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Exploring Learners' Viewpoint regarding Training Program of Health Care Providers Based on CIPP Model

Background: Aiming to explore learners' viewpoint regarding training program of health care providers based on CIPP model, this research was conducted on health care providers in the city of Sabzevar in 2017

Methods: This cross-sectional study was carried out on 139 health care providers working in the health centers of Sabzevar. Data were collected through a researcher-made questionnaire containing demographic characteristics and evaluation questions of training program of health care providers in four domains: context, input, process, and output. The three modes of undesirable, slightly desirable and desirable were measured in each domain.

Results: Through learners' viewpoint, results of the research indicated that the situation of context and output of training program of health care providers were highly desirable while the situation of input and process of the program were somewhat desirable. Overall, the results showed that the highest score among the four factors of the CIPP model belonged to the context factor with the mean score of $39.46 + 8.53$ and the product factor with the mean score of $28.61 + 7.36$ reflected the lowest score.

Conclusion: The final results of the exploring learners' viewpoint of training program of health care providers indicate a range of slightly desirable to desirable situation for the program. To achieve a highly desirable level, it is incumbent upon the officials to reinforce the important factors such as teaching and assessment methods to their instructors. In addition, creating a definite plan for costs and developing the accessibility of welfare facilities seem to be crucial.

استکشاف وجهه نظر المتعلمين فيما يتعلق بالبرنامج التدريبي لمقدمي الرعاية الصحية بناءً على نموذج CIPP

الخلفية: بهدف استكشاف وجهة نظر المتعلمين فيما يتعلق بالبرنامج التدريبي لمقدمي الرعاية الصحية على أساس نموذج CIPP. تم إجراء هذا البحث على مقدمي الرعاية الصحية في مدينة سبزوار في عام 2017.

الطريقة: أجريت هذه الدراسة المستعرضة على 139 من مقدمي الرعاية الصحية العاملين في المراكز الصحية في سبزوار. تم جمع البيانات من خلال استبيان من صنع الباحث يحتوي على الخصائص الديموغرافية وأسئلة التقييم لبرنامج تدريب مقدمي الرعاية الصحية في أربعة مجالات: السياق، المدخلات، العملية والمخرجات. تم قياس الأنماط الثلاثة غير المرغوب فيها والمرغوبة والمرغوبة قليلاً في كل مجال.

النتائج: من خلال دراسة وجهة نظر المتعلمين، أشارت نتائج البحث إلى أن وضع السياق ومخرجات البرنامج التدريبي لمقدمي الرعاية الصحية مرغوب فيه للغاية، في حين أن وضع المدخلات وعملية البرنامج مرغوب فيه إلى حد ما بشكل عام، أظهرت النتائج أن أعلى الدرجات من بين العوامل الأربعة لنموذج CIPP ينتمي إلى عامل السياق مع متوسط درجة $39.46 + 8.53$ وأن عامل المنتج مع متوسط درجة $28.61 + 7.36$ يعكس أدنى الدرجات.

الخلاصة: تشير النتائج النهائية لوجهة نظر المتعلمين على البرنامج التدريبي لمقدمي الرعاية الصحية إلى وجود مجموعة من المواقف المرغوبة قليلاً إلى المستوى المرغوب فيه. لتحقيق مستوى مرغوب فيه للغاية، يتعين على المسؤولين تعزيز العوامل الهامة مثل أساليب التدريس والتقييم لمدرسيهم. بالإضافة إلى ذلك، يبدو أن وضع خطة محددة للتكاليف وتطوير إمكانية الوصول إلى مرافق الرعاية أمر بالغ الأهمية. أخيراً، يجدر التخطيط بشكل أكثر دقة من أجل زيادة مساهمة المتدربين مع إجراء التقييم المستمر لتلقي الملاحظات لمراجعة برنامج التدريس.

الكلمات المفتاحية: مقدمو الرعاية الصحية، برنامج تدريبي، نموذج CIPP

بررسی دیدگاه یادگیرندگان در رابطه با برنامه آموزش مراقبین سلامت بر اساس مدل سیپ

زمینه و هدف: این پژوهش با هدف بررسی دیدگاه یادگیرندگان در رابطه با برنامه آموزش مراقبین سلامت بر اساس الگوی سیپ (CIPP) در شهر سبزوار در سال ۱۳۹۶ انجام گرفت.

