair service provision.

Ask: Without looking at your *ToT Handbook*, can anyone remind us which articles are the most relevant?


Acknowledge responses.

Most important answers:

- Article 20 – Personal mobility
- Article 4 – General obligations
- Article 26 – Habilitation and rehabilitation
- Article 32 – International cooperation.

Other answers may include:


- Article 19 – Living independently and being included in the community
- Article 24 – Education
- Article 25 – Health
- Article 27 – Work and employment
- Article 30 – Participation in cultural life, recreation, leisure and sport.



Article 20


- Facilitate personal mobility with consideration of personal choice and cost
- Facilitate access to quality mobility aids
- Provide training in mobility skills to wheelchair users and service personnel
- Encourage production of mobility devices to consider all aspects of mobility.

ToT.9 Knowledge of guiding documents: 9



Explain:


- CRPD Article 20 is the most relevant to wheelchair service provision.
- It requires States Parties to take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities.



Article 4

*To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, **mobility aids, devices** and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost.*

ToT.9 Knowledge of guiding documents: 10



Explain: Article 4 covers General obligations and includes this statement.



Other relevant articles

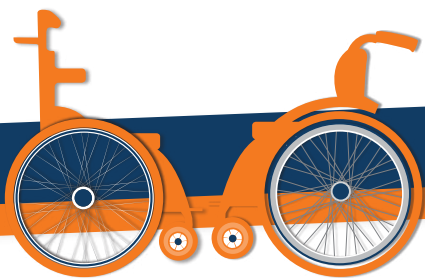
- Article 19: Living independently and being included in the community
- Article 24: Education
- Article 25: Health
- Article 26: Habilitation and Rehabilitation
- Article 27: Work and employment
- Article 30: Participation in cultural life, recreation, leisure and sport
- Article 32: International cooperation.

ToT.9 Knowledge of guiding documents: 11





Explain:

- These articles are also relevant because, for example, they mention the importance of assistive devices, reasonable accommodation, and mobility skills training.
- Article 26 is particularly important as it deals with Habilitation and Rehabilitation.




Explain: Many other articles of the *CRPD* are indirectly relevant to wheelchair service provision. For example, Article 6 is concerned with the specific inclusion of women with disabilities and Article 7 with equality for children.


Question



What additional barriers can women and children face when accessing services?

ToT.9 Knowledge of guiding documents: 12




Ask: What additional barriers can women and children face when accessing wheelchair services?


Ask participants to take one or two minutes to discuss this with the person next to them and then collect feedback.

Acknowledge responses and add any important points not mentioned.

Most important answers:


- In some cultures, and communities, women and children are not valued as equal to men.
- Where a wheelchair must be purchased, in some cultures family funds may not be prioritized for women or girls.
- Where early identification and early intervention services are not available, children may not be referred.
- Wheelchairs in suitable sizes for children may not be available.
- Children often need supportive seating, which may not be available. Parents and carers may choose to carry children with disabilities for many reasons: when they are small it can be easier; they won't have to face the stigma of their child being seen in a wheelchair; the challenges of travelling on public transport with a wheelchair are significant; or, lack of awareness of any other option.


Articles 6 and 7



Wheelchair provision services must specifically ensure the needs of women and children are considered.

ToT.9 Knowledge of guiding documents: 13

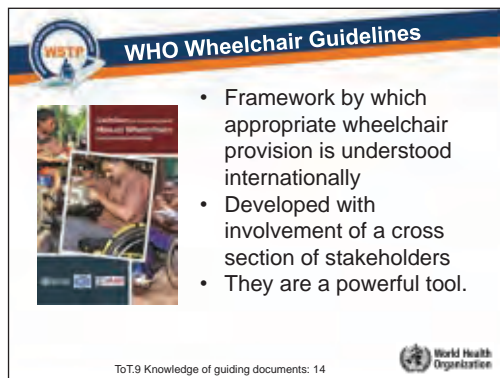


Explain: To meet Articles 6 and 7 of the *CRPD*, wheelchair provision services must specifically ensure the needs of women and children are considered.

3. WHO Guidelines on the provision of manual wheelchairs in less-resourced settings (5 minutes)

Explain: The WHO Guidelines on the provision of manual wheelchairs in less-resourced settings (*Wheelchair Guidelines*) is the most important international document focused on wheelchair provision.

Acknowledge that most trainees will be very familiar with the *Wheelchair Guidelines*.



Explain:

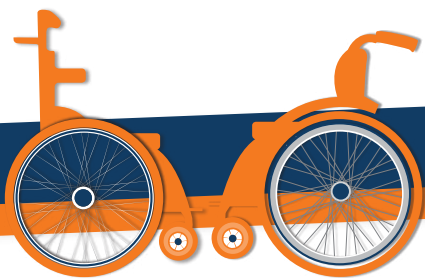
- The *Wheelchair Guidelines* outline the framework by which appropriate wheelchair provision is now understood internationally.
- Prior to the publication of the *Wheelchair Guidelines*, organizations involved in wheelchair provision did not have a common understanding of what was important to consider.

Explain:

- The *Wheelchair Guidelines* were developed with the involvement of a cross section of stakeholders from all continents.
- They provide us with a powerful tool to help us develop services in line with agreed standards, and to advocate to government and other stakeholders for appropriate wheelchair services.
- The *Wheelchair Guidelines* reflect standards that are universally achievable in low-, middle- and high-resourced contexts.

Ask: Who can remember the definition of an appropriate wheelchair?

Acknowledge answers.



Appropriate wheelchair

- Meets the user's needs and environmental conditions
- Provides proper fit and postural support
- Is safe and durable
- Is available in the country
- Can be obtained and maintained and services sustained in the country at an affordable cost.


ToT.9 Knowledge of guiding documents: 15

World Health Organization

Read the points on the slide.

WHO Wheelchair Guidelines

- Design and production
- Service delivery
- Training
- Policy and planning.



ToT.9 Knowledge of guiding documents: 16

World Health Organization

Explain: The *Wheelchair Guidelines* also cover wheelchair:

- design and production
- service delivery
- training
- policy and planning.

Ask: Who has read the *Wheelchair Guidelines* in the last year?

Encourage all trainees to read the *Wheelchair Guidelines* thoroughly. A WSTP trainer's knowledge of the *Wheelchair Guidelines* should be comprehensive; trainers should try to raise awareness of them whenever they have the opportunity.

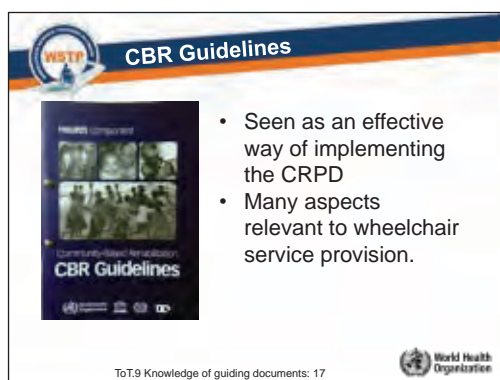
Explain: The *Wheelchair Guidelines* are available on the WHO website in a range of languages.⁸

⁸ <http://www.who.int/disabilities/publications/technology/wheelchairguidelines/en/>

4. CBR Guidelines (25 minutes)

Explain: There are several other guiding documents included in the supplementary resources section on the WSTP Pen Drive. You should be familiar with these, so that you can explain their importance and relevance to others.

Explain: Community-Based Rehabilitation (CBR) is likely to come up in discussions during the WSTP. It is therefore important that trainers have a good understanding of the *CBR Guidelines*,⁹ particularly the health component.



Explain:

- CBR, also often called Community-Based Inclusive Development (CBID), is increasingly seen as one of the most effective ways of implementing the *CRPD*.
- Many aspects of CBR are relevant to wheelchair service provision. For example, referral networks, community health centres and CBR workers.



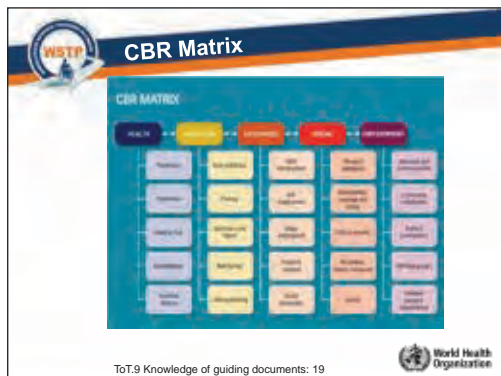
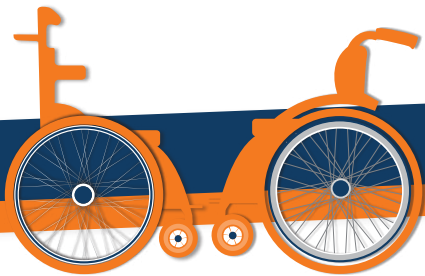
Explain: The CBR Matrix¹⁰ is one of the cornerstones of the *CBR Guidelines*.

Ask: What are the five key components of the CBR Matrix?

Acknowledge answers.

9 WHO Community-based rehabilitation: CBR Guidelines. Geneva: World Health Organization; 2010 (<http://www.who.int/disabilities/cbr/guidelines/en/>).

10 The CBR Matrix. Geneva: World Health Organization (<http://www.who.int/disabilities/cbr/matrix/en/>).



Explain:

- The five components are: Health, Education, Livelihood, Social and Empowerment.
- Each component of the Matrix has five elements within it, so there are a total of 25.

Activity

CBR Matrix

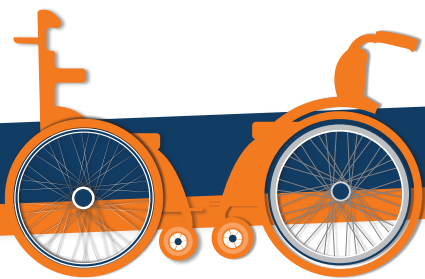
In groups, identify two ways wheelchair provision relates to the component of the CBR Matrix you are assigned.

Example: in the livelihood category, having an appropriate wheelchair can help someone get to work and earn their living.

ToT.9 Knowledge of guiding documents: 20

Show the slide throughout the activity.

Activity I	
Groups:	Divide trainees into five groups. Create a mix of gender, experience/ knowledge and skills in each group.
Instructions:	<p>Refer trainees to their copy of the CBR Matrix on page 45 of the <i>ToT Handbook</i>.</p> <p>Allocate one component of the matrix to each group to discuss.</p> <p>Ask trainees to consider the ways in which wheelchair service provision relates to their component and to be ready to feedback to the group on two of them.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 10 minutes for the activity and 10 minutes for feedback.
Feedback:	<p>Ask each group for their first answer in turn. Then ask each group for their second answer in the same way.</p> <p>Answers may include:</p> <p>Health</p> <ul style="list-style-type: none"> • Rehabilitation – long and short term. • Health promotion and prevention of secondary complications; for instance, early identification and intervention to prevent complications such as scoliosis and pressure sores. • Access to health-care services. <p>Education</p> <ul style="list-style-type: none"> • Enables access to school, educational programmes and vocational programmes. <p>Livelihood</p> <ul style="list-style-type: none"> • Access to perform livelihood activities. • Earning capacity. • Access financial services. <p>Social</p> <ul style="list-style-type: none"> • Promote access to social and recreational activities. • Join sport and cultural programmes with peers. • Opportunity to form and develop relationships. <p>Empowerment</p> <ul style="list-style-type: none"> • Improved self-image and confidence. • Peer support.



CBR & appropriate wheelchairs

Health: Health benefits, importance in prevention of secondary complications.

Education: Enables access to school and vocational training, to sit upright for function and interaction.

Livelihood: Access to workplace, increased mobility and independence to work, earn and contribute.

Social: Access to social/recreation activities.

Empowerment: Confidence, peer training/support.

ToT.9 Knowledge of guiding documents: 21

World Health Organization

Explain:

- This slide summarizes how appropriate wheelchair provision can improve the key aspects of life identified in the CBR Matrix.
- There is further information on the *CBR Guidelines* and Matrix in the *ToT Handbook*.

5. Other guiding documents (15 minutes)

Joint position paper

Provides information on:

- barriers to accessing mobility devices
- increasing access to mobility devices
- recommendations for national and international level stakeholders.

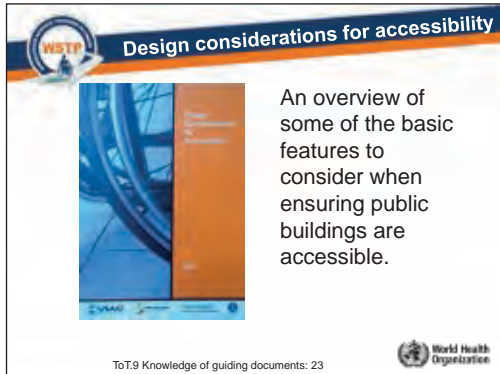
ToT.9 Knowledge of guiding documents: 22

World Health Organization

Explain:

- The WHO *Joint position paper on the provision of mobility devices in less-resourced settings*¹¹ was published in 2011 to help countries implement CRPD articles associated with the provision of mobility devices.
- It includes information on barriers to accessing mobility devices; requirements to increase access to mobility devices; and recommendations for individual countries and international stakeholders.

¹¹ Joint position paper on the provision of mobility devices in less-resourced settings: a step towards implementation of the Convention on the Rights of Persons with Disabilities (CRPD) related to personal mobility. Geneva: World Health Organization; 2011



Explain:

- The final guiding document included on the WSTP Pen Drive is *Design considerations for accessibility*.¹²
- This gives useful information on how to ensure all aspects of access are considered; both when visiting the wheelchair service and in other environments.

Explain: There are a number of other guiding documents that you should be familiar with as a trainer of the WSTP.

Ask: Another major international instrument has been launched since the development of the WSTP: Can anyone tell us what that is?

Acknowledge answers.

Most important answer:

*Sustainable Development Goals (SDGs).*¹³

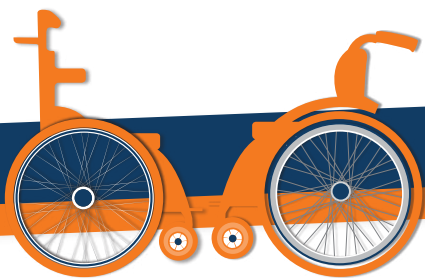


Explain:

- The SDGs are a follow up to the *Millennium Development Goals (MDGs)*.
- They were launched in September 2015 and have a timeline of 2015 to 2030.

¹² Design considerations for accessibility 2006. Sri Lanka: John Grooms Working with Disabled People; 2006 (<http://ascon.info/publications/accessibility.pdf>).

¹³ The sustainable development goals [website]. New York: United Nations (<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>).



Introduce video: *Sustainable Development Goals.*

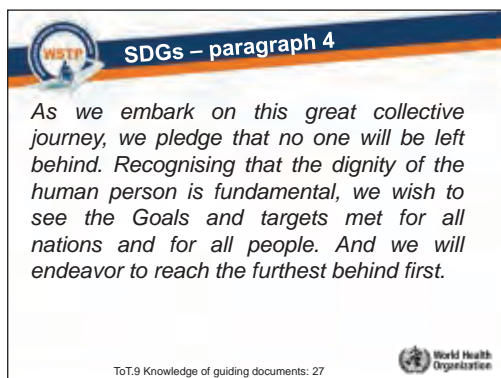
Ask participants to watch this United Nations video on the 17 SDGs.

Show video.



Explain:

- Five SDGs make specific references to disability: 4, 8, 10, 11 and 17.
- Nine global indicators relate to disability.



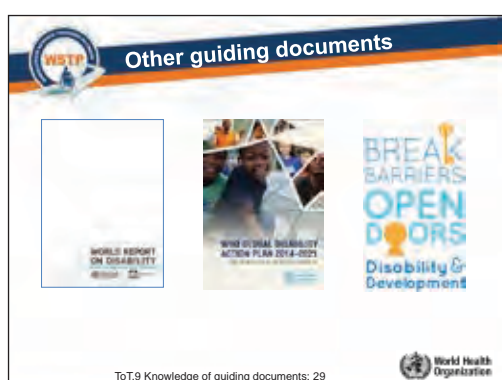
Explain:

- The SDGs aim to reach the most vulnerable and commit to reach the furthest behind first.
- Many stakeholders will be addressing the SDGs so it is important to consider how appropriate wheelchair service provision can contribute to meeting the goals.



Explain:

- WHO's *Global Cooperation on Assistive Technology (GATE)* initiative is another important step forward.
- *GATE* was created to improve access to assistive technology globally.
- *GATE*'s first outcome is the *WHO Priority Assistive Products List (APL)*,¹⁴ launched in May 2016.
- The APL features the 50 priority assistive products/devices that governments should make available at an affordable cost, including four different types of wheelchairs.



Explain: Other relevant documents detailed in the *ToT Handbook* include the:

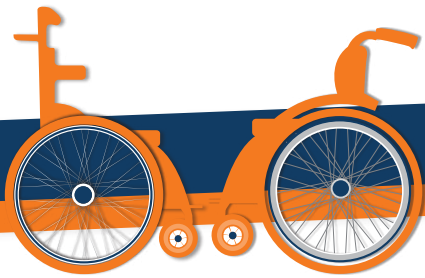
- *WHO World Report on Disability*¹⁵
- *WHO Global Disability Action Plan*¹⁶
- *UN High Level Meeting on Disability*.¹⁷

¹⁴ Priority Assistive Products List. Geneva: GATE World Health Organization; 2016 (http://www.who.int/phi/implementation/assistive_technology/global_survey-apl/en/).


¹⁵ World report on disability. Geneva: World Health Organization; 2011 (http://www.who.int/disabilities/world_report/2011/en/).

¹⁶ WHO Global disability action plan 2014–2021: Better health for all people with disability. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/199544/1/9789241509619_eng.pdf?ua=1).


¹⁷ Outcome document of the High-level Meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond. In: Sixty-eighth Session of the United Nations General Assembly, New York, 23 September 2013. New York: United Nations; 2013 (http://www.un.org/en/ga/search/view_doc.asp?symbol=A/68/L.1).



6. Key point summary (2 minutes)

**Key point summary**

- Wide range of relevant guiding documents to help educate and advocate for appropriate wheelchair service provision.
- A thorough knowledge will enhance training and help you educate stakeholders and advocate for appropriate wheelchair provision.
- Dynamic field: be aware of new guiding documents.

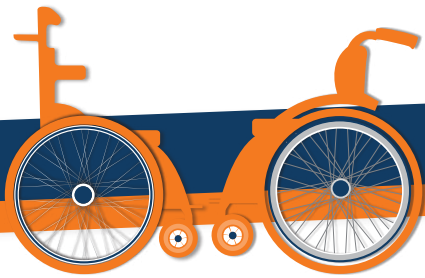
ToT.9 Knowledge of guiding documents: 30

Read the key points.

Ask whether there are any questions.

ToT.10 Audio-visual tools and equipment

AIM	To enable trainees to use PowerPoint (PPT) presentations and audio-visual equipment effectively.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> explain the advantages and disadvantages of the available PPTs in the WSTP <input type="checkbox"/> make changes to and embed videos into PPTs <input type="checkbox"/> describe good practice in the use of audio-visual equipment <input type="checkbox"/> use the board and flipchart effectively as a visual aid. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.10: Audio-visual tools and equipment</i> <input type="checkbox"/> remote control slide changer and laser pointer if available. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Familiarize yourself with the equipment and with using the PPT (including embedding videos) beforehand, so you can answer questions, give a good demonstration and know what kinds of problems trainees might experience. 	
OUTLINE	1. Introduction 2. PowerPoints in the WSTP 3. Using the board and flipchart as a visual aid 4. Key point summary	4 20 20 1
Total session time		45




I. Introduction (4 minutes)

WSTP **Aim and objectives**

Aim: To enable trainees to use PPT presentations and audio visual equipment effectively.

Objectives:

- explain the advantages and disadvantages of available PPTs
- make changes and embed videos into PPTs
- describe good practice in the use of audio-visual equipment
- use the board and flipchart effectively as a visual aid.

ToT.10 Audio-visual tools and equipment: 2 

Explain the aim and objectives of the session.

Ask: What types of audio-visual (AV) equipment have we used so far in the training?

Most important answers:

- Data projector for ppts and videos
- Board
- Flipchart
- Sticky notes on wall.

Ask: In what ways was the equipment useful?

Most important answers:

Flipchart and whiteboard:

- highlighted key information/learning points during sessions and for future reference (for example Ground Rules)
- visual reminder of answers already given
- assist with technical explanations.

PPTs and videos:

- opportunity to show diagrams to explain concepts
- reinforced learning by showing images/messages as well as speaking
- helped to focus attention.

2. PowerPoints (PPTs) in the WSTP (20 minutes)

Presentations: ppt or pdf

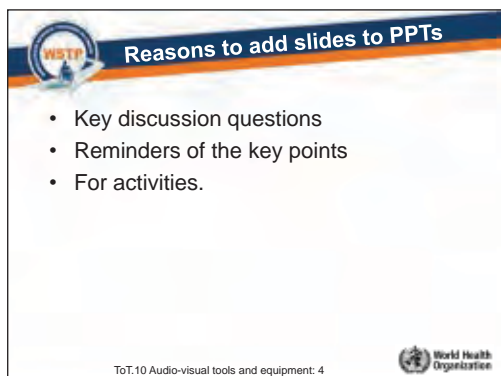
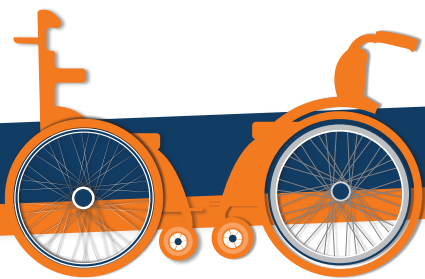
PDF files:	PPT files:
<ul style="list-style-type: none">• smaller file size• cannot be edited• no animations• videos embedded.	<ul style="list-style-type: none">• larger file size• can be edited• animations• videos not embedded.

ToT.10 Audio-visual tools and equipment: 3

World Health Organization

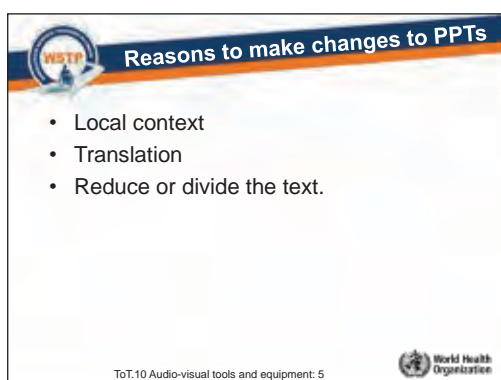
Explain:

- WSTP PPTs are available in two versions, non-editable PDF files and editable PPT.
- PDF versions are:
 - smaller in size and have the videos embedded
 - cannot be edited
 - do not include 'builds' or 'reveals' where bullet points appear one by one.
- PPT versions are:
 - larger in size
 - can be edited
 - do not come with the videos embedded
 - include animations.



