

A final project presented to the faculty of the
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Assessment, Development, and Design of the Clinical Director Training Program
for Special Olympics Healthy Athletes, Health Promotion Program

Submitted by
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in partial fulfillment for the requirement of the degree

MASTER OF EDUCATION

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Faculty
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To my devoted mentor,
Mommy.
Sharon E Guthrie, M.Ed.

Acknowledgements

Furthering my education was a dream I thought I had put aside forever with the birth of our son who has disabilities. I have never regretted putting my boys first. They bring unrivaled joy to my world every day. Yet my desire to learn more never left. The development of distance learning over the internet, like other tools the internet offers, opened the door once again.

With the encouragement of my Mother and the challenge of my colleagues, I made that first call. The completion of this program would not be possible without the nudging of the person who answered that call, Canice McGarry. Thank you, Canice, for your unique understanding of the fears of past education experiences that helped me make that leap of faith.

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Thank you to my family for their patience, especially Andy, who endured many dinners watching his Mother talking to her computer. I can only imagine what that looked like to you – I wish you could tell me. To Ryan, I apologize for finishing first.

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Capstone: Assessment, Development, and Design of the Clinical Director Training Program for Special Olympics
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Abstract

The Health Promotion component of Special Olympics Healthy Athletes Program began in 1999 at the World Games in Alaska with a modest education venue. Originally one of the first health promotion opportunities for people with intellectual disabilities, the Healthy Athletes Health Promotion venue now includes four primary education areas (Fruit and Vegetable consumption, Hydration, Bone Health, and Sun Safety), community-based grants, health literacy for people with intellectual and developmental disabilities, and hundreds of education venues each year. Additionally, the team of Global Clinical Advisors (GCA) for Health Promotion has grown to include five consultants with diverse backgrounds and specialties. During these ten years of growth, the training program has evolved with little instruction design. The purpose of this Capstone was to 1) assess the current instruction to identify skill, knowledge, and performance gaps in the training, 2) revise the instruction design to address those gaps, and 3) develop measurable evaluation tools to monitor the performance of Clinical Directors and the Training Program.

A strategic needs assessment was conducted to determine the gaps in training outcomes. The needs assessment identified key strengths and weaknesses of the training. Past Trainees felt the hands-on component of the training was very valuable. Clinical Directors were confused about the role and expectations of the position, needed better mentoring by the GCAs, and better training and support for equipment related skills

Based on the information from the needs assessment, a systematic design process was used to revise the face-to-face Clinical Director Training Program. The training was divided into three separate learning activities: Foundational Training, Face-to-Face Training, and Advanced Training. The Foundational and Advanced Trainings will be offered as e-learning and designed at another time. This project focused on the Face-to-Face Clinical Director Training. Dick and Carey's systems model for instruction design provided a clear method for developing the instructional goal, learning objectives, instructor scripts, and evaluation tools.

The new design was piloted in February 2009 at the Special Olympics Winter World Games in Boise, Idaho. Twenty Health Promotion Clinical Director Trainees from around the world were trained using the new design. Evaluation tools were implemented to provide a level one measure of Trainee competency at the end of the training.

A summative evaluation of the training program was performed which included all four levels of Kirkpatrick's Levels of evaluation. These included Program evaluation by Trainees, GCA and Special Olympics Manager evaluations, Instruction Designer observations, and program performance measures.

Overall, the training was very well received. Trainees left with a better understanding of the role and expectations for Clinical Directors as well as the skills needed to implement a successful venue. Trainees and GCA Instructors alike preferred the emphasis on hands-on training and role play activities to hone the soft skills needed for successful health education for Special Olympic Athletes. The summative evaluation highlighted tremendous improvement in equipment handling and excellent program performance overall.

The training will continue to be used for future face-to-face trainings and re-evaluated as a package when the e-learning modules are developed.

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Introduction

The Health Promotion component of Special Olympics Healthy Athletes Program began in 1999 at the World Games in Alaska with a modest education venue. Originally one of the first health promotion opportunities for people with intellectual disabilities, the Healthy Athletes Health Promotion venue now includes four primary education areas (Fruit and Vegetable consumption, Hydration, Bone Health, and Sun Safety), community based grants, a development of health literacy for people with intellectual and developmental disabilities, and hundreds of education venues each year. Additionally, the team of Global Clinical Advisors (GCA) for Health Promotion has grown to include five consultants with diverse backgrounds and specialties.

By nature, the Health Promotion Program has an unlimited amount of information and education that can be included as a part of the program. This makes developing training a challenge. The Train-the-Trainer component of the Health Promotion program has evolved with the growth of the program and the changing body of evidence-based best practices, with each Global Clinical Advisor designing the training for their area of specialty.

Each GCA has developed content and activities for the Health Promotion Program venues and trainings for the individual areas relatively independently. When combined, training experience is chock-full of information and technical training for new Clinical Directors. It is a challenge to include the depth and breadth of information collected in the face-to-face format.

Developing content and training independent of other GCAs has led to a disjointed training experience with, at times, confusing instruction. Additionally, GCAs are not able to provide training for other content areas within the scope of the Health Promotion. Techniques for the Health Promotion Clinical Director Training must go beyond a presentation of the concept to mentoring techniques and coaching programs in the educational design of activities. This requires coordination of educational objectives, educational methodologies, and the ability to show change in knowledge and action for the athletes and HA Clinical Directors.

In addition, with the growth of the Healthy Athletes Program overall, has come increased awareness of the importance of *educating* the athletes to promote *action* toward healthy choices. This is evidenced by the inclusion of health literacy for people with intellectual disabilities in the Healthy Athletes Program. Health literacy is most effective when embedded into the process rather than as a stand-alone component of a program.

Last, previous training has not been based on measurable learning objectives tied to needed skills to implement the program. Additionally, there was no evaluation plan for the training experience.

This project focuses on honing the current training program to accommodate the growth in the program, practices, competencies, and diverse topics of the Health Promotion Program as well as embedding techniques to improve health literacy through a process of thoughtful instructional design. The outcome will be a training curriculum based on learning objectives or competencies identified by the Health Promotion Team for Clinical Directors. Using Global Clinical Advisors as the subject matter experts for their area of specialty, the Training program will be designed to effectively present information to build competency and assure quality using a variety of assessment tools.

In addition, this re-design of the training curriculum will provide structure for the development of a Trainer manual for Global Clinical Advisors. This is an essential tool for cross-training of the GCAs to enable them to conduct trainings independently in a consistent manner.

Process of Design

The Health Promotion Clinical Director Training required a careful planning process that was easy for health care professionals to understand. The Dick and Carey systems design for instruction design offers easy to follow structure for the GCA Team who serve as the subject matter experts for the training (Dick, 2005).

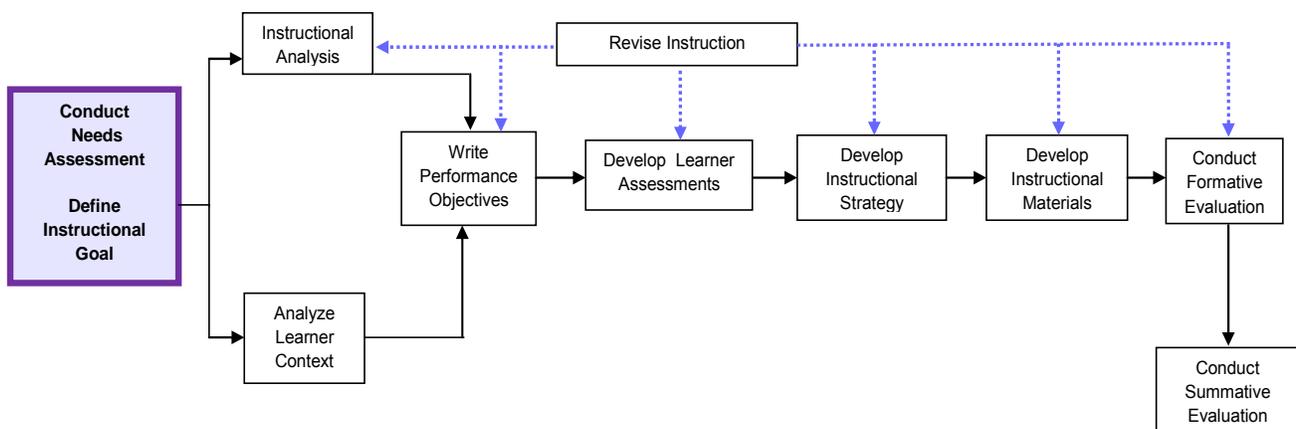


Figure 1: Dick and Carey system model for Instruction Design

Needs Assessment

Dick and Carey's model begins with a needs assessment (see figure 1). In this case, the needs assessment was conducted to determine the areas of the training that need improvement based on information from past Clinical Director Trainees and performance failures for the program.

Purpose of Needs Assessment

The primary purpose of the Health Promotion Training needs assessment was to gather feedback from known Clinical Directors of Local Programs regarding the effectiveness of their Training experience. A strategic needs assessment appeared to be the most effective method to design a needs assessment to identify these knowledge and expectation gaps (Gupta, 2007).

Needs Assessment Method

The Health Promotion Train-the-Trainer Needs Assessment is the first attempt to glean information from known and current Clinical Directors at the local level in a structured format. The survey included a combination of quantitative and qualitative queries providing basic, or level one, evaluation information

regarding the training experience (Kirkpatrick, 2000-2010). Quantitative feedback was obtained by using a smile sheet rating scale of 1-4 (effective to not effective) on 18 topics. Qualitative feedback was obtained using open-ended questions regarding what works, what more did you need to know, what would you like to know more about format. Qualitative data was then coded for themes, however, due to the small number of participants, significant trends were difficult to determine.

Due to the need for fast feedback to include this information in the update for the TTT program, an internet-based survey tool was used. For some this could be a limitation if they are not comfortable with using the Internet. However, given the international scope of the HP Program, Internet communication should be considered a necessary skill for communication, education, and program development.

Email addresses were collected from Global Clinical Advisors and SOI Staff to create a master list for Clinical Directors in the survey program. In all, 76 addresses were identified and added to the database. Of these, eight email addresses were undeliverable, and six were GCAs and Staff, who were asked not to complete the survey. Therefore, there was a total of 62 responses possible.

Participation in Needs Assessment Survey

The survey was opened and shared for a total of 20 days (April 1 – 30, 2008). Four announcements regarding the survey were sent and one closing announcement. During that time, 24 (38%) people responded with 22 completing every question. (Table 1) Three participants are no longer active with their local programs.

The responses represent eight different TTT Programs with one person identifying only the year (2007) of training, not location.

Location	Number Responding
Salt Lake City, UT	6
Orlando, FL	3
Villanova, PA	2
Ames, IA	3
Toronto	4
Cayman Islands	2
Boise, ID	1
Long Beach, CA	1

Needs Assessment Survey Results

A level one smile sheet was used to ask participants to rank 18 different topics on a scale of 1-4 (very effective – not effective). The ranking tool also included an option to note that a topic was not covered in a particular training.

“Very Effective”

The following topics received a majority of responses indicating they were very effective as presented in the TTT Program:

Topic	% (#) rating “Very Effective”
Overview of Healthy Athletes	73% (16)
Goal of Health Promotion	61% (14)
Promoting Healthy Eating	48% (11)
Promoting Sun Safety	50% (11)
Promoting Hydration	56% (13)
Promoting Bone Health	61% (14)

“Somewhat Effective”

The following topics received a majority of responses indicating they were somewhat effective as presented in the TTT Program:

Topic	% (#) rating “Somewhat Effective”
Role & Expectations of Clinical Directors	48% (11)
Skill Development for Effective Communication and Material Development for Athletes	30% (7)
Planning an HP Event	43.5% (10)
Use of HAS and during and after the event	30% (7)
Resources for venue	35% (8)
Resources and tools for Athletes	54.5% (12)
Skill Development for Data Collection (Ht, Wt, BMI, BMD)	48% (11)
Information Regarding Health Promotion for People with ID	39% (9)

“Neutral”

The following topics received a majority of responses indicating they were neutral regarding effectiveness as presented in the TTT Program:

Topic	% (#) rating “Neutral”
Working with local program	39% (9)
Resources and tools for venues	35% (8)
Resources and tools for further education	39% (9)
What to do with outlier scores R/T F/U (BMD, BMI)	35% (8)
Locating community partners and volunteers	39% (9)

Not Effective”

The following topics are those that received any score in the “not effective” category. It is important to note that this rating was *not* the highest rating for any topic.

Topic	% (#) rating “Not Effective”
Use of HAS during and after venue	26% (6)
Resources and tools for further education	22% (5)
Role of Clinical Director	17% (4)
Working with local program	17% (4)
Locating community partners and volunteers	13% (3)
What to do with outlier scores R/T F/U (BMD, BMI)	13% (3)
Skill Development for Effective Communication and Material Development for Athletes	13% (3)
Planning an HP Event	9% (2)
Resources for Venue	9% (2)
Promoting Hydration	4% (1)
Promoting Bone Health	4% (1)
Resources for Athletes	4% (1)
Information regarding health promotion for people with intellectual disabilities	4% (1)

Scores of “not effective” tied for the second most common rating for the following topics:

- Use of HAS during and after venue and
- Resources and tools for further education

Scores of “not effective” tied for the third most common rating for the following topics:

- Role of Clinical Director,
- Working with local programs, and
- Planning an HP Event.

Use of E-learning for Skill Development

Participants were asked about their interest in using online learning modules regarding health promotion for people with intellectual disabilities and to update skills and information for the SOI-HP program. Participants clearly stated an interest in using this method for learning and skill development (77% Yes, 4.5% No, 18.2% Maybe).

Qualitative Feedback

Participants were asked three open-ended questions to help frame qualitative feedback. Responses were then coded for topical themes. Only one area revealed a significant trend, which is the value of the hands-on, athlete-based experience of the TTT program.

Question One:

“Looking back at your Train-the-Trainer experience, what part of the training was the most helpful?”

A total of 20 people responded to this question, with four people choosing not to answer.

Comment	% (#)
Working with Athletes and hands-on experience	65% (13)
Networking with other Clinical Directors	30% (6)
BMD training	10% (2)
Overview of Health Promotion	5% (1)

Selected Comments:

“INTERACTION WITH THE ATHLETE. my first experience”

“Train-the-trainer has served as an inspiration, a vision of what my (local) athletes could experience. I have been passionate about the program & I believe the program has the potential to change lives... in fact I've seen it!”

“The training was fine. I have a lot of experience working with this population so I really think more of the training should focus on how we work with our local programs. Also, I have a lot of issues with the HAS forms. They are better suited to be completed when physicals are done. That is the most appropriate venue not during health promotion when time would be better spent focusing on one or two concepts that the athletes could come away with. One of the best parts was meeting other trainees!”

“Learning about resources available and networking with fellow Clinical Directors. Alice and Mary provided excellent materials to get us started! We also received thorough training on the bone density equipment.”

“The actual hands on part of the training was the most helpful for me since it gave me a lot better insight of Health Promotion site flow and how to communicate with the athletes and the coach/parent.”

Question 2:

“When you returned to your local program, what information did you find you needed that you did not have?”

A total of 19 people responded to this question, with five people choosing not to answer.

Comment	% (#)
Equipment and Materials	21% (4)
Local Program Information	10.5% (2)
Better Communication between local and national program and Clinical Directors	10.5% (2)
Health Literacy & Education Activities for Athletes	10.5% (2)
Modified materials for culture	5% (1)
Local resources and contacts	5% (1)
Donations	5% (1)
“Perspective”	5% (1)

Selected Comments:

“Our local program was non-existent. At the chapter level, there was a young woman who was my contact person; however she was not a professional, nor was she helpful. Currently her position is open. The nurse I met at my training, Courtney also left SO. I needed a support person to turn to for questions. I needed resources for give-aways. I needed referrals for other professionals & resources for athletes. I believe it is critical to train the volunteers who come to help with the screenings. A resource for training volunteers would be very, very valuable.”

“The range of educational resource materials is not available to us. We have to improvise. The food groups are different from ours so we have created our own list. We also feel sex education is important but we are not allowed to impart this information. Some aspects of the form are not relevant eg. sun exposure and cigarette smoking.”

“I think there is very poor communication and organization. I also think that we are expected to find the money and resources to do everything and that certainly was not made clear during training.”

“how to get stuff - how to work with local programs - not sure it was well known that Health Promotion had come on board at first - need to emphasize how to get that accomplished - what does Healthy Athletes need from SO and vice versa locally”

“Very little of the health literature and other consumables distributed during our Healthy Athletes training event was developed for the intended audience - youth and adults with cognitive disabilities. In fact, several trainees joined together to adapt the language and format of materials before using with Canadian athletes. We learned to be flexible and alter suggested use of materials to meet the learning abilities of the athletes.”

“I have not been informed when or where to return to my local program.”

Question 3:

As a Clinical Director, what information would you like to have available to you now?

Nineteen people responded to this question, with five people choosing not to answer.

Comment	% (#)
HAS: Inputting data, access to data	21% (4)
Communication with local Program (schedules, plans, names of contacts, etc)	16% (3)
Local contacts for supplies and resources & Funding	16% (3)
Networking Opportunities with other CDs	10.5% (2)
Local contacts – volunteers	5% (1)
Educational materials	5% (1)
Understanding behaviors/ lifestyles/ educational need and how to support athletes and families	5% (1)
Training	5% (1)
Affiliations with other national programs	5% (1)
More clinical directors	5% (1)
Give-aways	5% (1)

Selected Comments:

“I would like to see National HA folks make more affiliations with appropriate nonprofit organizations or health related institutions to supply HP venues - like the attempts with the Dairy Association - and the sun safety stuff - seems like health literate/age appropriate give a way stuff, games or educational materials (or technological learning methods like healthy eating computer game??!) would be great”

“We would love to have the range of resource material and gimmicks for distribution or to have the funding to produce our own. We wish to understand eating behaviour and eating difficulties better and not just which foods athletes eat and don't eat.”

“Data/Statistics on the health of athletes in other parts of the country. Basic guidelines for what the main message of the different stations is for Health Promotion.”

“When and how are the events set up. A schedule of upcoming events. Further training that actually includes what being a clinical director is! I have been a nurse for 22 years. I know how to do the different venues. What I do not know is how to stay involved, and what my role is.”

“How about a central place for directors to post what they do so we can all share the same information.. and not have to reinvent the same stuff. Basic starter kits for bone health, tobacco, sunsafety, hydration would be great.”

“Funding opportunities to develop printed and electronic health education materials for youth and adult with cognitive disabilities. We have a cadre of experts but lack funding!”

Conclusions

The feedback from the online survey through SurveyMonkey.com was very helpful with regard to understanding the strengths of the HP TTT Program as well as areas that need some work. Clear strengths of the program include:

1. Content of basic information for key topics: healthy eating, hydration, sun safety, and bone health is clear and understood.
2. The goal of Healthy Athletes and Health Promotion is clear.
3. The hands-on component of setting up and participating in the venue is clearly essential and key for new Clinical Directors.

Areas to consider for improvement, either through the Train-the-Trainer delivery or through on-going support for Clinical Directors include:

1. Developing skills related to the HAS data system and use of that data.
2. Communication between SOI-HP Manager and SOI-GCA Consultants with Clinical Directors regarding roles, expectations, changes in program, and working with their local programs.
3. Coaching regarding communicating and logistics of working with local programs.
4. Methods for funding development for local programs, including capacity grants and donations from local sources.
5. Resources and tools for further education.
6. Networking, sharing best practices, and educational materials between SOI and clinical directors.

The information gaps and design changes needed are clear from the results of the need assessment.

Instructional Goal

Using the needs assessment and program goals as a guide, an overall instruction goal for Clinical Director Training was created.

Using information about specific health concerns for people with intellectual disabilities, Health Promotion Clinical Directors will be able to plan, execute, and evaluate a health promotion screening with accommodations for health issues specific to individuals with intellectual disabilities using appropriate tools for data collection, health literacy and understandability, and health education and enter data correctly into the HAS system.

Instructional Analysis

The instruction analysis process involves consideration of a number of factors that impact learning. Some areas to consider include entry level skills, previous knowledge, educational level, language, learning styles, learning environment, learner motivation, time allowed for learning, and the training environment. The following section discusses each of these as a consideration in the overall instruction design process.

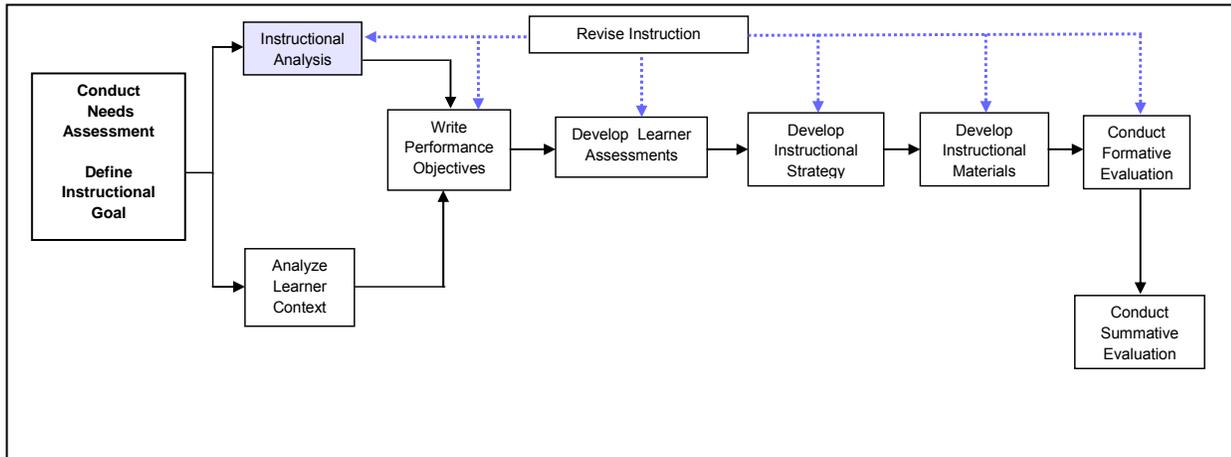


Figure 2

Define Entry-Level Competencies

The SOI Healthy Athletes Health Promotion Program is designed to be inclusive of all health care professionals: physicians, dietitians, physical therapists, occupational therapists, health educators, special educators, and so on. Entry level competencies include the following:

- Certificate as a Health Professional.
- A minimum three-year commitment to ensure quality and continuity.

The goal of the Healthy Athletes Health Promotion Team is to mentor and coach interested professionals in health-related fields. Using broad entry level criteria allows professionals with little exposure to people with intellectual disabilities to become involved, learn needed skills and health-related information related to people with intellectual disabilities, and change attitudes regarding inclusion in their practice. A motif of the Healthy Athletes Program is to create change in the quality of health care for people with intellectual disabilities by increasing the number of professionals who are aware and skilled in providing services.

Because of the time and resource expended in training and mentoring Clinical Directors, a three-year minimum commitment is another important requirement.

Clinical Director Competencies

The entry level competencies required for Clinical Directors is loosely tied to the competencies required for success in the position. Lists of venue-specific competencies for Clinical Directors for each

educational topic as well as administrative duties were created. Using the end-goal as a guide, sub-skills for each competency were determined using a backward chaining process (Alden, 1978).

Here is an example of a completed task analysis using backward chaining:

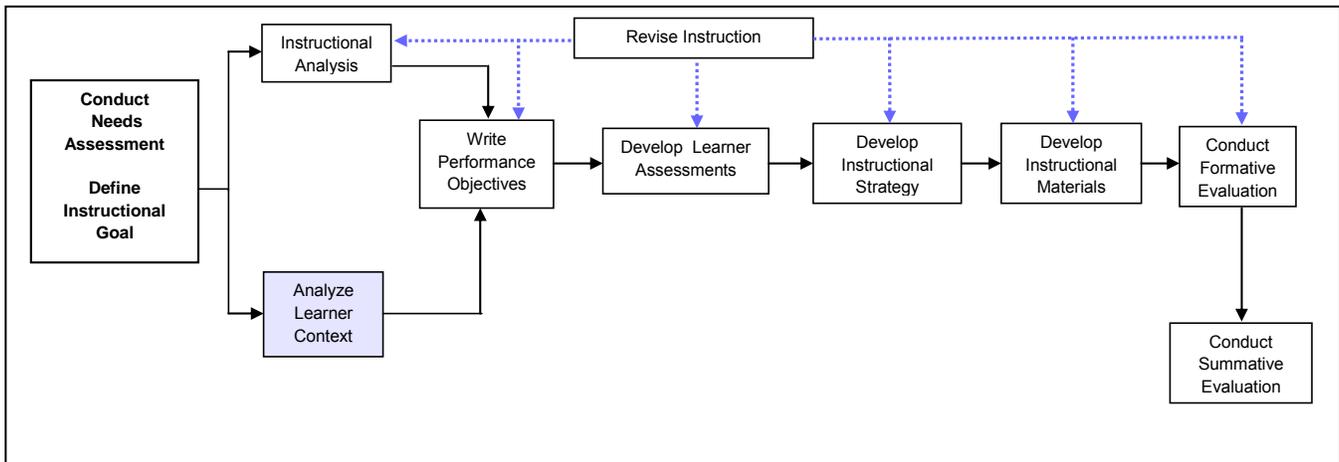
Measuring Height:

- Confirm number on form with reading on stadiometer.
- Record height in centimeters (cm) on HAS form.
- Check measurement on the stadiometer carefully.
- Lower the headboard to the top of the athletes head so that it creates a right angle with the measurement surface.
- Check posture to ensure the three points of contact are correct:
 - Shoulders should be back against the wall or in line with stadiometer bar.
 - Buttocks should be shifted back to the stadiometer bar.
 - Heels should be back up against the stadiometer bar, with feet flat.
- Remove clothing that will impact measurement:
 - Hat
 - Shoes
 - Heavy or bulky items (such as a coat) that affect posture.
- Obtain an approved stadiometer
 - See list of approved equipment or follow instructions below:
 - Headboard must be at least six inches wide.
 - Non stretch tape affixed to a wall.
 - Headboard must have a right angle.
 - Do not use the measuring rod attached to a scale.

These tools, or steps, were used in determining skill-based learning objectives (Appendix A), handouts for Clinical Directors (Appendix D), and trainee evaluation (Appendix F).

Analyze Learner Context

The next step in the Dick and Carey model is to analyze the learner context. Learner Context refers to the qualities the learner (or Clinical Director Trainee) brings to the learning experience as well as the physical learning environment.



Trainee Characteristics

The entry level skills of Clinical Director Trainees are quite broad, which creates an instructional challenge for GCA Instructors. The range of experience in the health care field ranges from a recent health education graduate to Emergency Room Physicians. In addition, trainees for this program come from all over the world. Although it is not specified in the entry-level criteria, trainees must speak English or bring an interpreter to the training at this time.

This diversity adds a desired richness to the program for everyone. A common educational strategy used when working with individuals with intellectual disabilities is described best as “model the expected behavior.” In this case, the aim is to model understandability and clear communication to promote health literacy. Therefore, instruction was designed to use as little jargon or medical terminology as possible which models communication techniques needed when interacting with Special Olympics Athletes, Coaches, and family members or care providers.

Despite this diversity in educational level, Clinical Directors tend to have the following common characteristics:

- An interest in working with people with intellectual disabilities.
- An interest in being a positive change agent for health care for people with intellectual disabilities.
- Respect for the Special Olympics Sports Program and Movement.
- Little to no previous experience with the Healthy Athlete Program overall.
- Little to no previous experience working with local Special Olympics Programs.

This information shaped the structure of the training opportunities. Training done in a face-to-face, venue-based situation focuses on competencies related to executing the Health Promotion Event.

Learning Environment

The learning environment for Health Promotion Clinical Director Trainees is, perhaps, the greatest variable in designing instruction. Trainings generally occur during larger sporting events such as National, Regional, or World Games. The Health Promotion Program typically is allotted a total of 8 – 11 hours for training over the course of two days. This time frame also includes the time to set up the screening venue. The need to train while assembling the venue creates a natural environment for hands-on learning and more interactive instruction. In addition, the training includes opportunity for trainees to conduct screening and implement the skills learned. Each training venue provides between 4 and 20 hours of hands-on screening.

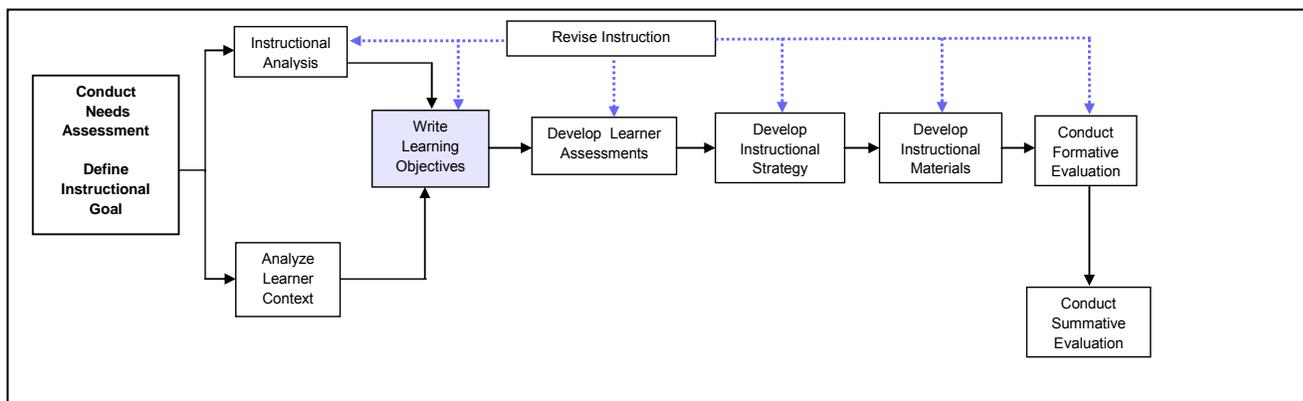
In addition, the physical environment changes for each training. Venues range from traditional classroom settings to a conference center exhibit floor. Therefore, training must be designed for flexibility in technique and equipment available.

Last, the variety of topics and skills to learn during the training require planning so that trainees receive equal and adequate instruction or hands-on experience during the screening time. Therefore, instruction was designed to occur in tandem with the venue set up, allowing for informal discussion, coaching, and hands-on practice between trainees. Trainees were asked to switch stations at regular intervals to ensure exposure to the different stations.

All of these areas were considered when designing the instruction for Clinical Directors. There are many strengths to the learner contexts that lead naturally into the incorporation of instruction methods from adult learning theory and universal design for learning.

Learning Objectives

Each of the five Global Clinical Advisors is a subject matter expert in at least one area of the Health Promotion Program. Learning objectives were written to meet the needed skills provided by the GCAs from each topic area.



Using identified competencies and learning contexts as a guide, measurable learning objectives were written using Bloom's Taxonomy (OfficePort.com, 1998). This information, along with feedback

provided in the needs assessment process, highlighted the need to reduce the amount of theoretical learning during training. As shown in the needs assessment, the amount of information provided impeded the Trainees' ability to fully engage in hands-on learning during set up and to practice skills through activities such as role plays. Therefore, learning objectives divided into one of three categories:

- **Basic Content:** the **foundational information** a clinical director will benefit from knowing to understand issues related to health promotion for people with intellectual disabilities.
- **Face-to-Face:** the **competencies and skills** necessary to successfully plan, execute, and follow up on a health promotion screening event.
- **Follow-up Learning (Advanced Content):** information that **builds on previous information** to provide enhanced knowledge, skills, community connections, and expertise in the area of health promotion for people with intellectual disabilities. Also builds on skills and activities of the health promotion program within Healthy Athletes (such as producing articles or activities).

The collection of learning objectives separated into these categories is provided in Appendix A.

The current redesign project focuses on the instruction in the face-to-face (f2f) component of the training. Those objectives are listed below:

Learning Objectives for Clinical Director Trainees at Face-to-Face Training

F2F Train-the-Trainer
Nutrition
Clinical Directors will state the key messages in Nutrition/Hydration
Clinical Directors will demonstrate the ability to accurately: <ul style="list-style-type: none"> • Measure height, weight, and waist circumference. • Use equipment to obtain accurate measurements. • Problem-solve issues related to use of equipment. • Record measurement data.
Clinical Directors will demonstrate the ability to interview athletes to obtain information for the HAS data form.
Clinical Directors will use principles of universal design to assemble the key components of a nutrition/hydration station.
Strong Bones
Clinical Directors will assemble <i>Strong Bones</i> station using principles of universal design
Clinical Directors will demonstrate ability to unpack and repack the Sahara Sonometer and return to SOI

<p>Clinical Directors will operate the Sahara Sonometer to include:</p> <ul style="list-style-type: none"> • Successful calibration, • Successful quality control test, • Correctly read results, • Correctly interpret results for athlete and support person, • Successfully replace printer tape, • Successfully fix paper jams, • Correctly record data.
<p>Clinical Directors will draft a proposed follow up plan for low/high bone density scores in the community.</p>
<p>Clinical Directors will demonstrate delivery of key messages for <i>strong bones</i> education station.</p>
<p>Clinical Directors will develop a plan for recruiting and retaining volunteers for local program.</p>
<p>Clinical Directors will restate key messages volunteers working in the <i>Strong Bones</i> station must convey to athletes:</p> <ol style="list-style-type: none"> 1. Using food models, show three servings of milk each day (or fortified soy, OJ, or supplements). 2. Using visual tools and gestures, identify and demonstrate weight bearing and strength building exercises that impact bone health. 3. Using visual tools, illustrate the impact of weak bones to athletes.
<p>Sun Safety</p>
<p>Clinical Directors will restate best practices and methods for protection from exposure to UV radiation.</p>
<p>Clinical Directors will using visual tools, sample product, verbal instruction, and gesture, demonstrate Sun Safety best practices.</p>
<p>Clinical Directors will identify groups in the community who may be a resource for volunteers interested in sun safety education and skin cancer prevention.</p>
<p>Clinical Directors will demonstrate how to communicate key messages for sun safety to athletes in a health promotion screening using the “<i>I Choose to Change</i>” series.</p>
<p>Clinical Directors will identify resources for sun safety materials and games for hands-on learning.</p>
<p>Health Literacy and Communication</p>
<p>Clinical Director Trainees will demonstrate the use of person-first language throughout the Healthy Athlete Event.</p>
<p>Clinical Director Trainees will demonstrate key skills for communication partners to use when working with people with intellectual disabilities.</p>
<p>Clinical Director Trainees will be able to construct and evaluate a visual tool for educational activities and communication in the health promotion venue.</p>

Working with SOI and Local Programs

Clinical Directors will list the contact name and phone numbers for their local and regional programs.

Clinical Directors will locate the Health Literacy Blog.

Clinical Directors will provide SOI with a working e-mail and US Mail address as well as phone contact information.

Clinical Directors will locate and describe the health promotion grant options.

Clinical Directors will create a draft list of potential community partners to enhance the HP venue

HAS Data Entry

Clinical Directors will be able to demonstrate how to review HAS data forms for accuracy.

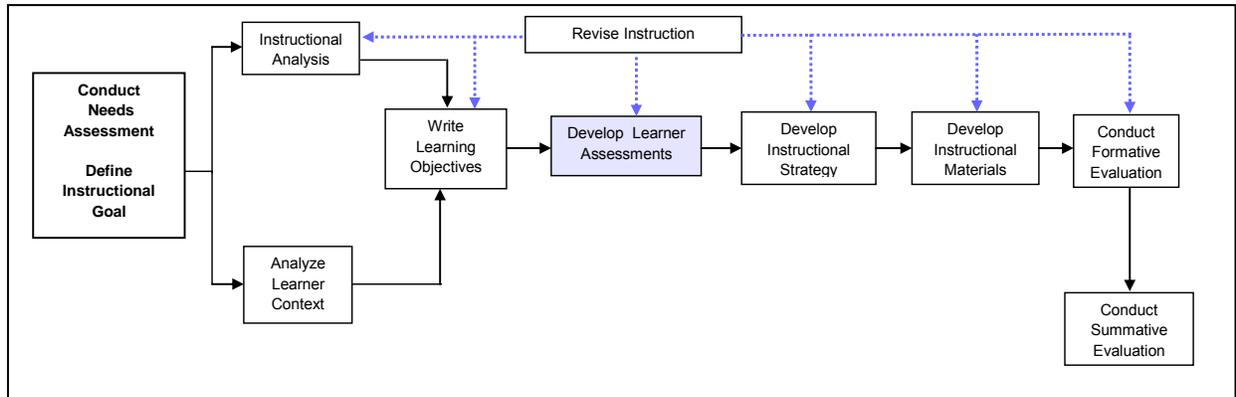
Clinical Directors will be able to demonstrate accurate input of data in to the HAS data entry site.

Clinical Directors will be able to describe, verbally or in writing, how to request a HAS event site for data entry.

Clinical Directors will create a plan for timely completion of data entry.

Develop Trainee Assessments

Once the learning objectives are written, the evaluation tools are designed to measure the outcome of training to meet learning objective goals.



Using learning objective as a guide, trainee evaluation tools were created to measure learning outcomes. Because the soft skills and technical skills overlap, some evaluations can be done concurrently, such as communication observation and measurement accuracy. The variety of assessment strategies for each area are listed in the *Instructional Strategy Chart* in Appendix B.

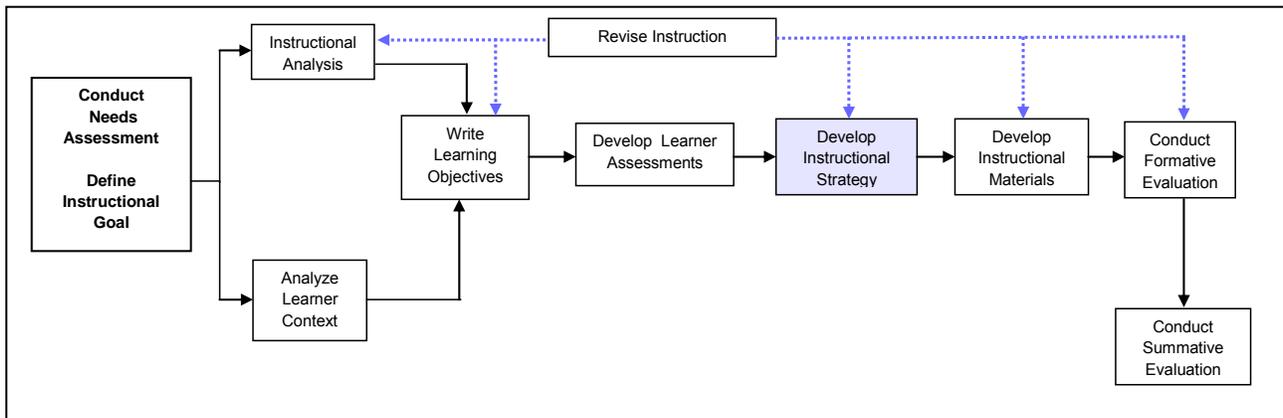
Tools designed for trainee assessment include:

- Group discussion and analysis of role play using discussion rubric.
- Communication Partner observation tool and rubric.
- Measurement accuracy validation checklist.
- Competency checklists for demonstrating operation of Sahara Sonometer
 - Unpacking
 - Calibration
 - Screening
 - Packing
- Peer-to-Peer observation with evaluation rubric.
- Validation of data in HAS Software system (hand data check of data input).

Examples of assessment tools and evaluation rubrics used are in Appendix F

Instructional Strategy

The instructional strategy serves as the blueprint for the instruction design. The HP Clinical Directors Training was designed with a careful eye for universal design so that all types of learners are actively engaged. This process also models the expected philosophy that *everyone* can learn, if information is presented in an appropriate manner.



Traditionally, training for Clinical Directors in the Health Promotion program has been lecture with immediate implementation and little coaching. The hands-on component of the training was the most valued part of the learning experience. However, the hands-on component of the training had little to no educational planning or evaluation.

A key challenge to the program is the many layers of learners involved. The Clinical Director Trainees provide screening and education to Athletes, Coaches, Families, and, at times, political dignitaries. Although this project does not include an evaluation of athlete, coach, or family learning, it is important to develop a process and structure to promote instruction integrity. Therefore two types of Instruction materials were included in the instruction strategy: instruction plans for athlete education activities and job aids for Clinical Director Trainees.

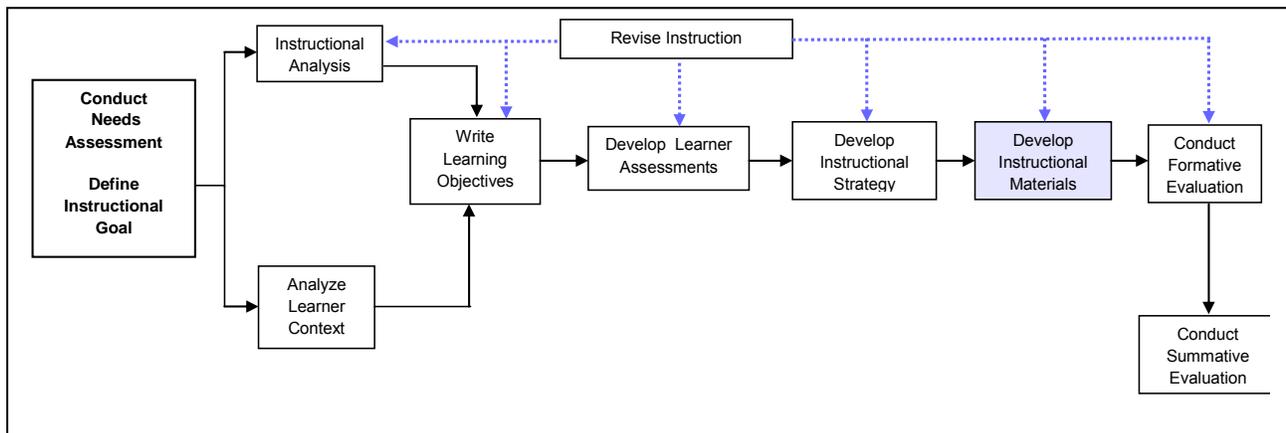
Methods of implementing instruction for trainees were designed to take advantage of adult learning theory and universal design for learning techniques.

Based on this, the following changes to the instructional strategy were implemented:

- Reduction of theory-based presentation time.
- Development of Instruction Scripts for GCAs (Appendix C).
- Development of instructional strategies for Clinical Director Training (Appendix B).
- Development of Handouts, or Job Aids, for Clinical Director Trainees (Appendix D).
- Development of instruction plans for Athlete Education Activities (Appendix E).

Develop Instructional Materials

The steps of the process up to this point create the structure for the development of instructional materials. In doing so, creating a successful learning experience and useful evaluation of learning and program efficacy is much more likely.



Instruction materials were created to support the learning objectives of the program. The hands-on nature of the face-to-face training lends itself to low tech materials, such as print and electronic documents to print later. Concepts for health literacy were used in the design of these print-based materials to include adequate visual cues for successful skill acquisition.

Past trainings have not included materials for others to instruct in the various content areas. Therefore, materials were created for the instructors (GCAs) as well as the trainees. This resulted in three levels of instruction materials:

- Instruction Scripts for GCAs (Appendix C),
- Job Aids for Clinical Directors (Appendix D), and
- Lesson Plans for Athlete Education Activities (Appendix E).

Instruction Scripts for Global Clinical Directors

The GCAs of the Health Promotion Team are accustomed to creating their own presentations during the train-the-trainer sessions. Influencing the content and method of group presentations was a challenge. Therefore, integration of multiple learning activities to meet various learning styles and capitalize on hands-on learning were built in to the structure of the training agenda.

The training agenda was structured to limit traditional lecture-based instruction for hands-on coaching provided during set up of the venue. Time was also set aside for role play and discussion of the role plays, which were used both for learning and evaluation.

A goal of the Healthy Athletes Vice President is to design training so that all GCAs can conduct a Clinical Director Training independently. To that end, a key tool created for Instructors (GCAs) was the

Instructor Scripts for different content areas. These tools provide content structure and detail needed for instructors when providing training in less familiar content. Samples of these instructor scripts are provided in Appendix C.

Job Aids or Handouts for Clinical Director Trainees

Another type of instructional material that is often used in job-related training is a *job aid*. A job aid provides information to support a trainee's success after returning to the work environment. The GCA team was unfamiliar with this term and preferred to refer to these tools as "handouts." Therefore, the tools created for the GCAs uses the preferred terminology.

The re-design process highlighted the need for development of job aids, or handouts, which serve as tools for clinical directors to be able to implement competencies learned as well as train local volunteers in their community program. Clinical Directors may only implement one HP screening each year. Therefore, easy-to-access and follow tools for equipment use, overall venue implementation, data collection, and data reporting are an essential component for success.

Local programs must obtain equipment that is approved by Special Olympics Main Office for Healthy Athletes in order to assure accurate data collection. In the Health Promotion Venue many of these tools are self-explanatory. Even the most basic tools require consistent procedures for accuracy, however, including removal of shoes for height and weight, correct placement for measuring waist circumference, etc.

A set of job aids were developed as reminders for Clinical Director Trainees when conducting a screening for their local program. Column four of the instruction design matrix (Appendix B), "Job Aids" lists the job aids, or handouts, provided to Clinical Directors to ensure a successful program. These materials were created using learning objectives and sub-skill competencies as a guide. Samples of job aids created are provided in Appendix D.

One essential set of job aids created in the re-design provide needed information and assistance to request, set up, use, and return the Sahara Bone Density Sonometer. The sonometer is an expensive, and simple, yet sensitive, piece of equipment. Approximately 305 of sonometer loaned needed repair or replacement parts when returned.

Instructional Materials for Trainees Use with Athletes

In the past, Global Clinical Advisors worked in a silo to create training experiences for Clinical Directors. This led to inconsistent instruction with regard to key messages delivered to the athletes at the Health Promotion Event. Once trained, Clinical Directors abandoned the targeted messages for ones that drew their interest. Although these other messages were very appropriate for athletes, consistency in messaging is important for measuring the effectiveness of the program.

Therefore, instruction plans were created. Instruction plans assist with successful preparation of educational activities and are a good resource for ideas for HP venue activities. Clinical Directors are encouraged to develop new learning activities and send instruction plans to the Health Literacy GCA for

modification and inclusion in the athlete education toolbox. Appendix E includes a template for instruction plans for these activities and a sample collection of instruction plans provided to trainees.

One key set of materials for athlete education is the *I Choose to Change!* Series of screening report cards. These cards include the key message or goal for one content area along with three or four first steps a person can take to work toward that goal. Figure 2, below, is an example of the *I Choose to Change* message for the sun safety station of the HP venue. The back of the card is used as a report card to provide information regarding bone density screening and body mass index. These cards are available for all athlete education content areas: Bone Health, Fruits and Vegetables, Hydration, and Sun Safety. An instruction plan is also provided for efficacious implementation (See Appendix E). A matrix of the components of the instruction and assessment plan is provided in Appendix B.



Figure 2: *I Choose to Change!* Sun Safety and Athlete Report Card

Training Event - Implementation

The training redesign including the new instruction strategy, job aids, athlete learning materials, and trainee learning evaluation tools was implemented February 6-9 at the Special Olympics World Winter Games in Boise, Idaho with 20 Clinical Director Trainees.

The training was a lively experience with health care professionals coming from all around the world to become Clinical Directors in Health Promotion for the Special Olympics, Healthy Athletes Program. The training redesign including



the new instruction strategy, job aids, athlete learning materials, and trainee learning evaluation tools was implemented February 6-9 at the Special Olympics World Winter Games in Boise, Idaho with 20 Clinical Director Trainees.

The training was held in on the University of Idaho Campus in a large exhibit hall. Rooms for each Healthy Athlete Discipline were created using portable walls. Although this was a generous space historically, every inch was filled with screening and education stations.

Trainings conducted at World Games Events typically include the most generous training schedule available. The Boise training spanned five days, with 9.5 hours of instruction and 20 hours of hands-on screening.

The GCA Team felt ownership of the formal presentations and exhibited resistance to using a presentation organized by the instruction designer. Therefore, each was given the freedom to create their own. Content goals were provided to structure the presentations. The challenge for the instruction design process was allowing the freedom the team desired without losing time for other teaching strategies. Direction for presentations was provided using an agenda was produced with guidance for time and goal for the instruction during the time allowed (See example below).

Train-the-Trainer Agenda – GCA Copy
 Winter World Games 2009
 Boise, Idaho

Saturday February 7, 2009

8:00-10:00am (approx) Healthy Athletes Group Orientation

10:30am – 12:00pm

Health Promotion

- Agenda and expectations for the weekend –HD
- Icebreaker –JM
- Role of the Clinical Director – HD
- Content Presentations
 - Health Literacy -JM
 - Bone Health - MP
 - Nutrition - AL

Content presentations:
14 minutes each

Content presentations :
brief overview of content area.
Presentation style: lecture.

Examples:

- Need: What do we know?
- Screening goal.
- Education goal.
- Where to go for more information

2:00pm

Opening Ceremony

8:00pm

Healthy Athletes Reception

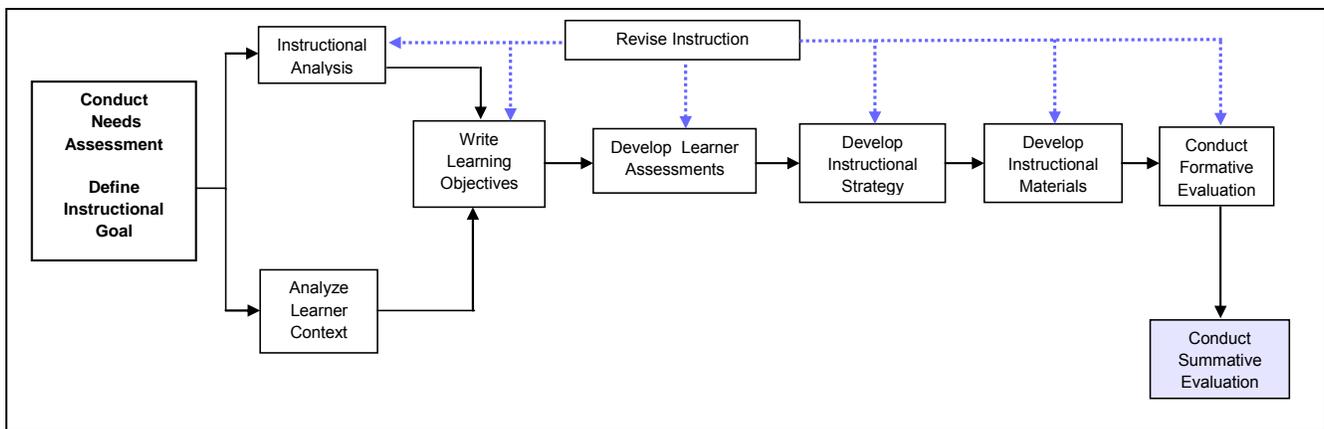
Using a similar format, GCAs were coached regarding when to implement various instructional strategies (such as role play or hands-on learning) and conduct evaluations. Team meetings prior to the event suggested good comprehension of the plan. Given this direction, GCAs created presentations about their topic without review due to attitude and time-related barriers.

There was some confusion for the presenters on the first day of training. This appeared to be due to an attitude barrier from two of the GCAs who did not fully absorb the instructions by the designer. This is also due to the less senior role of the designer on the GCA team. It is likely that an outside consultant would not have felt this resistance. In addition, one GCA arrived unprepared, assembling packets in the back of the room, and disrupted the flow of the agenda topics. As always, there were some technical challenges that were overcome by the second day.

By the second day the GCA Team had reviewed the instructional strategy in more detail and implemented the instruction plan as accurately as a World Game environment allows.

Evaluation Plan

Best practice for implementing the Dick and Carey design suggests the next step is to provide a formative evaluation. The evaluation conducted actually serves as both. The HP Training Curriculum Instruction Design Process is a long-term project, with implementation of the e-learning components projected for 2011 and a formative evaluation of all three methods of delivery projected for 2012. This means a summative evaluation will of the three tiers of learning will not be possible until 2013 at the earliest.



Because the results of the needs assessment led to a three-tiered program, it could be argued that the changes implemented are the result of a formative evaluation of the past training program (the needs assessment). This means the evaluation of this project at this time is summative for this tier. As the e-learning programs are developed, each tier will be evaluated separately to inform the process of the combined experience.

Because of this, the instruction designer served primarily as an observer with the exception of assigned content area (health literacy) and summative interviews.

The evaluation plan is two-fold:

1. Training Evaluation: assessing the competency and skill of trainees during training experience and the performance of CDs once they return to their local program.
2. Summative Evaluation of the training. Combining information from assessment of trainee learning, assessment of training program, and assessment of programmatic results, develop a description of strengths and weaknesses of the current program.

Summative Evaluation Tools Plan

The summative evaluation will include information from all four levels of Kirkpatrick’s Levels of evaluation (Kirkpatrick, 2000-2010). The evaluation plan includes four types of information: assessment of trainee learning at the event, trainee program evaluation, GCA program evaluation, and program performance results. Combined, this information will provide a robust view of the training as well as a method for comparing the effectiveness of future trainings.

Kirkpatrick Levels of Evaluation	Evaluation Methods Used
Level Four: Results	<ul style="list-style-type: none"> • Successful completion of one HP Venue in 12 months • Successful application for capacity grant funds • Successful input of data into HAS System. • What Works/Doesn’t Work survey for GCA.
Level Three: Behavior	<ul style="list-style-type: none"> • Evidence of teamwork with local program to plan HP venue (e.g., capacity grant application) • Submission of appropriate, unique Athlete Education Activity.
Level Two: Learning	<ul style="list-style-type: none"> • Successful completion of Clinical Director Training activities • Successful evaluation of competencies using evaluation tools designed for CD Training.
Level One: Reaction	<ul style="list-style-type: none"> • Post training satisfaction survey

Assessment of Trainee Learning

Level two evaluations measure the impact of training on knowledge, skills, and attitudes. This emphasis is a primary target for the Healthy Athlete Program overall. A number of evaluation methods were designed as instructional strategy for the training experience including participation in discussion and role play, observation during training event, random data check, and demonstration. Samples of the rubrics developed for these evaluations and are included in Appendix F.

Training Evaluation by Trainees

Feedback regarding the efficacy of training was solicited immediately following the training. Questions were asked in a small group or individual setting and tabulated.

Questions:

- Was the learning objective of the weekend clear?
- Did the activities support the goal of the training?
- Did the learning activities prepare for the real-time hands on experience?
- Was the feedback from the Training Team appropriate during the weekend?
- Generally speaking, what went well?
- What challenges do we need to address?

Training Evaluation by Global Clinical Advisors and Health Promotion Manager

Feedback regarding the efficacy of training was solicited immediately following the training. Questions were asked by email.

Questions:

- Is the goal of the face-to-face training clear for each area?
- Do the learning activities support the overall goal of the face-to-face training?
- Do the learning materials support the performance goals?
- Do the learning activities address the areas of concern from the needs assessment?
- Generally speaking, what went well?
- What challenges do we need to address?

Program Performance Evaluation

Program performance will be measured by successful completion of elements of the Health Promotion venue including:

- Successful implementation of an event within 12 months,
- Successful application of a capacity grant,
- Successful input of data into the HAS System,
- Evidence of teamwork with local program (e.g., collaboration on capacity grant),
- Submission of appropriate, unique, Athlete education activity,
- Successful request and return of a Sahara Sonometer (if loaned).

Trainee Skill Evaluation Results

Trainee Skill Evaluation

A variety of tools were created to measure trainee skills in targeted areas. The following are the results of those evaluations.

Role Play and Discussion.

The role play and discussion was one of the liveliest activities of the training. A sample of the role play vignettes is available in Appendix F. An evaluation rubric was created and used during the discussion (Appendix F). This was a very popular activity. With the exception of one trainee, all were engaged and scored “above standard.” The trainee who did not, was ill, and excused from participation.

Communication Partner Observation Checklist

A Communication Observation Checklist was created for evaluation of communication partnering skills with athletes as a component of health literacy. The evaluation plan calls for four observations. However, no more than two were completed for any one trainee. When more than one observation was completed, the scores were averaged. The complete tool is available in Appendix F.

Observations were made on 14 of 20 trainees and scored using a rubric. All trainees received at least an “Accomplished” score. Some situations may have been adversely effected by language barriers and culture. Results are tabulated below.

Communication Partner Strategy	Needs Work	Emerging	Accomplished	Exemplary
	Trainee does not engage in target behaviors to support communication.	Trainee engages in targeted techniques to support communication. Seems uncomfortable or needs reminders.	Trainee engages in target behaviors in all interactions. Conversation may still be a little awkward.	Target behaviors appear natural and easy. Shows no hesitation. Conversation is genuine and respectful.
Greets athletes with a smile				14
Uses person-first language			3	11
Gives & maintains eye contact		1		13
Is on same level with athlete		5	3	6
Develops rapport		2	4	8
Respects personal space				14
Attends to nonverbal cues	1	3	5	5
Asks for clarification if needed			5	9
Waits for response		2	10	2
Balances attention between task and athlete without losing interest	5	3	4	2
Uses positive language				14
Uses age-appropriate language and tone.				14
Open to and responds to initiations by athletes		1		13
Speaks to athletes when parent, coach, or support person is present.			4	10
Attempts to have athlete repeat, gesture, or point to message or behavior change goal.	8 (may be language issue)	4	2	
Scoring Criteria	Needs Work: Meets 5 or fewer techniques per athlete interaction.	Emerging: Meets less than 8/15 techniques per athlete interaction.	Accomplished: Meets at least than 12/15 techniques per athlete interaction.	Exemplary: Meets than 15/15 techniques per athlete interaction.

Observation scores were tabulated to determine the trend of scores for trainees, with 12 out of 15 categories receiving primarily exemplary scores. Of note, two categories scored highest in the “needs work” category. These were “*Balances attention between task and athlete without losing interest*” and “*Attempts to have athlete repeat, gesture, or point to message or behavior change goal.*”

Sahara Sonometer Competency

Competency reviews based on a demonstration of skills and sub skills listed in the competency checklist for use of the Sahara Sonometer were conducted for each trainee. All trainees successfully demonstrated conducting a bone density scan of 10 or more athletes with no prompting.

- Thirteen out of twenty trainees successfully demonstrated calibration of the Sahara Sonometer.
- Five out of twenty trainees successfully demonstrated re-packing of the Sahara Sonometer.
- Five out of twenty trainees successfully demonstrated unpacking the Sahara Sonometer.

Opportunities for unpacking and repacking the bone density machines are limited because of time and need. The machines are unpacked once and re-packed once. All trainees stated they were comfortable with the operation of the machines.

Discussion of Trainee Evaluation Results

This was a very talented group of trainees. The three methods of evaluation used to measure learning showed attention to training and implementation of skills. Comparing the results from the role play discussion to the communication observation rubric provides an interesting picture. Trainees scored very high with the group discussion rubric used for the role play evaluation. However, when implementing those soft skills with athletes, the scores were more diverse. Both areas of in which trainees scored in the “needs work” category are extreme challenges when working at the World Games. It is likely that when implementing a program with the trainee’s local program, these scores will improve. It is possible that language barriers and environmental factors played a role in some of the topics.

It is very pleasing to have high scores for the bone density screening competencies. The job aids and instruction scripts for this topic were not in place for any prior training. This is the most expensive piece of machinery used for the HP venue, which makes it essential for trainees to be comfortable with the equipment at the end of the training and know where to find and how to use job aids related to these skills.

Training Evaluation Results

Training design evaluation provides information on the design and implementation of the training program. This identifies strengths and weaknesses of the current program for future program planning.

Trainee Feedback

Program feedback from trainees was obtained individually or in pairs (to assist with language barriers). A total of 17 out of 20 trainees were interviewed.

Questions	Yes	No	Comments
Was the learning objective of the weekend clear?	15	2	<ul style="list-style-type: none"> I had a hard time understanding (translation issues).
Did the activities support the goal of the training?	17		<ul style="list-style-type: none"> There is some confusion in the Sun Safety area. The hands-on activities are terrific.
Did the learning activities prepare for the real-time hands on experience?	17		<ul style="list-style-type: none"> Yes, but not enough time in each of the education areas to practice.
Was the feedback from the Training Team appropriate during the weekend?	17		<ul style="list-style-type: none"> Would like more time with role play activities.

Open Ended Questions for Trainees:

What Went Well	Challenges to Address
<ul style="list-style-type: none"> I feel very supported by the SOI Team. I enjoyed the opportunity for feedback in the discussion. I was able to have ideas when doing the hands-on part of the training that I can use when I go home. There was a good balance between the talking and the hands-on experience. Sharing information – it's essential! Seeing visual tools in use. They really help the athletes understand. 	<ul style="list-style-type: none"> Translation is an issue. Sometimes it is hard to understand instructors and the athletes! It is difficult to do a precise job with the interviews when athletes come in waves. One minute we have no one, then suddenly we have too many!

Discussion and Recommendations

Overall, the training participants appear to be pleased with the experience. This reflects a good balance between hands-on, interactive, and lecture-based learning for the trainees.

Training Evaluation by GCAs and HP Manager

The five GCAs and HP Manager provided feedback regarding the instruction design. Four responses are included because one GCA is the instruction designer.

Questions	Yes	No	Comments
<ul style="list-style-type: none">Is the goal of the face-to-face training clear for each area?	4		
<ul style="list-style-type: none">Do the learning activities support the overall goal of the face-to-face training?	4		
<ul style="list-style-type: none">Do the learning materials support the performance goals?	4		<ul style="list-style-type: none">I would like to see us develop electronic tutorials for some areas. Trainees showed interest in having movies for using the bone density machine.
<ul style="list-style-type: none">Do the learning activities address the areas of concern from the needs assessment?	3	1	<ul style="list-style-type: none">Not enough information regarding research and background for purpose of screening topics.

Open Ended Questions for GCAs:

What Went Well	Challenges to Address
<ul style="list-style-type: none"> • Trainees were always busy and engaged. • Enjoyed the discussion time with the group. • Role play adds fun as well as good learning experience. • Venue set up was not as stressful because it was part of the training. 	<ul style="list-style-type: none"> • Better planning for each day’s events. • Better communication regarding expectations for instructors. • Implementation of the rotation schedule. • Difficult to do trainee evaluations.

Instruction Designer Observations

The training structure was based on a newly designed set of priorities and instructions for the GCAs. The following are observations that will be considered in the overall evaluation of the training.

What Went Well	Challenges to Address
<ul style="list-style-type: none"> • Trainees enjoyed the new structure. • Trainees did not feel challenges that may exist. • Training was accomplished within the allotted time. • HAS data input training. • Focus on “what to do” rather than “why we do it.” The team shifted well. • Length of lecture (short) was well received and appreciated. • Role play activity was well received and enjoyed, creating engaged learners. • Trainees appear very confident in skills and role as Clinical Director. • Trainees offer ideas and feedback freely. 	<ul style="list-style-type: none"> • Organization of computer use and presentation uploads. <ul style="list-style-type: none"> ○ Confusion regarding which computer to use and the location of documents on flash drives cost time and appear confused to trainees. • Rotation through venue trainings needs to be honed. • Communication, agreements, and commitments regarding roles and responsibilities need to be clear prior to conducting the training. <ul style="list-style-type: none"> ○ The team lost ground the second day of the training due to confusion regarding the content of the training. One presenter was not prepared for the topics on the agenda. This resulted in one topic being missed and another trainer needing to lengthen the presentation to fill some time. • Confusion regarding each day’s schedule and agenda for both trainers and trainees. • Implementation of trainee skill evaluation. • Balance demands between instruction and attention to honored guests.

Discussion of Training Evaluation by GCAs, HP Manager, and Instruction Designer

Every training has language issues due to the many countries represented. The invitations to the training in Boise were very clear about the need to be able to speak and understand English or provide a translator. Regardless, translation and understandability is always an issue for a few.

The training was overwhelmingly successful with regard to the clarity of information, learning objectives, materials used, and activities implemented. Comments by Trainees suggest the expectations for performance after the training were clear.

Comments by both the GCAs and Instruction Designer suggest the need for better communication regarding expectations for each trainer. This reflects an attitudinal barrier encountered throughout the design process regarding formalizing the process of the event.

Training Results for Program

Using the summative evaluation plan, data was collected from source already in place to capture trainee performance in select areas over the course of the following 12 months. Comparisons are provided if available.

Kirkpatrick Levels of Evaluation	Evaluation Methods Used (behavior of first 12 months after training measured)	Jan 2008 – Jan 2009 (All Programs)	Jan 2009 – Jan 2010 (Boise Trainees only)
Level Four: Results	<ul style="list-style-type: none"> • Successful completion of one HP Venue by new trainees in 12 months. • Successful application for capacity grant funds • Successful input of data into HAS System. • What Works/Doesn't Work survey for GCA. 	N/A N/A N/A N/A	100% 90% 50% See above
Level Three: Behavior	<ul style="list-style-type: none"> • Evidence of teamwork with local program to plan HP venue (e.g., capacity grant application) • Submission of appropriate, unique Athlete Education Activity. • Number of BMD Machines needing repair, maintenance, or replacement. • Number of calls for assistance in using equipment. 	N/A N/A 10 50	90% 25% 0 5

Level Two: Learning	<ul style="list-style-type: none"> • Successful completion of Clinical Director Training activities • Successful evaluation of competencies using evaluation tools designed for CD Training. 	N/A	20
Level One: Reaction	<ul style="list-style-type: none"> • Completion of What Works/What Doesn't Work Survey. 	N/A	90% <small>(not all evaluations were obtained)</small>
			17 <small>(surveys completed)</small>

Discussion of Program Results from Training

This feedback reflects the performance of the trainees and the effect it has on the Health Promotion Program. A comparison is difficult in most areas due to lack of data. However, for those areas in which data exists, a dramatic improvement is shown. The increase in Sahara Sonometers returned in working order (not damaged, no missing parts, etc) and calls related to use of equipment reflect a dramatic reduction in cost to the SOI Health Promotion Program. It is important to note that the completion of a Capacity Grant is not mandatory. Therefore it is important to compare that score with other measures for collaboration activities such as completion of the venue for a full picture.

Summative Evaluation Conclusion

Overall, the re-design of the face-to-face Clinical Director Training Program appears to be effective and successful. There are some challenges to address regarding the coordination of the Global Clinical Advisors when working together. The success of the program, however, has garnered management support from Special Olympics Healthy Athletes which will be helpful when addressing attitude barriers in the future.

The results also suggest the instructor guides are appropriate for use without other team members present. This meets the management goal for regional trainings done by one Global Clinical Advisor, providing a significant savings in travel costs for the program.

Recommendations

The feedback from trainees, instructors, management, and the programmatic results suggest this design should be continued during the development of the other tiers of training. In addition, the designer recommends the following adjustments:

- Daily instructor meetings to review the day's training and plan for the next session when more than one instructor is present.
- Establish clear expectations regarding instructor responsibilities.
- Consider an evaluation of instructor effectiveness.

These recommendations do not greatly impact the design and implementation of the training program designed.

Project Conclusion

This project was much larger than originally anticipated. A great deal of planning has been employed to the overall vision and system for training opportunities for Clinical Directors in the Health Promotion Program. It is exciting to see the Clinical Director Training evolve from putting pieces of best practice together one piece at a time to a well planned event with clear expectations and measurable performance outcomes. This formalization sets the stage for the e-learning components of the program.

The success of this project also appears to have moved those not ready to think about e-learning as an option to seeing the benefits of well-planned instruction. The data that will be captured regarding training using this design and future designs will be very helpful when reporting the results of the Health Promotion Clinical Director Training to funders.

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Learning Objectives Chart

Appendix A

Appendix A: Learning Objectives Chart

Combined Learning Objectives

The design of the HP Training is three-fold:

1. E-learning content of basic information related to content areas of Health Promotion and basic working of SOI programs.
2. Face-to-Face, competency-based training.
3. Further education to enhance knowledge and understanding of health promotion for people with intellectual disabilities. This will also be an e-learning experience.

Instructional Goal F2F Training

Trainees for the position of Health Promotion Clinical Director will create and execute tasks for a Health Promotion Venue demonstrating the skills needed for effective communication, education, and data collection with athletes participating in Special Olympics and Volunteers supporting local venues.

Instructional Strategy

There are three main sections of the F2F Experience. Instructional strategies to meet the learning objectives for this training are divided into these categories. Instruction and evaluation will occur in all of these areas. They are:

1. **Didactic lessons:** These include lecture, brainstorming discussions, drafting of initial plans, and other topics that need a formal introduction or explanation.
2. **Set-up and Role-Play:** These activities are hands-on preparatory activities for the event. They include setting up education stations, brainstorming effective methods of presenting education topics, and role-play activities to practice competencies in the various screening areas.
3. **Hands-on experience:** the learning that occurs when working with athletes in the event.

Combining Learning Objectives Chart

In the past, we have all created learning objectives based on our individual content areas. The process of the new design separates the learning into three categories: Basic Content (e-learning), F2F Content, and Further Education (e-learning). To accomplish this, competencies must be categorized by learning experience to maximize effectiveness. There will be, of course, some overlap.

The following chart includes all learning objectives based on the competencies we seek from our Clinical Directors. These objectives have been separated to fit the three learning experiences being developed.

- Basic Content: the **foundational information** a clinical director will benefit from knowing to understand issues related to health promotion for people with intellectual disabilities. This content also will include logistics of working with SOI and local programs, references, resources, etc.
- F2F Experience: focuses on the **competencies and skills** necessary to successfully plan, execute, and follow up on a health promotion event.
- Follow-up Learning (further education): **builds on these basic skills** to provide enhanced knowledge and skills, community connections, and expertise in the area of health promotion for people with intellectual disabilities. Also enhances the skills and activities for furthering the health promotion program for their local program within Healthy Athletes (such as accessing data to provide articles or enhance the venue based on the demographics and HP data for their local program)

Learning Objectives for Clinical Directors

Basic Content	F2F Train-the-Trainer	Further Content
Nutrition/Hydration		
Clinical Director Trainees will be able to describe the key messages in nutrition/hydration.	Clinical Director Trainees will be able to state the key messages in Nutrition/Hydration	Clinical Director Trainees will be able to identify resources for follow up in local community.
Clinical Director Trainees will be able to identify methods to accurately: <ul style="list-style-type: none"> • Measure ht.wt. and waist circumference. • Use equipment to obtain accurate measurements. • Problem-solve issues related to use of equipment. • Record measurement data 	Clinical Director Trainees will be able to demonstrate the ability to accurately: <ul style="list-style-type: none"> • Measure ht.wt. and waist circumference. • Use equipment to obtain accurate measurements. • Problem-solve issues related to use of equipment. • Record measurement data 	Clinical Director Trainees will be able to create an implementation plan for follow up if needed.
	Clinical Director Trainees will be able to demonstrate the ability to interview athletes to obtain information for the HAS data form.	Clinical Director Trainees will be able to implement an evaluation plan for athletes with BMI scores of 30 or higher.
Clinical Director Trainees will be able to list key components of a nutrition/hydration station	Clinical Director Trainees will be able to using principles of universal design, assemble the key components of a nutrition/hydration station.	Clinical Director Trainees will be able to train volunteers to obtain data and provide athlete education at the Health Promotion venue.
Basic Content	F2F Training Event	Further Content
Bone Health		
	Clinical Director Trainees will be able to assemble <i>Strong Bones</i> station using principles of universal design	
	Clinical Director Trainees will be able to demonstrate ability to unpack and repack the Sahara Sonometer and return to SOI	
	Clinical Director Trainees will be able to successfully operate the Sahara Sonometer to include: <ul style="list-style-type: none"> • Calibration • Quality control test 	

	<ul style="list-style-type: none"> • Read results • Interpret results for athlete and support person • Replace printer tape • Fix paper jams • Record data 	
Clinical Director Trainees will be able to develop a proposed follow up plan for low/high bone density scores in the community	Clinical Director Trainees will be able to draft a proposed follow up plan for low/high bone density scores in the community	Clinical Director Trainees will be able to implement a follow-up plan for low/high bone density scores.
Clinical Director Trainees will be able to review and describe key messages for <i>Strong Bones</i> education station.	Clinical Director Trainees will be able to demonstrate delivery of key messages for <i>strong bones</i> education station.	Clinical Director Trainees will be able to train volunteers for local programs to deliver key messages for <i>Strong Bones</i> Education station
Clinical Director Trainees will be able to develop a plan for recruiting and retaining volunteers for local program.	Clinical Director Trainees will be able to restate key messages volunteers working in the <i>Strong Bones</i> station must convey to athletes: <ol style="list-style-type: none"> 4. Using food models, show three servings of milk each day (or fortified soy, OJ, or supplements). 5. Using visual tools and gestures, identify and demonstrate weight bearing and strength building exercises that impact bone health. 6. Using visual tools, illustrate the impact of weak bones to athletes. 	
Basic Content	F2F Training	Further Education
Sun Safety (Bev)		
Clinical Director Trainees will be able to restate the importance of Sun Safety to athletes and coaches participating in Special Olympics. Review the key messages in the <i>Sun Safety Program</i>.	Clinical Director Trainees will be able to restate best practices and methods for protection from exposure to UV radiation.	Clinical Director Trainees will be able to know where to secure display materials and games for the Sun Safety venue to make it engaging to the athletes.
Clinical Director Trainees will be able to using the medication chart provided, identify medications commonly used by	Using visual tools, sample product, verbal instruction, and gesture, Clinical Director Trainees will be able to demonstrate Sun	Clinical Director Trainees will be able to construct a letter of introduction that can be used with companies to solicit for in-kind

people with intellectual disabilities that may increase sun sensitivity.	Safety best practices.	contributions.
Clinical Director Trainees will be able to explain why UV protection is needed for both summer and winter sports	Using the <i>Choose to Change</i> concept cards Clinical Director Trainees will be able to explain to the athletes that they need to: <ol style="list-style-type: none"> 1. stay in the shade as much as possible 2. wear a hat 3. use sunscreen not only in the summer but on face, neck and ears during the winter 4. wear sunglasses when in UV light 5. cover up by wearing a shirt 6. drink plenty of water 	Clinical Director Trainees will be able to develop a press release to be provide to local media which provides information about HP and the Sun Safety venue.
Clinical Director Trainees will describe the meaning and significance of SPF in sunscreen		Clinical Director Trainees will know how to incorporate Sun Safety --and what is needed for this venue--- as part of a Health Promotion Grant application
Clinical Director Trainees will restate why athletes might be more vulnerable to UV radiation compared to the average public		
Basic Content	F2F Training	Further Content
Health Literacy Objectives		
Clinical Director Trainees will be able to define, verbally or in writing, health literacy for people with I/DD	Clinical Director Trainees will demonstrate the use of person-first language throughout the Healthy Athlete Event.	Clinical Directors will be able to locate and adapt health promotion education materials designed for the general public to use with athletes in Special Olympics Programs.
Clinical Director Trainees will be able to locate resources for evaluating materials for basic concepts of health	Clinical Director Trainees will demonstrate key skills for communication partners to use when working with people	Clinical Directors will score three educational materials for readability using the Fry

literacy for the general public.	with intellectual disabilities.	Readability Scale and design criterion.
Clinical Director Trainees will describe the purpose of universal design when creating educational activities and materials.		
Basic Content	F2F Training	Further Content
SOI & Local Program Competencies		
Clinical Directors will list the contact name and phone numbers for their local and regional programs.	Clinical Directors will list the contact name and phone numbers for their local and regional programs.	Clinical Directors will list the contact name and phone numbers for their local and regional programs.
Clinical Directors will sign up for the Health Promotion listserv.	Clinical Directors will sign up for the Health Promotion listserv.	Clinical Directors will sign up for the Health Promotion listserv.
Clinical Directors will locate the Health Literacy Blog.	Clinical Directors will locate the Health Literacy Blog.	Clinical Directors will locate the Health Literacy Blog.
Clinical Directors will provide SOI with a working e-mail and US Mail address as well as phone contact information.	Clinical Directors will provide SOI with a working e-mail and US Mail address as well as phone contact information.	Clinical Directors will provide SOI with a working e-mail and US Mail address as well as phone contact information.
Clinical Directors will locate and describe the health promotion grant options.	Clinical Directors will locate and describe the health promotion grant options.	Clinical Directors will locate and describe the health promotion grant options
Clinical Directors will create a draft list of potential community partners to enhance the HP venue	Clinical Directors will create a draft list of potential community partners to enhance the HP venue	Clinical Directors will create a draft list of potential community partners to enhance the HP venue

Instructional Strategy Matrix

Appendix B

Instructional Strategy Matrix

Goal/Objective	Key Message	Instructional Method & Materials	Job Aids	Evaluation Tool
Communication & Health Literacy”				
<p>Trainees will demonstrate effective communication skills with athletes in venue to include:</p> <ul style="list-style-type: none"> • Use of person first language • Use of effective communication partner skills (waiting for a response, asking for clarification, etc) • Use person centered strategies for communication 	<p>Use person first language and good listening skills to communicate with athletes, coaches, and family members.</p>	<p>Role Play in these areas:</p> <ul style="list-style-type: none"> • C2C cards • Data collection • BMD measurement • Ht/Wt measurement • Education Stations (Nutrition/Hydration, sun safety, bone health, tobacco) 	<ul style="list-style-type: none"> • Communication skill checklist • C2C lesson plans • HP Manual 	<ul style="list-style-type: none"> • Rubric for observation using checklist. • Rubric for group discussion during Role play. • Follow up interview/phone call.
<p>Trainees will demonstrate practice or demonstrate effective use of visual cues for communication with people with intellectual disabilities.</p>	<ul style="list-style-type: none"> • Visual cues and prompts are key to understanding and providing tangible information allowing for processing. • Use of visual tools improves both receptive and expressive communication with PWID. 	<p>One or more of the following techniques will be used:</p> <ul style="list-style-type: none"> • Role play • Hands on Experience. <p>These methods can be used with the following content areas of the training experience:</p> <ul style="list-style-type: none"> • C2C cards • Data collection • BMD measurement • Ht/Wt measurement • Education Stations (Nutrition/Hydration, sun safety, bone health) 	<ul style="list-style-type: none"> • Communication skill checklist • C2C lesson plans • HP Manual 	<ul style="list-style-type: none"> • Rubric for observation during HP Event. • Rubric for group discussion based on role plays.

Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Nutrition & Hydration				
Trainee will <ul style="list-style-type: none"> Describe the key messages in nutrition and ways to offer interactive education to athletes on the messages. 	<ul style="list-style-type: none"> Eat 5 servings of fruits and vegetables every day. Eat a variety of foods each day. Drink water for hydration. Eat bone-building foods. 	Role Play and Hands on Experience At Nutrition Station: <ul style="list-style-type: none"> Health Promotion brochures Choose to Change Cards Materials to augment the messages: <ul style="list-style-type: none"> Food models Interactive game Nutrition message posters Incentive items 	<ul style="list-style-type: none"> Health Promotion Manual Key points for Nutrition station for volunteers to use in local venue Instructional plan for use of venue materials (food models, balloons, posters) 	<ul style="list-style-type: none"> Rubric for observation during HP Event. Rubric for group discussion based on role plays.
Trainee will <ul style="list-style-type: none"> Describe the key messages in hydration and ways to offer interactive education to athletes on the messages. 	<ul style="list-style-type: none"> Drink to compete. Choose water instead of a sweetened beverage Drink water not just when you are thirsty. Safe-clean water. 	Role Play and Hands on Experience at Hydration Station <ul style="list-style-type: none"> Health Promotion brochures Choose to Change cards Materials to augment the messages: <ul style="list-style-type: none"> Bottles of water Poster on water Incentive item 	<ul style="list-style-type: none"> Checklist of tools and materials to consider for props needed to enhance educational message. Key hydration message points for volunteers working in the local program. Instruction plans for ways to teach key messages. 	<ul style="list-style-type: none"> Rubric for observation during HP Event. Rubric for group discussion based on role plays.
Trainee will demonstrate the ability to accurately: <ul style="list-style-type: none"> Measure height, weight and waist circumference Use appropriate equipment. 	An individual's height and weight is used to calculate a BMI (BMI percentile for children) is a measure of overweight and one's risk status for chronic diseases.	Demonstration of height, weight and waist circumference measurement technique at HP training.	<ul style="list-style-type: none"> Health Promotion Manual BMI Wheel non-flexible measuring tape On-line resources	Observation of techniques using checklist, two measurements will be taken to compare, confirm 100% accuracy.

<ul style="list-style-type: none"> • Use appropriate technique. • Determine the Body Mass Index (BMI) or BMI percentile • State frequent causes of error. 	<p>Measurements should be accurate, reliable and replicable using appropriate equipment and a trained individual.</p>	<p>Trainee will role-play the measurement technique with a partner. Confirm the results.</p>	<p>http://depts.washington.edu/growth/ http://www.cdc.gov/nccd/php/dnpa/bmi/index.htm</p> <ul style="list-style-type: none"> • Instruction plan for CDs to use to teach volunteers how to use equipment. • checklist for procedure for ht/wt and BMI calculation. • Poster on height and weight technique 	
Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Sun Safety				
<p>Using visual tools, sample product, verbal instruction, and gesture, demonstrate Sun Safety best practices.</p>	<ul style="list-style-type: none"> • stay in the shade as much as possible • wear a hat • use sunscreen not only in the summer but on face, neck and ears during the winter • wear sunglasses when in UV light • cover up by wearing a shirt • drink plenty of water 	<ul style="list-style-type: none"> • Demonstrate through success in goal below? • Role Play 	<ul style="list-style-type: none"> • C2C cards • C2C Instruction Plans • HP Manual Sun Safety Section 	<ul style="list-style-type: none"> • Rubric for observation using checklist. • Rubric for group discussion during Role play. • Follow up interview/phone call.

Trainee will be able to communicate to athletes steps to take for responsible sun safe behavior-“what do they need to do”	<ul style="list-style-type: none"> stay in the shade as much as possible wear a hat use sunscreen not only in the summer but on face, neck and ears during the winter wear sunglasses when in UV light cover up by wearing a shirt drink plenty of water 	<p>C2C Instruction plan C2C Cards Props to enhance messages:</p> <ul style="list-style-type: none"> hats sunglasses chaptstick sunscreen UV bracelets <p>Role Play</p>	<ul style="list-style-type: none"> C2C cards C2C Instruction Plans HP Manual Sun Safety Section 	
Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Bone Health				
Trainees will deliver key Messages and Counseling Tips	<p>Because of high risks (see e-learning content), the following are the messages to train volunteers to deliver in venues:</p> <ul style="list-style-type: none"> Ca+ and Vit D are very important for strong bones. Which of their favorite foods have Ca+ and Vit D? Wt. Bearing and strength building exercises build strong bones. What activities do you enjoy ? (fit into these categories if possible) 	<p>Train TTT participants to deliver key messages for <i>Strong Bones</i> Education. One or more of the following techniques will be used:</p> <ul style="list-style-type: none"> Role play Brainstorming Loss of bone easel Thearabands with instruction card. 	<ul style="list-style-type: none"> Key Message scripts Medication Watch List Bone Health Education Resources Counseling tips Instruction plan 	<ul style="list-style-type: none"> Critique one another in delivery of screening service using a skills based check list. Multiple choice quiz with appropriate and inappropriate education messages.
Trainees will successfully conduct BMD measurement	The ability to get an accurate T-Score depends on following SOI protocol, cooperation of the athlete	<ul style="list-style-type: none"> Demonstration of BMD testing process. 	<ul style="list-style-type: none"> