
K4Health Blended Learning Guide



“The illiterate of the 21st century will not be those who cannot read and write but those who cannot learn, unlearn and relearn.”

—Alvin Toffler

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Purpose of the Guide

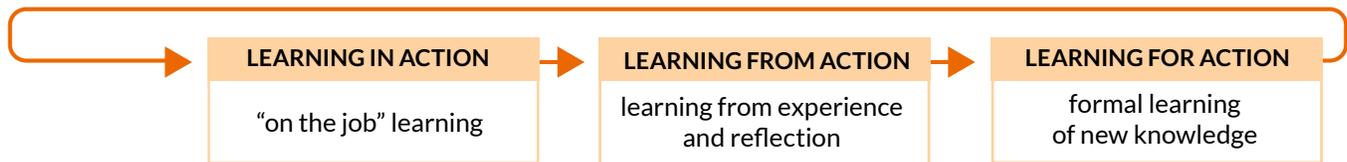
*In this guide, we define blended learning as the combination of a variety of learning media (face-to-face, online, print, social media) and learning environments (instructor-led, teamwork, peer-to-peer interaction, self-study and individual work) that reinforce and accelerate mastery and application to the job.

The objective of this Blended Learning Guide* is to help you address the questions outlined in the box below by explaining how GHeL courses can be combined with other learning activities to increase application of new knowledge in the workplace. Practical examples of how to do so are included for trainers and individual learners.

For Trainers and Capacity Builders

Are you a trainer who would like to incorporate eLearning into your capacity-building activities? Have you ever tried to integrate GHeL courses into other training activities, but were unsure how to best do so? Do you have learning and training needs that you are not sure how to best address?

This Blended Learning Guide gives recommendations about how the GHeL courses can be used to enhance face-to-face, online, and blended training and performance support approaches by helping participants acquire and apply new knowledge and comprehension. This approach is based on three phases of learning, according to Wilson & Biller (2012). (More information on Wilson & Biller's three phases of learning are presented in Section II of this guide.)



The Guide explains how GHeL courses can support *learning for action* and can be built into blended learning approaches that include activities and support for learners *in* and *from* action as well so that the GHeL courses are employed as part of a full learning cycle.

The guide provides users with examples of ways to blend GHeL courses into other learning activities according to the resources and performance improvement needs of an organization, group, or individual.

This guide also includes information about how to apply the GHeL courses according to a range of learning needs, for example:

- individuals or organizations that need GHeL course knowledge to build practical skills or improve their performance, and
- individuals or organizations learning information for the first time or expanding their knowledge about a subject.

1

Global Health eLearning: Opportunities for Blended Learning

Learning Objectives

At the end of this section, you will be able to:

- Explain what the Global Health eLearning (GHeL) courses are.
- Name three advantages of blending the Global Health eLearning courses with other types of learning experiences.

What are the GHeL courses?

The [GHeL Center](#) was developed in 2005 by the [USAID Bureau for Global Health](#) in response to requests from field staff for access to the latest program guidance on a variety of public health and development technical areas. The GHeL Center provides free, self-paced, Internet-based courses that:

- Provide useful and timely continuing education for health professionals;
- Offer state-of-the-art technical content on key public health topics; and
- Serve as a practical resource for increasing public health knowledge.

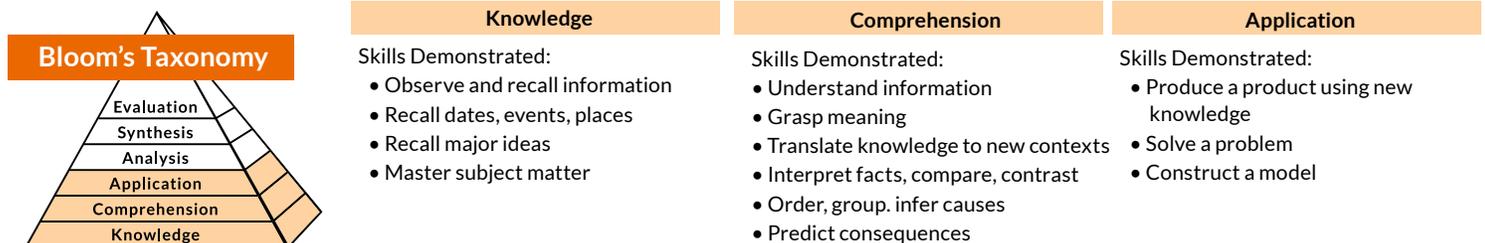
The primary audiences for GHeL Center are health officers and local staff at USAID missions around the world. However, the courses are open to the public and, as a result, the vast majority (over 80%) of all learners come from outside USAID. This includes staff from non-US based universities, international, national, and local non-governmental organizations, and multilateral organizations.

The GHeL Center currently offers more than 50 courses in global health topics, such as child survival, reproductive health/family planning, HIV/AIDS, infectious disease, among others, and has a community of over 72,000 registered learners.

Bloom's Taxonomy and the learning objectives of GHeL courses

The learning objectives of the GHeL courses have been focused on the first two levels of [Bloom's Taxonomy](#)* below: increasing knowledge and comprehension. Despite high demand for these courses, course users, [USAID](#), [PEPFAR](#), and implementing partners have expressed a need to move GHeL course participants from these first two levels (gaining knowledge and comprehension) to the third level of the pyramid: actively applying the course content to improve their job performance.

*Bloom's Taxonomy is a classification of learning objectives within the field of education.



How does blended learning create opportunities for increased knowledge application?

We know that application of knowledge is best supported when:

- the learning context mirrors a participant’s workplace (Grossman and Salas, 2010);
- a learner has the opportunity to practice a new behavior (Grossman and Salas, 2010);
- the learning event is followed by additional learning events (Grossman and Salas, 2010); and
- a learner has performance support beyond the moment of acquiring new information ([Gottfredson and Mosher, 2012](#)).

Since blended learning combines a variety of learning media (face-to-face, online, print, social media) and learning environments (instructor-led, teamwork, peer-to-peer interaction, self-study and individual work), learners benefit by:

- having more time than is available in a classroom or self-study learning experience to apply new knowledge in the workplace;
- bringing and experimenting with new approaches in the workplace;
- learning from and with peers; and
- receiving support for learning over time.

A blended learning approach that integrates a participant’s new or expanded knowledge gained in the GHeL courses can effectively strengthen learning outcomes by supporting application of new knowledge and skills in the workplace over time.

Examples of GHeL blended learning activities

The examples below demonstrate ways in which the GHeL courses have been used to supplement learning for action activities.

PRE-REQUISITES FOR TRAINING COURSES

In 2012, the [USAID-funded MEASURE Evaluation project](#) required applicants to a blended learning [Virtual Leadership Development Program](#) for teams focused on collecting gender data to take the [Gender and Sexual and Reproductive Health 101](#) as a prerequisite for program participation. [The Interagency Gender Working Group \(IGWG\)](#), a group composed of USAID, cooperating agencies, and NGOs, also required the GHeL course on [Gender and Sexual and Reproductive Health 101](#) as a prerequisite for the Gender Training of Trainers workshop in 2010.

SUPPLEMENT TO TRAINING MATERIALS

In 2011, the CDC/PEPFAR office in Cote d’Ivoire distributed a CD-Rom of GHeL courses to support an in-country M&E training of implementing partners.

REQUIRED WORK AS PART OF A COURSE

At the North Carolina Agricultural and Technical State University, a School of Nursing professor assigned the completion of 14 GHeL courses to her students as part of a blended university course (25% face-to-face, 75% on-line) “Health Care in a Global Society” in 2012.

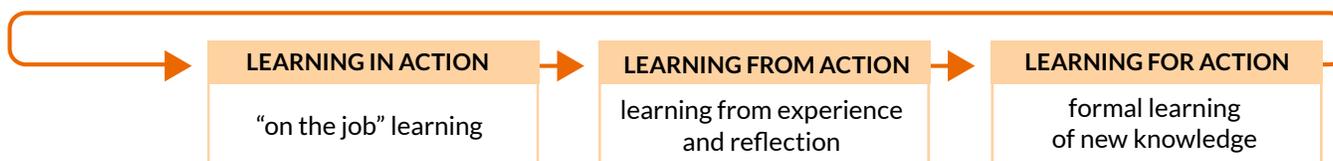
2 Three Phases of Learning

Learning Objectives

At the end of this section, you will be able to:

- Define the three temporal phases of learning, according to Wilson & Biller.
- Identify in which temporal phase of learning the GHeL courses fall.
- Explain why learning experiences that support learning in all three phases may be more effective.

Dr. Daniel Wilson and Ms. Marga Biller, both of [Harvard University's Learning Innovations Laboratory](#), have proposed a model that explains, in simple terms, three temporal phases of learning:



Wilson & Biller argue that the while “traditional” forms of learning (e.g. classroom courses) are important, they cannot be the only focus of learning efforts to improve performance (“learning for action”). Learning efforts also need to focus on learning while at work (“learning in action”), and on reflecting on work experiences to learn from what happened (“learning from action”). The authors give examples of the advantages, challenges, and kinds of activities that fall into these three temporal phases of learning (Wilson & Biller, 2012, p. 4):

	LEARNING IN ACTION	LEARNING FROM ACTION	LEARNING FOR ACTION
MAIN ADVANTAGES	<ul style="list-style-type: none"> • This phase of learning occurs in the flow of practice • Knowledge and skills are on display in everyday activities (e.g., problem-solving) • Environment offers immediate feedback and access to results 	<ul style="list-style-type: none"> • This phase of learning extracts patterns and deeper insights from experience • It provides opportunities to question assumptions and beliefs 	<ul style="list-style-type: none"> • This phase of learning has dedicated moments for developing new knowledge and skills • It offers lower risk settings for failure and practice
KEY CHALLENGES	<ul style="list-style-type: none"> • Volume of information • Time • An individual needs to recognize and acknowledge gaps in knowledge and know where to seek new knowledge 	<ul style="list-style-type: none"> • Action bias • Learning by doing is not within everyone's comfort zone • Interpretative biases • Codification and sharing insights 	<ul style="list-style-type: none"> • Relevancy and time lags • Not always able to accommodate everyone's individual developmental needs • Not often designed for transfer beyond the individual learner/participant
SOME APPROACHES	<ul style="list-style-type: none"> • Opportunities, systems, and routines for knowledge seeking and sharing • Supportive culture of discussion around mistakes and learning from them • Planning during slack-time 	<ul style="list-style-type: none"> • After-action reviews • Debriefings • Lessons learned 	<ul style="list-style-type: none"> • Classroom-based learning • Simulations • Case studies

The GHeL courses fall into the “Learning for Action” phase of this model. A blended learning approach can help integrate learning that happens for action through the GHeL courses into the other two temporal phases of learning. This approach also allows for more time and application of formal learning in the workplace, and can strengthen and support peer-to-peer interaction so that learning happens with and from colleagues more readily throughout all three learning phases.

“Effective learning in today’s (and tomorrow’s) organizations needs to harness and connect the learning potential that exists across the natural phases of everyday work. Integrating learning into a way of work requires a shift towards viewing learning in action as the primary point of impact, and learning from and for action as important supportive moments for knowledge and skill development.”

—Wilson & Biller, 2012, p. 6.

Sections III and IV of the guide will give examples of how this can be done. The first step is determining your target audience’s needs and the right approach for meeting those needs.

3 Determining the Right Approach

Learning Objectives

At the end of this section, you will be able to:

- Explain the ADDIE model of instructional design.
- Develop SMART learning objectives.

Determining the Right Approach to Meet Learning Needs

To determine the right approach according to the three phases of learning described in Section II, first identify and analyze the needs of your target audience. Then, determine your learning objectives: what will the learning intervention enable them to do back on the job?

The “**ADDIE**” instructional design model can help serve as a guide in developing a learning intervention:

1. Analyze 2. Design 3. Develop 4. Implement 5. Evaluate

Analyze: In the analysis phase, you 1) determine the needs of your target audience (do they need to know new knowledge, do they need to apply the new knowledge, or something else?) and 2) develop the objectives of the intervention.

Learning interventions often do not have the desired impact because it is not clear to the learners (target audience) what they are expected to DO as a result of the intervention. By determining and defining what the target audience needs to know or do back on the job (your learning objectives), the design of your intervention will be more practical, relevant, and effective. This is the most important step in designing a learning intervention. The answers to these questions will inform your learning objectives and the design of the intervention:

- Does the target audience simply need information or knowledge?
- Is there something your target audience needs to be able to DO, DO DIFFERENTLY, or DO BETTER on-the-job?
- What is your target audience currently doing to try to meet this need, if anything? For instance, are they already meeting informally to discuss work challenges?

Once you’ve determined this information, you can write your **learning objectives**. It is important that the objective(s) be **SMART***:

*Note: Some readers may be familiar with A for achievable and R for realistic. Management Sciences for Health prefers A for appropriate and R for realistic. Using either interpretation of SMART will help you to develop a strong learning objective.

S	SPECIFIC	everyone who reads the learning objective will have the same interpretation of its meaning.
M	MEASURABLE	you can measure whether or not the learner knows the material and/or can do the desired activity.
A	APPROPRIATE	the learning objective is something the learner needs to do, is capable of doing, and is possible to support via a learning experience.
R	REALISTIC	it is possible for the learner to do this given their current capabilities and constraints, and within the time given for the learning experience.
T	TIME-BOUND	your objective clearly states a timeframe in which the objective will be achieved.

An example of a SMART learning objective for individuals taking the GHeL course on male circumcision is:

“By the end of the GHeL course, learners will be able to define male circumcision and explain the association between male circumcision and HIV prevalence.”

During the analysis phase, it is critical to consider how you will evaluate the intervention and determine if you achieved your learning objectives. You can ensure you consider this by stating how you will measure your learning objective at the end of the intervention. For example:

Knowledge Objective: By the end of the GHeL course, learners will be able to define male circumcision and explain the association between male circumcision and HIV prevalence.

Measurement: Learners’ ability to do so will be assessed by learners choosing the correct definition from a multiple choice list male circumcision and choosing the correct association between male circumcision and HIV prevalence in a multiple choice quiz at the end of the GHeL course.

You will also want to determine a baseline of what your learners currently know. Can they already correctly define male circumcision? If so, how many in your target audience can do so? Answering these questions now will help you quantify the impact of your intervention at the evaluation stage.

Design: Determine the outline of the basic intervention. You determined the desired outcome during the analysis phase. Now, how can you design a learning intervention that supports the achievement of this outcome? Consider the following:

AREA TO CONSIDER	QUESTIONS TO ANSWER	YOUR ANSWERS
ACCESS	How does your target audience prefer to access new knowledge and learning?	
	What mechanisms (face-to-face, online, phone, etc) fit within their culture and capabilities?	
INFRASTRUCTURE	What level of Internet access exists, and how does it vary within your target audience?	
	What is the status of mobile phone access?	
	How easy is it to reach your target audience face-to-face?	
TECHNOLOGY AND TOOLS	What channels is the target audience currently using to learn and share information (in-person, paper, internet, phone, others)?	
	Are they connected via social media (Facebook, Twitter, LinkedIn, others)?	
	What are the most feasible delivery channels for reaching this audience?	
TIME	How much time does your target audience have for a learning experience?	
	Would a learning experience that blends instruction with on-the-job application be feasible for them?	
RESOURCES	What kinds of resources (personnel, finances, materials, others) do you have available to support a learning experience for your target audience?	

After you have considered all of these questions, **what mix of available delivery channels will best enable the target audience to achieve the desired outcome?**

IF YOUR TARGET AUDIENCE NEEDS TO:	WHAT INTERVENTIONS SHOULD BE CONSIDERED?
LEARN new facts or concepts (learning for action)	<i>Self-directed learning can be quite effective. Depending on what kind of technology they can access, they could take a GHeL course or read an article.</i>
APPLY what they have learned (learning in action)	<i>Face-to-face interventions can be very effective. For example, applying new learning to a complex workplace situation as part of a learning experience will increase successful application back on the job.</i>
REFLECT on application challenges in the workplace to further develop mastery of skills (learning from action)	<i>Post-instruction and mentoring sessions via conference calls, web chats, face-to-face meetings, or a combination of these could be effective options.</i>

Once you have your design, revisit your learning objectives and ensure your intervention provides the skills and knowledge your target audience needs to be able to apply back on the job. Is it clear what they need to do, do differently, or do better? Will they be able to do it after completing the intervention?

Develop: Once you’ve determined what your intervention will be, you will need to develop any required materials or content, and determine how you will implement it. Who will do what? How will you support it? It is important to keep in mind that piloting an intervention with a small group first will help you refine the design if you need to offer an intervention at a larger scale.

For more information on developing training materials, see [IntraHealth’s Learning for Performance](#) and [A Guide to Writing Competency Based Training Materials](#).