Explain: Trainers may want to add slides to include the following:

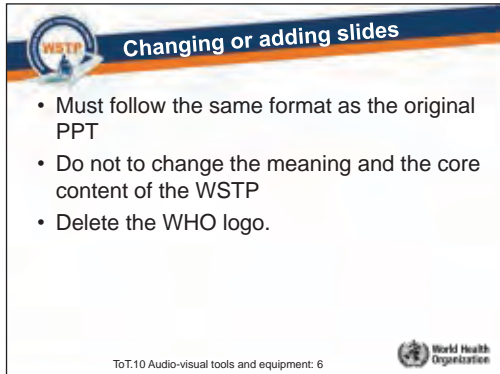
- Key questions:
 - the *Trainer's Manual* includes questions for trainers to ask participants.
 - adding the question to a slide can remind you to ask the question and not to move on to the answers too soon.
- Key points:
 - some sections of the *Trainer's Manual* have large amounts of text without reminder slides.
 - adding key points can help you to remember to cover all aspects of the session plan.
- Instructions for activities:
 - key questions or key instructions that relate to activities can be added to slides.



Explain: Trainers many want to change slides to:

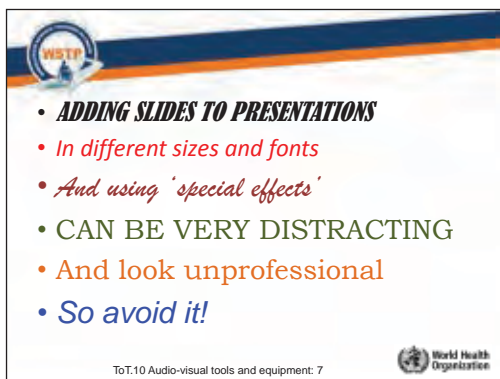
- adapt for the local context
- provide translation or locally relevant terms
- reduce the text or divide content into two or more slides.

Explain: It is important not to change the meaning of the content or the methodology of the WSTP.

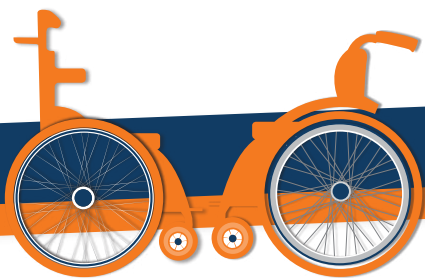


Explain: If you modify slides or add extra slides you must:

- follow the same style as the original PPT
- not change the meaning and core content of the WSTP
- delete the WHO logo (in line with WHO's copyright policy).

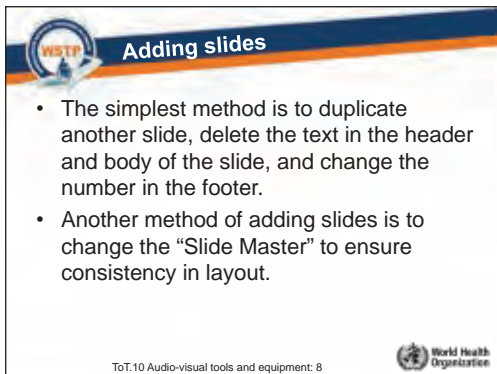


Explain: Do not change the style, font or colour, or add complex animations.



Adding slides

Come out of “Slide Show” mode and demonstrate the following using the next slide.



Adding slides

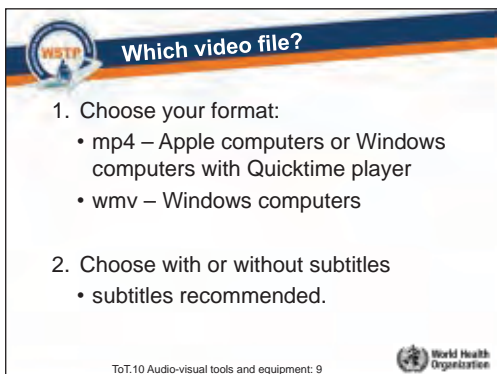
- The simplest method is to duplicate another slide, delete the text in the header and body of the slide, and change the number in the footer.
- Another method of adding slides is to change the “Slide Master” to ensure consistency in layout.

ToT.10 Audio-visual tools and equipment: 8

Explain:

- The simplest way to add slides to an existing WSTP presentation is to duplicate another slide, delete the text in the header and body of the slide, and change the number in the footer.
- Remember to remove the WHO logo from any slides that you add.
- More details on how to do this are included in your *ToT Handbook*.

Inserting video clips (Using Office 2013)



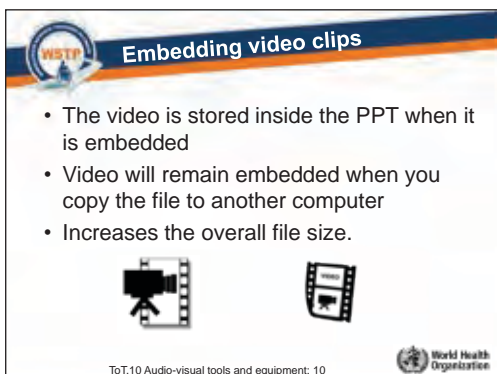
Which video file?

1. Choose your format:
 - mp4 – Apple computers or Windows computers with Quicktime player
 - wmv – Windows computers
2. Choose with or without subtitles
 - subtitles recommended.

ToT.10 Audio-visual tools and equipment: 9

Explain:

- All video clips are available in two formats, mp4 and wmv. Select the appropriate format for your computer.
- Some video clips are available with subtitles. Using the clips with subtitles is recommended to:
 - allow for any difficulty understanding regional accents
 - overcome poor sound quality or external noise
 - be accessible to people with hearing impairments.



Embedding video clips

- The video is stored inside the PPT when it is embedded
- Video will remain embedded when you copy the file to another computer
- Increases the overall file size.

ToT.10 Audio-visual tools and equipment: 10

Explain:

- Embedding videos is recommended.
- When embedded, the video is stored inside the PPT.
- This makes the file larger, but the video should not get lost when you copy the file to another computer.



Demonstrate the following:

To embed the video in PPT 2010 onwards, follow these steps.

- Open the “Presentations” folder, then the “PowerPoint” folder. Open the slide you want to edit
- Click on the “Insert” tab
- Click on the drop down arrow under the Video icon
- Click “Video from File”
- Browse to the folder with the video clips, select the video clip you want and insert it
- Save your changes
- The video is now part of the PPT.

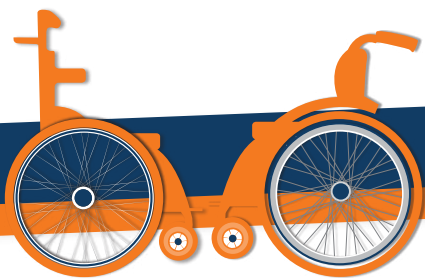
Explain:


- It is possible to set the video to always play in full screen mode.
- Windows computers: In the “Video”/“Tools”/“Playback” tab, check the box called “Play Full Screen”.
- Mac computers: “Format Movie” tab, click on the “Playback Options” dropdown list and select “Play Full Screen”.

Return to “Slide Show” mode and show how to play the video. Play the first few seconds and then go to the next slide.


Notes for ToT trainers:

- Let participants know that they can practise these skills during the preparation time at the end of the day.
- Local photos or illustrations can be added to the slides to give them context.
- Translation of the slides can be done locally – always check with WHO first to see if the slides have already been translated.




 **Playing the slide show**

- Run the presentation in “Slide Show” mode on your computer when practising for your session
- Run the full presentation in “Slide Show” mode on the computer and data projector that will be used during the training.


ToT.10 Audio-visual tools and equipment: 12 

Explain:

- When practising your PPT session, use “Slide Show” mode. This will identify any problems with transitions, animations and flow.
- Run through the slides and videos in “Slide Show” mode on the computer and data projector that will be used during the training.
- This is important if you are not using your own computer, as different settings on different computers can prevent presentations from running as planned.
- Consider using one computer for all presentations during training, which will save time switching between presenters.

 **Data projector**

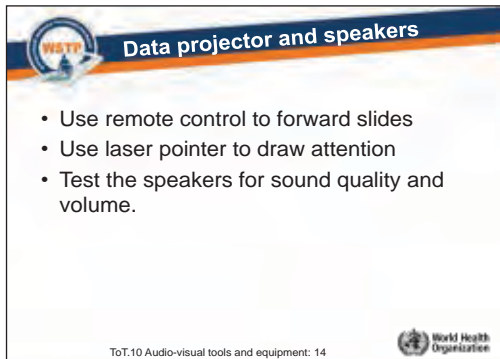
- Have a spare data projector or projector lamp
- Switch off projector during breaks and practical sessions
- To project a black or white screen:
 - Type W
 - Type B.

ToT.10 Audio-visual tools and equipment: 13 

Explain:

- If possible, have a spare data projector or projector lamp available.
- Switch off the projector during breaks and practical sessions to save use of the lamp.
- If you need to project a black or white screen, you can usually type W for a white screen and B for a black screen when you are in “Slide Show” mode.

Demonstrate how to get a black or white screen.

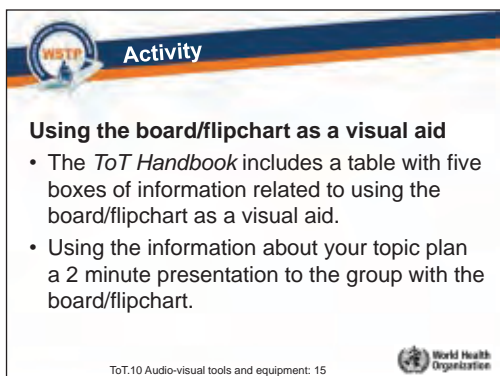


Explain:

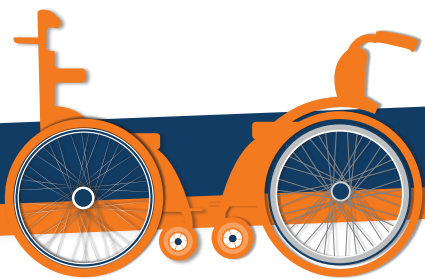
- Using a remote control to click between slides means that trainers do not need to stand next to the computer during their presentation.
- Laser pointers can be used to draw participants' attention to a specific item on the slide.
- Test the speakers each morning to ensure they are connected properly.

Demonstrate using a remote control with a laser pointer (if available).

3. Using the board and flipchart as a visual aid (20 minutes)



Show the slide throughout the activity.



Activity 1

Groups:	Divide trainees into 5 groups.
Instructions:	<p>Refer trainees to the table on <i>Using the board/flipchart as a visual aid</i> on page 60 of the <i>ToT Handbook</i>.</p> <p>Allocate one topic from the table to each group and ask them to read through the information provided and plan how to communicate this to the rest of the group using the board/flipchart.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 10 minutes for preparation and 2 minutes for each group to present.
Feedback:	Add any information missed in the presentations.

Using the board/flipchart as a visual aid

1. Drawing a sketch or diagram

If you want to use a sketch/drawing/diagram/chart to aid in an explanation, draw it yourself:

- consider drawing the outline lightly in pencil or making drawings beforehand
- plan it in advance, so it fits the board and can be seen easily
- practise until you can draw clearly and easily.

2. Board or flipchart – writing style and marker choice

- If you have both available, use the board for writing information that you don't need to keep after the session, and the flipchart for recording information you want to put on the wall or keep to write up as notes from the training.
- Write clearly. Check that your writing can be read from the back of the room.
- Use thick markers and darker colours, for example, black and blue. Avoid red as it is more difficult to read from a distance. Use it for underlining.

3. Board or flipchart location and being neat

- Make sure everyone can see it.
- When writing on the board or flipchart, stand to the side and face your audience. If this is difficult to do, write quickly and move to the side or ask a co-trainer to do the writing.
- Keep the notes and the chart neat.
- Practise writing in straight lines. Start by using faint pencil lines (with practice you will not need them).

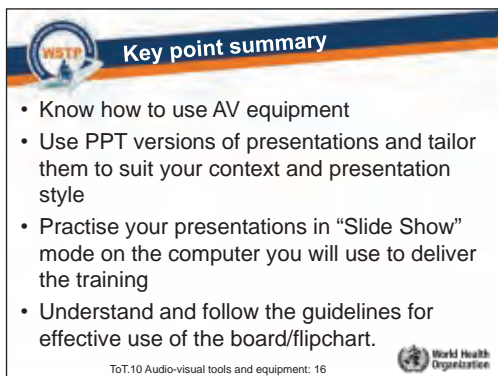
4. What to write

- Write keywords, not full sentences or phrases.
- If necessary, prepare pages in advance or outline in faint pencil where you plan to write what.
- If important details are on the board at the end of a session (for example, assessment findings, small group progress, groupings for practical sessions), take a photograph so you can refer to it later.

5. Care and use of the whiteboard

- Be careful not to use permanent markers on a whiteboard surface. If you have used permanent marker on a whiteboard by accident, you can erase the letters by using an appropriate cleaner or drawing over them with whiteboard markers (as the solvent in these markers will dissolve the permanent ink). You must do this soon after making the mistake as dried permanent marker is more difficult to remove.
- The whiteboard can be used as a projector screen when necessary, for example, to fill in a table or draw over a picture/photo from a slide (for instance, 'stick-draw' a posture from a photograph or drawing of a person).

4. Key point summary (1 minute)



Key point summary

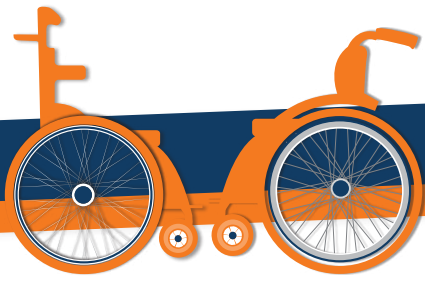
- Know how to use AV equipment
- Use PPT versions of presentations and tailor them to suit your context and presentation style
- Practise your presentations in "Slide Show" mode on the computer you will use to deliver the training
- Understand and follow the guidelines for effective use of the board/flipchart.

ToT.10 Audio-visual tools and equipment: 16

World Health Organization

Read the key points.

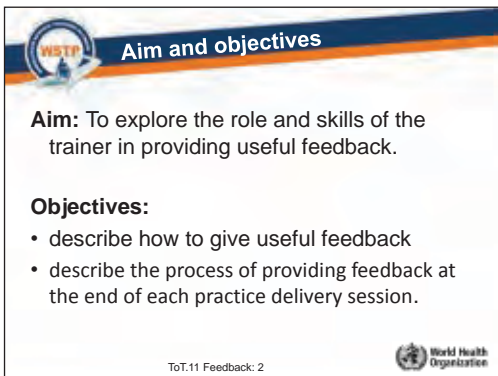
Ask whether there are any questions.



ToT.II Feedback

AIM	To explore the role and skills of the trainer in providing useful feedback.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> describe how to give useful feedback <input type="checkbox"/> describe the process of providing feedback at the end of each practice delivery session. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.II: Feedback.</i> 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. <input type="checkbox"/> Prepare a flipchart sheet with the four feedback steps: <ol style="list-style-type: none"> 1. Self-reflection by the trainee 2. ToT participants' feedback 3. ToT trainers' feedback 4. ToT trainers discuss key points. 	
OUTLINE	1. Introduction 2. Giving feedback 3. The feedback process after practice deliveries 4. Key point summary	2 35 7 1
Total session time		45

1. Introduction (2 minutes)



Aim and objectives

Aim: To explore the role and skills of the trainer in providing useful feedback.

Objectives:

- describe how to give useful feedback
- describe the process of providing feedback at the end of each practice delivery session.

ToT.11 Feedback: 2

Explain the aim and objectives of the session.

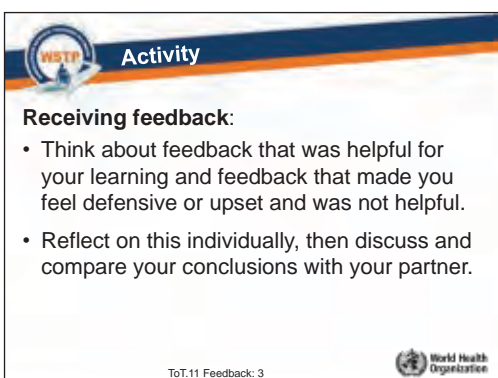
2. Giving feedback (35 minutes)

Ask: What is feedback?

Most important answers:

- What I am doing well – positive feedback.
- What I need to improve on – constructive feedback.

Explain: It is important that trainers have the skills to give feedback well, and that they can support positive learning outcomes for participants.



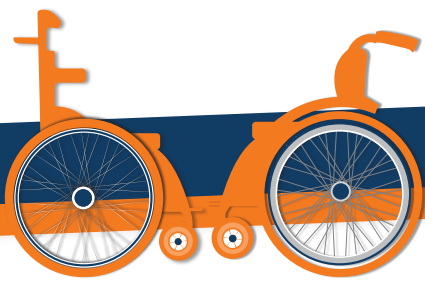
Activity

Receiving feedback:

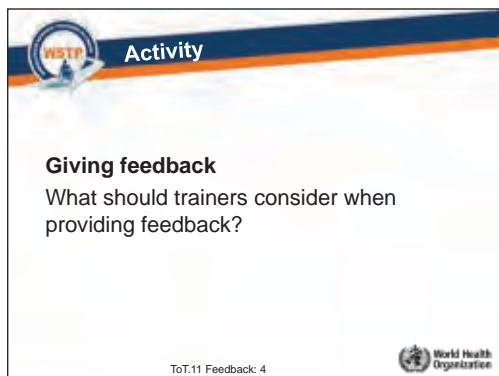
- Think about feedback that was helpful for your learning and feedback that made you feel defensive or upset and was not helpful.
- Reflect on this individually, then discuss and compare your conclusions with your partner.

ToT.11 Feedback: 3

Show the slide throughout the activity.



Activity 1a	
Groups:	Divide trainees into pairs.
Instructions:	<p>Ask: What experiences have you had of receiving feedback? Think about feedback that was helpful for your learning and feedback that made you feel defensive or upset and was not helpful.</p> <p>Ask trainees to briefly reflect on this question individually, and then share and discuss it with their partner.</p> <p>Ask trainees to record their reflections on page 61 of their <i>ToT Handbook</i>.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 2 minutes for reflection, 3 minutes for working in pairs and 5 minutes for feedback to the group.
Feedback:	<p>Ask participants to provide examples.</p> <p>Record key words on the board.</p>



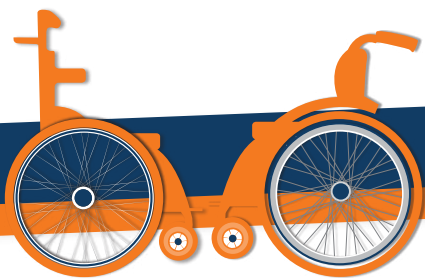
Show the slide throughout the activity.

Activity 1b	
Groups:	Divide into the same pairs.
Instructions:	<p>Ask: What should trainers consider when providing feedback?</p> <p>Ask trainees to briefly reflect on this question individually, and then share and discuss it with their partner.</p>
Monitor:	Monitor the pairs and assist as needed.
Time:	Allow 2 minutes for reflection, 3 minutes for working in pairs and 10 minutes for feedback.
Feedback:	<p>Ask each group in turn to describe one or two important considerations when giving feedback.</p> <p>Acknowledge good examples to consider.</p> <p>Correct/clarify any misunderstandings.</p> <p>Use the notes below to ensure the appropriate answers have been discussed by the group.</p>

Notes for ToT trainers:

Feedback should:

- Be timely – give feedback as soon as possible while the experience is fresh. This will help participants to connect the feedback with the recent learning or activity.
- Be specific – describe as clearly as possible the behaviour that was positive or that needs attention.
- Focus on behaviour – when providing constructive feedback, focus on the behaviour not the person.
- Start with the positive – point out what was done well before talking about what needs improvement. If possible, also end on a positive note.
- Be delivered in different ways – feedback on practice deliveries is useful to everyone. Praise and provide constructive feedback publicly to the whole group if possible. If there are attitudinal, behavioural or disciplinary issues, deal with them in private.
- Be from the participants' perspective – ask the participant to reflect on their performance first. They may already understand what went well and what they need to improve.
- Support participants, we are all different – before providing constructive feedback, consider if the participant has completed an activity incorrectly, or simply in another style. Participants will all approach service provision differently. Do not expect participants to act in the same way as you.



3. The feedback process after practice deliveries (7 minutes)

Explain: ToT trainers will observe sessions from the back of the room but will move to the front of the room to facilitate the feedback.

Feedback during practice delivery	
Self-reflection	• Trainee reflects on delivery
Participant feedback	• ToT participants' feedback
ToT trainer feedback	• ToT trainers' feedback
Key points	• ToT trainers discuss key points relevant to all trainees

ToT.11 Feedback: 1

World Health Organization

Pin up the prepared flipchart sheet showing the four feedback steps and leave this on the wall for the rest of the week as a reference.

Explain: There are four feedback steps after practice deliveries.

- 1. Self-reflection by trainee:** lead trainee reflects on their performance, including:
 - what went well?
 - what could be improved?
- 2. ToT participants' feedback:** provide brief, specific feedback to the lead trainee, including one comment on:
 - what went well?
 - what could be improved?
- 3. ToT trainers' feedback:** ToT trainers will provide additional feedback, concentrating on areas the group as a whole can learn from, and which reinforce learning from the *Core training skills* sessions.
- 4. ToT trainers discuss key points:** ToT trainers discuss points about the session relevant to all trainees.

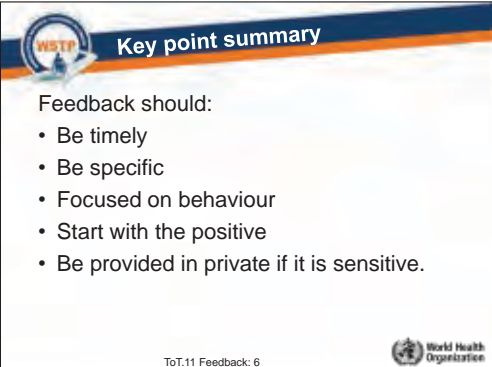
Explain: When providing feedback, it is important to:

- Look at the person you are talking about and address them directly.
- Be specific. For example, rather than saying, 'That was really good', you should say 'I liked the way you divided the groups, and provided clear instructions'.
- Feedback from participants should always be constructive.
- If feedback is hurtful or insensitive to the trainee, the ToT trainer must step in to rephrase the feedback so it is more constructive.
- The feedback process will give you the opportunity to put the learning from this session into practice.

More formal one-on-one feedback to trainees will happen at the end of each day during the preparation session.

Ask if there are any questions.

4. Key point summary (1 minute)



The slide is titled 'Key point summary' and features a 'WSTP' logo in the top left corner. It lists five key points for feedback: 'Be timely', 'Be specific', 'Focused on behaviour', 'Start with the positive', and 'Be provided in private if it is sensitive.' The slide also includes the 'ToT.11 Feedback: 6' text at the bottom left and the 'World Health Organization' logo at the bottom right.

Key point summary

Feedback should:

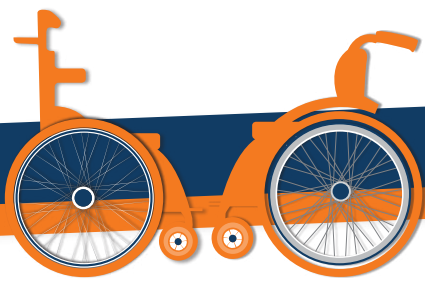
- Be timely
- Be specific
- Focused on behaviour
- Start with the positive
- Be provided in private if it is sensitive.

ToT.11 Feedback: 6

World Health Organization

Read the key points.


Ask whether there are any questions.



ToT.I2 Managing group dynamics

AIM	To explore how to work efficiently and effectively in groups and manage different behaviours that individuals display in a group.	
LEARNING OBJECTIVES	<p>By the end of this session trainees will be able to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> use a variety of methods to create small groups for an activity, considering skill, expertise and experience <input type="checkbox"/> manage disruptive behaviour in a group. 	
RESOURCES	<p>For the session:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PPT slides: <i>Core training skills ToT.I 2: Managing group dynamics</i> <input type="checkbox"/> prepare the disruptive behaviour cards: print and cut out the cards at the end of this session plan or write them out by hand. Have a hat or bucket ready. 	
TO PREPARE	<ul style="list-style-type: none"> <input type="checkbox"/> Gather resources, review PPT slides and read through the session plan. <input type="checkbox"/> Review related notes in the <i>ToT Handbook</i>. 	
OUTLINE	1. Introduction 2. Organizing and managing group activities 3. Managing disruptive behaviour 4. Key point summary	3 10 25 2
Total session time		40

I. Introduction (3 minutes)




Aim and objectives

Aim: To explore how to work efficiently and effectively in groups and manage different behaviours that individuals display in a group.


Objectives:

- use a variety of methods to create small groups for an activity, considering skill, expertise and experience
- manage disruptive behaviour in a group.

ToT.12 Managing group dynamics: 2




Explain the aim and objectives of the session.



Managing groups

Why are group activities included in the WSTP?


ToT.12 Managing group dynamics: 3



Ask: Why are group activities included in the WSTP?

Acknowledge answers.


Record them on the board.



Why group work is important

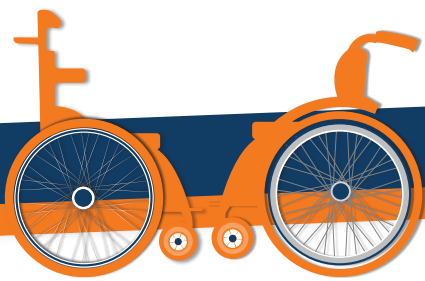
- Allows trainers to find out how much is already known
- Supports sharing of knowledge and experience
- Builds confidence
- Allows all participants to contribute.

ToT.12 Managing group dynamics: 4

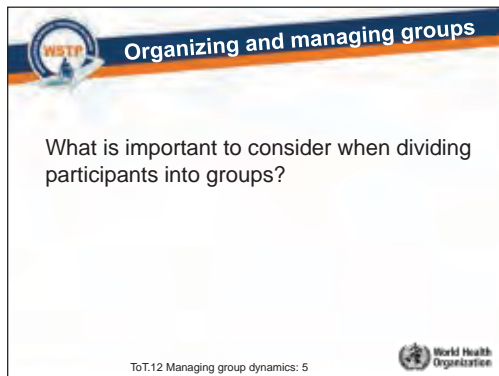


Explain:

- There are always different levels of experience and expertise in the room.
- Group work allows:
 - trainers to find out how much is already known
 - those with more experience and expertise to share it with others
 - participants to build confidence as they find out they already know a lot from their experience
 - shy or more junior participants to be more comfortable speaking out in a small group.



2. Organizing and managing group activities (10 minutes)



Ask: What is important to consider when dividing participants into groups?

Acknowledge answers.

Ask trainees to turn to page 63–65 in their *ToT Handbook* and talk through the list highlighting content not raised by trainees.

Notes for ToT trainers:

Factors to determine the size of the group

- *Time:* the more groups there are the more time is needed for the feedback session. If you have less time, create larger groups, but no more than six people in a group.
- *Privacy/confidentiality:* pairs are best for discussing topics that are sensitive, when people are shy or there are language barriers.
- *Involvement:* the smaller the group the more difficult it will be for any group member not to participate.
- *The activity:* the amount of equipment/supplies that are needed for the group activity. For example, if you have three work stations then you will be able to accommodate three groups.

Factors to determine the make-up of each group


- *Think of the purpose of the activity to determine whether you want people with similar skills and background in the same group, (by placing all clinicians working together or all technicians in the same group), or the opposite by deliberately mixing skill sets and experience in the same group.*
- *Grouping of participants who work together:* depending on the activity or relationships, it may be appropriate to group them together or apart.
- *Mixing stronger/weaker (more experienced/less experienced) participants:* this facilitates learning from each other, However, if you want people to have equal opportunity to express themselves consider grouping dominant participants together and shy ones together.
- *Mixing the sexes:* be aware of cultural, religious or social norms of working (especially regarding touch and privacy).
- *Language skills:* for communication between participants and wheelchair users.
- *Ensure that all participants have the opportunity to work with each other to maximize peer learning opportunities.*
- *Sometimes, random group selection is best.*

Methods to create groups

The Trainer's Manual for each WSTP gives guidance about the size or number of groups required for each activity. You can adjust this to your situation, based on your experience in previous activities. Here are some methods to divide up a group:

- The fruit salad method: prepare three or four of the same fruit cards and different kinds of fruits, enough for each participant. You can then assign 'all bananas' to work together, or have a fruit salad (one of each) together.
- Count off. Count off to the number of groups you want, for example if you need three groups, go around the room asking the first person to count 'one', the next 'two', then 'three' and back to 'one'. All the ones, twos and threes go together.
- Matching puzzle pieces: cut photos or magazine pictures into two or three pieces according to how many groups you want. People find their match.
- Organize by birthday month: line people up by the month in which they were born and then form groups (first three together, next three, and continue until everyone is in a group). Or line up by height or by first name initial letter.
- Self-select: instruct people to select one or two people they have not worked with yet, but beware that self-organising with more than three people can take more time.
- Work in pairs with the person next to them, or if sitting in rows the people in the front row can turn their chairs around and work with the person behind them. This will work for pairs or groups of four.

3. Managing disruptive behaviour (25 minutes)



Activity

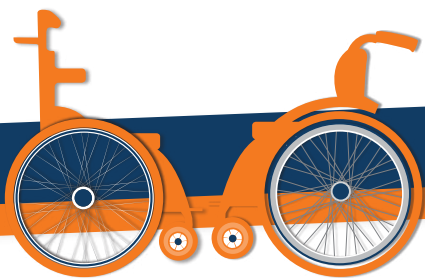
Disruptive behaviour

With your partner, discuss what kinds of disruptive behaviour you have seen in trainings.

ToT.12 Managing group dynamics: 6

World Health Organization

Show the slide throughout the activity.



Activity 1

Groups:	Divide trainees into pairs.
Instructions:	<p>Explain that every group of participants has a range of personalities, skills, experience and learning styles. Only when specific behaviour disrupts the session should the trainer respond.</p> <p>Ask trainees to discuss with their partner what kind of disruptive behaviour they have seen in trainings?</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 2 minutes for discussion and 3 minutes for feedback.
Feedback:	<p>Collect one response from each pair until no new ideas are given.</p> <p>Write responses on the board.</p>



Show the slide throughout the activity.

Activity 2

Groups:	Divide trainees into pairs.
Instructions:	<p>Ask each pair in turn to select a card at random from the hat/bucket.</p> <p>Ask the pair to discuss how they would handle the behaviour described.</p>
Monitor:	Monitor the groups and assist as needed.
Time:	Allow 5 minutes for discussion and 15 minutes for feedback.
Feedback:	<p>Ask each group to share their ideas: how would they handle such a problem in the group? What works/does not work?</p> <p>After each group has provided their feedback, ask if any other trainees have ideas to share.</p>

Notes for ToT trainers:

In general, to help engage and keep participants interested and involved in the training:

- use the different training methods given in the session plans to engage all the participants
- ask questions to encourage participants to come up with answers
- praise good work from participants and give positive but honest feedback
- link learning to real examples the participants can relate to
- keep the training fun.

The higher status/senior participant

- If there is a participant who is in a position of authority over others in the group, it can lead to participants being reluctant to speak, answer questions or to disagree with them.
- During a break, talk to the participant about their role in the group. Ask the person to help you create a comfortable atmosphere by requesting that people speak freely.
- You may also ask the participant to sit at the back of the group, to be less dominant in the room.

The dominant participant

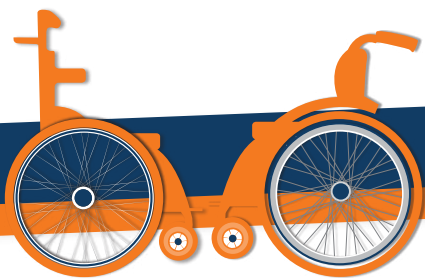
- The participant who does not give other participants an opportunity to share knowledge, answer questions or lead a group activity because they dominate, talk loudly or for a long time. This person behaves like they know everything already.
- During a break, approach the person and acknowledge their experience. Ask them to help you by giving others a chance to learn and respond to questions.
- Consider asking specific participants to answer questions rather than asking the whole group.
- Pair or group the dominant participant with the strongest participants during group activities, to provide an opportunity for shy or quiet participants to contribute to their group.

The quiet participant

- The participant who is naturally quiet or shy and feels uncomfortable speaking in front of a large group, or contributing to group activities.
- Consider asking them direct questions that they are likely to be able to answer.
- Use praise and recognition to encourage more participation.
- Use small groups (pairs or three people) for group activities and discussions.

The argumentative participant

- The participant who likes to raise objections or question concepts that they do not believe, to start an argument or test how strongly other members of the group feel about a topic or issue.
- Or, they may wish to test the trainers' skills and knowledge – and demonstrate that they are superior.
- Request that people only speak about their own beliefs and experiences.
- After an objection is raised, ask the participant 'is this true for you?' If the person says no, but that it may be for others, ask other participants for their opinion.



Notes for ToT trainers:

The distracted participant

- The participant who is easily distracted, always in and out of the training room or on the phone.
- Try to find out why: is there a problem away from the training that is worrying them?
- Is he/she bored because of the subject matter or training style?
- During a break, talk to the participant about how their behaviour is disrupting the training. Remind him/her of any house rules.


The joking participant

- The participant who appears not to take the training seriously, making jokes all the time and sometimes making fun of others.
- During a break, talk to the participant about how their behaviour is disrupting the training. Ask them to help you by keeping jokes for breaks or for appropriate times during group activities.
- During sessions, respond to the joke as if it was a serious remark.


The negative participant

- The participant that tends to be negative or discourage others. They may comment that the approach taught as part of the training 'won't work where we live'.
- If a negative participant feels that approaches in the training will not work, give them an opportunity to explain why. Ask other participants if they agree. If other participants agree, help them problem solve by asking: how can we make it work even in those situations?

4. Key point summary (2 minutes)

**Key point summary**

- Group work is an important training tool
- Ensure you make the most of group work by carefully considering how you divide the participants, and how you support them
- Managing disruptive behaviour is a key trainer skill.

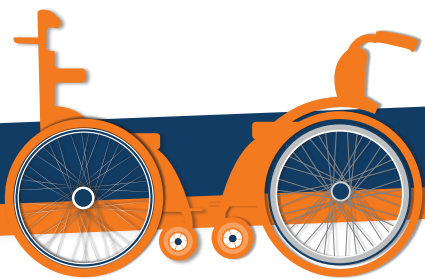
ToT.12 Managing group dynamics: 8

Read the key points.

Ask whether there are any questions.

Disruptive behaviour cards – photocopy or write out by hand and cut out

<p>The higher status/senior participant</p> <p>If there is a participant who is in a position of authority over others in the group, participants may be reluctant to speak, answer questions or disagree with them.</p>	<p>The dominant participant</p> <p>The participant who does not give other participants an opportunity to share knowledge, answer questions or lead a group activity because they dominate by talking loudly or for a long time. This person behaves like they know everything already.</p>
<p>The quiet participant</p> <p>The participant who is shy and feels uncomfortable speaking in front of a large group, or contributing to group activities.</p>	<p>The argumentative participant</p> <p>The participant who likes to raise objections or question concepts that they do not believe are true, to start an argument or test how strongly other members of the group feel about a topic or issue. Or, they may wish to test the trainers' skills and knowledge – and demonstrate that they are superior.</p>
<p>The distracted participant</p> <p>The participant who is easily distracted, always in and out of the training room or on the phone</p>	<p>The joking participant</p> <p>The participant who appears not to take the training seriously, making jokes all the time and sometimes making fun of others.</p>
<p>The negative participant</p> <p>The participant who tends to be negative or to discourage others. They may comment that the approach taught as part of the training 'won't work where we live'.</p>	



Intermediate Level module



A.I: Wheelchair users who benefit from additional postural support

Key considerations for teaching this session

a. General

- Group discussions will help the trainers understand the existing level of knowledge and experience of the participants.
- Avoid discussing individual postural support devices (PSDs) in detail. They will be covered in later sessions.

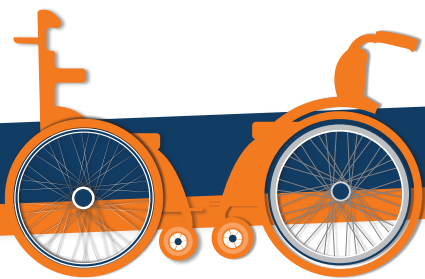
b. Section 3. When is additional postural support needed?

Tips for preparation

- For the activity: Throwing a ball and drinking on pages 34–35 of the WSTPi *Trainer's Manual*, ensure that the chairs are suitably strong. Wheelchairs can be used if there are no suitable chairs.

Content

- Many intermediate level wheelchair users are at higher risk of developing a pressure sore due to:
 1. Pressure
 - asymmetrical (uneven) posture
 - immobility (being unable to move)
 - weakness
 - poor balance
 - inability to change position or carry out pressure relief techniques.
 2. Shear
 - unstable posture as a result of weakness
 - increased tone (stiffness)
 - uncontrolled movement
 - joint contractures
 - leg length discrepancies which have not been accommodated.



3. Friction
- poor posture support can lead to parts of the wheelchair user's body rubbing against the wheelchair or PSDs
 - uncontrolled movement or spasms
 - injuries that occur during transfers: for example, if the wheelchair user's bottom does not clear the wheelchair when lifting, the skin will drag causing friction.
- For intermediate wheelchair users, a pressure relief cushion alone may not be enough to prevent pressure sores.
 - Stabilizing the wheelchair user, supporting their posture with appropriate PSDs and educating the user and/or their caregivers can help to prevent pressure sores from developing.
 - Remember a pressure sore can develop at any point of contact between the wheelchair user's body and the wheelchair, cushion or PSD.

c. Section 4. What do wheelchair users want?

- Additional answers to those listed on page 38 of the *Trainer's Manual*, "The reasons why the wheelchair users may reject a wheelchair with additional postural support", can include:
 - cost: users may pay extra fees for wheelchairs with additional postural supports
 - size: most posture-support wheelchairs are non-folding, larger and heavier
 - posture-support wheelchairs come with a fixed range of PSDs some of which the wheelchair user does not require
 - additional maintenance of the PSDs that are added to the wheelchair.

A.2: Children with disabilities

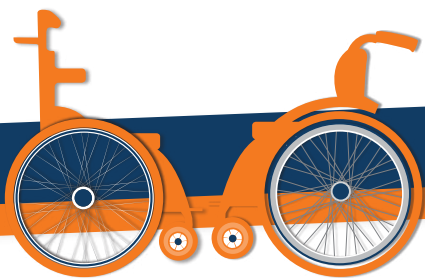
Key considerations for teaching this session

a. Section 3. Different positions

- Up to 6 years of age, children's hips cannot fully straighten (extend) or rotate inwards like an older child or adult. This is one reason why their standing and sitting postures are different.
- Young children will therefore stand with slightly bent hips, their knees apart and pointing slightly outwards. Their hips should never be forced straight and the feet should not be turned in to face forward. When lying on their front their hips should remain slightly bent and their knees and feet face out.
- The illustrations in the *Different positions* poster are of older children who already have a straightened (extended) hip.

Standing

- Add “prevention of fractures” to the notes on why standing is important (page 44 of the *Trainer's Manual*), as this is a key point.
- Other benefits of standing that are not listed include:
 - helps to manage spasticity (muscle stiffness)
 - helps digestion
 - helps bowel movement and bladder emptying
 - relieves pressure from the seat bones
 - helps the bones to develop and reduces loss of bone density (strength).
- On page 45, slide 8: Standing posture for young children, an additional point to note is that the knee support of a standing frame should be positioned below the knee caps and never directly on them because:
 - The knee caps are sensitive and pressure on them will lead to pain and discomfort.
 - The natural weight bearing area for the knee is just below the knee cap. This is also the area for weight bearing in below-knee prostheses.



b. Section 4. Importance of an early referral for children

- Providing a wheelchair does not take away a child's desire or ability to walk.
- Providing wheelchairs for children helps them to:
 - play with their friends
 - go to school
 - do things for themselves
 - help in the home.
- Using a wheelchair takes less energy than using walking aids and allows a child to cover longer distances and participate more fully.
- A child's walking may improve as a result of using a wheelchair as the child walks less and uses less effort, helping to improve the quality of their walking.

c. Section 5. Working with children

- The child-safe practices described in this session are the minimum necessary when working with children.
- Encourage participants to create a child-safe code of conduct for their service. Codes of conduct help personnel understand how to work with children safely. Child protection resources include:
 - local country and organization acts and policies on child protection
 - Australian Council for International Development: *Code of conduct guidelines for the development of a child protection policy*.¹
 - Child protection, UNICEF website²

1 ACFID Code of conduct guidelines for the development of a child protection policy. Canberra: Australian Council for International Development; 2016 (<https://acfid.asn.au/resources>).

2 Child protection. In: Disabilities in programmes, UNICEF [website]. New York: UNICEF; Sept 2015 (http://www.unicef.org/disabilities/index_65309.html).

B.I: Assessment overview and assessment interview

Errors in the WSTP materials

a. General

- The time allocations noted in the *Trainer's Manual* for sessions 1–3 should be corrected as follows:
 - Section 1 2 minutes
 - Section 2 3 minutes
 - Section 3 65 minutes

Change the time allocations in the *Trainers Manual* session plan outline on page 53 and in the individual sections on pages 53 and 54. The total session length remains unchanged.

b. Section 3. Assessment interview, including the practical activity

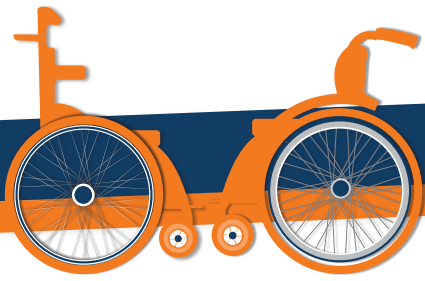
- There is an error in the instructions for the activity on page 56. The instruction states: “Give each group a number (1–5)”. This should be 1–4.

Key considerations for teaching this session

a. General

Tips for preparation

- Consider incorporating any changes made to the assessment form by local service providers into the session.
- Adjust the types of disabilities and health conditions included in the group activity for the context.



Content

- Participants should be familiar with the WSTPb assessment interview. Therefore focus on the content that is new for intermediate level wheelchair users.

b. Section 3. Assessment interview

- The total time for this section is 65 minutes (see error section above). This includes a 5 minute introduction to the session, including the instruction for the activity and 60 minutes for the activity.
- For the activity, encourage participants with more knowledge of different disabilities to support other group members.
- Avoid long discussions about a single diagnosis/physical issue.
- Some wheelchair users will not have a diagnosis and some users may have an incorrect diagnosis. Therefore, while the wheelchair user's diagnosis can give valuable information, it is important to complete a full assessment. All of this information is required in order to select the most appropriate wheelchair.

B.2: Physical assessment – sitting posture without support

Errors in the WSTP materials

a. Section 5. Upright sitting posture for young children

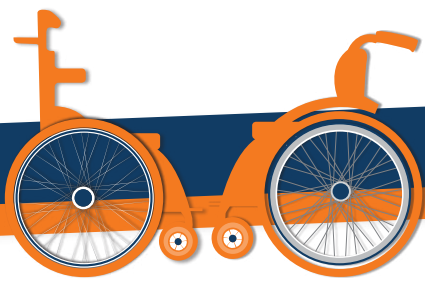
- On page 68 of the *Trainer's Manual*, the first bullet point of slide 10 should state: “Flat back with no lumbar curves”. Correct the text by deleting “or thoracic” from the PPT slide and the slide notes.
- As observed in the drawing (Figure 1), there is a forward thoracic curve that results in the shoulders being slightly further forward than the child's ears and hips. The key message is that children under 5 years of age have a different ‘upright’ posture to that of an adult.



