Praxis Global Institute

TOOLKIT
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EDUCATION · CAPABILITY

From training to practice

A toolkit for designing and evaluating professional capability programmes

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FOREWORD

A certificate is a promise, not a proof

Every year, institutions spend heavily on training. Workshops are delivered, attendance sheets are signed and certificates are printed. Then everyone goes back to the same desks, the same clinics and the same systems, and very little changes. We have confused the event of training with the outcome of capability.

I have sat in many of those rooms, as a participant, a facilitator and a leader signing off the budget. The pattern is familiar. Enthusiasm is high on the last day. Three months later, the new skill has met the old workflow, and the old workflow has won.

The evidence is clear about why. When the World Bank's evaluators reviewed its training portfolio, they found that most training produced learning, but improved the capacity of client institutions only about half the time. A large review of efforts to improve health-care practice in low- and middle-income countries found that training or supervision alone typically produced moderate improvements, while combining strategies and solving problems together as teams did better. Training is necessary. It is rarely sufficient.

That matters more than ever. The World Health Organization projects a shortfall of 11.1 million health workers by 2030, mostly in low- and lower-middle-income countries. We cannot afford programmes that look busy but leave practice unchanged.

In *Diagnosis before delivery*, our second policy brief, I asked funders and leaders to set five requirements before they pay for training. This toolkit is the practical companion: worksheets, indicators and a simple sequence that any programme manager can follow, from defining the performance problem to showing whether practice actually changed. It reflects the way we design our own programmes, including the International Professional Readiness (IPR) Program, and the conviction behind all of our work at Praxis: knowledge only counts when it changes what people can do.

Use it, adapt it and tell us what you learn.

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ABOUT THIS PUBLICATION

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ABOUT THIS TOOLKIT

Praxis Toolkits turn the recommendations in Praxis publications into methods that practitioners can use. This toolkit is the companion to *Diagnosis before delivery* (Praxis Policy Brief No. 2). It gives programme managers, trainers and funders a six-step method, six printable worksheets and a four-level evaluation model for designing professional capability programmes that change practice. Its guidance draws on published evidence on training transfer, training evaluation and health-worker performance, checked against original sources and listed in full at the end. The worked example is fictional and is labelled as such.

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BEFORE YOU BEGIN

About this toolkit

1. **Who it is for:** programme managers, learning and development leads, health and education managers, trainers, and funders who commission or run professional training.
2. **What it helps you do:** diagnose the performance problem before you train, design programmes that change practice rather than only knowledge, and measure that change credibly.
3. **How to use it:** read Parts 01 and 02 once; then work through the six steps in Part 03 with the worksheets in Part 04. Part 05 shows a short fictional example and a quality checklist.
4. **Time needed:** about half a day with your programme team to complete Worksheets 1 to 4, then short follow-up sessions after training.

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FROM POLICY TO PRACTICE

Each requirement in Policy Brief No. 2 has a step and a worksheet here.

Brief No. 2 requirement	Toolkit
1 · Diagnose before funding	Steps 1–2 · W1–W2
2 · Ring-fence evaluation and follow-up	Step 5 · W5
3 · Measure behaviour and results	Step 4 · W4
4 · Design for transfer	Step 3 · W3
5 · Publish results	Step 6 · W6

ABOUT PRAXIS GLOBAL INSTITUTE

Praxis Global Institute's mission is to deliver practical training, applied research, ethical AI and technology solutions, and strategic advisory that improve performance, strengthen systems and empower professionals.

Its work is organised in four connected areas: **Research & Data**, which builds evidence and data infrastructure for better decisions; **Technology & Innovation**, which designs ethical AI and digital systems around real workflows; **Education & Training**, which develops professional capability that carries into practice; and **Advisory & Partnerships**, which supports strategy and institutional change.

Learn more at praxisglobal.ac.

PART 01

Why training alone is not enough

Knowledge is the start of capability, not the end of it. Practice changes when learning meets support, systems and follow-up.

Most training is judged by what happens in the room: attendance, satisfaction and end-of-course test scores. These are easy to collect and say little about whether anything changes at work. The question that matters to a ministry, a hospital, a university or a company is different: **are people doing their jobs better, and are the people they serve better off?**

The evidence suggests that training on its own moves practice only so far. When the World Bank's Independent Evaluation Group reviewed the Bank's training portfolio in 2008, it found that most training produced individual learning, but that it improved the capacity of client institutions "only about half the time" [1]. The same evaluation found that completion reports "seldom report on more than the numbers of persons trained" [1].