Implement: In this phase, you deliver the learning intervention. The details of how to implement an intervention are very context-specific. However, here are some things to keep in mind:

- Ensure timeline, expectations, and instructions are communicated clearly and often.
- Ensure written communication is clear and maintains an encouraging tone.
- Invest in facilitation and keep in close contact with participants throughout the experience.
- Engage relevant stakeholders (participants, participants’ supervisors, senior leadership) to ensure that all participants have the time to participate and it’s seen as a valuable use of their time.
- Hold participants accountable for their performance and engagement.

Evaluate: What did learners think of the experience? Did you achieve your learning objectives? Did you achieve your desired outcome? What resulted from the learning experience? What could be improved for next time? For more information on measuring and evaluating capacity-building interventions, see the [Appendix](#).

Designing GHeL Blended Learning Experiences

Learning Objectives

At the end of this section, you will be able to:

- Explain how to analyze a learning need.
- Explain how to design a blended learning approach to address this need.

We will now apply the ADDIE model to work through how to best design effective blended learning experiences in two of the most typical scenarios*:

- an organization that needs low-resource solutions to building skills and improving performance, and
- an individual who needs to learn new information for the first time.

Case of NGO Salama

An organization that needs knowledge to build practical skills to improve their performance.

NGO Salama is an international organization focused on HIV/AIDS prevention, with 3 offices in Southern and Eastern Africa (Kenya, Zambia, and Madagascar) and a very small headquarters in Washington, DC. NGO Salama is primarily funded by USAID, CDC, and PEPFAR, and partners with several other agencies to implement US Government-funded projects in the region.



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NGO Salama is partnering with two other organizations on a new PEPFAR-funded project focused on HIV treatment and prevention. NGO Salama runs several well-established Voluntary Counseling and Testing (VCT) centers in the countries where they work. In the new project, they need to integrate referrals for male circumcision into existing counseling services at their centers in Zambia.

The Challenge

NGO Salama's Chief Learning Officer, Ms. Chipego, wants to ensure the staff members being asked to counsel about circumcision can succeed. In order to do so, they need the latest information about male circumcision, they need to feel confident, and they need to competently answer questions from clients about its safety and efficacy. Currently, the counselors have deep experience in HIV/AIDS counseling and testing, but male circumcision is a new technical area for some of them.

Ms. Chipego knows that the GHeL Center offers an online course about male circumcision and HIV prevention, and she thinks this could be a good option for her staff since they have regular access to computers and the internet (though access is frequently

*These scenarios primarily explore low-resource options for blending GHeL courses into other learning experiences. If your organization has more resources, you can create even more robust learning experiences. However, the framework used to design the learning experiences would be the same.

interrupted by power outages). However, she recognizes that taking a GHeL course alone may not build the full set of knowledge and skills they need to confidently and consistently refer clients for circumcision services. She has a very limited budget.

How can Ms. Chipego determine the best approach to educating her counselors and enabling them to succeed, given limited resources available for training and the limited time of the counselors?

Ms. Chipego applies the **ADDIE** framework to determine how to best support her counselors to perform the new function of male circumcision referral as part of their VCT services. She first decides to **Analyze** her counselors' needs:

- Does the target audience need information or knowledge?

Yes, the counselors need to know about the scientific evidence demonstrating male circumcision's protective effect against HIV transmission, the safety of the procedure, and the considerations when counselling and referring VCT clients for male circumcision, including acceptability, gender issues, and service delivery challenges.

- Is there something your target audience needs to be able to DO, DO DIFFERENTLY, or DO BETTER on-the-job?

Yes, in addition to knowing about male circumcision, the counsellors need to be able to effectively counsel and refer clients about the procedure. In order to do so, they need to understand and communicate the information, know how and when to refer patients, know when the procedure is appropriate, and know how to respond to and anticipate clients' questions and concerns about the procedure.

- What is your target audience currently doing to try to meet this need, if anything?

Most of the counselors have limited knowledge about male circumcision as an HIV protection method. They currently counsel on only abstinence, being faithful/partner reduction, and using condoms. They are not yet actively working to learn about male circumcision, but with NGO Salama's new funding, they will be required to.

From this inquiry, Ms. Chipego concludes that her counsellors not only need to learn about male circumcision, they also need to effectively apply this information when counselling clients. She also knows that, in order to be successful, they will need the opportunity to reflect on this application in order to support continuous improvement in their counseling.

First, Ms. Chipego identifies the learning objectives of the intervention and how she will measure it:

- 1. Objective:** *By March 2013 (three months into the start of the project), 15/15 (100%) of all NGO Salama VCT counsellors can define male circumcision and correctly explain the association between male circumcision and HIV incidence and prevalence.*

Measurement: Learners’ knowledge will be assessed by a multiple choice quiz given at the end of the GHeL course that tests knowledge of male circumcision and the association between male circumcision and HIV incidence and prevalence.

Baseline: At present (December 2012), only 3 of the 15 counselors (20%) can explain what male circumcision is, and explain the association between male circumcision and HIV incidence and prevalence.

- Objective:** By June 2013 (six months into the start of the project), 15/15 (100%) of all NGO Salama VCT counsellors counsel about and appropriately refer clients to male circumcision services.

Measurement: Counselors are asked to complete the check-list in the counselling log at 100% of VCT sessions. The checklist includes the elements of male circumcision discussed and if a referral was made.

Baseline: At present (December 2012), male circumcision is not part of the routine VCT NGO Salama provides.

With these objectives clearly in mind, Ms. Chipego determines the **Design** for a blended learning intervention.