Figure 1. Upright posture in young children

b. Section 7. Observing sitting posture

- Slide 18 is different in the PPT and the *Trainer's Manual*. In the *Trainer's Manual*, it shows shoulders lower on the right, and on the slide it shows shoulders lower on the left. Correct the text on page 72 of your *Trainer's Manual* to say “shoulders not level (lower on the left)”.



c. Section 8. Recording posture

- In the activity (page 76) the line drawings are missing from the *Trainer's Manual*. They are shown below in Figure 2:

Example line drawings for trainers

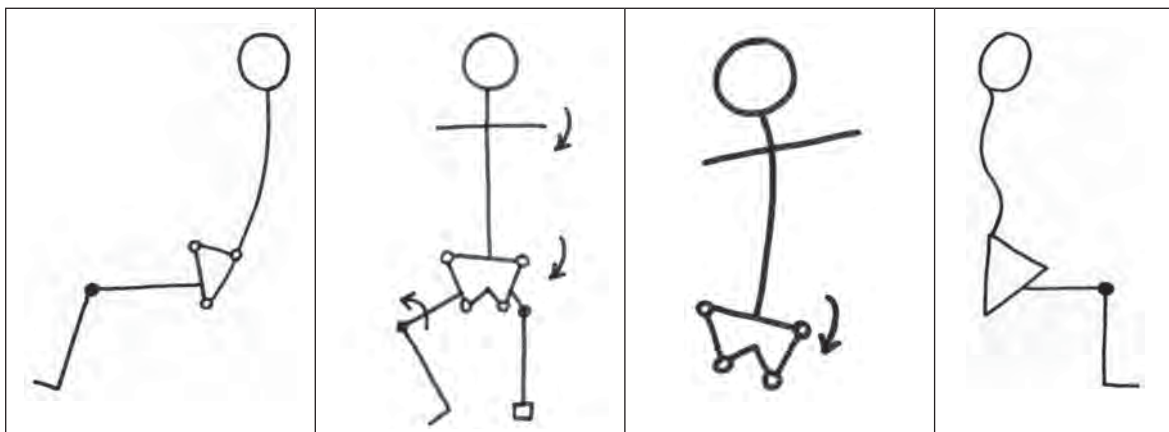


Figure 2. Example line drawings

Key considerations for teaching this session

a. Section 4. Upright sitting posture

- The terms 'fixed posture', 'flexible posture' and 'flexible partway to neutral posture' should be applied to individual joints and not the wheelchair user's whole posture. For example, the left hip can be 'fixed' while the right hip can be 'flexible partway to neutral'.

b. Section 5. Upright sitting posture for young children

- Children's lumbar and thoracic curves develop as a result of standing. For those children who never stand, these curves will not develop as they get older.

c. Section 6. The pelvis is the foundation of sitting posture

- Check that all participants can locate the seat bones (ITs), ASIS and PSIS on each other before moving on.

- Locating bony landmarks can be difficult due to contractures, deformities or obesity. Remind participants that for obese wheelchair users, the position of the ITs, ASIS and PSIS will not change relative to the midline of the body. Participants should use their knowledge of anatomy to work out where the bony landmarks should be before they begin palpating (feeling for landmarks).
- Regarding the terms 'upright/neutral' in relation to the pelvis:
 - 'Level pelvis' refers to the pelvis from the anterior/front view. A level pelvis has no sideways tilt from the front. Both ASIS are in line with each other.
 - 'Upright/neutral pelvis' refers to the pelvis from the lateral/side view. An upright pelvis has no anterior or posterior pelvis tilt from the side. It is balanced on the seat bones.

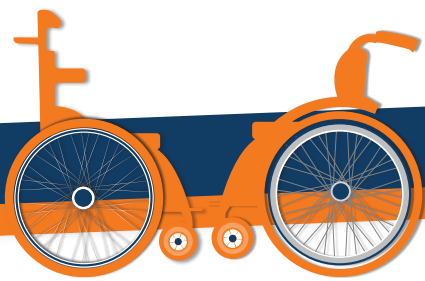
d. Section 7. Observing sitting posture

- When observing the wheelchair user's posture, some support may be needed to assist them to sit on the side of the assessment bed or chair. However, this support should not correct their posture.
- The slide notes for slide 19 (page 72) in the *Trainer's Manual* includes "some trunk rotation (back on the left side)" and "the left leg has rolled inwards". There may be disagreement from some participants. If this happens:
 - Ask participants to focus on the major deviations: the rotation of the pelvis and rolling outwards of the right leg.
 - Acknowledge that it is difficult to identify subtle postural changes by observing from one angle only. To understand a person's posture fully you must observe from the front, side and back along with identification of key anatomical/bony landmarks.

e. Section 8. Recording posture

Posture drawing tips

- If participants find it difficult to draw the postures, suggest that they draw posture lines onto the body of the person in the illustration, before drawing the posture freehand in the box provided.
- The small circles and points/corners on the pelvis represent the bony landmarks of the pelvis – the ASIS, PSIS and ITs.
- The small circles drawn on the pelvis are not essential, but they can be helpful to emphasize the position of the pelvis.
- It is important for trainers to choose one way to draw the thighs and to be consistent.



B.3: Physical assessment – pelvis and hip posture screen

Errors in the WSTP materials

a. Section 2. Pelvis and hip posture screen

- Slide 6 is missing from the PPT file. The PDF version is correct.

Key considerations for teaching this session

a. General

Tips for preparation

- Lead and support trainers should prepare for this session together to ensure consistency in teaching the practical skills. For example, correct hand placement, use of the goniometer, and correct position of the model wheelchair user.
- Temporary supports need to be prepared in advance and should be made from the local material most commonly used for the cushion base.
- An anatomical model of the spine and pelvis with short femurs, or a child size doll (if available), can help to demonstrate the application of temporary supports.

ToT trainer demonstrations/explanations

Follow the instructions on page 79 of the WSTPi *Trainer's Manual* to introduce the pelvis and hip posture screen, and facilitate the activity.

b. Section 2. Pelvis and hip posture screen

Emphasize the following:

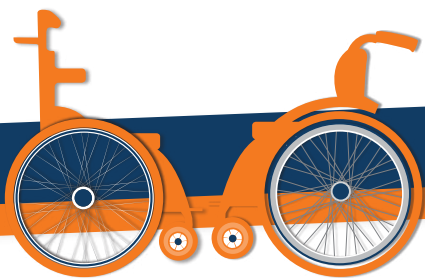
- Be respectful in how you position yourself – move around the wheelchair user and avoid leaning over them.
- Protect your back by:
 - positioning the wheelchair user near the side of the assessment bed to avoid leaning over them
 - kneeling down rather than bending.

- Begin by checking the wheelchair user's posture in lying before starting the pelvis and hip screen. This includes:
 - level the shoulders – using the end of the bed as a reference point
 - line up the head, neck and upper trunk with the side of the bed as a reference point.
- Demonstrate good handling of the wheelchair user's limbs and body. Gripping too hard may cause discomfort.
- To relieve tension in the hips, support the wheelchair user's knees when carrying out the pelvis and hip screen. If there is too much tension around the hips it can pull the wheelchair user's pelvis into a non-neutral posture.
- Ensure the wheelchair user's clothing is not preventing free movement of their hips.
- Emphasize the hand placement of both the assessor and the assistant (as described on page 84 of the *Trainer's Manual*). Feedback from the assistant is key to an accurate screening.
 - The assessor's hands support the weight of the legs. The assessor's hands should not restrict knee bending (flexion) as tension at the back of the knee (tight hamstrings) may cause the pelvis to move.
- Demonstrate correct use of the goniometer.
- Sometimes participants try to mimic a restriction. This usually only causes confusion. Remind them to focus on learning the steps and the technique, and they will feel real restrictions during the practical sessions.

Summarize by showing the DVD.

Considerations for gender/culture

- When demonstrating, or asking participants to carry out a pelvis and hip posture screen, divide participants into groups based on gender.



Key considerations for teaching this session

a. Section 4. Demonstration of temporary support for fixed unlevel pelvis

- If participants suggest adding a support under the lower side in order to level the pelvis:
 - explain that the pelvis posture cannot be corrected to a level neutral pelvis
 - pushing against the seat bones of an unlevel pelvis will cause high pressure, which may lead to a pressure sore.
- Emphasize the findings in the pelvis and hip posture screen. If participants were not able to level the pelvis in lying, the pelvis will remain unlevel in sitting.
- This PSD is not used in isolation. Wheelchair users with a fixed unlevel pelvis may need several other PSDs to support their posture.

b. Section 5. Demonstration of temporary support for the hips that cannot bend or open to neutral sitting posture

- Consider demonstrating using an anatomical spine or doll before requesting a volunteer.
- Demonstrate that the hip cannot bend to neutral in lying.
- Highlight the triangular space created by a vertical line from the back of the knee to the assessment bed (Figure 3).

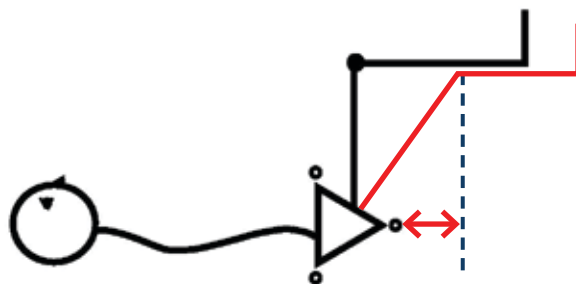


Figure 3. Temporary support

- The distance from the line to the seat bone is the height of the temporary support required to stop the thigh pushing the pelvis into a posterior pelvic tilt.
- Measure the trunk to thigh angle.
- Sit the doll/model on a temporary support.
- Show the trunk to thigh angle is the same.
- The triangle gap under the thigh is the shape that must be created in the front section of the cushion on that side to accommodate the hip that cannot bend to neutral.
- Participants sometimes suggest filling the triangular space under the thigh with a wedge. This is possible but not necessary as it does not change the final posture of the pelvis.

B.4: Physical assessment – hand simulation

Errors in the WSTP materials

a. Section 3. Recording the results of a hand simulation

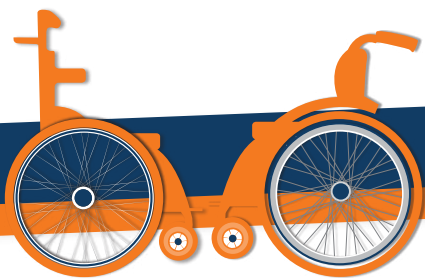
- On page 101 of the *Trainer's Manual* in the activity answer box, Enith's hip postures have been recorded as neutral. This is not correct, change the tick box to: "No" for the L Hip and R Hip.
- The notes are correct: "trunk to thigh angle more than 90 degrees".

ToT trainer demonstrations/explanations

a. Section 2. How to carry out a hand simulation

Key considerations for teaching this session

- Some wheelchair users are physically able to sit more upright but they are unable to maintain this position. These users may need to be supported in a less upright position, with their pelvis in a posterior pelvic tilt, to be able to use their wheelchair throughout the day. From the more upright position, allow the wheelchair user's pelvis to gradually roll backwards, until you have found the best position where the user's head and trunk are balanced.
- Even with multiple assistants it is not always possible to carry out a hand simulation because firmer support is needed than can be provided with your hands alone. If this happens, consider using:



- upholstered boards, foam or therapy blocks to provide more stable support
 - a wheelchair that can be mocked-up with temporary postural supports.
- It can be difficult carrying out a hand simulation with small children when they are upset. Consider:
 - sitting them sideways on the parent/caregiver's lap
 - taking frequent breaks
 - including the parent/caregiver in the assessment, for instance ask them to hold the child's feet or shoulders. Ensure that you give appropriate guidance about how much support they need to provide.
- It is important to compare the final posture achieved during the hand simulation with the results of the pelvis and hip posture screen. The final position of the pelvis and hips will usually be the same. Differences can be caused by:
 - using too much force during the pelvis and hip posture screen
 - insufficient support in sitting.

Key considerations for teaching this session

a. General

- More time may be required if participants are not familiar with hand simulations or analysis of a wheelchair user's posture.
- Throughout the DVD case studies, emphasize the step by step approach:
 - give clear instructions to the assistant
 - begin with the position of the pelvis before moving to support other areas.
- Ensure participants understand that the final posture achieved during the hand simulation must be documented together with the supports needed. Documentation includes drawings, written descriptions and completing the checklist for each part of the body listed on the assessment form.
- If photographs are a standard part of service documentation, ask someone to take a picture after each change in posture.
 - Service personnel can review each photograph to help decide how they might change the support provided to the wheelchair user.
 - This can minimize handling and saves time.
- If photographs are used during the training programme, ask participants to record the results of hand simulations for wheelchair users they work with using the final photograph as a guide.
- Delete all other photographs and use only the final photograph in the documentation for the wheelchair user.

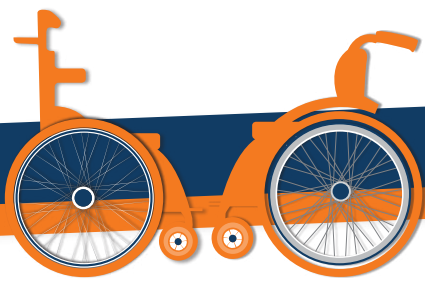
b. Section 3. Recording the results of a hand simulation

Content

- Use the *Notes for trainers* included in the *Trainer's Manual* to provide clarification when the whole posture is not visible.
- Allow time for all participants to practise how to record the final hand simulation, posture drawings and descriptions.
- To record a neutral posture, it must be neutral both from the front and the side.
- “Yes” is ticked for parts of the body that have achieved neutral posture with or without additional postural support during the hand simulation.
- All non-neutral postures (fixed or flexible part way to neutral) should be marked “No”.
- Although the pelvis and hip posture screen may identify a level pelvis and neutral hip range, the final posture is determined by the hand simulation. The final pelvis position may be in anterior/posterior tilt (non-neutral), resulting in the hips being open/closed more than neutral. The pelvis may be neutral but the hips closed because a raised seat front may have been added to provide stability.

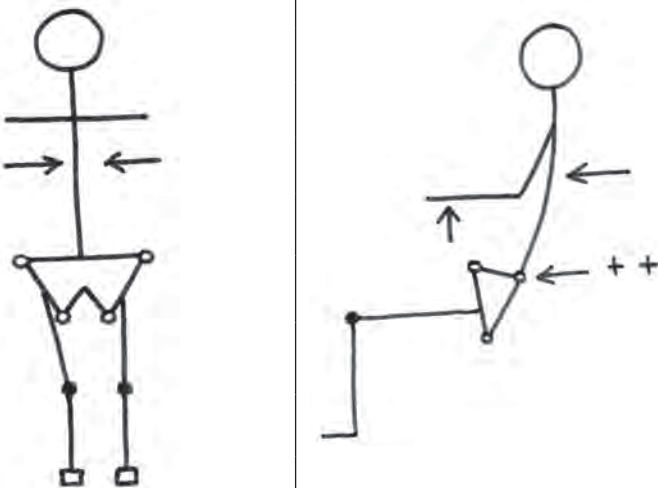
Enith

- Enith's pelvis and hip screen found that both her hips could bend to a neutral sitting posture.
- While both of her hips can come to 90 degrees in lying, she cannot sit in that position because her pelvis is fixed in a posterior pelvic tilt.
- When recording the results of the hand simulation, record the final posture achieved accurately.
- Some participants may suggest using a raised seat front PSD to close the trunk to thigh angle. Acknowledge that this can be done, but remind participants that the decision will be based on a whole picture of the wheelchair user's needs. Including a raised seat front in the final prescription may affect other things such as transfers and access under desks or tables.
- The *Trainer's Manual* describes the final posture of Enith and Bahati. See below for their final posture drawings.



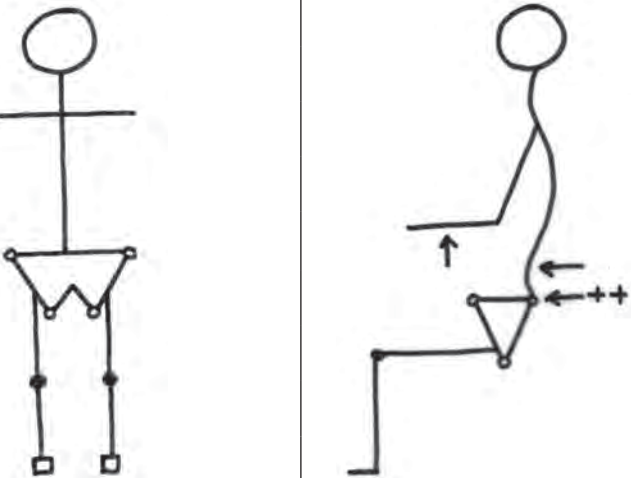
Enith

For each body part: If neutral sitting posture is possible with hand support, tick "Yes". If not, tick "No".

Part	Yes	No	Describe or line draw final sitting posture achieved by the wheelchair user with hand support. Describe or line draw the support provided to achieve that sitting posture.	
Pelvis	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Trunk	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
L Hip	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
R Hip	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Thighs	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
L Knee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
R Knee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
L Ankle	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
R Ankle	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Bahati

For each body part: If neutral sitting posture is possible with hand support, tick "Yes". If not, tick "No".

Part	Yes	No	Describe or line draw final sitting posture achieved by the wheelchair user with hand support. Describe or line draw the support provided to achieve that sitting posture.	
Pelvis	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trunk	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
L Hip	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
R Hip	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Thighs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
L Knee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
R Knee	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
L Ankle	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
R Ankle	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

B.5: Physical assessment – taking measurements

Errors in the WSTP materials

a. General

- The following are not listed in the resources and should be added:
 - two clipboards for each group of three participants
 - a set of foot blocks of different heights (or thickness).

b. Section 2. Measuring a wheelchair user to select the correct wheelchair size and location of PSDs

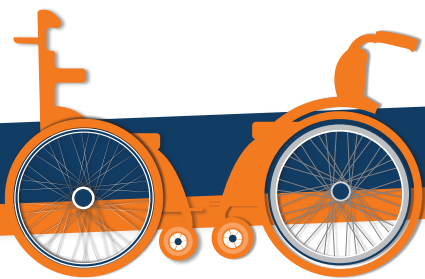
- On page 112 of the *Trainer's Manual* the drawing of Madavi's posture on slide 6 is incorrect. The drawing shows a lumbar spine with a neutral curve. However, when a user sits with their pelvis in a posterior/backwards tilt, their lumbar spine flattens and the trunk will be rounded – which causes a 'slumped' posture.
- The same error is in the *Reference Manual for Participants* on page 67. Guide participants to correct this in their manuals.

Key considerations for teaching this session

a. General

Tips for preparation

- Review the measurement notes in the *Trainer's Manual* and practise the measurement demonstration with all trainers to ensure consistency.
- Common errors to look out for during the activity may include:
 - the posture/support of the wheelchair user
 - inaccurate measurement techniques including: positioning the clipboards on an angle; starting from the wrong end of the tape measure; reading the tape measure with the head at an incorrect level.



- Avoid using participants for the demonstration, so that they are able to observe.
- Adjust for the context (such as thicker clothes in cold climates).
- If time permits, consider lengthening this session to allow each participant to practise taking all the intermediate-level body measurements.

b. Section 2. Measuring a wheelchair user to select the correct wheelchair size and location of PSDs

- In the *Trainer's Manual*, page 110, section I is titled: "Seat to the top of the pelvis (PSIS)". However, the PSIS is not the top of the pelvis. The top of the pelvis is the iliac crest.
- Trainers need to decide how best to approach this with their participants:
 - **Option 1:** Delete "to the top of the pelvis" from this sentence, and only refer to the PSIS. You will then need to change the *Reference Manual for Participants* on page 70.
 - **Option 2:** Use "the top of the pelvis" as a general term. If you choose this option, it is important for participants to understand that the PSIS sits below the "top" of the pelvis.
- Throughout the section emphasize the following points:
 - Take the measurements while the wheelchair user is still being supported in their final posture (as assessed during the hand simulation).
 - The type of wheelchair selected and PSDs required will help determine which measurements are needed. For example, for a wheelchair user who needs a full height backrest select measurement F: seat to top of shoulder. Measurement D: seat to bottom of rib cage and measurement E: seat to shoulder blade will not be necessary.
- If a wheelchair user has a fixed posterior tilt of the pelvis or a fixed forward curved trunk, participants need to think about how this will be accommodated in the wheelchair. This may change the way the seat depth measurement is taken.
- If the backrest can recline: measure from the bottom of the back of the pelvis to the back of the knee in a straight line (Figure 4).



Figure 4.
Measuring for a reclining backrest

- If the backrest does not recline and an open seat to back angle is prescribed, it will need to be accommodated in the seat depth of the wheelchair.
- Body measurements for an open seat to back angle must include:
 - The distance from the apex of the c-shaped curve to the top of the seat (z).
 - The distance between the vertical line from the apex of the c-shaped curve to the top of the seat and the back of the pelvis (x) (Figure 5).

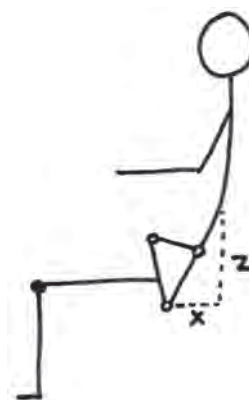
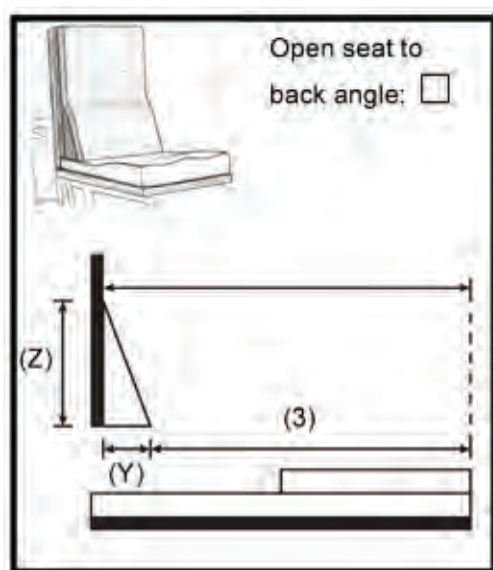


Figure 5. Measuring for an open seat to backrest angle

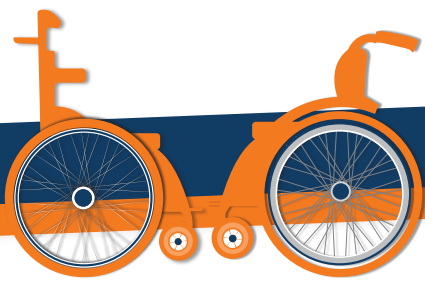
- Show how to calculate the total seat depth required when using an open seat to back angle PSD using Figure 6.



Wheelchair & PSDs	Dimensions (mm)
(Z) Length of triangle	
(Y) Thickness	
(3) Seat depth	
(3 + Y) Total seat depth	

Figure 6. Calculating seat depth

- It can sometimes be difficult to support wheelchair users in their final posture while taking measurements. Strategies to manage this include:
 - take frequent breaks
 - have more assistants available to provide postural support or to take measurements.



B.6: Selecting wheelchairs and cushions

Errors in the WSTP materials

a. General

- Sixty minutes is not sufficient time for this session. Allow 60 minutes for section 2 and 70 minutes for the total session time.

b. Section 2. Type of wheelchair and cushion

- In the *Trainer's Manual* on page 119, the drawings of the reclining backrest in slides 12 and 13 should not include a lumbar or rear pelvis support shape. Considering the indications for prescription (as listed in the slide notes), the wheelchair user will present with a pelvis in posterior tilt and consequently a flat or flexed lumbar spine.
- The lower section of the backrest should be represented as:
 - flat, or
 - with an open back to seat angle wedge (a likely PSD for the scenarios listed).
- Ask participants to correct the same error in the *Reference Manual for Participants* on page 74.
- On page 119 of the *Trainer's Manual*, the first bullet point next to slide 13: “Fixed posterior pelvis tilt with hip and knee flexion contractures” is not correct. Tilt in space is not an indication for fixed posterior pelvis tilt with hip and knee contractures. Delete the first bullet and add the following bullet points:
 - to improve head position and control
 - to improve balance.
- Ask participants to correct the same error in the *Reference Manual for Participants* on page 74.