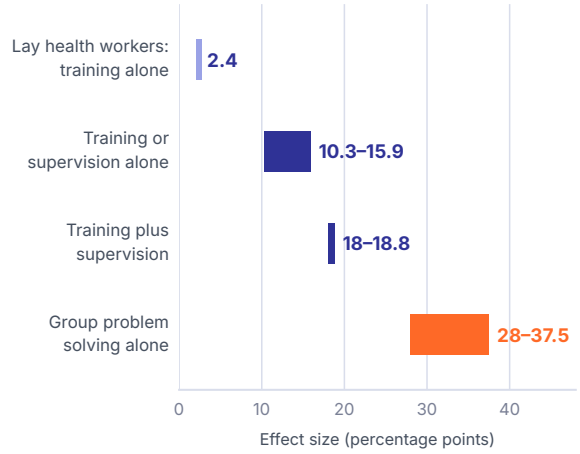


Figure 1. Typical effects of strategies to improve health-care provider practices in low- and middle-income countries, percentage points. Ranges for facility-based workers. Source: Rowe et al. (2018), 337 studies [9]. Most strategies had low-quality evidence.

A 2018 systematic review in *The Lancet Global Health*, covering 337 studies, found that training or supervision alone typically improved health-care provider practice by 10.3 to 15.9 percentage points, and that combining training with supervision did somewhat better, at 18.0 to 18.8 points. Group problem solving alone showed larger improvements, of 28.0 to 37.5 points, although effects were more moderate when the strategy was defined more broadly (Figure 1) [9].

> **Training is necessary. It is rarely sufficient.**

What makes learning transfer to work

Researchers call the move from course to job "transfer of training". Baldwin and Ford's classic review grouped its drivers into "training design, trainee characteristics, and work-environment characteristics" [2]. A meta-analysis of 89 studies confirmed that a supportive work environment and motivated trainees are associated with more transfer [4]. In health systems, a review of in-service training found that repeated sessions beat single events and that "[s]ettings similar to the workplace improved skill acquisition and performance" [8], and supervision worked better when supervisors joined health workers in solving problems [10].

Be wary of round numbers. An often-repeated claim that only 10% of training transfers to the job was never grounded in systematic measurement; Ford and colleagues called it "the ten percent delusion" [3]. The honest position is that transfer varies widely and is rarely measured. This toolkit helps you measure it.

Why this matters now

The World Health Organization estimates a projected shortfall of 11.1 million health workers by 2030, mostly in low- and lower-middle-income countries [12]. When people are scarce, every training day must translate into better practice.

THREE PRINCIPLES

1. **Start from the performance problem,** not the curriculum.
2. **Design for transfer:** pair learning with supervision, job aids, peer problem solving and changes to the systems people work in.
3. **Plan measurement before you train,** with a baseline and follow-up after the course ends.

PART 02

Four levels of evaluation

A practical model, created by Donald Kirkpatrick in the 1950s, that moves from what learners think to what actually changes.



Figure 2. The four levels of training evaluation, with the evidence Policy Brief No. 2 asks funders to require. Level definitions: Kirkpatrick Partners [6].

Table 1. What to measure at each level, and when

Level	Key question	Example indicators	Methods	When
1 · Reaction	Did participants find it favourable and relevant?	Relevance rating; intention to apply; quality of facilitation	Short survey; focus group	End of training
2 · Learning	Did they gain the intended knowledge, skills and attitudes?	Change in test score; skills checklist pass rate; confidence rating	Pre- and post-test; observed practical	Start and end
3 · Behaviour	Do they perform the critical behaviours on the job?	Share of observed cases following the protocol; use of new tools; supervisor ratings	Observation; record review; supervision visits	Agreed dates after training
4 · Results	Did the targeted outcomes occur?	Waiting times; error or complication rates; client satisfaction; productivity	Routine data; audits; surveys	When outcomes can move

Start at the end. Choose your Level 3 and 4 indicators first, then the Level 1 and 2 measures that help explain them. Two or three indicators per level are usually enough.

Use what you already collect. Prefer routine records, supervision visits and existing reports, so that follow-up does not depend on a special survey. A sample of trainees is often enough at Level 3.

Agree a baseline. Without a starting point, change at Levels 3 and 4 cannot be shown. Collect baseline data before training starts.

Be proportionate. Higher-level evaluation costs more; the United States Government Accountability Office advises applying the most demanding analyses, such as return on investment, selectively [7]. Small programmes need light evaluation, not none.

Be honest about attribution. Results at Level 4 rarely come from training alone. Report what changed, what else changed at the same time, and how confident you are that the programme contributed.

PART 03

Six steps from training to practice

A simple sequence for any capability programme, from a two-day workshop to a year-long fellowship. Each step has a worksheet in Part 04.