مواد و روش: این مطالعه از نوع کاربردی و توصیفی بود و جامعه آماری آن را مراقبین سلامت شاغل در مراکز و پایگاه های سلامت سطح شهر سبزوار در سال ۹۶ (مجموعاً ۱۳۹ نفر) تشکیل دادند. ابزار گردآوری داده ها پرسشنامه محقق ساخته مشتمل بر مشخصات دموگرافیک و سوالات ارزشیابی برنامه آموزش مراقبین سلامت در چهار بعد زمینه، درونداد، فرآیند و برونداد بود. سه وضعیت نامطلوب، نسبتاً مطلوب و مطلوب در هر بعد سنجیده شد.

یافته ها: از دیدگاه یادگیرندگان پژوهش در رابطه با متغیرهای زمینه و برونداد برنامه آموزش مراقبین سلامت نتایج بیانگر وضعیت کاملاً مطلوب برنامه و در رابطه با متغیرهای درونداد و فرآیند برنامه، نشان دهنده وضعیت نسبتاً مطلوب آن بود. به طور کلی نتایج نشان داد بیشترین نمره در بین عوامل چهارگانه الگوی سیپ مربوط به عامل زمینه با نمره میانگین $39.46 + 8.53$ و کمترین نمره نیز مربوط به عامل برونداد با نمره میانگین $28.61 + 7.36$ بود.

نتیجه گیری: نتایج نهایی بررسی دیدگاه یادگیرندگان در رابطه با برنامه آموزشی مراقبین سلامت حاکی از وضعیت نسبتاً مطلوب تا مطلوب برنامه می باشد. در جهت نیل به حد کاملاً مطلوب، شایسته است مسئولین برنامه بیش از پیش به تقویت عوامل مهمی شامل: آموزش روش های تدریس و ارزشیابی به مربیان، تدوین برنامه مشخصی جهت هزینه ها و توسعه ظرفیت دسترسی به امکانات رفاهی انجام شود.

واژه های کلیدی: مراقبین سلامت، برنامه آموزش، الگوی سیپ

سی آئی پی ہی ماڈل پر مبنی صحت کی دیکھ بھال فراہم کرنے والوں کے تربیتی پروگرام کے بارے میں سیکھنے کے نظریے کو دریافت کریں

بیک گراؤنڈ: اس کے نتیجے میں تعلیمی اداروں کے عہدیدار اپنے نصاب کی اصلاح کر سکتے ہیں۔ اس تحقیق میں طبی عملے کے مختلف شعبوں کے افراد پر CIPP کے ماڈل کے تحت یہ دیکھا گیا ہے کہ نصابی پروگراموں کی جانچ کا کیا اثر پڑتا ہے۔ یہ تحقیق دوہزار سترہ میں سبزوار یونیورسٹی میں انجام دی گئی تھی۔

روش: اس تحقیق میں سبزوار شہر کے مختلف طبی اداروں اور اسپتالوں میں کام کرنے والے افراد میں سے ایک سو انتالیس افراد کا انتخاب کیا گیا۔ انہیں محققین کا بنایا ہوا سوالنامہ دیا گیا جس میں ڈیموگرافیک سوالات کے ساتھ ساتھ جانچ پڑتال کے عمل کا جائزہ لینے کے لئے بیک گراؤنڈ، نصاب کا ادراک، ادراک کا عمل، اور اس سے استفادہ کرنے یا اسے کام میں لانے کے بارے میں بھی سوالات تھے۔ اس کے ساتھ ساتھ مذکورہ بالا زمروں میں صورتحال کا پتہ چلانے کے لئے مطلوب، نامطلوب اور نسبتاً مطلوب کے لیول رکھے گئے تھے۔ مطلوب صورتحال کے لئے صفر سے چھپیس تک نمبر رکھے گئے تھے جبکہ نامطلوب صورتحال کے لئے چھپیس سے انتالیس تک اور نسبتاً مطلوب صورتحال کے لئے چھپیس تک نمبر رکھے گئے تھے، مضمون کے ادراک اور اس سے استفادہ کرنے اور عمل میں لانے کے لئے صفر سے بیس تک نمبر رکھے گئے تھے اور نسبتاً مطلوب اور مطلوب صورتحال کے لئے تیس تک نمبر رکھے گئے تھے۔

نتیجے: اس تحقیق میں شرکت کرنے والے افراد کی نظر میں بیک گراؤنڈ اور نصاب کو عملی شکل دینے کے زمروں میں صورتحال مکمل طرح سے مطلوب تھی جبکہ نصاب کے ادراک اور اس کے عمل کی صورتحال نسبتاً مطلوب تھی۔ تحقیق کے مجموعی نتائج سے پتہ چلتا ہے کہ سی آئی پی ہی کے تحت نصاب کے جائزہ سے پتہ چلتا ہے کہ بیک گراؤنڈ کے زمرے کو آٹھ اعشاریہ ترین اور انتالیس اعشاریہ چار چھ نمبر ملے ہیں اور سب سے کم نمبر ملے ہیں۔ **سفاہش:** اس تحقیق کا جائزہ لینے سے پتہ چلتا ہے کہ طب کے مختلف شعبوں سے منسلک افراد کے نصاب نسبتاً مطلوب اور مطلوب حد تک ہیں۔ طبی اداروں کے ذمہ داروں کو چاہیے کہ وہ تعلیمی مسائل کو جیسے تدریس اور مدرسین کی علمی صلاحیتیں بڑھانے کے پروگراموں پر عمل کرتے رہیں اسی کے ساتھ ساتھ انہیں بچت کے حصول اور رفاهی امور کی فراہمی کے لئے شفاف پروگرام تدوین کرنا ہوگا۔ طبی تعلیمی اداروں کے ذمہ داروں کو مختلف طبی شعبوں میں تعلیم حاصل کرنے والوں کو تعلیمی سرگرمیوں میں شرکت کرنے ترغیب دلاتے ہوئے نصاب پر نظر ثانی کرنے کے لئے ان کے نظریات سے آگہی حاصل کرنے رہنا چاہیے۔

کلیدی الفاظ: طبی شعبے، تعلیمی پروگرام، سی آئی پی ہی

INTRODUCTION

The nations' welfare and their progress are measured by their access to some utilities and servicing systems. In this regard, the healthcare system is considered one of the main factors of such measurement (1). The ideal society depicted in the vision of the year 2025 is a society with the highest health levels. Based on the Iranian government's commitments and the Ministry of Health and Medical Education, the Health Deputy in its offering plan to the parliament, entitled generating a fundamental amendment in the health system, established the health amendment initiative which relies on presenting the basic-service health package by the health care providers. A health care provider is a person with an associate's degree or bachelor's degree in the fields of family health, public health, nursing, midwifery and disease control (in the case of men) who is turned into a multidisciplinary individual called a "health care provider " after passing the defined training program successfully (2).

The training program of health care providers includes 147 hours of verbal training organized by the Health Deputy of the University of Medical Sciences (3). In the training schedule, one of the most important issues is quality, which entails the true identification of its strengths and weaknesses, so that, by relying on it, making the correct use of opportunities and the improvement of organizational performance would be achieved (4). This is reached by establishing an efficient system to evaluate the impact of the training program (5), which enables the managers to supervise and monitor the processes in order to identify and recover the challenges (6).

To examine the impact of training programs, different evaluation models have been proposed. Worthen and Sanders referred to more than 50 models. Given the subject and the statistical population of the study, the CIPP model was chosen to create a comprehensive framework for the evaluation of the training program performance and to provide accurate and reliable information for managers to make strategic decisions (7). CIPP is an acronym, derived from the first letter of the words Context, Input, Process, and Product (8). Reviewing the research background shows that training centers have always considered the evaluation problem as a challenging issue. For instance, the results of the study conducted by Scheerens and Bosker indicated that the CIPP model, due to its capability to evaluate the performance of training centers from different dimensions, helped the components of the structure set aside each other with a particular harmony, so that, using its consequence, proper programs could be prepared and delivered (9). Agrawal recommended the CIPP model because of generating a significant relationship between the improvement of processes and the effectiveness of the trainings. He believed that this model can help the educational managers turn human resources into a strategic capital (10).

For probing into the impact of training programs using the CIPP model, studies have been conducted in Iran. For example, Tezakori et al., evaluating the PhD program of nursing in Iran using the CIPP model, pointed out that the program's specification and the content of the courses is in

accordance with the philosophy and objectives of the nursing field, but major problems lie within the process and its implementation, and the domain of product is influenced by poorly running of the process (11).

A study aiming to evaluate the Family Medicine Scheme in Marivan by Izadi et al. showed that the domain of context, process and product of the scheme is slightly desirable (12). The results of the study by Mahram et al. in evaluating the achievement rate of undergraduate students of nursing to educational objectives indicated that 63 percent of students and 80 percent of matrons considered the achievement rate (product) slightly desirable (13). The results of the research conducted by Alimohammadi et al. (8) in evaluating the Rafsanjan Faculty of Medicine revealed the desirability of the context, input, and process; yet the product of the school was measured slightly desirable. Zandvanian (14) in the evaluation of teacher-training centers of Khuzestan province reported that the context, input and process of these centers are slightly desirable whereas the product reflects a highly desirable status. Training health care providers at Health Training Center in the Health Deputy of Sabzevar University of Medical Sciences began at 2016, while health care providers offered services in the health centers. According to monitoring by health experts and health trainers on the services offered by health care providers, the current study was designed to explore learners' viewpoint of training program of health care providers, given the results of monitoring and perceiving the need, which is emerging from need assessments, so that the results can propose an appropriate model for improving the training programs and increasing the efficiency of health care providers in offering services to the target groups.

METHODS

This cross-sectional study was conducted as a survey in the Health Deputy of Sabzevar University of Medical Sciences. The statistical population included all health care providers working in the health centers of Sabzevar who attended the training programs of health care providers during the years 2016 and 2017. 139 (out of 146) individuals contributed to the study. Due to the limited community in this research, the whole community was explored via census.

To collect the fieldwork data of this study, a researcher-made questionnaire consisting two parts was applied. The first part of the questionnaire consisted of the personal details of health care providers including gender, age, marital status, and period of service. Its second part consisted of 47 closed-ended questions, which evaluated the viewpoint of health care providers about the domains of context, input, process, and output of the program using a five-degree likert scale from very high to very low with a maximum score of 4 and a minimum score of 0. This questionnaire was extracted from a checklist designed by Stufflebeam in 2002 for the evaluation of training programs according to the CIPP model and the conducted studies in Iran. In this questionnaire, the environmental conditions of learners are considered in its context. Educational content and facilities and educational objectives are considered as its input. The training program (the capability of the program in providing course goals), its suitability to the needs of learners (creating an acceptable

scientific, skillful, and attitudinal base) and the performance of education are determined as process. Finally, the rate of achieving goals of the health care providers' program in fulfilling their professional tasks is understood as output.

To calculate the validity of the questionnaire, the face and content validity were taken into account. Face validity of the questionnaire was investigated based on writing, wording, and the logical and exciting appearance of the questionnaire as well as the experts' opinion in the stage of judgment. In order to investigate the significance of each term, item impact method was considered. In this regard, the comments of eight faculty members and senior experts of the university were collected and considered. To determine the reliability of the questionnaire, Cronbach's alpha coefficient was employed, where the amount of this coefficient was calculated 0.90, which indicates a good reliability for the questionnaire used in this research. Following that, data were analyzed using descriptive statistics, mean, percentage frequency, standard deviation, and software Stata version 14.

RESULTS

According to the results of this study, the demographic characteristics of the samples including gender, marital status, degree and major, period of service, and age were observed. Of 139 health care providers participating in the study, 86 percent were women with an average age of 35 years, 82 percent were married, and the majority had an associate's degree or bachelor's degree in the field of public health. (Tables 1 and 2)

Furthermore, the findings of this study were evaluated based on four main factors of the CIPP model, named context,

input, process, and product (Tables 3, 4, 5, and 6). In these tables, 47 indices have been scrutinized. In the context of the program 13 items, in the input 12 items, in the process 12 items, and in the output 10 items using descriptive statistical tests were evaluated in three desirable, relatively favorable, and undesirable levels.

For the context of the program, the relevance of context of the training program to the health care providers' job requirements was the highest level of desirability with 45.32 percent, whereas the health care providers' reluctance to continue their training courses in its current form was measured 43.88 percent, which was the lowest level of desirability (Table 3). In terms of the input of the program, the satisfaction of health care providers with the method of training was the highest level of desirability with 42.19 percent, while the dissatisfaction of health care providers with the level of servicing was considered the lowest, which was 51.08 percent (Table 4). Health care providers' needs to pass the training programs was measured by the domain of process, with 63.31 percent as the highest rate of desirability, and health care providers' participation in the training program with the aim of promotion and reward was evaluated 64.75 percent as the lowest rate of desirability (Table 5). Ultimately, in terms of the product of the program, leading the implementation of training programs of health care providers to make the staff active and vibrant in the workplace was measured 32.37 percent as the highest level of desirability. By contrast, the lack of research and study into the effects and consequences of the plan on the health development before starting the training program was 39.57 percent which was the lowest level of desirability from learners' point of view (Table 6).

Table 1. Frequency distribution of demographic characteristics of research samples

Variable		Number (%)
Gender	Female	120 (86.33)
	Male	19 (13.67)
Marital Status	Married	115 (82.73)
	Single	24 (17.27)
Qualification	Diploma	2 (1.44)
	Associate's degree	63 (45.32)
	Bachelor's degree	70 (50.36)
	Master's degree or higher	4 (2.88)
Field of Study	Midwifery and nursing	40 (28.78)
	Public health (Specialization: family health)	79 (56.83)
	Public health (Specialization: disease control)	20 (14.39)

Table 2. Frequency distribution of age and period of service among research samples

Variable	Minimum	Maximum	Mean(SD)
Age	22	56	35.64 (6.66)
Period of service (month)	3	360	110.51 (8.56)

Table 3. Indices of context for the training program of health care providers

Context evaluation	Undesirable	Slightly Desirable	Desirable
	Number (%)	Number (%)	Number (%)
Considering a mission in planning the training programs of health care providers	24(27.17)	64(46.04)	51(36.69)
Considering objectives in planning the training programs of health care providers	16(11.51)	61(43.88)	62(44.60)
Creating equal opportunity approach in planning the training programs of health care providers	35(25.18)	60(43.17)	44(31.65)
Providing required conditions for evaluating content in the planning of training programs	38(27.34)	59(42.45)	42(30.22)
Matching the content of the training programs held with global situations, changes, and new technologies	45(32.37)	62(44.60)	32(23.02)
Desirability of subjects taught in the training programs	42(30.22)	55(39.57)	42(30.22)
Relevance of content of the training programs to the health care providers' job requirements	25(17.99)	51(36.69)	63(45.32)
Considering local and regional health needs in planning the training programs of health care providers	45(32.37)	68(48.92)	26(18.71)
fulfilling the objectives set by the organizers of the training programs	42(30.22)	67(48.20)	30(21.58)
tendency to continue the training programs of health care providers in the current form	61(43.88)	41(29.50)	37(26.62)
Rate of failure at work in case of absence in the training programs	24(27.17)	54(38.85)	61(43.88)
Usability and transferability of knowledge and attitude or skills of the training programs to other situations	27(19.42)	58(41.73)	54(38.85)
The amount of difficulty in achieving the objectives and development of the organization in case of absence in the training programs	41(29.50)	45(32.37)	53(38.13)

Table 4. Indices of input for the training program of health care providers

Input evaluation	Undesirable	Slightly Desirable	Desirable
	Number (%)	Number (%)	Number (%)
Rate of meeting the expectations for the implementation of the training program of health care providers	45(32.37)	69(49.64)	25(17.99)
The implementation of the training program as anticipated	54(38.85)	49(35.25)	36(25.90)
Barriers and limitations in organizing and implementing the training program of health care providers	27(19.42)	53(38.13)	59(42.45)
Deficiency and failure in organizing and implementing the training program of health care providers	24(27.17)	49(35.25)	66(47.48)
Level of satisfaction of health care providers with the implementation of the training program of health care providers	55(39.57)	57(41.01)	27(42.19)
Rate of consistency between teaching methods of instructors with the context and objectives of the training programs	27(19.42)	68(48.92)	44(31.65)
Suitability of required facilities for teaching topics and presenting the context of the program	49(35.25)	71(51.08)	19(13.67)
Level of satisfaction with facilities and equipment of the training program of health care providers	62(44.60)	55(39.57)	22(15.83)
Level of satisfaction with facilities and equipment of the one's workplace	67(48.20)	50(35.97)	22(15.83)
Level of access to the required service packages	38(27.34)	56(40.29)	45(32.37)
Level of satisfaction with the transportation facilities to the training venue	53(38.13)	47(33.81)	39(28.06)
Level of satisfaction with the reception status at the time of the training program	71(51.08)	54(38.85)	14(10.07)

Table 5. Indices of process for the training program of health care providers			
Process evaluation	Undesirable	Slightly Desirable	Desirable
	Number (%)	Number (%)	Number (%)
Suitability of financial facilities and budgeting for the implementation of the training program of health care providers	66(47.48)	56(40.29)	17(12.23)
Clarity of policies and strategies for achieving the objectives of the health system development by program organizers	35(25.18)	71(51.08)	33(23.74)
Suitability of time for the implementation of the training program of health care providers	51(36.69)	55(39.57)	33(23.74)
Determining and declaring the necessary activities for organizing the programs as well as presenting an agenda	30(21.58)	67(48.20)	42(30.22)
Required rate for health care providers to attend the training programs	17(12.23)	34(24.46)	88(63.31)
Level of welcome and motivation by the staff to attend the training programs of health care providers	43(30.94)	54(38.85)	42(30.22)
Having the aim of promotion or reward to attend the training programs of health care providers	90(64.75)	36(25.90)	13(9.35)
Level of satisfaction with the method and the implementation process of the training programs of health care providers	51(36.69)	61(43.88)	27(19.42)
Level of interaction between official experts and health care providers	47(33.81)	53(38.13)	39(28.06)
Level of satisfaction with the planning of the training programs of health care providers	49(35.25)	59(42.45)	31(22.30)
Level of satisfaction with the teaching-learning strategies of the training programs	45(32.37)	60(43.17)	34(24.46)
Level of satisfaction with the amount and method of counseling offered by instructors	37(26.62)	56(40.29)	46(33.09)

Table 6. Indices of product for the training program of health care providers			
Product evaluation	Undesirable	Slightly Desirable	Desirable
	Number (%)	Number (%)	Number (%)
Increasing creativity in the workplace by attending the training programs	48(34.53)	58(41.73)	33(23.74)
Level of achievement of policymakers and planners of the programs to the objectives set by the health system	45(32.37)	62(44.60)	32(23.02)
Rate of evaluation of the positive and negative effects of the training programs of health care providers	37(26.62)	65(46.76)	37(26.62)
Precise and operational definition of the products and efficiency of the training programs	37(26.62)	79(56.83)	23(16.55)
Determining valid and scientific criteria for measuring the efficiency of training health care providers	42(30.22)	65(46.76)	32(23.02)
Desirability of efficiency for activities and training programs of health care providers	39(28.06)	68(48.92)	32(23.02)
Measuring and evaluating the product of the training programs of health care providers to date	40(28.78)	59(42.45)	40(28.78)
Researching the effects and consequences of the scheme before organizing the training programs of health care providers	55(39.57)	58(41.73)	26(18.71)
Level of assisting the health facilitation in the training programs	39(28.06)	56(40.29)	44(31.65)
Making the staff active and vibrant in the workplace after attending the training program	47(33.81)	47(33.81)	45(32.37)

From health care providers' viewpoint, the highest mean score belongs to context (39.46±8.53) and the lowest mean score (28.61±7.36) is related to product (Table 7). Context with 51.80 per cent has the highest level of desirability, while input with 28.78 per cent has the lowest level of desirability. (Table8).

DISCUSSION

In this study, four domains of context, input, process and output training program of health care providers of Sabzevar University of Medical Sciences in the educational year 95-96 was evaluated from learners' point of view. The results of this study showed that in general, from learners' viewpoint, the educational context created in the training program of health care providers has been desirable. This finding was consistent with the results of studies undertaken by Rezapour et al. (15), Alimohammadi et al. (8), Tezakori et al (11), Akpur et al. (16), and Ortiz et al. (17). Evaluating the training context is carried out to provide a logical context for the determination of educational objectives and includes analytical activities to identify elements in the educational environment in order to identify the problems, needs, and available opportunities as well as to design the programs (8). Regarding this issue, the Health Training Center at Sabzevar University of Medical Sciences has been trying to identify the educational needs of health care providers for the commencement of the training programs to provide the necessary means. For instance, the Health Training Center, aiding from the Health Deputy of Sabzevar University of Medical Sciences, prepared, disseminated, and installed posters to publicize the goals and mission of health care providers in the health centers of Sabzevar. Furthermore, conducting the need assessment in the health centers across the city at the beginning of each year aiding from the training unit of the Health Deputy of Sabzevar University of Medical

Sciences, local and regional needs can be identified and considered in the planning of verbal and virtual training programs of health care providers.

The analysis of the results of this research in the domain of input showed that the health care providers' viewpoint about the training inputs indicates their relative desirability, which is consistent with the results of the studies by Alimohammadi et al. (8), Saadat et al. (18), Riahi et al. (4), and Izadi et al. (12). Health care providers were not satisfied with the facilities and equipment available at the workplace and during the training program. It is worth mentioning that by purchasing and supplying the computers needed in the centers, the problem of computer shortages was largely overcome; nonetheless, upgrading other equipment in the centers should be surely taken into account.

The results of the study done by Rezapour et al. (15) indicated the desirability of input in the training program of Ardakan University. They explained this finding as the effectiveness of the programs and visions of the university to fulfill the educational goals. However, in their study, students were rather satisfied with the facilities and equipment, yet wanted their upgrade, which in turn was consistent with the results of the current study.

The third element of the CIPP model that should be considered in evaluation is the curriculum procedures. Teaching-learning procedures are the most technical component of the curriculum, since they mediate the implementation of context and objectives. Therefore, their evaluation is of the utmost importance. According to the results of this research, the process of the program reflects a slightly desirable level, which is consistent with results of the studies done by Saadat et al. (18), Riahi et al. (4), and Mohebbi et al. (19). Using modern teaching methods such as e-learning could yield a growing trend in the rise of interaction of health care providers with instructors and

Table 7. Mean, standard deviation, minimum and maximum of domains from health care providers' viewpoint in Sabzevar

Domain	Mean (SD)	Minimum	Maximum
Context	39.46 (8.53)	16	60
Input	33.82 (5.85)	19	52
Process	34.30 (7.78)	14	55
Product	28.61 (7.36)	10	42

Table 8. Learners' viewpoint about the domains of the training programs of health care providers in Sabzevar

Domain	Undesirable	Slightly Desirable	Desirable
	Number (%)	Number (%)	Number (%)
Context	12(8.63)	55(39.57)	72(51.80)
Input	8(5.76)	91(65.47)	40(28.78)
Process	15(10.79)	74(53.24)	50(35.97)
Product	22(15.83)	56(40.29)	61(43.88)

official experts, as well as bringing more attention to the role of learners in the process of learning.

Finally, the analysis of the results of this study demonstrates the desirable level for product of the program; however, comparing the domains, it proves that the product of the program has the lowest mean score of all. This finding was consistent with the results of the studies conducted by Alimohammadi et al. (8), Riahi et al. (4), Izadi et al. (12) and Saadat et al. (18). The most important products of a training program are its learners whose competencies can show the success of the program. Therefore, it is suggested that learners' status, in terms of different competencies, becomes constantly evaluated after the completion of the program and within different periods of time. To do this, the establishment of a specific system inside a training program seems essential for constant communication with learners in addition to following their status using accurate and up-to-date information. This task has been made somewhat possible in the health care provider scheme by monitoring the care delivered by health care providers via the SIB system, its verification by official experts, and evaluation of the client satisfaction through SMS. Using this experience can help the design and implementation of the new training programs or alteration and revision of the current programs.

At the end, it should be stated that in general, the impact of the program is related to a particular set or case and differs from other studies. Each training program has its own characteristics, thus it is not possible to compare and discuss the case in a common fashion in other studies (20).

This research has faced with some limitations that should be taken into account when generalizing the results. The first limitation was the lack of consistency between trained health care providers, some of whom were newly recruited while some had several years of experience. This problem brought limitations for examining the impact of the training program, particularly its product. Another limitation is that the data emerged from this study only reflect the views of the health care providers working in the urban centers of Sabzevar

University of Medical Sciences. Consequently, the results should be interpreted and generalized considering this limitation.

Findings of this research reveals that the program was slightly desirable in terms of the input and the process, while the domains of context and product reflect a desirable level. Given the fact that officials of this scheme request educating experienced and efficient health care providers in the field of health services, it is necessary to motivate health care providers to gain knowledge, offer facilities and educational equipment, prepare and distribute new and different service packages in the centers offering service, revise the training program of health care providers to fulfill the objectives of the health care provider scheme.

Ethical considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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