Key considerations for teaching this session

a. General

Tips for preparation

- Ensure you are familiar with the wheelchairs and PSD components that are available locally:
 - study the manufacturers' information
 - know the available size range
 - check the adjustability options/range of features and ensure you can explain or demonstrate these
 - find out what can be customized, including any accessories available.
- Ensure that you are familiar with any changes to the local prescription forms before you deliver this session and incorporate them if appropriate.
- Local prescription forms should include the following:
 - identification of the type and size of wheelchair and cushion
 - detailed body and ideal wheelchair measurements
 - descriptions of PSDs
 - wheelchair user agreement signatures.

b. Section 1. Introduction

- Remind participants that an appropriate wheelchair is defined according to the *Wheelchair Guidelines* and that they should always consider whether a wheelchair with extra supports, or a dedicated supportive seat, would be most appropriate.

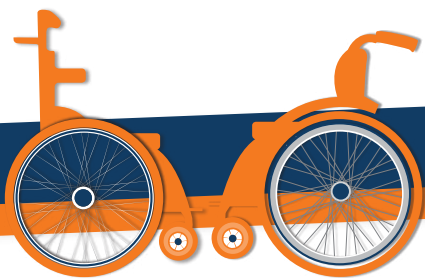
c. Section 2. Type of wheelchair and cushion

Tips for preparation

- Ensure that a range of wheelchairs, which demonstrate different features related to environment, function, fit and posture support, is available.
- Include both wheelchairs with dedicated posture support features and those to which PSDs can be added.

Content

- Consider the limitations of a dedicated posture support wheelchair for a user who only needs a manual wheelchair with PSDs:



- There may be a limited range of designs and sizes of posture support wheelchairs available.
- They may include features that are not needed, adding weight and cost.
- Posture support wheelchairs can be difficult to transport.
- For a wheelchair with ‘fixed’ tilt: the angle that will best support the wheelchair user must be selected at the time of prescription.
- For a wheelchair with ‘quick release’ or ‘adjustable’ tilt: the amount of tilt can be easily adjusted throughout the day to provide more or less support as needed. This can be helpful for a wheelchair user who is recovering after a serious injury or learning skills such as head control, and may not be able to sit in a more upright position for the whole day. Point out the wheelchairs that have these features.
- Remind participants that the wheelchair and PSDs required will also help determine the size of wheelchair required. For example, for a person who needs trunk side supports and a backrest that reclines between the back posts, the width of the wheelchair is determined by:
 - Body measurement G. Trunk width plus;
 - the thickness of both trunk side supports ($B \times 2$) (this equals the inside measurement between the back posts), plus;
 - width of the two back posts ($A \times 2$) (Figure 7).
- If the backrest is to be mounted in front of the back posts, the width of the wheelchair user’s trunk plus the thickness of both trunk side supports or pelvis/thighs (whichever is the widest) will help to identify the ideal width of the wheelchair (wheelchair component measurement 1 or 2).



Figure 7. Width of a wheelchair

B.7: Prescription (selection) of Postural Support Devices (PSDs) – introduction

Key considerations for teaching this session

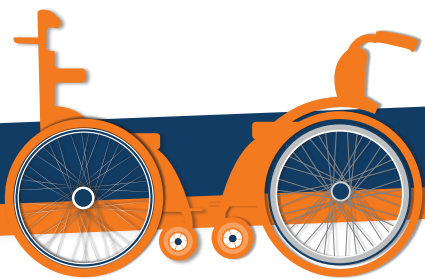
a. General

Tips for preparation

- Park questions about specific PSDs in the Car Park as they will be covered in the following sessions.
- Ensure that you are familiar with any changes to local prescription forms before you deliver this session. Incorporate local forms into the session if appropriate.
- Source examples of local PSDs for demonstration.
- Information about costs and suppliers can be prepared in advance and included as a separate handout. They should not be discussed as part of the session.

b. Section 2. What is a PSD?

- The selection of PSDs depends on the support needed, as identified during the hand simulation.
 - The **size** required (height and depth) is related to the amount of support needed. The more support needed, the larger the surface area of the PSD.
 - The **materials** selected depend on the firmness of support. For example, if light support is needed, you may prescribe trunk side wedges (made of firm foam underneath softer foam). If firm support is needed, you may prescribe trunk side supports made with a rigid structure (such as wood, metal, plastic) and lined with a softer material (such as foam, EVA).
 - The **shape** of the support depends on which part of the body is being supported. It should not restrict movement of another part of the body; for example, an armrest can interfere with propelling. The shape should not concentrate high pressure on a bony area, such as over the ribs, when accommodating a curve in the trunk. Shaping the support can spread the pressure over a larger area (reducing the risk of a pressure sore).
 - **Pressure** is very important. Every part of a PSD that is close to the body and hard enough to cause a pressure sore should be shaped appropriately and padded with an appropriate softer material (such as foam, EVA or neoprene).



c. Section 3. Recording PSDs on the intermediate wheelchair prescription (selection) form

- In slides 8 and 9 on page 130 there are examples of PSDs drawn onto a prescription form, with lines and letters representing where measurements are needed.
- When drawing on the prescription form, participants should concentrate on the shape and size of the firm foam only. Explain that every part will need to be covered with a softer foam layer, but it is not necessary to draw this.
- The shadow lines are there as a guide to make it easier to draw the PSDs. They do not represent a size or shape that you must use.
- The purpose of the drawing is to communicate the type, shape and size of PSDs required, so it is important that the drawing is clear.
- Adding shadow lines to the backrest and footrest drawings (Figure 8) can make it easier to sketch in the PSDs.
- You can add this shadow line drawing to the PPT and your assessment forms. A copy of the drawing is on the WSTP Pen Drive.

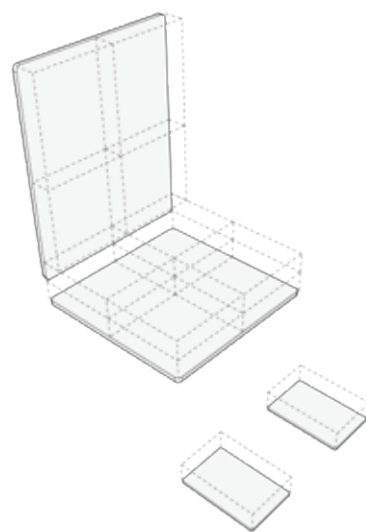


Figure 8. Using shadow lines to draw PSDs

B.8: Prescription (selection) of PSDs – stabilizing the pelvis

Errors in the WSTP materials

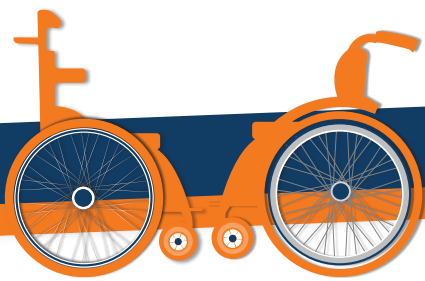
a. Section 2. Problem: Pelvis is in posterior tilt and/or slides forward

- In the *Trainer's Manual* on page 136, slide 8 shows a cushion with a pre-seat bone shelf.
- The illustration can sometimes be misunderstood. Explain that:
 - the bottom layer of the cushion is firm foam
 - the top layer of soft foam should be glued firmly to the pre-seat bone shelf.



Figure 9. Cushion with pre-seat bone shelf

- Replace the illustration on slide 8, with this new one (Figure 9) which can be found on the WSTP Pen Drive.
- In the *Trainer's Manual* on page 137 the illustration on slide 11 shows the dimensions for Marian's PSDs. The diagram shows two measurements. For the rear pelvis pad, the measurement line is incorrectly shown from the top of the seat to the bottom of the rear pelvis pad. The line should be from the top of the seat to the mid-height of the rear pelvis pad.
- For some versions of the WSTPi package, this error is also in the PPT (slide 11).
- Change this in your *Trainer's Manual* and PPT (if necessary).
- The measurement line is incorrectly shown from the top of the seat to the top of the rear pelvis pad in the *Participant's Workbook* on page 26. Guide participants to correct this.



Key considerations for teaching this session

a. General

Tips for preparation

- An anatomical model of the skeleton/spine/pelvis/hip is a very useful teaching tool. Trainers can use the model to:
 - identify bony landmarks
 - demonstrate where support needs to be provided
 - link the pelvis and hip posture screen, temporary supports (where appropriate) and hand simulation findings.
- Have the correct size and width of foam blocks and wedges available so you can quickly assemble the sample cushion solutions. For example, the raised seat front cushion in section 2 and the build-up for the pre-seat bone shelf cushion in section 3.

Content

Cushions

- All intermediate level wheelchair users should be provided with an appropriate cushion that supports their pelvis.
- Most intermediate level wheelchair users will need a cushion with a pre-seat bone shelf to help stop the pelvis from sliding forward. The pre seat bone shelf will also move some pressure away from their seat bones (providing pressure relief).
- Intermediate level wheelchair users who need a pre seat bone shelf and who are at high risk of developing pressure sores could be prescribed a cushion with a pelvic well (Figure 10).
- A pelvic well provides the same postural support as a pre seat bone shelf, and provides more pressure relief by further redistributing the weight and loading under the upper thighs (trochanters).

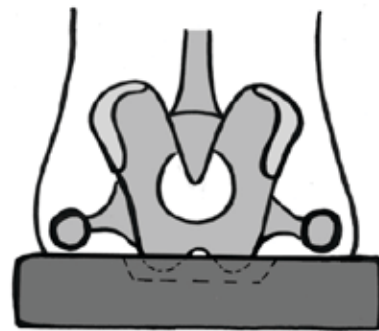
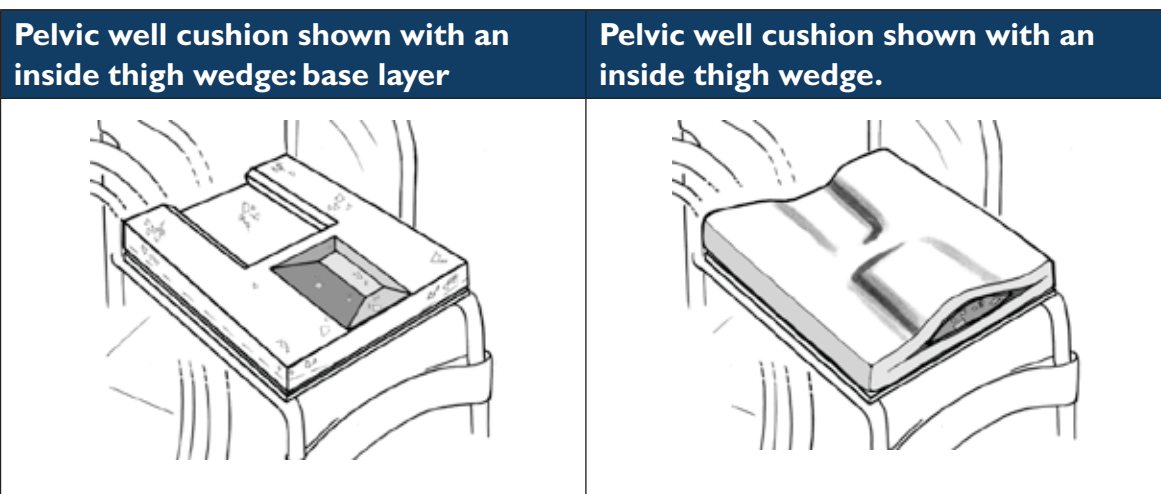


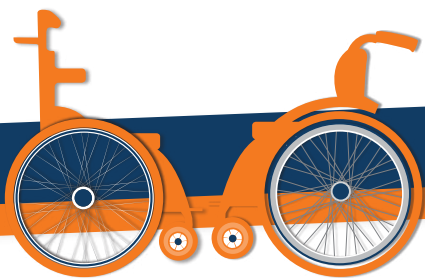
Figure 10. Cushion with a pelvic well



b. Section 2. Problem: Pelvis is in posterior tilt and/or slides forward

Tips for preparation

- In the *Trainer's Manual* on page 136 the trainer's notes for slide 9 state: "A rear pelvis pad provides support at the top of the pelvis (at the level of the PSIS)". However, the PSIS is not the top of the pelvis. The top of the pelvis is the iliac crest. Trainers need to decide how best to approach this with their participants.
- **Option one:** delete "at the top of the pelvis" from this sentence, and only refer to the PSIS. If you make this change, you will also need to change:
 - the measurement table on page 25 of the *Participant's Workbook*
 - the *Reference Manual for Participants* on page 95 (third last paragraph)
 - measurement I in the Intermediate wheelchair assessment form.
- **Option two:** use "the top of the pelvis" as a general term for describing the top of the back of the pelvis. If you choose this option, it is important for participants to understand that the PSIS sits below the "top" of the pelvis.



Finding the PSIS

- Place hands on top of the pelvis and gently squeeze in to find the soft area. Then move the thumbs down below the level of the fingers (stretching the web of the thumb). The thumbs will be positioned close to where the PSIS are located, below the top of the pelvis (Figure 11).



Figure 11. Finding the PSIS

Content

- The appropriate angle to position a pelvic strap is between 45 degrees and 90 degrees (Figure 12).
- However, a 45 degree belt can encourage the wheelchair user to sit with a posterior pelvic tilt, especially when firm support is needed.
- An angle of 60 to 90 degrees is more effective for a wheelchair user who tends to slide forward on the seat.

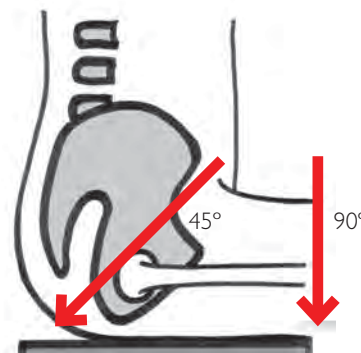






Figure 12. Positioning a pelvic strap

Rear pelvis support for adults with neutral curves of the spine

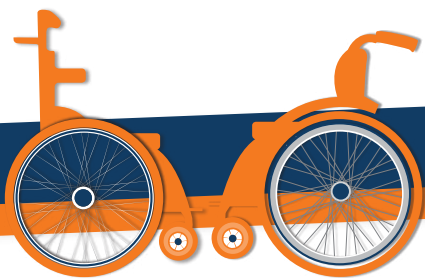
- A rear pelvis pad is designed to keep the pelvis upright and prevent posterior pelvic tilt for wheelchair users with normal lumbar/thoracic curves.
- It is designed to fill up the pelvic-trunk offset (the difference between the back of the pelvis and back of the thoracic spine) in a wheelchair with a flat backrest.
- If the pelvis cannot be corrected to neutral, or the wheelchair user does not have neutral curves of the spine, a rear pelvis pad should not be used.

Pelvic-trunk offset	A rear pelvis pad used with a straight backrest
	

- If the backrest has a backwards bend, or is a *tension adjustable backrest* that supports the pelvis to be upright (and accommodates the neutral curves of the spine), a rear pelvis pad may not be needed.
- A rear pelvis pad can be added to these types of backrests if more support is needed.

Backrest with a backwards bend	Tension adjustable backrest
	

- Do not over correct the pelvis. If the wheelchair user cannot tolerate an upright or close to upright posture, provide less support and allow the user to sit with a posterior pelvis tilt. The wheelchair user may benefit from an open seat to back angle to support the less upright posture.



Rear pelvis support for children with neutral curves of the spine

- Rear pelvis pads must not be used with young children.
- For young children, a neutral posture has a flat lumbar spine and a forward bend in the thoracic area (Figure 13).
- If a rear pelvis pad is used, it will push the pelvis forward into anterior tilt and/or push the wheelchair user away from the backrest. This can cause discomfort, pain and postural problems.



Figure 13. Neutral posture in young children

c. Section 3: Problem: Pelvis is in lateral tilt (fixed unlevel pelvis)

Fixed unlevel pelvis

- The height of a build-up under the pelvis will be a similar size to the height of the temporary support used during the hand simulation.
- The height of the temporary support is similar to the difference in height between the two ASIS in the most corrected pelvis posture (as determined in the pelvis and hip posture screen).

Unlevel pelvis – flexible to neutral

- Sometimes when a wheelchair user's pelvis is flexible to neutral, participants suggest building up the pelvis under the low side to correct it. This is unsafe, because it increases the pressure underneath the lower seat bone.
- Providing pelvis side pads and a firm pelvic strap to support the pelvis will help to achieve an aligned and balanced posture. You may also need to provide support to the wheelchair user's trunk.

d. Section 4: Problem: Pelvis moves to one side

Tips for preparation

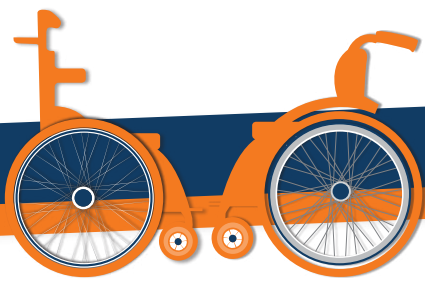
- Add the following note to slide 22 on page 143 of the *Trainer's Manual*:
 - “If the pelvis can no longer be corrected to be in line with the shoulders, the pelvis side pads will be off-centre”.
- Ask participants to add this sentence to the *Reference Manual for Participants* (at the bottom of page 96).

Content

- Pelvis side pads can be fixed to the seat, armrests, backrest or the back posts.
- Pelvis pads fixed to armrests or seats are more likely to interfere with the thighs, unless they are shaped correctly.
- Those attached to the backrest or back posts are less likely to interfere. These can be shaped from the top of the pelvis to just above the top of the thighs.
- If you need to position the pelvis side pads off-centre, you can achieve this by:
 - making one pelvis side pad thicker than the other
 - attaching the pads asymmetrically/off-centre.

e. Section 6. Key point summary

- Encourage participants to try different options and approaches with the wheelchair users in the practical sessions and when working with wheelchair users in their own services.



B.9: Prescription (selection) of PSDs – supporting the hips

Key considerations for teaching this session

a. General

Tips for preparation

- Throughout the session, link the postures to: the pelvis and hip posture screen; temporary supports needed; and the hand simulation results.

b. Section 2. Supporting the hips

Tips for preparation

- If available, an anatomical model of the skeleton can help to demonstrate various postures.

Content

- Refer to notes for session *B.3: Physical assessment – pelvis and hip posture screen*, for tips on how to determine the height of the temporary support for hips that cannot bend to neutral.
- Sitting with both seat bones on a temporary support allows the spine to be assessed without the influence of the limited hip movement (contractures).
- Once the spine has been assessed, remove the temporary support and position the pelvis in a posterior pelvic tilt.

B.10: Prescription (selection) of PSDs – supporting the trunk

Errors in the WSTP materials

a. Section 2. Supporting the trunk

Case study: Josephine

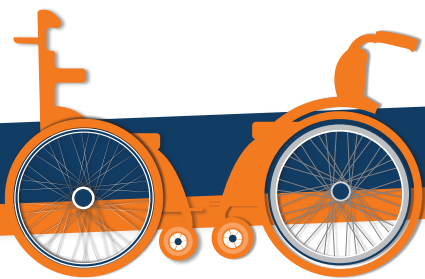
- In the *Participant's Workbook* (pages 34–35) Josephine's case study states that she is using a long wheelbase wheelchair, however the illustration shows Josephine in a short wheelbase wheelchair.
- Provide a long wheelbase wheelchair to the group working on Josephine's case study, and advise them to note the error in their workbook.
- Josephine's hand simulation results record that her left hip can come to neutral. This is incorrect – if the pelvis is not neutral, the L hip cannot be neutral.
- Guide participants to change this information in their case study information in the boxes on pages 34–35.
- Make a note of this change in the *Trainer's Manual* on page 160.

Key considerations for teaching this session

b. General

Tips for preparation

- This session requires a number of resources that need to be prepared in advance. Consider creating a training resource kit that can be reused in future training programmes.
- If participants need to shape and cut PSDs, add the tools required to the resources list in the *Trainer's Manual*.
- Add rolls of tape to the resources list for participants to mock up the PSDs. Emphasize that these materials and their methods of attachment are for training purposes only.
- When preparing PSD kits and PSD materials, try to use the same type of PSDs and materials that participants will use in their workplace. If these are not available, you can use low-cost replacements. Explain to participants that this is for training purposes only:



- use cardboard to represent wood for a solid back/seat and trunk/pelvis side supports
 - use Styrofoam, plastic foam pieces from discarded packaging material or woven grass mats to represent foam.
- If there aren't enough materials to complete mock-ups, ask participants to describe the changes they would make and how they would make them.
 - The case studies describe the type of wheelchair for each user:
 - if the type of wheelchair is not available, provide a locally available alternative
 - ensure the wheelchair does not have any PSDs attached
 - discuss the wheelchair with the group; identify any key changes between the wheelchair provided and the wheelchair described in the case study.
 - If a child size wheelchair is not available for Sian (case study 3), advise participants to use a different size and focus on the postural support required.

c. Section 2. Supporting the trunk

Tips for preparation

For the whole group activity (page 156):

- Ensure that the benches or tables that the participants sit on are not too wide, or it will cause their legs to straighten. Chairs with flat, horizontal seats can also be used by placing the side of the chair against the wall.

Content

For the case studies in the activity:

- Remind participants that the focus is to problem solve and consider all possible solutions.
- Ask them to start with the seat base, which includes pelvis and hip supports, and then to follow the same sequence as hand simulation.
- If participants are choosing solutions that are not appropriate, ask them to explain their reasoning. Lead a discussion on the clinical or functional problem that their solution may create and ask what they can do to overcome it.

Correction of common misunderstandings. Case study 1: Mark

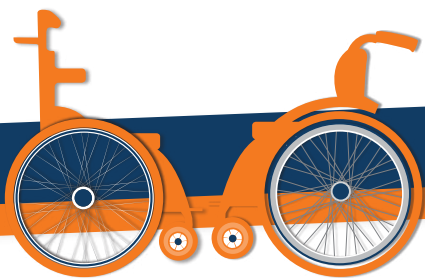
- Backrest too high. Remind participants that the findings of the hand simulation indicated that the wheelchair user needed support behind his shoulder blades. This indicates that back support to mid thoracic level is needed, not to the top of his shoulders. A backrest at the level of the shoulder blades will affect arm function.
- The backrest should provide the level and height of support as indicated by the hand simulation.
- If a lower backrest is provided, the wheelchair user may not be stable.
- The support behind the shoulder blades will not usually affect shoulder function.

Correction of common misunderstandings. Case study 2: Josephine

- The rear pelvis pad is selected instead of an open seat to back angle: Refer to the discussion about supporting the pelvis in session *B.8: Prescription (selection) of PSDs – stabilizing the pelvis; Section 2. Pelvis is in posterior tilt and/or slides forward (Trainer's Manual page 134)*.
- No pre-seat bone shelf is prescribed.
- Incorrect position of lowered seat front on one side. For a hip that cannot bend to neutral, the slope of the lowered seat front on one side should start just in front of the pre seat bone shelf.
- Too much recline. When reclining the backrest between the back posts, stop reclining just before the wheelchair user's shoulders make contact with the back posts.
- Using seat and back rest tilt. Participants should first focus on the pelvis and hip PSDs, followed by trunk support, before checking the need for tilt.
- If the trunk to thigh angle caused by her posterior pelvic tilt is the same or greater than the trunk to thigh angle caused by her hip not being in neutral (100 degrees), no cushion modification will be needed.

Correction of common misunderstandings. Case study 3: Sian

- Building-up under the low side of the pelvis. Refer back to the discussion on supporting the pelvis in Session *B.8: Prescription (selection) of PSDs – stabilizing the pelvis; Section 3: Problem: Pelvis is in lateral tilt (fixed unlevel pelvis)*.
- Raised seat front position. The raised seat front slope should start directly in front of the pre-seat bone shelf and extend to the front of the cushion.
- Adding a rear pelvis pad. Sian is 3 years of age; his lumbar curves will not have developed. A flat backrest is appropriate for children of this age.



Children with poor trunk and head control:

- A child's neutral posture has an upright pelvis, flat lower back with a slight bend in the thoracic spine, with the upper trunk leaning slightly forward (Figure 14).
- This means that a child's upper trunk does not make firm contact with a flat backrest.
- Children with low muscle strength/poor trunk control will generally find it difficult to keep their upper trunk and head upright.
- Some children may need more support.



Figure 14. A child's neutral posture

To help a child sit more upright:

1. Add a pre seat bone shelf, open seat to back angle and pelvic strap – assess:

- Are they able to maintain this posture?
Do they need more support?

2. **If they need more support:**

- Add a tray – assess:
 - Are they able to maintain this posture?
Do they need more support?
- Add a shoulder harness – assess:
 - Are they able to maintain this posture?
Do they need more support?

3. **If they need more support:** Add tilt seat and back (tilt in space) (Figure 16).



Figure 15. Open seat to backrest angle



Figure 16. Tilt in space

B.II: Prescription (selection) of PSDs – supporting the head, thighs and lower legs

Errors in the WSTP materials

a. Reference Manual for Participants

- On page 106 of the *Reference Manual for Participants*, in the heading “Problem: one or both knees bend and are fixed less than neutral sitting posture”, replace the text in the brackets “trunk to thigh angle is more than 90 degrees” with “thigh to lower leg angle is less than 90 degrees”. Guide participants to make this change in their manuals.

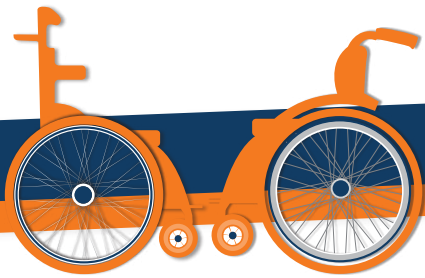
Key considerations for teaching this session

b. Section 3. Supporting the thighs

Content

Common errors in the activity case studies:

- Adding PSDs before first addressing problems with the wheelchair and/or cushion. Emphasize the importance of basic level wheelchair principles in creating a good foundation for posture.
- Not providing enough support for the wheelchair user’s thighs. Hand simulation results indicate where supports are needed and how much support is required. This includes the size, shape and firmness of the PSDs.
- Not addressing functional implications of any PSD added to the wheelchair and/or cushion – such as transfers or propelling of the wheelchair.
- Slide 11 on page 169 of the *Trainer’s Manual* shows an illustration of outside thigh wedges on a cushion with a pelvic well. This is an example of combining more than one PSD on a cushion. Not all cushions that include an outside thigh wedge need to have a pelvic well.
- This also applies to slide 15 on page 170, which shows inside thigh wedges with a pelvic well cushion. For more information on pelvic wells, see *Key considerations for teaching this session for B.8: Prescription (selection) of PSDs – stabilizing the pelvis*.



- Slide 13: Knee separator pad. The height of the cushion increases at the front when a pre-seat bone shelf or raised seat front is added. Depending on the design of the knee separator pad this may affect its position in relation to the wheelchair user's knees.

c. Section 4. Supporting the lower legs and feet

Problem: one or both knees bent and fixed less than neutral sitting posture (page 173).

- An additional solution (not listed) is to add a raised seat front. This flexes the hips (closes the trunk to thigh angle) and brings the feet forward from underneath the seat.
- Sitting with hips bent more than neutral does not increase the risk of developing contractures more than sitting in a neutral posture. However, it is good practice to advise wheelchair users to:
 - rest out of their wheelchair lying on their stomach to stretch their hips each day
 - spend time in their standing frame each day.

B.12: Product (wheelchair) preparation

Key considerations for teaching this session

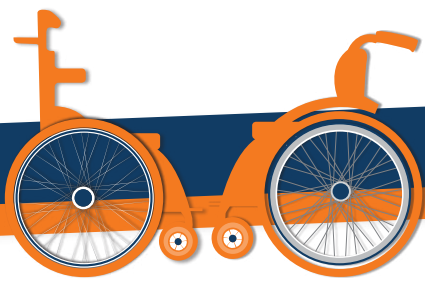
a. General

Tips for preparation

- Trainers need to be familiar with wheelchairs and materials that are locally available. Familiarize yourself during the planning stages of the training programme. If you are not based locally, you can do this by:
 - asking local services to send information and photographs of available materials
 - arriving before the training programme starts, with sufficient time to review prepared materials and to search for alternatives if necessary.
- Resources required for the training programme may vary in each location depending on:
 - local manufacturing of garments, shoes or backpacks, which may increase access to different types of fabrics, webbing, buckles, Velcro and EVA
 - local furniture making and construction industries may increase access to different materials such as timber, plywood, fasteners and steel tubing.
- There may be a supply of donated PSD components from international donors. For example, straps, head supports, harnesses or trunk side supports.
- Review the information beginning on page 110 of the *Reference Manual for Participants* for general information about materials and tools, so that you can refer to it during the discussions.
- It is helpful to have a trainer with good technical expertise for this session, and to have technical assistance for the product preparation.

b. Section 1. Introduction

- Consider which wheelchair offers the best features for the environmental and functional needs of the wheelchair user, and whether their fit and posture support needs can be adequately met by adding the required PSDs. Choosing your PSD's based on the support provided during the hand simulation will give the best solution, as only the necessary posture support features will be provided.
- Dedicated posture support wheelchairs can offer more features than the wheelchair user needs. If possible, remove those that are not needed.



B.13: Fitting

Key considerations for teaching this session

a. General

- Participants should be familiar with the fitting process from the WSTPb.
- Basic level service provision is a linear process (one step after the other). Intermediate level provision is completed in cycles. Participants may need to use the fitting checklist repeatedly as the wheelchair and PSDs are adjusted and modified from the initial prescription (see slide 3, page 182).
- If time allows, trainers can make the session more interactive. For example:
 - Using a volunteer, ask participants to demonstrate items on the checklist that they learned at the basic level check.
- Most basic level wheelchair users are able to sit in an upright/neutral posture by the end of the fitting process. At the intermediate level, many wheelchair users will not be able to sit in an upright/neutral posture. Participants may be unsure if they have achieved the best possible posture for the user. If this happens:
 - Link the findings of the pelvis and hip posture screen and hand simulation to the final posture achieved at the end of the fitting process.
- If the final posture does not closely match the posture achieved at the end of hand simulation, it may be due to:
 - assessment errors in the pelvis and hip posture screen
 - overcorrection of the postural problems during the hand simulation; which then require adjustment of the final prescription to improve comfort, balance or tolerance of the new posture
 - a long delay between assessment and final fitting; the wheelchair user's posture may have changed since the assessment. In this instance, you may need to repeat the pelvis and hip posture screen and hand simulation.

B.14: User training

Key considerations for teaching this session

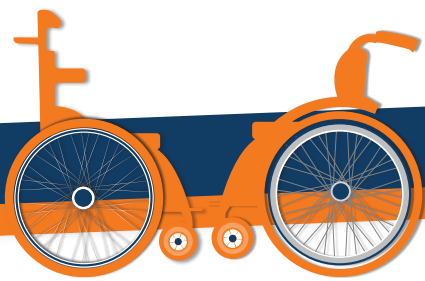
a. General

Tips for preparation

- Lead and support trainers should review and practise the skills related to wheelchair mobility and transfers to ensure they are consistent in their approach.
- Check that wheelchairs are in working order with all parts attached.
- Make sure the wheelchairs chosen match the products in each of the stories as closely as possible.
 - Joshua: a product with tilt-in-space and anti-tip features.
 - Sangita: a children's product (if possible) with quick release wheels, pelvis strap and pads.
 - Kim Som: a standard wheelchair with cushion and backrest PSDs.

b. Section 2. User training – wheelchair user's stories

- Although only one person in each group is designated as the wheelchair service personnel, ask groups to work together to identify each skill that needs to be taught and the correct way to teach it.
- The roles are designed to highlight the different aspects of wheelchair user training; it is not expected that only one person will complete the activity.
- Closely monitor how the skills are taught. Participants should explain, demonstrate, observe the practice and give feedback.
- Check that all the wheelchair features such as folding, removing/fitting removable parts such as rear wheels and trays, are demonstrated clearly to wheelchair users and their families.
- It is essential that WSTPi participants understand the features and can demonstrate them competently to the user and / or their family.



B.16: Maintenance, repairs and follow up

Key considerations for teaching this session

a. Practical follow-up activities

Tips for preparation

- The training timetable does not include practical follow up sessions. If time allows, trainers can arrange follow up appointments with local wheelchair users, either in a service or home environment.
- Have some local wheelchairs available for this session to highlight any learning points or answer questions from participants.
- Have a set of common care, maintenance and repair tools available to show participants.

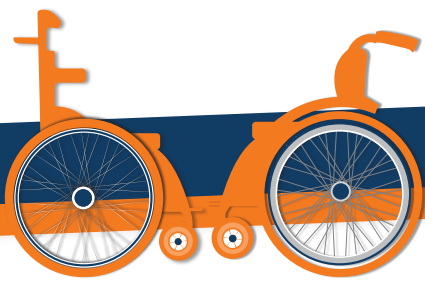
b. Section 2. Overview of follow up

- All intermediate level wheelchair users will benefit from regular follow up.
- Wheelchair users who need more frequent follow up (every 3 to 6 months) include:
 - children: PSDs must be adjusted to accommodate changes in growth, function (such as head or arm control) and/or posture
 - wheelchair users with progressive conditions or whose functional abilities or weight are likely to change.
- Follow up can be the most difficult aspect of wheelchair service provision, especially follow up in the wheelchair user's home. This may be due to limited resources for transportation; limited personnel available; or long distances between the service centre and the wheelchair user's home.
- Follow up appointments are very important. They help service providers to:
 - check that wheelchair users are able to use their wheelchairs safely
 - check that the wheelchair is working properly
 - carry out basic maintenance such as pumping up tyres and adjusting brakes
 - provide additional wheelchair user training
 - receive feedback on how the service is performing
 - collect wheelchair user stories that demonstrate the need for the service
 - understand how the products are being used and if they are appropriate for their environment and intended function.

- Where there are barriers to follow up, trainers can lead a discussion to find local solutions (if time permits). These could include:
 - using community-based organizations to carry out follow up
 - providing transportation assistance for wheelchair users to attend follow up appointments
 - creating a community schedule for follow-up, with personnel completing several home visits in one area
 - arranging follow up appointments when the wheelchair user is already in the area for another appointment, for example a doctor's appointment.

c. Section 3. Wheelchair follow up form

- Remind participants that more maintenance and repairs may be required for intermediate level wheelchair users because:
 - their wheelchairs generally have more parts that can wear out or come loose
 - some intermediate level wheelchair users have strong spasms or patterns of sitting that can put extra pressure on PSDs.



Practicals one to four

Key considerations for teaching this session

a. General

Tips for preparation

Duty of care

- Trainers have a duty of care to ensure appropriate wheelchairs, cushions and postural support devices have been provided to wheelchair users who have participated in the training programme.
- Wheelchair users should not leave the training programme with a product that the trainer feels is unsafe or not functional for them or their family. If a wheelchair cannot be provided, ensure that another appointment is made with the user's local service provider to complete the prescription, fitting and user training.
- Trainers must identify the service or service personnel who are responsible for following up wheelchair users. All relevant documentation should be provided to the service provider, including assessment and prescription forms.
- Trainers must provide wheelchair users with contact details of a local service provider who can provide assistance, repairs and follow up.

Wheelchair users

- Nominate a liaison person from the host organization or training team. Their role is to:
 - greet wheelchair users as they arrive for practical sessions
 - follow up with any wheelchair users who have not arrived for practical sessions
 - liaise between the service and the training team
 - identify a suitable area where wheelchair users and their families can wait for their appointments to begin
 - where food and refreshments are being provided, remind the catering service of everyone's needs at least one day in advance
 - ensure photo permissions have been completed before any pictures are taken.

Group allocation

- Consider how you divide participants into groups to ensure a good learning experience:
 - It may be helpful to group participants from the same service together and to mix clinical and technical participants.
 - Consider grouping more confident/talkative participants together and less confident/quieter participants together as they may work at a similar pace.
 - Think about cultural considerations such as language and whether to have mixed-gender groups for assessments.

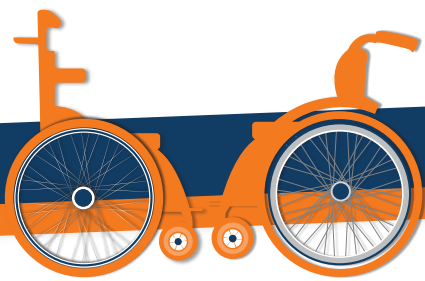
Supervision of groups during the practical sessions

- Allocate specific trainers to each group to help them coordinate practical sessions.
- The lead trainer should supervise fewer groups if possible, so that they have enough time to check in with the support trainers.
- Give participants the timing for each step in line with the *Trainer's Manual*.
- Monitor the time and regularly update participants on the time remaining.
- Keep groups with the same trainer throughout the practical sessions.

b. Practical One: Assessment and prescription (selection)

Tips for preparation

- Set up the practical area so that each group has enough space to complete their assessments privately.
- A screen can be used if private rooms are not available (for example, to look at a pressure sore).
- Provide each group with the equipment needed for the assessment and prescription. Assign responsibility to one group member to return the equipment after *Practical Three*.
- Allocate a different team member to lead each part of the assessment and prescription to share the experience between the group members.
- Encourage participants to wait for their colleague to finish each section before asking additional questions; the assessment process will flow more smoothly and the focus will stay on the wheelchair user.



Content

- Monitor the physical assessment closely and help groups to correct errors that will influence the prescription (for example, errors with the pelvis and hip posture screen, hand simulation or incorrect measuring technique).
- Trainers may want to perform the pelvis and hip posture screen independently to verify the participant's findings.
- Ensure that participants follow the sequence on the assessment form. For example, body measurements need to be converted to wheelchair measurements before deciding the wheelchair prescription.
- The wheelchair user should be an active participant during the prescription process. Ensure that participants have discussed wheelchair options and features with the wheelchair user before the final prescription is made.
- Have sample wheelchairs available to show wheelchair users and family members; this will help them to make informed decisions.
- Ask each group of participants to explain the clinical reasoning for their prescription before signing their prescription form.

c. Practical Two: Product (wheelchair) preparation

Tips for preparation

- Refer to the *Technical Annex* in this manual for more information on how to set up the room for product preparation.

d. Practical Three: Fitting and user training

- Ensure that sufficient time is allocated for user training; it should not be rushed.

e. Practical Four: Assessment, prescription (selection), product (wheelchair) preparation, fitting and user training

- Consider organizing participants into different groups to enhance their learning outcomes.
- Remind participants to work in a structured manner to complete the first five steps of wheelchair service delivery in the time allocated.
- Participants must allocate tasks to all members of their group. For example, during product preparation one person can complete wheelchair adjustments; another can prepare the cushion; and another can prepare PSDs.
- Good task allocation will ensure that all steps are completed within the allocated time.

B.15 and B.17: Putting it all together and Trainer's feedback, discussion and closing ceremony

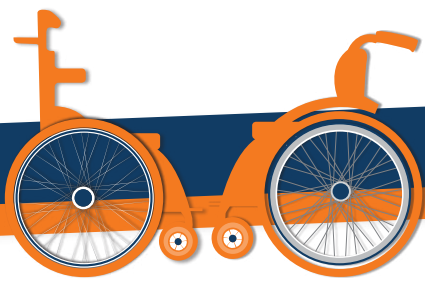
Key considerations for teaching this session

Tips for preparation

- Allocate a trainer to download and organize the before and after photographs needed to illustrate each presentation. This task should be done during a break.
- Display before and after photographs side by side as an effective way of showing the impact and outcome of the fitting.

Content

- Allocate support trainers to help the groups prepare.
- Tell participants that you will give them 5 and 1 minute warnings to ensure that each presentation is limited to 10 minutes.
- Some participants may need support when choosing which information to include in their presentation. Use the *Putting it all together* section on page 49 of the *Participant's Workbook* as a guide.
- During the presentation and facilitation, trainers should highlight:
 - the link between the pelvis and hip posture screen, hand simulation and the final posture achieved
 - the link between the supports identified during hand simulation and final PSDs selected
 - how the selected wheelchair features meet the wheelchair user's environmental and functional needs.
- Facilitate discussion about the case studies presented, ensuring that questions and feedback from the group are balanced and focused on key assessment findings and interventions.
- In less-resourced settings there is a limited range of wheelchairs and PSDs available.
- Compromises are always necessary, it is a matter of finding the right balance between achieving the best possible outcome for the wheelchair user and keeping them safe at all times.



Logistics and Preparation

Notes for ToT trainers:

- This session is not for presentation or discussion. It is included in the ToT Handbook as background information for trainees. Trainees will be exposed to logistics and preparation issues during co-training experiences where they can raise questions with trainers.

The *Trainer's Manual* includes a comprehensive list of facilities, printed resources, materials and equipment needed to successfully organize a WSTPi training programme. The trainer coordinating the training programme will usually liaise with the local host to decide who takes responsibility for each aspect of the logistics and preparation.

The trainees will gain experience and skills in handling logistics and preparation tasks during their co-training. The trainer coordinator will divide up these activities among trainees and then monitor and support them.

Facilities

A full list of facilities needed is included on page 14 of the *Trainer's Manual*.

Translation services may be needed if the WSTPi trainers do not speak the same language as participants. These services are usually in high demand and should be booked well in advance. Costs will need to be added to the training budget.

Printed resources

Materials must all be printed locally. A full list of printed resources needed for the WSTPi can be found on pages 15–16 of the WSTPi *Trainer's Manual*. Use the checklist in the *Trainer's Manual* to ensure that you have printed the correct number of materials.

Materials and Equipment

A list of materials and equipment needed for the WSTPi can be found on pages 17–18 of the WSTPi *Trainer's Manual*.

Wheelchairs

The *Trainer's Manual*, at the top of page 18, refers to examples of locally available wheelchairs and cushions. If there are many different wheelchairs available, select a range of the most commonly used models. If possible, include a floor seat for infants.

Do not include motorized wheelchairs as these are not covered in the WSTPi.

Ensure that all wheelchairs are in good working order (tyres pumped up and bolts tightened) and have a cushion.

There should be a wheelchair, cushion and postural supports – or materials to make cushions and postural supports – for each wheelchair user who attends the practical sessions.

Technical work area

A technical work area with a variety of tools and materials needed for modifications should be made available or created. This may have budget implications for the training.

Power supply

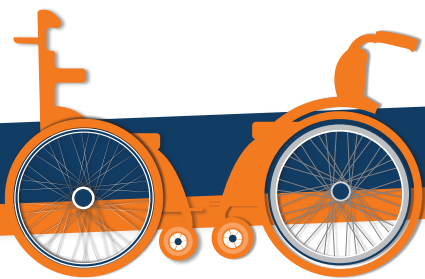
Where there is unreliable electricity, a generator with an in-line uninterruptible power supply (UPS) should be arranged for back-up. This also needs to be added to the equipment list on page 17 of the *Trainer's Manual*.

Planning for training

The most important activities and approximate timelines for planning a WSTPi training programme are listed here.

8 to 12 months in advance

- Develop a budget for the training programme.
- When multiple partners are involved, agree on the responsibilities of different partners.
- Identify dates, a venue, trainers, participant profiles and information on the local context such as: general policies and procedures that guide local wheelchair practice and services; types of wheelchairs, cushions and other materials available; information on local culture and diversity of the participants; and organizations involved.



- To work out how many days are required for the training, confirm start and finish times for each day and whether translation will be required.

4 to 6 months in advance

- Send invitation letters to each participant with details of the training programme (dates, venue, logistical information) to complete and return.
- Gather information on the professional background and skills of participants so that you can adapt session plans accordingly.
- Book training equipment.
- Source demonstration equipment and other resources needed for the practical sessions, such as treatment beds, foot supports, and transfer boards.
- Source consumables.
- Source equipment for users (if user equipment is dependent on donor funds and/or part of the training budget, sourcing equipment may need to start earlier).
- Brief trainers on the context and participants, and agree on the division of sessions and roles.
- Book catering services.
- Arrange for translators and translation facilities if needed.

4 to 6 weeks in advance

- Arrange for local printing of all necessary materials.
- Screen and invite wheelchair users.
- Finalize registration details: for example, arrange for name tags and registers; and liaise with whoever will carry out the registration.
- Send final written confirmation/pre-course information to participants, wheelchair users and trainers.
- Confirm caterers, venue and other logistics.

1 to 2 weeks in advance

- Confirm that any ordered items have been delivered.
- Check toilets, water and electricity supply at venue.
- Confirm cleaning schedules.

If the training team is not local, it is best to arrive a few days before the programme begins to check the equipment and the venue; meet with wheelchair users supporting the training programme; and to buy any remaining materials required.

Regular communication will be needed between the coordinating trainer and other trainers, the host organization and other organizations involved.

Wheelchair users

During the WSTPi, there are four practical sessions in which two groups of wheelchair users participate. The first group attends on two different days.

Before the training programme, trainers need to identify and invite wheelchair users who are willing and able to attend the practical sessions. There is a checklist on page 11 of the *Trainer's Manual* that helps to identify appropriate wheelchair users.

Liaise with the host organization and training organizers regarding budgets and facilities available for wheelchair users. Find out if transport will be provided for wheelchair users or whether they will be reimbursed for costs.

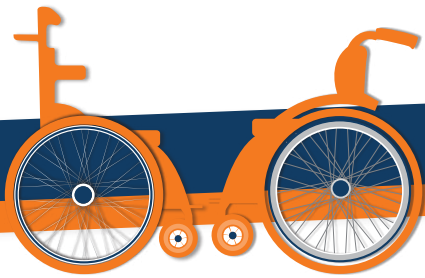
If wheelchair users are only able to attend on one day, the programme can be rearranged to accommodate *Practical One* and *Practical Two* for user group one on the same day. When adjusting the timetable, make sure service steps 2–7 have been covered before *Practical Three*.

Where possible, trainers should screen wheelchair users in person. If trainers are not based locally, a local service provider can be asked to identify potential wheelchair users and send photos and information in advance for trainers to confirm their suitability for the training level.

Invitations to wheelchair users

When drafting invitations to wheelchair users think about the following issues (a template is available on the WSTP Pen Drive):

- A description of what will happen when they attend the session.
- The time, date and the duration of the session.
- Can they bring someone with them?
- Will they receive a wheelchair at the session? What happens if they need follow up or have any problems with the wheelchair?
- Where will they receive follow-up services after the training?
- How will they get to the venue? Will their transportation costs be reimbursed?
- Do they have to bring refreshments and lunch?
- Will they receive payment for attending?



Each wheelchair user should receive an invitation letter with this information in writing. They should also sign a consent form to indicate their willingness to take part and to be photographed. The photographs are used when the small groups present back to the rest of the group.

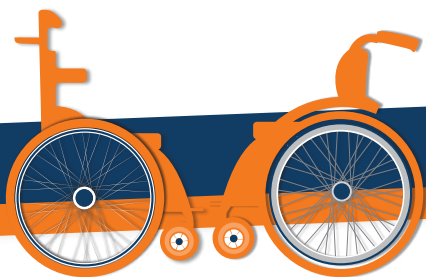
Despite careful planning, a wheelchair user may arrive with a pressure sore or fall ill on the day of the session. Discuss this possibility in advance with the host organization so that they are ready to manage the situation if it arises, and can arrange for a back-up wheelchair user to attend.

If a wheelchair user has a bladder or bowel accident during the session, have supplies ready to clean the user and the equipment. Also, a small first aid kit should be available in case of bumps and scrapes to both participants and wheelchair users.

Annexes

Annex I: Timetable for WSTPtot core sessions

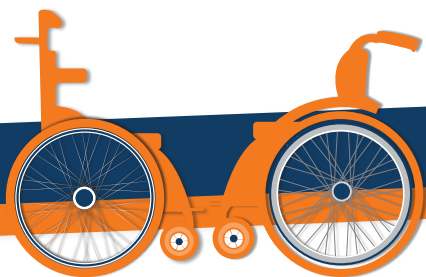
	Day One	Day Two
8:30	ToT.1 Introduction to the WSTPtot (75)	ToT.7 Presenting and Facilitating (60)
8:45		
9:00		
9:15		
9:30		
9:45	ToT.2 Wheelchair Service Training Packages	ToT.8 Communication skills (90)
10:00		
10:15		
10:30		
10:45		
11:00 – 11.15 Morning break (adjust time to suit local context and session plan)		
11:15	ToT.2 Wheelchair Service Training Packages	ToT.9 Guiding documents (75)
11:30	ToT.3 Practice deliveries (60)	
11:45		
12:00		
12:15 – 1.15 Lunch (adjust time to suit local context and session plan)		
1:15	ToT.3 Practice deliveries	ToT.9 Guiding documents
1:30	ToT.4 Preparing for diversity (60)	ToT.10 Audio-visual tools and equipment (45)
1:45		
2:00		
2:15		ToT.11 Feedback (45)
2:30	ToT.5 Adult learning (80)	
2:45 – 3.00 Break (adjust time to suit local context and session plan)		
3:00	ToT.5 Adult learning	ToT.11 Feedback
3:15		ToT.12 Managing group dynamics (45)
3:30		
3:45		
4:00	ToT.6 Preparation time (15)	Preparation (60)
4:15	Preparation (45)	
4:30		
4:45		



Annex 2: WSTPtot Intermediate Level Timetable

	Day one	Day two	Day three	
8:30	Introduction	B.5: Physical assessment – taking measurements	B.10: Prescription (selection) of PSDs – supporting the trunk <i>part II</i>	
8:45				
9:00				B.10: Feedback <i>part II</i>
9:15				B.11: Prescription (selection) of PSDs – supporting the head, thighs and lower legs
9:30				
9:45	B.2: Physical assessment – sitting posture without support	B.5: Feedback		
		B.8: Prescription (selection) of PSDs – stabilising the pelvis		
10:00				
10:15		Morning break	Morning break	
10:30	B.2: Physical assessment – sitting posture without support <i>continued</i>	B.8: Prescription (selection) of PSDs – stabilising the pelvis <i>continued</i>	B.11: Prescription (selection) of PSDs – supporting the head, thighs and lower legs	
10:45	B.2: Feedback			
11:00				
11:15	B.3: Physical assessment – pelvis and hip posture screen <i>ToT Trainer demonstration session</i>			
11:30		B.8: Feedback	B.11: Feedback	
11:45		B.9: Prescription (selection) of PSDs – supporting the hips	B.12: Product (wheelchair) preparation	
12:00				
12:15				
12:30	Lunch break	B.9: Feedback		
12:45			B.12: Feedback	
1:00		Lunch break		
1:15				
1:30	B.3: Physical assessment – pelvis and hip posture screen <i>continued</i>	B.10: Prescription (selection) of PSDs – supporting the trunk <i>part I</i>	B.13: Fitting	
1:45				
2:00				
2:15	B.4: Physical assessment – hand simulation		Afternoon break	

2:30		Afternoon break	
2:45	Afternoon break	B.10: Prescription (selection) of PSDs – supporting the trunk part I <i>continued</i>	
3:00	B.4: Physical assessment – hand simulation <i>continued</i>		B.13: Feedback
3:15			Afternoon break
3:30	B.4: Feedback		ToT Trainer individual feedback
3:45	Car park		
4:00	Session preparation ToT Trainer individual feedback	B.10: Feedback <i>part I</i>	
4:15		Car park	
4:30		Session preparation ToT Trainer individual feedback	Closing ceremony
4:45			
5:00			
5:15			



Annex 3: Feedback sheet for WSTPtot practice delivery sessions

Trainee: _____ ToT trainer: _____
Session name/number: _____ Sections: _____
Date: _____ Allocated time: _____ Actual time taken: _____
Finished all sections? ☐ Yes ☐ No

This feedback sheet is a tool to help to develop the confidence and training skills of WSTPtot trainees. This sheet can be used by:

- trainees, to reflect on their training skills
- ToT trainers, to give feedback to trainees.

Instructions to ToT trainers: After each practice delivery, write in the two columns below, using the *WSTPtot trainee skills* list below for guidance. At the end of the WSTPtot, complete the **recommendation and summary** at the end of page 2.

WSTPtot trainee skills:

- preparation
- time management
- delivery of WSTP materials
- presenting
- facilitating
- communication
- managing group work
- giving feedback.

First practice delivery	
What was good	What can be improved

Trainee: _____ ToT trainer: _____

Session name/number: _____ Sections: _____

Date: _____ Allocated time: _____ Actual time taken: _____

Finished all sections? ☐ Yes ☐ No

Second practice delivery	
What was good	What can be improved

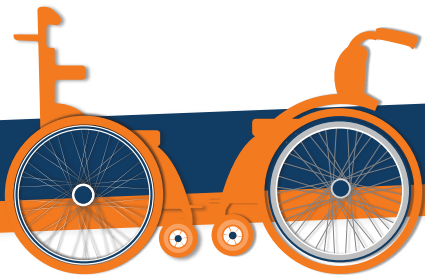
Trainee: _____ ToT trainer: _____

Session name/number: _____ Sections: _____

Date: _____ Allocated time: _____ Actual time taken: _____

Finished all sections? ☐ Yes ☐ No

Second practice delivery	
What was good	What can be improved



Instructions to ToT Trainers: At the end of the WSTPtot, select your recommendation below and write a brief summary of the trainee's strengths and areas for improvement.

Recommendation and summary

ToT trainer recommendation:

- ☐ Continue to co-training
- ☐ Develop knowledge and/or skills before continuing to co-training (details below)

Summary

Annex 4: Technical annex WSTPi

This annex aims to help trainers prepare for WSTPi practical sessions. At an intermediate level building an appropriate wheelchair becomes more complex; hands-on training is more demanding and it is important to understand the crucial role of the technician. At the planning stage trainers need to think about tools and materials, and how to get experienced technical support for training sessions. It is also important to encourage more technicians to train at an intermediate level to support the service.

The technical role in intermediate level service provision

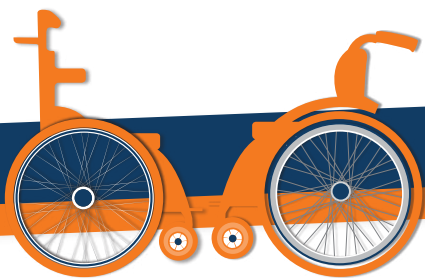
As part of its suite of training programmes, WHO teaches seating principles and gives examples of postural support devices (PSDs) that are intended to be applied to a range of different wheelchairs. It is the clinician's role to assess the user, prescribe (select) and communicate which PSDs are required. It is the technician's role to understand how to build a wheelchair that will achieve the final postural support needed; that is practical, safe, durable and as easy to use as possible, using the wheelchairs, tools and equipment, materials and parts that are available.

At basic level the technician's role is clearly defined as assembling and adjusting the wheelchair to suit the user; the process is more linear and the role simpler. As well as assembling wheelchairs, a technician working at an intermediate level needs to:

- be more involved with the user and the clinician throughout the process
- be able to problem solve more independently
- easily imagine and orientate three-dimensional shapes
- have the technical skills to make appropriate PSDs from a range of materials and parts.

Teamwork and good communication with the clinician is very important. The role of the technician extends to maintaining a safe working environment in the workshop and looking after tools and equipment.

As the clinical/technical team gradually gain experience and have exposure to wheelchair users with more complex postural support needs, they will challenge and improve their skills. An experienced technician learns to understand the limits of what can be safely achieved with the available resources. It may be possible to make a complex PSD, but that doesn't guarantee that it will be an appropriate, safe or durable solution for the user and their family. For example, a PSD that supports the



user well but is made from materials that are not durable or are attached insecurely, is only going to last a short time and is therefore not an appropriate solution.

Training more technicians

The WSTPb and WSTPi are intended to increase both the quantity and quality of practitioners providing wheelchairs in less-resourced settings. Assembly and adjustment is very specific to each type of wheelchair, which is why this information is not included in the training packages and is often covered separately by the organization delivering the training.

Involving technicians as participants in the WSTPi is very beneficial. The more they understand about the eight wheelchair service steps, the better technical support they can give. Some organizations train technical and clinical personnel at the same time, but require them to achieve different competencies at this level depending on what their on-going role in service provision will be.

Each service provider or training organization will need to identify the best way to support technicians to develop intermediate level capacities to help meet more complex needs.

The role of technicians in WSTPi training

Trainers are encouraged to have at least one experienced intermediate-level wheelchair technician available to assist during WSTPi practical sessions. This is particularly important if you plan to make PSDs, and are not using off the shelf or pre-fabricated PSDs.

Include an experienced intermediate level technician and/or technical trainer on the training team throughout the course to deliver technical content and answer technically-related questions about wheelchairs and PSDs.

Setting up the training room for practical sessions

Making PSDs requires care and time, so trainers and technicians must be well organized to keep to the timetable. You might want to consider making some common PSDs in advance.

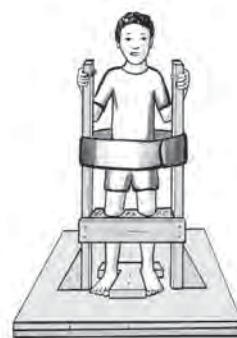


The following suggestions will help you to set up a safe, well-organized training workshop:

- Arrange a separate temporary space which:
 - is close to the clinical training room
 - has enough light and is well ventilated
 - has enough space for each technician to have a work bench or strong table
 - has space for a separate work bench for glueing in a well-ventilated location
 - has a separate area set aside if using power tools and machinery.
- An untidy workshop is unsafe and will increase the risk of accidents. Tidy the space at the end of every day, putting tools away and sweeping floors.
- Protect the surface of benches and tables with cardboard. This is particularly important when cutting and glueing foam.
- Left-over foam off-cuts should be separated from general waste and kept in boxes. Participants should be encouraged to use off-cuts first, before cutting into new foam.
- When working with a technical team, or training technicians, assign specific responsibilities to each of them. For example make a technician responsible for a specific tool kit, ask them to collect all the tools at the end of each day and check the tool kit is complete before leaving.

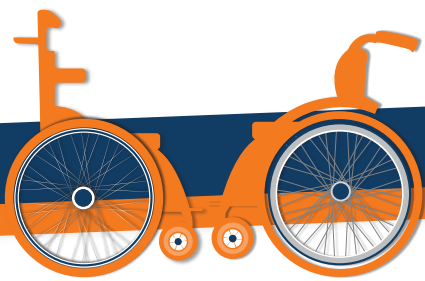
Standing frames

There are many designs of standing frames and they can be made locally. Before prescribing a frame, service personnel need to fully understand the wheelchair user's standing posture and the different ways to support them in an upright position. It is important to follow the guidance on page 45 of the *WSTPi Trainer's Manual*.



There are three main technical issues to consider:

- **Strength** – A standing frame needs to be strong enough to safely support the body weight of the user. The joints and lengths of material that make up the frame must be strong enough and connected securely together. The person might move around so consider the force that this will put on the frame. Test the strength and stability of a new device before use.



- **Stability** – It is important that a standing frame remains completely stable while in use, including when the user is getting into position and when standing up. This is usually achieved by having a wide base of support on the ground.
- **Safety and comfort of support surfaces** – Make sure there is no direct pressure on the knees. The support surfaces of the frame that come into contact with the body should be padded just like a pressure relief cushion.

Further considerations:

- Frame design should allow for easy access when approaching in a wheelchair.
- Some degree of height adjustment to the hip, knee, pelvis and trunk support will be needed to accommodate wheelchair users of different heights or ages.
- A flat surface such as a tray or table should be included, to enable activities while standing.

Foam

Two measures are used to assess the quality of polyurethane (PU) foam:

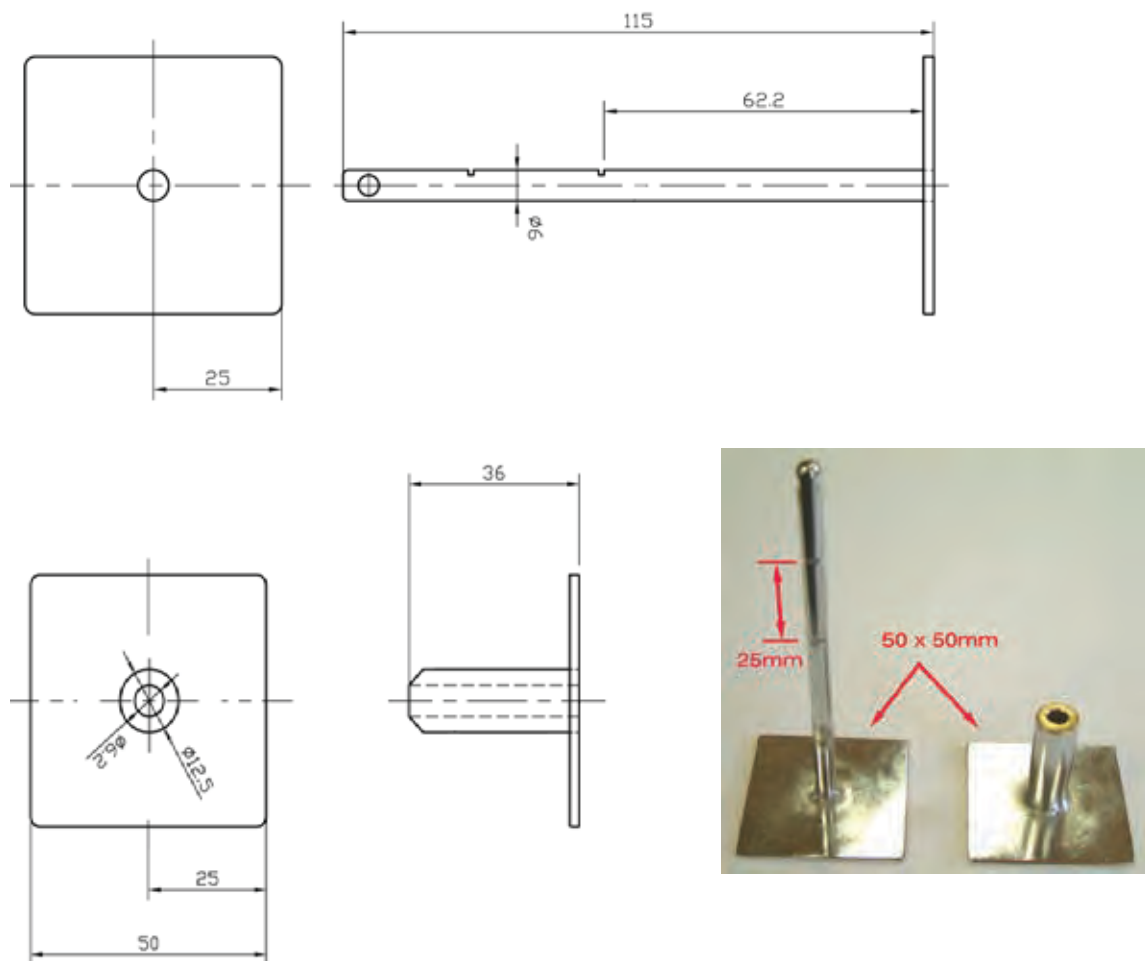
- **Firmness** – the degree of support provided. Firmness is often confused with density, but is a different property. Firmness is a physical property of the finished foam and is controlled by the chemistry of the foam during the production process. The firmer the foam, the harder it is to compress. The firmness of the foam can be measured by recording the amount of force needed to compress the foam.
- **Density** – a measurement of the mass (weight) per unit volume expressed in kilograms per cubic metre (kg/m^3). Density is a function of the chemicals and additives used to produce the foam and affects the foam's durability. Typically, the higher the density, the better the foam will retain its properties and provide support and comfort over a longer period.

Foam testing device

Use the foam testing device below (Figure 1) to carry out a simple compression test to calculate firmness of a foam sample. Measured in kilograms the results can be compared against a benchmark and other available foams.

The foam testing device consists of two metal parts, that are shown from different angles here:

Figure 1. Foam testing device



These parts are suspended from a weighing scale or spring balance (Figure 2).

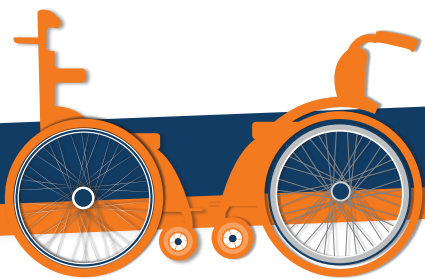


Figure 2. Compression testing procedure

The procedure for 50% compression testing is as follows:



Step 3. Weighing scale

1. Cut the 50 x 50 x 50 mm foam sample as accurately as possible and punch a 6.5–7.5 mm hole in the centre.
2. Hang up the scale or spring balance; do not hold it.
3. Place sample in testing device and hang from scale or spring balance.
4. Check that scale reads zero.
5. Push down evenly on the top plate only, compressing sample to 50%. Note 25 mm marks on testing device.
6. Record weight in kg.



Step 1. Foam sample ready for testing



Step 5. Push down on the top plate only

Testing notes

- Take at least three measurements and average the results. To minimize error the same person should take all the measurements.
- When testing samples cut from moulded foam do not include any external foam skin.

Guidelines for the use of different types of foam

The following numbers are intended as guidelines only; it is always recommended to prototype and user-trial any new PSD or *Pressure Relief Cushion* which uses foam. Firmness test results were produced using the testing procedure outlined previously

Name	Application	Density	50% compression test (kg)
Medium PU foam	Comfort layer: top cushion layer, surface layer	30 kg/m ³ to 60 kg/m ³	2.2 to 3.5 kg*
Firm PU foam	Supportive layer: base layer,** contours, cushion wedges (under comfort layer)	30 kg/m ³ to 60 kg/m ³	3.5 to 5.8 kg

PU: polyurethane.

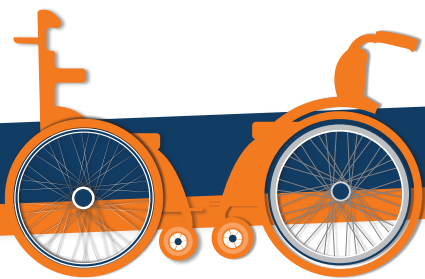
* This acceptable range of kg includes a variation in test results of ± 0.3 kg.

** Chip, composite, re-bonded or bonded foam can also be used, but can vary in firmness because it is an industry waste product.

Foam shapes for temporary support and PSD simulation

A range of firm foam blocks and wedges are useful for training. In addition to the basic blocks used for temporary support, other shapes can be used to help simulate different options in the wheelchair user's chair. For example:

- Adding a wedge of foam to the front of the backrest to simulate an *open seat-to-backrest angle*.
- Adding extra foam to the *pelvis side pads* to simulate a narrower seat width.
- Adding foam to the seat to simulate *outside thigh wedges*.
- Adding foam blocks together to simulate different angles for a *lowered seat front one side*.

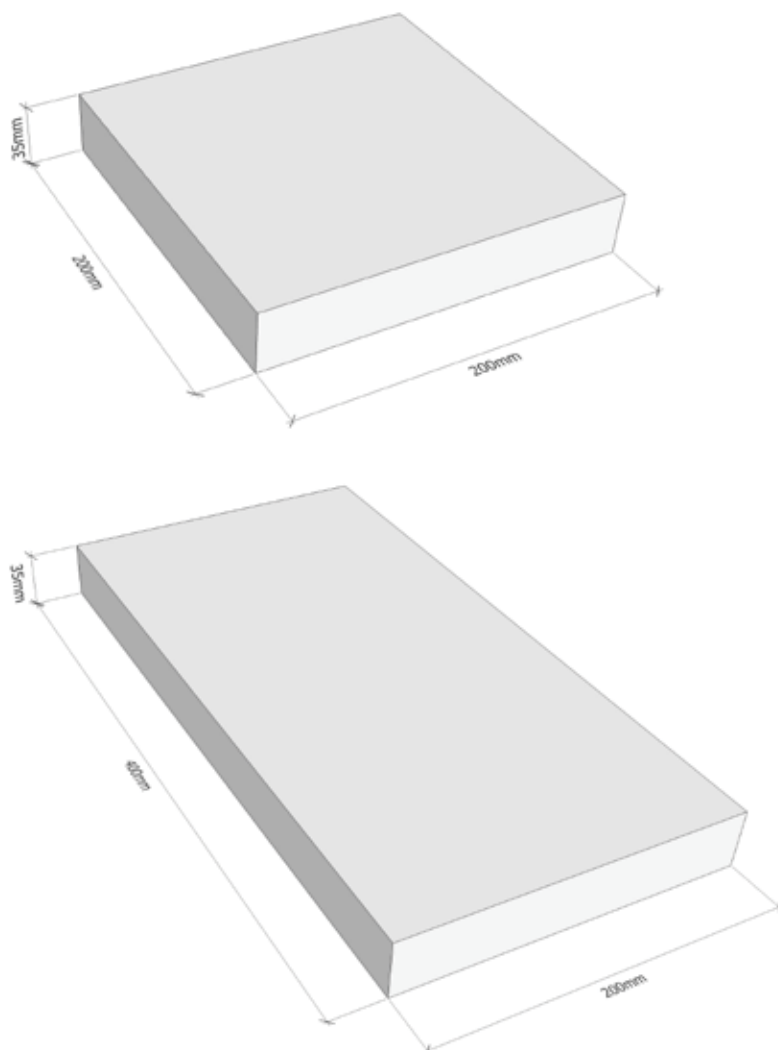


In some situations where the user's postural support needs are very complex, it may be necessary to first finalize the size, shape and location of PSDs by making them with a less expensive material. Once the final prescription (selection) for the PSDs has been agreed, they can then be made using better-quality foam.

Commonly available foam thicknesses are: 25 mm or 35 mm. Thinner foam (such as 10 mm or 15 mm) may be useful for very small children or when only slight increments of change are required, for instance when constructing a *build-up under pelvis*. Thinner foam may need to be cut from thicker foam. When doing this it is important to have the best quality foam available and a very sharp knife.

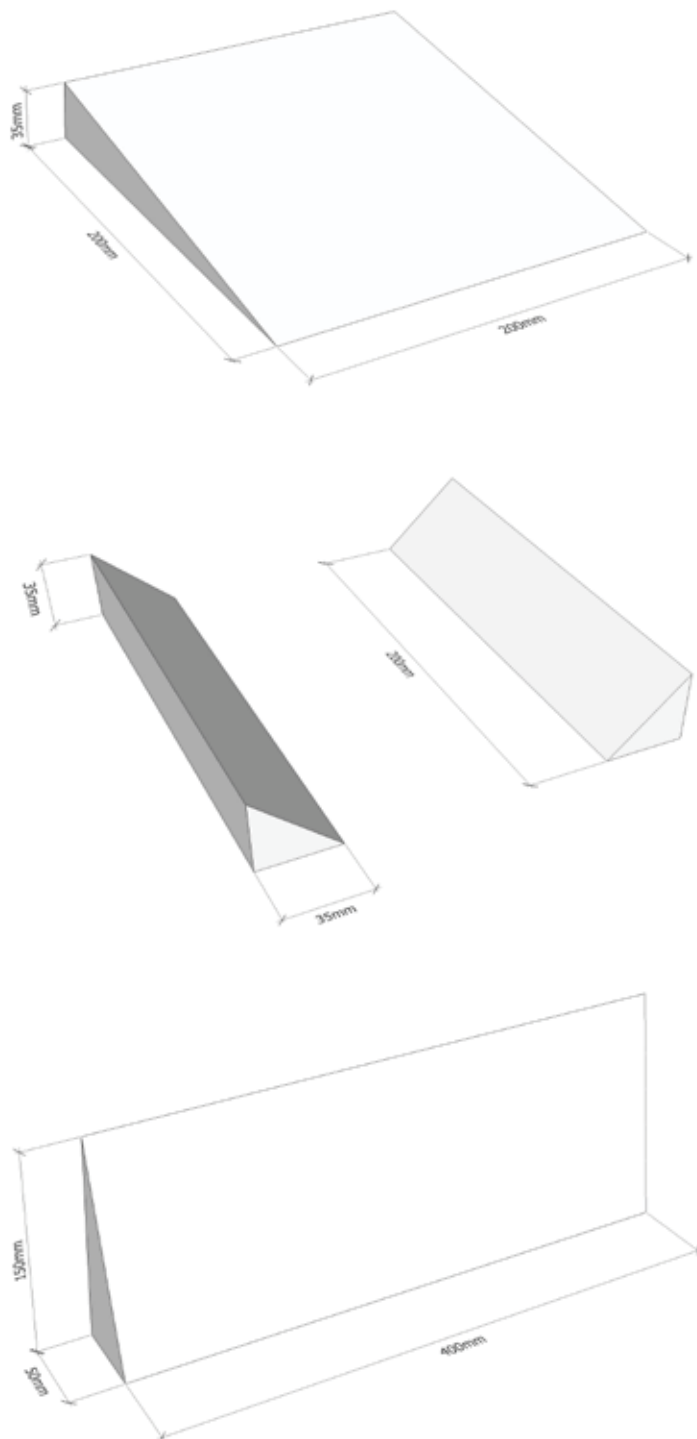
Illustrations below (Figure 3) show sample basic foam shapes; dimensions can be adjusted to suit the context. For example, common sizes for adult temporary supports are 200 x 200 mm and for children, 200 x 100 mm.

Figure 3. Suggested dimensions (in mm) of the basic foam shapes for temporary supports



Wedges of various dimensions and thicknesses are very useful for training purposes. The illustrations below (Figures 4–8) show sample foam wedges; dimensions can be adjusted to suit the context. Common thicknesses are 35 and 50 mm, common lengths range between 100 and 200 mm.

Figure 4. Sample foam wedges



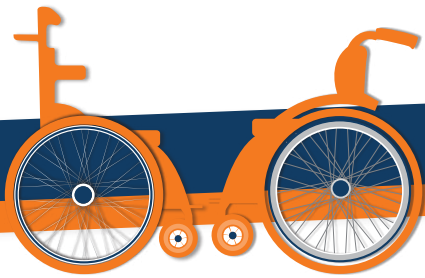


Figure 5. Example use of temporary supports

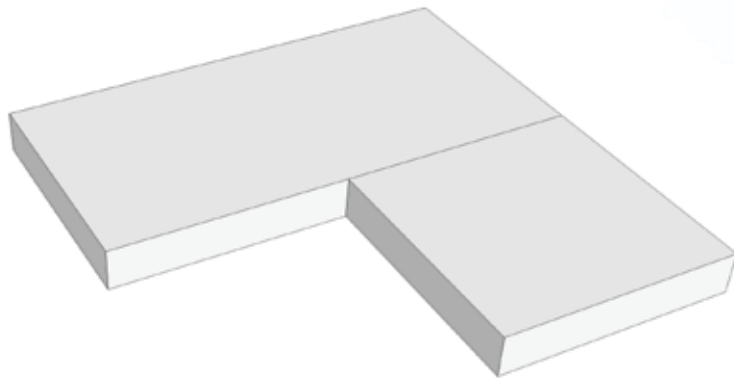


Figure 6. Example use of wedges to simulate a lowered seat front on one side

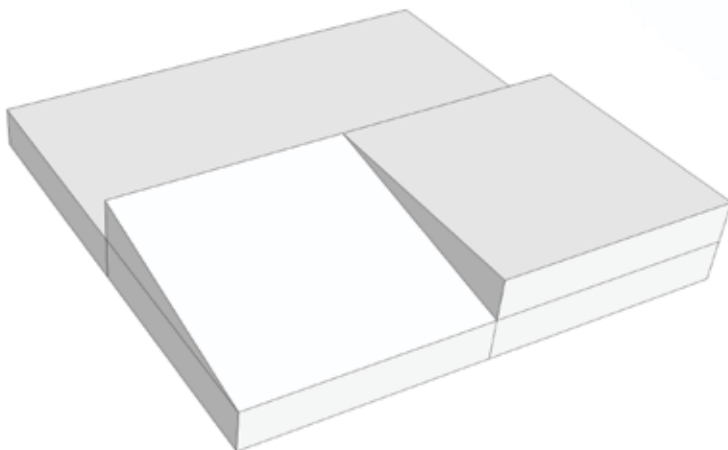


Figure 7. Example use of outside thigh wedges

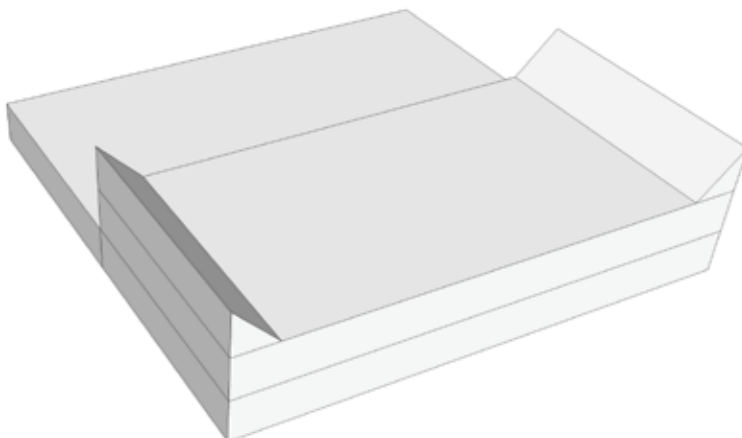
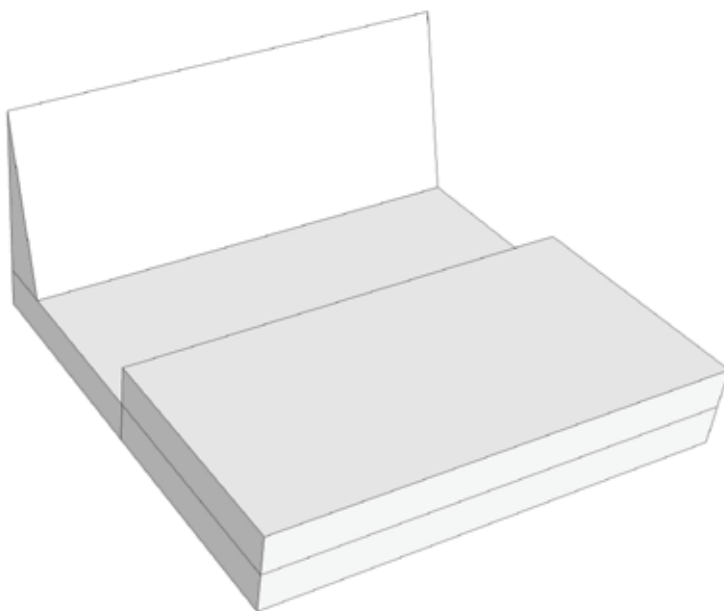


Figure 8. Example of *open seat-to-backrest angle wedge* and *pre-seat bone shelf*

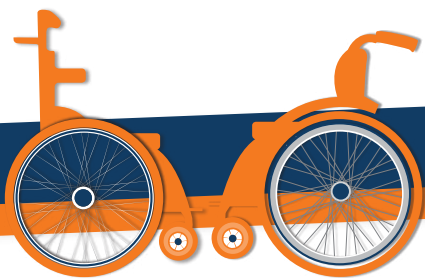


Advantages and disadvantages of seating simulators

A seating simulator is a device that clinicians and technicians sometimes use to *simulate* the posture that a wheelchair user will adopt, before preparing the final wheelchair. They are specifically designed to be adjustable in every way necessary to support the user. The simulator is used at the end of the assessment process, after the hand simulation, to inform the wheelchair prescription. There are advantages and disadvantages of using seating simulators:

Advantages

- **Less waste** – Seating simulators can minimize wastage (and therefore recurring service costs) because the wheelchair and PSDs are only prepared after the user's final posture has been achieved in the simulator.
- **Save time** – Seating simulators can save experienced clinicians' and technicians' time when fitting the wheelchair and PSDs, as the final posture is already known before the wheelchair is prepared.



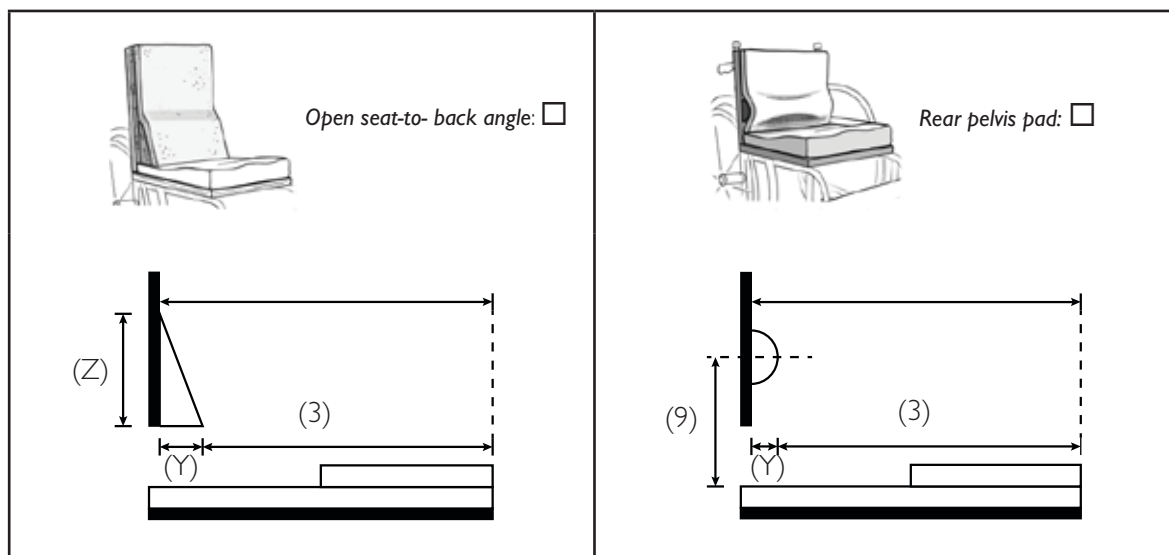
Disadvantages

- **Short cuts** – Less experienced personnel may use the seating simulator as a short cut instead of performing a full assessment and hand simulation process to determine the postural supports needed. It might also limit the type of postural supports considered to include only those on the seating simulator. This could result in the user not achieving their full postural potential in the final wheelchair.
- **Skilled technicians** – It takes technical skill to design and make a safe and durable seating simulator. It also takes skill to translate the support provided by a seating simulator into the final wheelchair and PSDs. It is particularly challenging if the service uses a range of different wheelchairs that provide postural support in various ways.
- **Cost** – The initial one-off cost to buy seating simulators may be high but could be offset against savings made later in recurring service costs. It may also be possible to reduce the costs by converting a wheelchair (and PSDs) commonly used by the service into a seating simulator, by modifying it and adding adjustments.
- **Heavy and large** – Seating simulators are often larger and heavier than the final wheelchairs. This makes it more difficult to travel with them away from service centre.

Introducing the *total seat depth* tool

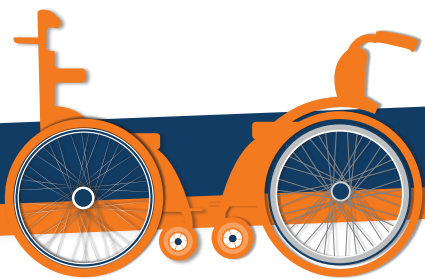
There are two postural support devices (PSDs) that are placed behind the pelvis. It is important to understand the space that they take up in the wheelchair before deciding whether the user will fit in comfortably as well, or whether a different wheelchair is needed. Here is a simple tool to help work out the total seat depth (including the thickness of either an *open seat-to-back angle* triangle or a *rear pelvis pad*) using measurements from the intermediate assessment form:

Figure 9. Calculating total seat depth



Wheelchair & PSDs	Dimensions (mm)
Support behind pelvis:	
(Z) Height of triangle	
or (9) Height to midpoint	
(Y) Thickness	
(3) Seat depth	
(3 + Y) Total seat depth	

If the chosen wheelchair is big enough to accommodate the *total seat depth*, then it will fit the user's seat depth and their PSDs will fit into the seat.



Product preparation

Product preparation at an intermediate level involves the assembly of intermediate wheelchairs and the fabrication of PSDs. More problem solving is required than at the basic level, which is a straightforward process of assembling wheelchairs.

Understanding what shape is required to support the user's posture and then making an appropriate PSD, often requires imagining and orienting three-dimensional shapes. This process is made easier by using the drawing tool on the Intermediate prescription form, which has 'shadow' lines (Figure 10).

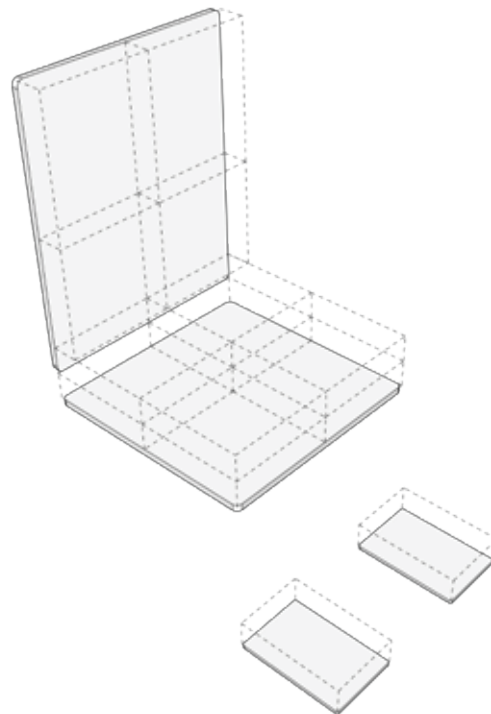


Figure 10. Intermediate prescription form drawing tool

After defining the size and shape of the proposed PSD, the technician decides how to make it and which materials to use. It is important that the final PSD is practical, safe, durable and as easy to use as possible.

The technician's role is easier when the user is smaller, has fewer postural issues and is using an adjustable seating product that incorporates various PSDs. However, the task becomes more challenging when the user is larger, has a combination of complex postural issues and makes strong, uncontrolled movements. A great deal more skill, technical knowledge, time, materials and parts, and problem solving ability is needed to fabricate appropriate PSDs for these users.

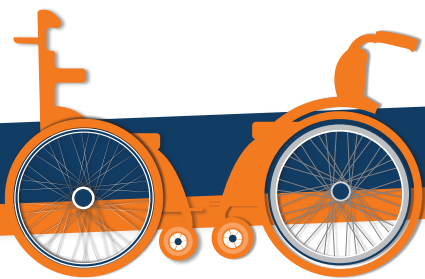
The technician needs to be familiar with how to assemble each type of wheelchair available to them. The way that PSDs are made and attached differs from one type of wheelchair to another. The technical role is different if a dedicated posture support wheelchair with built-in adjustable postural supports is available, compared to working with an orthopaedic style or other manual wheelchair.

Despite the differences in the wheelchairs, the different methods of making PSDs and the individual nature of each user's seat; there is a general order for product preparation:

1. **Seat depth** – Just as clinicians are taught to start with the pelvis and work outwards, so a technician should start with the PSDs that support the pelvis. Using the *total seat depth tool* will make it easier to prescribe (select) the most appropriate size of wheelchair or seat. Next, the technician can make the *pre-seat bone shelf* (and any other PSDs on the seat such as *lower seat front one side*, or *raise seat front*). If the PSDs on the seat are being made from foam, use the minimum amount of glue necessary to hold them in place for the first fitting, as their size and location are likely to change (particularly during training).
2. **Pelvis strap** – As a starting point, the *pelvis strap* should be fitted between 60 and 90 degrees to the seat, at approximately the same location as the *pre-seat bone shelf*.
3. **Pelvis side pads or seat width** – It is important to work out how the seat will support the user's hips, to prevent them from sliding sideways. In many situations a bracket and pad will be used.
4. **Remaining seat PSDs** – On some wheelchairs it is necessary to attach all remaining PSDs that are going to be added to the seat, for example any hardware needed for mounting a *knee separator pad*, before moving on to other parts of the wheelchair.

After the seat is complete, technicians can work outwards towards the head and feet:

5. **Backrest** – The height of the backrest should be set and any backrest-mounted PSDs should be attached.
6. **Head support** – If a head support is required, set it and make any other adjustments necessary.
7. **Footrests** – The height, angle and position of the footrests should be set. PSDs such as *foot wedges*, *foot build-ups*, *ankle* or *foot straps* will often need to be repositioned during the first fitting.
8. **Shoulder harness** – If a harness is required, the uppermost end should be attached level with or above the user's shoulder. Harnesses attached below the top of the shoulders will tend pull the user's shoulders down.



It is important that every wheelchair is safe for the user to sit in for each fitting. The technician and clinician need to make a judgement about this, paying particular attention to areas at risk of pressure sores, or PSDs that are being used but are not completely finished.

The *Safe and ready* checklist should be used, however some parts of the wheelchair do not need to be 100% complete for the first fitting. For example:

- The fabric upholstery can be left off.
- Attach foam parts with 'spots' of glue rather than full coverage so that they are easier to separate if changes are required.
- If the team is unsure whether a particular PSD is required or not, it is acceptable to leave it off and make a decision during the first fitting; for example, *trunk side wedges* or a *shoulder harness*.
- Attach the footrests according to the body measurements that were taken, but leave ankle or foot straps off until the user is sitting in the wheelchair and the final location of the footplates is set.
- If fitting a tray, leave it until the user is sitting in the wheelchair in their final posture before adjusting it.

Because it is not safe, do not:

- leave frame bolts loose
- leave bolts attaching the rear or castor wheels, push handles, seat, backrest, brakes or any PSDs loose
- leave sharp edges unfinished or exposed.

After the final fitting, the wheelchair and PSDs should be checked and signed off by one of the trainers. This should happen before the team completes final finishing such as full coverage glueing (for all remaining 'spot' glued foam), finalizing the upholstery, or painting/varnishing components.

A comprehensive *Safe and ready* check must be completed before the user and their family leave with the wheelchair.

Additional technical resources

Resource	Content/page references
<i>Guidelines on the provision of manual wheelchairs in less resourced settings</i>	<ul style="list-style-type: none"> • Wheelchair design and production-related information, including testing, page 37–65
<i>WSTPb Reference Manual for Participants</i>	<ul style="list-style-type: none"> • Making a pressure relief cushion, page 57–60
<i>WSTPi Reference Manual for Participants</i>	<ul style="list-style-type: none"> • How to make PSDs, page 112–128
<i>WSTPm Additional Resources for Managers</i>	<ul style="list-style-type: none"> • Information to support managers developing services, including information about technical resource management

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