1 Define the performance problem

Describe, in observable terms, what people should be doing differently and why it matters. "Nurses complete the triage protocol for every child under five" is a performance goal; "improve triage knowledge" is not. Record the current level as a baseline. *Worksheet 1 · Brief No. 2, requirement 1.*

2 Find the real barriers

Ask whether the gap is about knowledge and skills, or about tools, time, staffing, supervision, incentives and systems. Training only fixes the first. Where the barrier is something else, assign it to the person who can fix it, or fund that instead. A diagnosis can be quick: practitioners report that performance needs assessments "can often be accomplished in a short time and without great expense" [11]. *Worksheet 2 · requirement 1.*

3 Design for transfer

Combine learning with what helps it stick: practice in realistic settings, repeated rather than single sessions, job aids, supervision or coaching, and peer problem-solving groups [8][9][10]. Brief supervisors before training and agree their role afterwards. *Worksheet 3 · requirement 4.*

4 Plan measurement before you train

Choose indicators at each level, starting with behaviour and results; agree data sources; collect a baseline; and set measurement dates after the course ends. *Worksheet 4 · requirement 3.*

5 Budget and schedule follow-up

Ring-fence a proportionate share of the budget for follow-up support and evaluation, and schedule supervision, observation and refresher contact in advance, with named people responsible. Allow evaluation to run beyond the training dates. *Worksheet 5 · requirement 2.*

6 Report, learn and adapt

Summarise what changed at each level, what helped and what got in the way, and what you will change for the next cohort. Publish a short summary, including results that disappointed. *Worksheet 6 · requirement 5.*

A RULE OF THUMB

If a programme has no follow-up after the last day of training, budget for it, or reconsider whether training is the right investment.

PART 04

Worksheets

Print these pages and complete them with your programme team. Each worksheet maps to a step in Part 03.

Worksheet 1. Performance problem statement · Step 1

Prompt	Your answer
Who needs to perform differently?	
What should they do, in observable terms?	
What do they do now? (baseline and source)	
Why does the gap matter, and to whom?	
How will we know it has changed?	

Worksheet 2. Barrier analysis · Step 2

Barrier observed	Type: knowledge / skills / tools / time / staffing / supervision / incentives / system	Can training fix it? (Y/N)	Owner and action

Only barriers marked Y belong in the training design. Assign every N to an owner before training is approved.

Worksheet 3. Transfer plan · Step 3

Learning element	Support after training (coaching, job aid, peer group, system change)	Who provides it	When

Worksheet 4. Indicator matrix · Step 4

Level	Indicator	Data source	Baseline	Target	When measured

Start with Levels 3 and 4, then add the Level 1 and 2 measures that help explain them.

Worksheet 5. Follow-up schedule and budget · Step 5

Activity	Month 1	Month 3	Month 6	Cost	Responsible person

Total ring-fenced for follow-up and evaluation: _____ (proportionate to the size and risk of the programme).

Worksheet 6. Results summary for publication · Step 6

Prompt	Summary
Performance gap diagnosed (Step 1)	
What was delivered, to whom and at what cost	
Level 3: what changed in practice, measured how and when	
Level 4: what changed in results, and confidence in attribution	
What helped, what got in the way, and what we will change	

Publish this summary even when results disappoint. Honest reporting builds the evidence base and helps the next funder decide.

PART 05

Worked example and quality checklist

A short, fictional example to show how the steps fit together, followed by a checklist to use before, during and after any programme.

WORKED EXAMPLE (FICTIONAL)

A district health team wants every child under five seen at its clinics to be assessed with a standard triage protocol. A records review finds the protocol is completed in fewer than half of cases.

Steps 1 and 2: diagnose

The barrier analysis shows that some staff were never trained, but also that the paper form is often out of stock and that busy morning queues push staff to skip it. Training addresses the first barrier; the district store and clinic managers own the other two.

Step 3: design for transfer

The team combines a one-day practical session in a clinic setting with a laminated job aid, monthly supervision visits and a short peer problem-solving meeting at each clinic.

Steps 4 and 5: measure and follow up

Indicators: Level 2, skills checklist pass rate; Level 3, share of records with a completed protocol; Level 4, share of severely ill children referred the same day. Baseline data come from the last three months of records. Reviews are scheduled at three and six months, with their cost set aside in the budget.

Step 6: report and adapt

The team reports results at each level, notes that stock-outs of forms continued in two clinics, fixes the supply problem before the next cohort, and publishes a one-page summary.

Table 2. Programme quality checklist

Before the programme	During	After
☐ Performance problem stated in observable terms ☐ Barriers analysed; non-training barriers assigned ☐ Indicators chosen, starting with Levels 3 and 4 ☐ Baseline collected ☐ Follow-up and evaluation budget ring-fenced	☐ Practical, job-relevant content in realistic settings ☐ Repeated sessions or practice built in ☐ Job aids and tools provided ☐ Supervisors briefed on their role ☐ Level 1 and 2 data collected	☐ Supervision or coaching delivered as planned ☐ Level 3 data collected on the agreed dates ☐ Level 4 data reviewed ☐ Results summary published ☐ Next cohort adapted

How Praxis can help

Praxis Global Institute designs and evaluates professional capability programmes through Education & Training, including the International Professional Readiness (IPR) Program, supports measurement through Research & Data, and works with funders and leaders through Advisory & Partnerships. For enquiries about this toolkit, email Dr Aseno at simon@praxisglobal.ac, or contact Praxis.

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