She then considers the counsellors’ current situation to answer the following questions. Because she does not know all of the answers to the questions herself, Ms. Chipego administers a short survey to the 15 counselors to get a better idea of their situation and preferences. She is surprised by some of their answers:

AREA TO CONSIDER	QUESTIONS TO ANSWER	YOUR ANSWERS
ACCESS	How does your target audience prefer to access new knowledge and learning?	Currently, counselors are encouraged by Ms. Chipego to read articles about HIV/AIDS prevention and treatment and to attend quarterly trainings where they learn about any changes or advancements in HIV/AIDS treatment and prevention to inform their counselling. Counselors are also meeting informally to discuss counselling challenges and support each other, as VCT counselling can sometimes be emotional.
	What mechanisms (face-to-face, online, phone, etc) fit within their culture and capabilities?	Counselors have regular access to the internet. They go online periodically to access information for their work and write and respond to email. They often meet informally to discuss counselling issues, and prefer face-to-face meetings when possible. All of the counsellors have a mobile phone they use to text message and call professional and personal contacts.
INFRASTRUCTURE	What level of Internet access exists, and how does it vary within your target audience?	Counselors are all based in the capital city and report reliable access to the internet and computers when the power is on.
	What is the status of mobile phone access?	They all have mobile phones; 3 of the 15 report having a mobile phone with internet access.
	How easy is it to reach your target audience face-to-face?	They are all based in the capital city, though work in VCT centers throughout the city and surrounding suburbs. It is easy to convene them for a face-to-face meeting, but it does require their travel, in some cases of more than 1 hour in traffic in each direction, and disrupts their work at the centers. Quarterly training sessions are held on Saturday afternoons to address this issue.

AREA TO CONSIDER	QUESTIONS TO ANSWER	YOUR ANSWERS
TECHNOLOGY AND TOOLS	What channels is the target audience currently using to learn and share information (in-person, paper, internet, phone, others)?	<ul style="list-style-type: none"> • They meet informally face-to-face • They attend NGO Salama trainings • Some counsellors call one another to discuss issues
	Are they connected via social media (Facebook, Twitter, LinkedIn, others)?	All 15 counselors report having Facebook accounts, which they all report accessing once a week or more. Only two have Twitter accounts, and three have profiles on LinkedIn.
	What are the most feasible delivery channels for reaching this audience?	Face-to-face, mobile phone (voice and text), and the internet are all viable options for reaching this group; face-to-face is preferred when possible.
TIME	How much time does your target audience have for a learning experience?	VCT counsellors do a of their learning while “on the job” and informally from one another. They attend quarterly required trainings, but these are difficult to schedule and are often done on the weekends. The counsellors don’t want additional trainings that would take more of their personal or family time.
	Would a learning experience that blends instruction with on-the-job application be feasible for them?	Yes, it would be the only feasible way for them to receive more training.
RESOURCES	What kinds of resources (personnel, finances, materials, others) do you have available to support a learning experience for your target audience?	Ms. Chipego has a small budget available for her own time, quarterly 3-hour trainings, and to bring a specialist in male circumcision and HIV prevention come to an upcoming quarterly training, but little budget for other activities. She will need to seek out low-resource options to support her counsellors.

After you have considered this, **what mix of available delivery channels will best enable the target audience to achieve the desired outcome?**

Ms. Chipego weighs her options. It seems the following delivery channels could allow her to reach and support counselors’ needs:

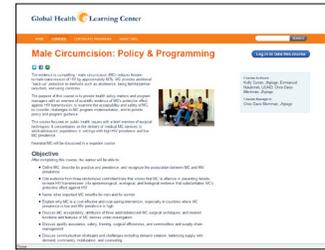
- Face-to-face support via the established quarterly trainings;
- Online courses;
- Informal and formal knowledge exchange networks between counsellors, supported via the internet, phone, and text messaging.

Ms. Chipego reviews her learning objectives again, and thinks about all three temporal phases of learning, as well as the limited resources she has for training. Her counsellors will need to learn for, in, and from action in order to be able to successfully counsel about male circumcision. She began to consider the ways she could support the three learning phases to achieve her objectives, given the channels that would work for her target audience, and the need to use low-resource options:

LEARNING FOR ACTION

Counselors could take the GHeL course “Male Circumcision: Policy and Programming” by the end of January 2013.

- The course’s learning objectives align with Ms. Chipego’s first learning objective.
- Counselors have sufficient access to the internet to take these courses (they have successfully taken GHeL courses before).
- The courses take only 2 hours to complete, and it is easy for Ms. Chipego to measure completion.



An expert in male circumcision and HIV prevention leads the next face-to-face quarterly training, which will take place in February 2013.

- The training will entail live and video presentations about male circumcision and HIV prevention (provided by the expert), interactive activities, role plays, mock counselling sessions, and reflective discussion.

LEARNING IN ACTION

Between February and May 2013, counsellors will incorporate male circumcision counselling into their VCT work and will require performance support to be able to do so.

- Ms. Chipego will organize a closed Facebook group (since all counsellors report engaging on Facebook once a week or more) where counsellors can pose questions, issues, and ideas to one another as questions arise in the counselling sessions. Ms. Chipego and the circumcision expert will also participate, post new information, and answer questions.
- Ms. Chipego will also ensure there is an updated cell phone number list available to all counsellors so they can call or text one another as needs arise.

TIPS FOR INCORPORATING SOCIAL MEDIA INTO LEARNING

Human learning is innately social. Social media, when used well, can be a powerful tool to enable people to “**learn out loud**,” especially if you find ways to engage learners via the social media they are already using. Here are a few ideas for using social media to support learning for, in and from action:

- Publishing/broadcasting information (through Twitter, blogs, websites)
- Sharing materials (through Google Docs, DropBox)
- Sharing profiles and interests (LinkedIn, Facebook)
- Building relationships, communities (Facebook, online networks)
- Collaborating (Google Docs, Wiki, online networks)

See Jane Bozarth’s book and Facebook page, [Social Media for Trainers](#), for more ideas.

LEARNING FROM ACTION

In the next quarterly training, to be held in June, Ms. Chipego will facilitate an After Action Review, a structured review process, with the counsellors.

- This will allow counsellors to reflect on what they have learned from the male circumcision training and performance support, what is going well in their counselling, and what they would like to improve. They can also identify gaps in their learning and on-going performance support needs.
- Ms. Chipego will include the measurement she has done of the learning objectives and outcomes (e.g. the percentage of counselling logs that indicate male circumcision was

discussed) as part of the data reviewed in the After Action Review. Counselors will have an opportunity to reflect together on their progress, gaps, and how they can improve their performance going forward.

Ms. Chipego will work with the counsellors to document best practices in incorporating male circumcision into VCT in Zambia.

- Post-After Action Review, counsellors will be encouraged to include best practices in incorporating male circumcision into VCT in Zambia in their printed VCT manuals. To make the VCT manual a living document, Ms. Chipego will post it as a [Wiki](#) online so counsellors can reference it, revise it, and add to it as information and practices change. The online wiki content can then be printed periodically to be easily referenced offline, even when there are power failures.

Ms. Chipego will then determine if further training and support is necessary to support her counsellors' learning *for* action needs.

Now that Ms. Chipego has the design created, she will work to **develop** the learning approach, **implement** it, and **evaluate** its effectiveness based on her learning objectives and Kirkpatrick's four levels of evaluation.

We have seen how this approach to **designing a blended learning intervention** helped an NGO develop a learning experience for their staff to address a performance need. We will now look at how a supervisor of an individual can do the same.

Case of Marjorie

An individual needing to learn about a topic for the first time

Marjorie is a new Health Officer at a USAID Mission in an African country. Marjorie's role is to oversee a country-wide, USAID-funded project focused on family planning and HIV integration. Marjorie is new to family planning and she has overseen several projects focused on HIV/AIDS prevention.



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Marjorie's direct supervisor, Tom, knows that she is keen to grow in her career and needs more knowledge and experience in family planning and reproductive health. He has an extremely limited staff development budget, but would like to be responsive to Marjorie's need. Tom recognizes that developing Marjorie is important for their project, USAID, and retaining her as an employee. He also needs to be sure Marjorie understands USG family planning regulations and best practices in Family Planning and HIV integration so she can successfully support the USAID project in-country.

How can Tom determine the right approach to educating and developing Marjorie?

Like Ms. Chipego, Tom decides to apply **ADDIE**. First, he **analyzes** Marjorie’s learning needs:

- Does the target audience simply need information or knowledge?

Marjorie needs to understand USG family planning regulations and best practices in Family Planning and HIV integration

- Is there something your target audience needs to be able to DO, DO DIFFERENTLY, or DO BETTER on-the-job?

Marjorie needs to apply her understanding of Family Planning and HIV integration to her work overseeing an in-country USAID-funded project.

- What is your target audience currently doing to try to meet this need, if anything? For instance, are they already meeting informally to discuss work challenges?

Marjorie is very new to Family Planning and HIV integration, but has strong knowledge of HIV/AIDS programs and has been reading project documents and reports to learn more.

From this analysis, Tom drafts some learning objectives with Marjorie in their next supervisory meeting:

Objective: *By March 2013 (three months after Marjorie’s start date), Marjorie can explain the current USG family planning and reproductive health regulations and describe how she will ensure compliance with laws and policies through her project oversight. She can also explain the application of Family Planning legal requirements under US statutes that impact HIV/AIDS and integrated programs as well as best practices in Family Planning and HIV integration. Marjorie can apply this knowledge to the successful oversight of an in-country Family Planning and HIV/AIDS integration project.*

Measurement: *Marjorie can correctly explain the current USG family planning and reproductive health regulations, can describe three actions for ensuring compliance with laws and policies, and can explain the application of Family Planning legal requirements under US statutes that impact HIV/AIDS and integrated programs when asked by Tom. She can also explain best practices in Family Planning and HIV integration. Marjorie can apply this knowledge by reviewing and giving correct technical feedback on a project workplan, as confirmed by Tom.*

Baseline: *At present (December 2012), Marjorie does not know any of this information and is not prepared to give technical feedback on a Family Planning and HIV/AIDS integration workplan.*

Tom talks to Marjorie about her current situation, related to the following:

AREA TO CONSIDER	QUESTIONS TO ANSWER	YOUR ANSWERS
ACCESS	How does your target audience prefer to access new knowledge and learning?	Marjorie is open to accessing learning opportunities in both face-to-face and online settings.
	What mechanisms (face-to-face, online, phone, etc) fit within their culture and capabilities?	Mainly face-to-face and online.
INFRASTRUCTURE	What level of Internet access exists, and how does it vary within your target audience?	Marjorie’s office has high-speed internet connection. She also has internet access from home.
	What is the status of mobile phone access?	Marjorie has a mobile smart phone for personal use.
	How easy is it to reach your target audience face-to-face?	Tom meets with Marjorie once a week, but neither have time for additional face-to-face trainings.

AREA TO CONSIDER	QUESTIONS TO ANSWER	YOUR ANSWERS
TECHNOLOGY AND TOOLS	What channels is the target audience currently using to learn and share information (in-person, paper, internet, phone, others)?	<i>Marjorie has been reading project reports online.</i>
	Are they connected via social media (Facebook, Twitter, LinkedIn, others)?	<i>Marjorie engages in Facebook and Twitter personally, but prefers not to engage on them professionally.</i>
	What are the most feasible delivery channels for reaching this audience?	<i>Face-to-face and online.</i>
TIME	How much time does your target audience have for a learning experience?	<i>Marjorie has little time in her workday. She is willing to spend some time outside of the office learning, as needed.</i>
	Would a learning experience that blends instruction with on-the-job application be feasible for them?	<i>Yes.</i>
RESOURCES	What kinds of resources (personnel, finances, materials, others) do you have available to support a learning experience for your target audience?	<i>Tom has little additional resources to support Marjorie's learning. He has the time he spends supervising her, and she has a few hours for a learning experience.</i>

After you have considered this, **what mix of available delivery channels will best enable the target audience to achieve the desired outcome?**

Tom determines that the following delivery methods would work best for Marjorie:

- Online course;
- Face-to-face discussions;
- Opportunities for practical application on-the-job.

Tom reflects on his learning objectives and the fact that he and Marjorie are working with very limited resources and time. Tom knows from his experience as a trainer that learning is more likely to “stick” when learners are able to apply what they learn, and learn for, in, and from action. He then drafts the following **Design:**

LEARNING FOR ACTION

Marjorie takes three GHeL courses: “Family Planning and Legislative Policy Requirements”, “HIV/AIDS Legal Requirements” and “Family Planning/Reproductive Health for People with HIV/AIDS.”

- The learning objectives of these courses align with Marjorie’s learning objectives.
- They can be completed in a few hours.
- Tom can easily confirm that Marjorie has completed the courses.



LEARNING IN ACTION

Once she takes the three courses, she meets with Tom to discuss their application to her project oversight (e.g. they will discuss how family planning services could be provided within the major categories of HIV services – care and treatment, prevention of mother-to-child transmission, and HIV counseling and testing and how Marjorie can ensure the project she oversees correctly complies with the Family Planning legal requirements under US statutes that impact HIV/AIDS and integrated programs in their next project workplan).

- These discussions take place during each of their supervisory meetings over the course of two months. This way, they don't require extra time.
- Marjorie can ask Tom questions about the practical application of service integration as issues come up from the project team.
- During this period, Marjorie works to support the implementing partner project team on integration challenges.

LEARNING FROM ACTION

After three months, Marjorie and Tom meet to go over her learning objectives and reflect on the process.

- Together, they determine if Marjorie has met the stated objectives.
- They reflect on the ways the family planning and HIV/AIDS service integration can be challenging in practical application.
- Tom explores with Marjorie what further knowledge and information she may need to do her job more effectively, and he also gives suggestions for areas of development.

Tom then identifies with Marjorie ways that she can gain the new information and skills she needs through learning *for* action.

Once Tom has this approached **designed** for Marjorie, he works to **Develop, Implement,** and **Evaluate** the approach according to the **ADDIE** framework.



Other blended learning approaches to consider

As you can see from the two cases presented, blended learning approaches do not need to be complicated or costly to effectively address a performance need. They do, however, need to cover all learning phases and be designed with your target audience and learning objectives clearly in mind.

All learning experiences are designed within a specific context and no two are alike. Sometimes, however, it is helpful to have examples of various ways to blend approaches to inspire your design and meet your identified needs.

Here are a few more ideas for blended approaches to consider:

- **Team-based learning:** After taking a GHeL course (learning for action), teams of learners work together to apply what they learned to their work (learning in action), and then, as a team, reflect on their work together (learning from action).
- **Collaborative learning:** Learners with expertise in a particular area (eg participants from the same workshop, or a work team from a project) work together to capture and share their knowledge about a topic via a shared wiki (learning from action). Based on their work on the wiki, together face-to-face, they identify gaps in their knowledge that could improve their performance and identify and take GHeL courses that address these gaps (learning for action). They then work to apply this new knowledge to their work (learning in action) and update their shared wiki (learning from action).
- **Communities of Practice:** Learners convene online in a social network (eg Facebook or LinkedIn) to share what they are working on, post about common challenges, receive feedback from others, and hone their skills in an area where they already have expertise (learning in action). As part of this network, learners can post learning opportunities, like links to GHeL courses (learning for action). They can also reflect together on what has worked and what hasn't in their work and discuss best practices (learning from action).

5 Summarizing and Sharing

Learning Objectives

At the end of this section, you will be able to:

- Summarize three main lessons of this guide.
- Identify where you can go to gather and share ideas for blending GHeL courses with other learning experiences.

Concluding Summary

You can often improve the acquisition of skills and knowledge and the likelihood of on-the-job application by employing a blended learning approach. As we have seen, blended learning programs do not need to be complex or costly to effectively support the application of GHeL learning on-the-job. Here are some of the most important elements to keep in mind:



1. To improve performance, a learning experience should allow the learner to learn for, in, and from action: learning new knowledge (through the GHeL courses), applying it, and reflecting on this application.
2. “Blended learning,” the combination of a variety of learning media (face-to-face, online, print, social media) and learning environments (instructor-led, teamwork, peer-to-peer interaction, self-study and individual work), enables more opportunities for application of new knowledge and on-going support for learners than the GHeL courses can provide alone.
3. To effectively design blended learning approaches that accelerate the application of GHeL course knowledge, you must analyze the needs, technology, and resources of your target audience; develop SMART learning objectives; design with evaluation in mind; and consider how to support learning for, in, and from action in your design.

Share your learning

There are many creative ways to “blend” learning experiences to meet the diverse needs of GHeL users. This guide includes only a few examples. We’d like to hear from you:

- Have you blended GHeL courses with other learning experiences? If so, how and in what context?
- What worked well?
- What will you do differently next time?
- Did you achieve your learning objectives and desired results?

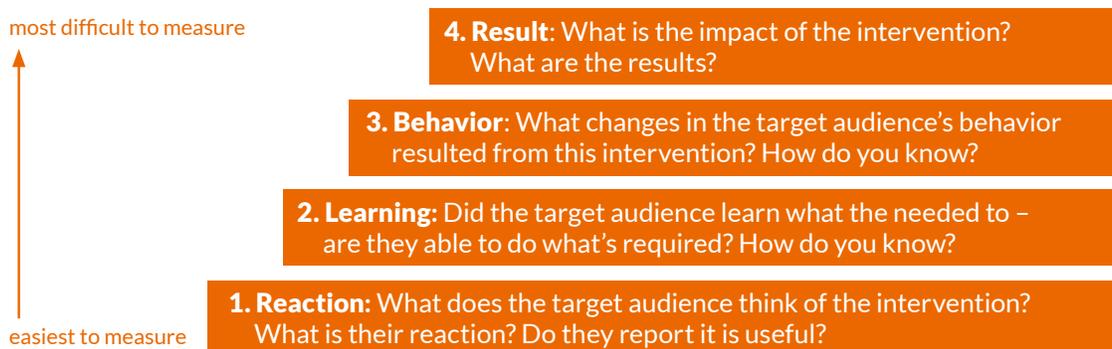
Share with us your blended learning stories at: ghelcenter@gmail.com

Coming soon (Summer 2013):

[The Global Health eLearning Center](#) will have a community page on their website where you can respond to these questions, pose your own, and share information about the work you are doing.

Appendix: Four Levels of Learning Evaluation

According to Donald Kirkpatrick (Kirkpatrick & Kirkpatrick, 2006), there are four basic levels at which you can measuring and evaluating capacity-building interventions:



Reaction can be measured through post-intervention or on-going surveys about what the target audience liked or did not like about the intervention and in what ways it can be improved (eg a survey can be administered at the end of an online course). This data should be routinely collected, reviewed, and applied to improve the intervention.

Learning can be measured in a variety of ways. For example, you can apply Bloom's taxonomy to help determine if you have met your learning objectives and where gaps may still exist:

*Clark, D.R. (2010). Bloom's Taxonomy of Learning Domains. Retrieved November 16, 2012 from <http://www.nwlink.com/~donclark/hrd/bloom.html>. Adapted by K.Chio, 2012.

OBJECTIVE: what do you want the learner to do?*	HOW YOU EVALUATE IT: "demonstrate that learner can..."
KNOW	<i>define, describe, identify, label, list, match, name, outline, recall, recognize, reproduce, select, state.</i>
COMPREHEND	<i>convert, defend, distinguish, estimate, explain, extend, generalize, give an example, infer, interpret, paraphrase, predict, rewrite, summarize, translate.</i>
APPLY	<i>apply, change, compute, construct, demonstrate, discover, manipulate, modify, operate, predict, prepare, produce, relate, show, solve, use.</i>
ANALYZE	<i>analyze, break down, compare, contrast, diagram, deconstruct, differentiate, discriminate, distinguish, identify, illustrate, infer, outline, relate, select, separate.</i>
SYNTHESIZE	<i>categorize, combine, compile, compose, create, devise, design, explain, generate, modify, organize, plan, rearrange, reconstruct, relate, reorganize, revise, rewrite, summarize, tell, write.</i>
EVALUATE	<i>appraise, compare, conclude, contrast, criticize, critique, defend, describe, discriminate, evaluate, explain, interpret, justify, relate, summarize, support.</i>

The first two objectives in the chart above relate to knowing and understanding information; the last four are related to application.

Behavior change can be determined by observing or measuring indicators of changed behavior in your target population. For example, for Ms. Chipego's intervention includes counselor's taking a GHeL course male circumcision and attending some face-to-face training so that they can include male circumcision referrals in their VCT counseling, she can measure the behavior

change by the number of counseling logs that include male circumcision after the intervention, demonstrating the counselors have successfully integrated this in their discussions.

To determine the **Result**, you would want to measure the impact of the intervention on organizational performance, service delivery, and health outcomes. You would do so through interviews, observations, review of key indicators and data for service provision and organizational performance.

OUTCOME	QUESTIONS TO ANSWER
PERFORMANCE IMPROVEMENT	<i>What improvements can you see in organizational performance as a result of the intervention?</i>
	<i>Where do gaps still exist?</i>
SERVICE QUALITY	<i>What improvements can you see in service provision as a result of the intervention?</i>
	<i>Has service utilization increased?</i>
	<i>Have behaviors of the target population changed?</i>
	<i>What is the health impact of the improved service provision (if applicable)?</i>
	<i>Where do gaps still exist?</i>

References

Bozarth, J., *Social Media for Trainers: Techniques for Enhancing and Extending Learning*. Pfeiffer, San Francisco, CA: 2010.

Clark, D.R. (2010). *Bloom's Taxonomy of Learning Domains*. Retrieved November 16, 2012 from <http://www.nwlink.com/~donclark/hrd/bloom.html>. Adapted by K.Chio, 2012.

Gottfredson, C. and Mosher, B. 'Are you meeting all 5 moments of learner need?', *Learning Solutions Magazine*, June 18, 2012, <http://www.learningsolutionsmag.com/articles/949/> (accessed September 27, 2012).

Grossman, R. and Salas, E. (2011), 'Transfer of training: what really matters', *International Journal of Training and Development*, 15, 103–20.

Kirkpatrick, D.L., Kirkpatrick, J.D., *Evaluating Training Programs: The Four Levels*, 3rd Edition. Berrett-Koehler Publishers, Inc., San Francisco, CA: 2006.

U.S. Department of Education (2010), Office of Planning, Evaluation, and Policy Development, 'Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies,' Washington, D.C. <http://www2.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.pdf> (accessed November 16, 2012).

Wilson, D., Biller, M. (2012). *Three phases of learning: Learning in, from, and for action*. Harvard University, Learning Innovations Laboratory. Cambridge, MA.