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Manual for the Training of
Primary Health Workers
In
Eye Care

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525 TWENTY-THIRD STREET, N.W., WASHINGTON, D.C. 20037, U.S.A.

This document was elaborated by the PAHO-WHO Regional Programme for Eye Care and the Prevention of Blindness with the contribution of Dr. Juan Carlos Silva, Regional Adviser for the Prevention of Blindness.

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MODULE I

EYE SCREENING

Objective 1: After studying Module 1, taking part in discussions, doing the criterion exercises and activities, the primary health worker, using a visual acuity testing chart as illustrated in the module, will be able to:

- Screen both literate and illiterate patients for visual acuity, by asking patients to point to the direction of the hands of the “E” and
- Define the following expressions with 100 percent accuracy; blindness; low vision; normal vision; visual acuity testing chart; Snellen fraction; meter; uncooperative patients.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
1. Explain purpose of vision testing to patient.	Reasons for vision testing; effects of blindness; simple facts about blindness prevention.	Ability to convince in conversation.	Confidence in ability to test and help.	Lectures on simple facts about visual impairments and prevention procedures. Role playing persuasion techniques.
2. Find a well-illuminated area.	Reason for well-illuminated area.	Ability to choose suitable spot.	Confidence in ability to select.	Practice in identifying properly illuminated areas .
3. Measure off 6 meters from wall, tree, or other object to hang the chart on.	Knowledge of reasons for using this specific distance.	Ability to measure various distances in meters.	Confidence and calmness.	Practice in simulated situations.
4. Place a mark at 6 meters.	Repeats 1 and 2	See 1 and 2	See 1 and 2	See 1 and 2
5. Hang a vision testing chart on wall at height easily seen by subject.	Repeats 1 and 2	See 1 and 2	See 1 and 2	See 1 and 2
6. If patient wears glasses for distance vision, allow glasses to remain on; otherwise remove glasses.	Fully conversant with vision testing procedures.	Ability to discriminate	Efficiency and calm	Practice in role playing and simulated situations.
7. Cover patient's left eye with a card and ask him/her to read with right eye largest letter or indicate the direction of the hands of the "E"	Fully conversant with vision testing procedures.	Ability to describe complex concepts in simple terms.	Tact, persuasiveness	Practice in preparing for patient testing and importance of knowing completely the content and meaning of visual acuity chart symbols.
8. Ask patient to read the chart down to the smallest letter/symbols he can easily and accurately identify.	Method of measuring visual acuity.	Ability to discriminate patients levels of visual acuity.	Efficiency and tact	Practice in interviews with peers. Lectures on simple facts about methods of measuring visual acuity.
9. Take the line which the patient reads with one error only as the visual acuity for that eye.	See 8.	See 8.	See 8.	See 8.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
10. Repeat the same process with the left eye.	See 8	See 8	See 8	See 8
11. For recording visual acuity, the following is the procedure to use: First, write an R/L on the right side of the V. Example: <div style="text-align: center;"> R V L </div> The visual acuity is recorded in the form of a Fraction	Method of recording visual acuity.	Ability to write and record findings in graphic form, using peers and fellow trainees.	Efficiency and confidence.	Practice in recording visual acuity of peers. Simulated situations with peers and fellow trainees. Lectures on meaning of Snellen's fraction.
12. Record visual acuity for each eye separately.	See 11	See 11	See 11	See 11
13. If patient cannot read largest letter or symbol, have him/her move toward the chart 1 meter at a time until he can do so.	Method of measuring visual acuity.	Ability to decide when a patient cannot read chart symbols on request.	Tact, lack of prejudice.	Practice in interviewing patients. Simulated interviews with peers.
14. If patient cannot correctly see the largest "E" at 1 meter, move your hand up and down to see if he can detect hand movement.	Method of measuring visual acuity.	Ability to use hands correctly to convey an instruction.	Confidence in ability to handle patient.	Practice in testing patients. Simulated interviews with peers.
15. If patient cannot detect movement, determine whether he/she can distinguish between light and dark.	Method of measuring visual acuity.	Ability to speak clearly and concisely.	Calmness and efficiency.	Lectures on simple facts about poor and no vision. Practice in testing peers. Practice in testing patient under supervision of higher level health professional.
16. If no light can be seen, visual acuity is described as no, light perception.	Fully conversant with meaning of light perception.	Ability to record findings numerically.	Calmness and sympathy.	Practice in preparing for recording and writing report of patient's vision. Discussions on principles of education.

MODULE II

RECOGNITION OF SOME EYE CONDITIONS

Objective 2: The primary health worker, in a community with professional ophthalmologic services, will be able to recognise population having risk factors to develop blinding conditions such as age over 40, diabetes, hypertension, family history of blindness and glaucoma. Recognise the following conditions: cataract, inflamed eye; injured eye; chronically affected eye; night blindness; chemically burned eye; styne.

	<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
17.	Name and describe all parts of the eye and their functions.	Knowledge of all parts of the eye and their functions.	Ability to describe facts and complex concepts in simple terms.	Confidence in knowledge.	Lectures on simple facts about the various parts of the eye. Demonstrations on models and dummies.
18.	Name and describe the main causes of blindness in adults.	Knowledge what is cataract, glaucoma, diabetic retinopathy and refractive errors.	Ability to describe in coherent and simple terms.	Confidence.	Lectures on simple facts about blinding diseases in adults.
19.	Name and describe the main causes of blindness in children.	Knowledge what is congenital cataract, glaucoma, ROP and refractive errors.	Ability to describe in coherent and simple terms.	Confidence.	Lectures on simple facts about blinding diseases in children.
20.	Identify adult population at risk of becoming blind.	Knowledge of risk factors for glaucoma and diabetic retinopathy.	Ability to interview and listen to patients response.	Friendliness, lack of prejudice.	Simulated interviews with peers, staff members.
21.	Examine eyelids.	Methods of eye examination.	Ability to handle eye with caution and to use hands firmly but lightly.	Confidence in manipulating or touching parts of the eye.	Simulated examinations of dummy, peer, and patients' eyes under supervision of higher level health professional.
22.	Examine conjunctiva.	Same	Same	Same	Same
23.	Examine lashes	Same	Same	Same	Same
24.	Examine pupil	Same	Same	Same	Same
25.	Examine cornea	Same	Same	Same	Same
26.	Examine iris	Same	Same	Same	Same
27.	Examine the eyes of a baby	Method of handling a baby to examine its eyes.	Ability to be gentle and handle uncooperative patients.	Understanding of children. Calmness.	Practice in handling puppets to examine their eyes. Simulated situations. Brief lectures. Films and videotape demonstrations.
28.	Examine the eye for redness	Common reasons for red eye.	Ability to describe eye appearance.	Confidence in ability to help.	Lectures on simple facts about eye redness. Practice in simulated situations.
29.	If eye is red, ask patient if it is painful.	Fully knowledgeable about procedures to follow.	Ability to interview and listen to patients.	Friendliness, patience.	Simulated interviews with peers, staff members.

	<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
30.	Ask patient if there has been injury to the eye.	Methods of taking a patient's history.	Ability to interview and listen to patients.	Tact, persuasion.	Same
31.	If there has been injury to the eye, determine if injury penetrated the eyeball or not.	Importance of recognising if injury is penetrating or non-penetrating to the eyeball.	Ability to identify penetrating and non-penetrating injuries.	Confidence, humility.	Lectures on simple facts about eye injuries. Films videotaped demonstrations. Practice diagnosing in simulated situation.
32.	If the injury is non-penetrating, 1. Look for foreign body inside the eye; 2. Look for abrasion of the cornea; 3. See if eye is filled with blood.	Methods of examining eye in non-penetrating injuries.	Ability to handle a patient in pain and examine his/her eyes.	Confidence, efficiency, calmness.	Filmstrips; brief lectures on nonpenetrating eye injuries. Practice with puppets in examining afflicted eyes, then with staff members and peers.
33.	If injury is penetrating, determine if penetration went through the cornea or through white of the eye.	Methods of examining eye for penetrating injury.	Same	Same	Same
34.	If patient has not suffered injury to the eye but there is redness and pain in it, ask how long symptoms have lasted.	Reasons for redness and pain the eye in absence of injury.	Ability to interview and listen to patients.	Tact, calmness, efficiency.	Flip chart demonstrations, brief lectures on causes of eye redness and pain. Interview practice with peers.
35.	If symptoms have been present less than 10 days, determine if there is any ulceration of the cornea.	Methods of determining ulceration of the cornea.	Ability to make decision on whether there is ulceration of the cornea.	Calmness; lack of preconceived judgements.	Lectures and demonstrations of eye ulceration.
36.	In the absence of ulceration of cornea, determine type of irritation of the conjunctiva.	Methods of determining irritation of the conjunctiva.	Ability to make decision on whether there is irritation of the conjunctiva.	Calmness; coolheadedness in making judgement.	Lectures and demonstrations of irritations of the conjunctiva.
37.	Determine if pus is present.	Reasons for presence of pus in the eye.	Ability to recognise and describe symptoms.	Calmness; confidence in what needs to be done.	Lectures and illustrations of pus eye.
38.	Determine if haemorrhage has occurred under conjunctiva	Reasons for presence of haemorrhage under conjunctiva.	Same	Same	Lectures and illustrations of haemorrhage under conjunctiva.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
39. Determine if blood vessels in pupil and surrounding white sclera are enlarged and visible.	Reasons for enlarged, visible vessels in pupil and surrounding sclera.	Same	Same	Lectures and illustrations of enlarged blood vessels in pupils and sclera.
40. If the patient has had a red, painful eye for more than 10 days, determine if cornea and conjunctiva are both affected.	Reasons for corneal and conjunctiva involvement	Same	Same	Lectures and demonstrations of corneal and conjunctival involvement.
41. Determine if eyelashes have been inverted and are scratching or injuring the cornea.	Common reasons for inverted eyelashes.	Same	Same	Illustrations of inverted eyelashes scratching the cornea.
42. Determine if irritation is limited to conjunctiva immediately around pupil	Common reasons for irritation of conjunctiva immediately around pupil.	Same	Same	Illustrations of irritated conjunctiva of eye immediately around pupil.
43. Determine if blood vessels in white of eye are severely distended and engorged with blood.	Common reasons for distended blood vessels in sclera.	Same	Same	Illustrations of blood vessels in white of eye severely distended and engorged with blood.
44. Recognize white scar on the cornea.	Common reasons for white scar on the cornea.	Same	Same	Illustrations of white scar on the cornea.
45. If patient has painful eye, determine if there has been loss of vision.	Methods of determining loss of vision when a patient has a painful eye.	Ability to examine eye and interview patient.	Confidence in ability to ask questions.	Simulated eye examination of puppets and peers. Practice in interviewing. Brief lectures.
46. If loss of vision has occurred, determine if there is tunnel vision (whether it appears to the patient that he/she is looking through a tunnel).	Methods of determining presence of tunnel vision.	Ability to interview and listen to patients.	Same	Practice in interviewing mock patients with tunnel vision. Role playing. Brief lectures on tunnel vision.
47. Ask patient if ability to see diminishes at night.	Methods of identifying night blindness.	Same	Same	Brief lectures on night blindness. Practice in interviewing possible patients.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
48. Determine if there is excessive dryness of the cornea and/or small opaque spots (Bitot's spots, or ulceration of the cornea).	Reasons for the presence of Bitot's spots.	Same	Same	Brief lectures on dryness of the cornea and Bitot's spots. Illustrations of conditions with filmstrips.

MODULE III

TREATMENT OF SOME EYE CONDITIONS

Objective 3: After studying Module 3 and following the instructions contained therein, the primary health worker will be able to treat a patient with an inflamed eye, an injured eye, an irritated eye, night blindness, and sty.

	<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
49.	Introduce ointment and drops in affected eye.	Types of ointments or drops in treating simple eye conditions.	Ability to introduce ointment and drops in affected eye.	Patience, sure handedness, gentleness.	Live demonstrations during situations; role playing and practice administering treatment in dummies, then patients.
50.	Make an eye shield.	Use of eye shield.	Ability to make an eye shield	Dexterity, patience.	Demonstration of how to make an eye shield. Illustrations.
51.	Remove foreign body from eye with cotton-tipped applicator.	Recognition of foreign body in eye.	Ability to remove foreign body from eye according to illustrations.	Dexterity, care, gentleness.	Demonstrations, Practice sessions.
52.	In presence of a red, painful eye with a non-penetrating injury which has produced a blood-filled eyeball (hyphema), 1. Apply an eye shield to the eye; 2. Have patient remain in bed in a semi-elevated position until he/she can be sent to the eye clinic. <u>Use no medicine in the eye</u>	See 50	See 19, 32, 50	Same	See 50
53.	In presence of a red, painful eye with a non-penetrating injury which has produced an abrasion, 1. Apply antibiotic ointment to the eye; 2. Apply sterile bandage to the eye; 3. Examine eye again after 24 hours; 4. Send patient to eye clinic if pain persist more than 24 hours.	Drugs and medicines used to treat common, non-serious eye conditions.	See 51 Ability to apply bandage to eye. Ability to identify appropriate eye clinic for patient referral.	Friendliness, sympathy.	Discussions of importance of referring serious cases to higher level of care. Practice in marking eye bandages.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
54. In presence of red painful, and irritated eye with a nonpenetrating injury with a foreign body in the eye, remove the body with a cotton-tipped stick and apply antibiotic ointment and patch. If difficult to remove, refer immediately to eye clinic.	Repeat 51,53	See 50, 53	Same	Same
55. If patient has irritated eye without history of injury and the symptoms have been present less than 10 days and there is: 1. Irritation of conjunctiva without ulceration of the cornea and pus, apply 1% antibiotic ointment 3 times a day for 5 days. 2. Irritation of the conjunctiva without ulceration of the cornea and haemorrhage under the conjunctiva only, a. Do not give treatment; b. Reassure patient	Possible reasons / causes for irritated eye without injury. Management of simple eye conditions. Management of complex eye conditions. Referral	See 49-51, 53	Efficiency, friendliness, tact.	Demonstrations through filmstrips or other media of irritated eyes without history of injury. Illustrations of ulceration of the cornea with pus; irritation of conjunctiva without ulceration of the cornea but with pus; irritation of the conjunctiva without ulceration of the cornea and with haemorrhage under the conjunctiva only.

MODULE IV

REFERRAL OF SERIOUS EYE CONDITIONS

Objective 4: After studying Module 4 and reviewing illustrations of chronic and other serious eye conditions in Module 2, the primary health worker will be able to recognize serious eye conditions and refer the patient to the next level of eye care.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
56. If patient has a red, painful eye with penetrating injury which has perforated the sclera (white of the eye) or the cornea, 1. Do not place any medicine in the eyes; 2. Place patch and shield over the eye; 3. Send patient immediately to eye clinic.	Management of patients with serious eye injuries.	See 49-51, 53	Same	Lectures on importance for PHW not to treat seriously injured patients. Discussions of importance of referring serious cases to higher level of eye care.
57. If patient has irritated eye without history of injury and the symptoms have been present less than 10 days and there is: 1. Ulceration of the cornea with pus: a. Apply antibiotic ointment; b. Place a sterile bandage over affected eye; c. Send patient to clinic. 2. Enlargement of blood vessels in the pupils and surrounding white sclera of the eye, send patient to eye clinic immediately.	Possible reasons/causes for irritated eye without injury.	See 49-51, 53	Efficiency, friendliness, tact.	Demonstrations through filmstrips or other media of irritated eyes without history of injury. Illustrations of ulceration of the cornea with pus; irritation of conjunctiva without ulceration of the cornea but with pus; irritation of the conjunctiva without ulceration of the cornea and with haemorrhage under the conjunctiva only.
	Management of simple eye conditions.			
	See 53			
	See 53			

	<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
58.	If patient has red painful eye, there is no history of injury and symptoms have been present more than 10 days:				
	1. If both cornea and conjunctiva are affected and the lids are irritated and the eyelashes scratching and injuring the cornea, apply antibiotic ointment and send immediately to the eye clinic.	Management of serious eye conditions. Referral mechanisms	Ability to observe, diagnose treat, and refer.	Same	Demonstrations of eyes affected trachoma
	2. If both cornea and conjunctiva are affected and the upper and lower lids are both scarred and inverted eyelashes have produced extensive scarring of the cornea, apply antibiotic ointment and send to the eye clinic.	Same	Same	Same	Same. Demonstrations of eye with chronic corneal scarring.
	3. If blood vessels are distended and highly visible in the white of the eye, send immediately to the eye clinic.				Demonstrations of eye with tumor
59.	If you have recognized cataract, chronic corneal scarring, tumour, or glaucoma in a patient, refer him /her immediately to eye clinic.	Signs and symptoms of cataract, chronic corneal scarring, tumour, or glaucoma. Referral mechanisms.	Ability to act promptly and refer to eye clinic	Same	Demonstrations of cases refer higher level of care.

MODULE V

OPHTHALMIA NEONATORUM

Objective 5: Following instructions given in Module 5, the primary health worker will be able to provide prophylaxis for ophthalmia neonatorum in the newborn baby by putting one drop of povidone-iodine 2.5% within one hour after birth in each eye.

Subtasks

60. Place 1 drop of povidone-iodine 2.5% within one hour after birth in each eye.

Knowledge

Management of the newborn.

Skills

Ability to handle baby to put drop in its eyes.

Attitudes

Confidence, gentleness.

Learning Experiences

Demonstrations of how to handle a newborn to put drops in its eyes.

MODULE VI

TEACHING THE COMMUNITY

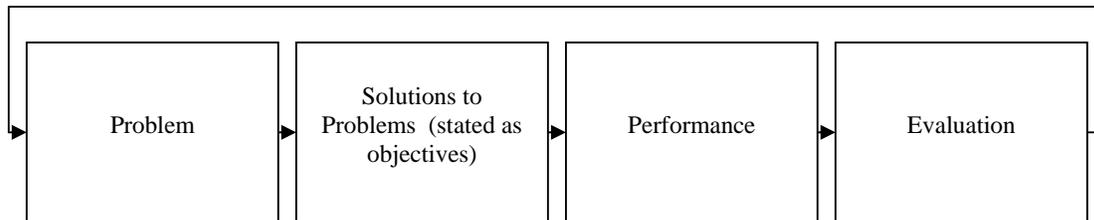
Objective 6: After studying Module 6, taking part in discussions, doing the criterion exercises and activities, the primary health worker, in a community served only by primary health workers, will be able to explain basic hygiene, safety, and nutrition to that community as factors affecting prevention of blindness and eye care, using the illustrations provided in the module.

	<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
61.	Explain to community members the importance of hand washing and personal hygiene in preventing eye infections	Reasons for hand washing and personal hygiene.	Ability to convince in conversation.	Confidence	Lectures on prevention of eye conditions; discussions on community attitudes to health and role of village decision makers. Practice in preparing for health education activities; discussions on principles of communication.
62.	Explain to community the importance of fly control and proper sanitation.	Reasons for fly control and proper sanitation.	See 61 above	See 61	See61
63.	Explain the importance of immunization against measles in preventing blinding eye conditions in children.	Reasons for immunization against measles.	See 61 above	See 61	See61
64.	Explain to mothers and other care takers how to feed their families properly and the importance of eating green and yellow leafy vegetables in preventing night blindness (xerophthalmia)	Reasons for proper nutrition. Knowledge of food properties.	See 61 above	See 61	See 61 and illustrations on how to teach community members to grow their own vegetables.
65.	Explain to community the importance of venereal disease control and of giving gonorrhea prophylaxis to all newborns.	Importance of venereal disease control. Gonorrhea prophylaxis.	See 61 above	See 61	Practice in promoting children's health. Practice in giving gonorrhea prophylaxis. Use of folk media for demonstrations.
66.	Explain to community the common causes of injury to the eyes at home, on the road, and in the workplace, and how they may be prevented.	Common causes of eye injuries.	Ability to describe complex concepts in simple terms.	Confidence in ability to help.	Lectures on occurrence of accidents. Role playing in communications in simple terms.

<u>Subtasks</u>	<u>Knowledge</u>	<u>Skills</u>	<u>Attitudes</u>	<u>Learning Experiences</u>
67. Explain to community the importance of seeing a primary health worker promptly about any eye problems.	Common reasons for refusing to see a primary health worker (cultural, procedure, prejudice due to reported experience).	Ability to convince in conversation.	Self-confidence and poise.	Lectures on conveying to community the importance of seeking help when an eye injury occurs.
68. Explain to community the main causes of blindness in adults and how to prevent it.	<ol style="list-style-type: none"> 1. Cataract: What it is, how to recognise it, what is the treatment and need to refer 2. Glaucoma: What it is, risk factors, difficulties to recognise it before is too late for treatment, need for referral of those at risk, inform about different treatments. 3. Diabetic Retinopathy: What it is, risk factors., difficulties to recognise it on time before is too late for treatment., need for referral of those at risk, inform about different treatments 4. Refractive errors: What it is, how to recognise them, what kind of solutions are available, need for referral of those with low visual acuity. 	Ability to convince in conversation.	Self-confidence and poise.	Practice in role playing and simulated situations explaining in a community or person to person settings.
69. Prepare supportive materials for discussions.		Ability to select appropriate material and prepare it.	Efficiency and patience.	Practice in preparing for health education activities; discussions on principles of communication. Practice in designing and preparing simple supportive materials; practice in their use to support discussions.

EVALUATION

The purpose of evaluation is to assess whether what we set out to do at the beginning of the training has in fact been achieved, and if not, why. Evaluation is an essential part of training. Throughout this manual, students have been asked to answer specific criterion questions and to do certain tasks to demonstrate their mastery of the topic or performance described. The process of evaluation uncovers problems to which solutions must be found, and the standard of the performance called for.



Evaluation as it affects the learner:

Through evaluation, learners are given feedback about their progress. This can act as an incentive for them to work harder. Evaluation also tells learners how well they are learning what they should be learning; why they are not improving; in what aspects they are strong or weak; and how they can be helped to improve. The student him/herself should take part in the evaluation.

Evaluation as it affects the trainer:

Evaluation is the best way to tell the trainer how well he/she has taught. This feedback should help improve the teaching. The trainer helps the learner by reacting to his/her efforts to learn. Often learners do not learn because the trainer is not a good and encouraging teacher.

Evaluation as it affects the training program:

Evaluation helps to find out whether the objectives of the program have been achieved, that is to say, whether the learners can do what the program was designed to train them to do. It also indicates where and how the program may be improved. If it cannot be improved, it should be thrown out and another one devised. Another way evaluation can show that the training was good is to see if the primary health worker performs well after the training, and if she works with interest and satisfaction.

During the training, if the teacher wants to find out if these questions are good, he/she should obtain almost the same answer from each learner in the group to the same question. Questions should be related to the objectives.

Evaluation methods :

- Observation of the learners by the teacher during practical work; story-telling; play-acting; and home-visiting. This will show if the students are progressing and learning more.
- Discussions with the students. This method has the advantage of personal contact which helps to find out what the students really know and feel, and is the preferred method for adults learners.
- Group discussions during which the teacher will observe the students' participation, especially their contribution to discussions, and how they say and judge what to do in certain situations.
- Questioning is another way of evaluating what the students know; this means the teacher should listen carefully and patiently.
- Practical tests during which the learners demonstrate their ability to do certain practical skills that are relevant to the objectives. This implies that the learners must have been shown to do these skills first and must have had a chance to practice before testing.
- Oral tests through which the learners' knowledge of a subject matter is probed deeply by verbal questions and answers.
- Written tests consisting of either long answers (essays) or short answers. Both types of written tests are necessary to evaluate a learner's ability to express himself/herself and to do so concisely, when necessary.

Outcome of training:

The learning process is aimed at producing persons who know the important things about their tasks and can perform those tasks. Therefore, evaluation results must be compared with the learning objectives to see whether the learner has learned all he/she should have. If he/she has not, he/she may

be helped to correct his weak points, and he should spend more time learning and practicing the specific skills.

Evaluation also shows if the teaching aids used during the training have been adequate.

In conclusion, we may say that a “formative” (diagnostic) evaluation is employed to improve a curriculum during its implementation. The inadequacies and strong points of the curriculum are identified during its application and in some cases adjustments are made to remove certain weaknesses.

“Summative” (certifying) evaluation, on the other hand is the final evaluation of the curriculum. It requires an effort to reach general conclusions of the type needed to justify a decision to replace one curriculum by another or to accept or reject a given curriculum, book, teaching material, etc. Although formative evaluation is normally carried out by the personnel participating in curriculum improvement whereas summative evaluation is more often undertaken by those who are not directly engaged therein, the distinction between the two concepts is not as clear-cut as might appear. It can be argued, for example, that formative evaluation is only a step in the direction of summative evaluation.

There is also the type of evaluation that looks at the medium- and long-term effects of the training program, that is, whether there have been improvements in the way patients with eye problems are managed in Primary Health Care, with consequent decreases in the common causes of eye problem and blindness in the population.

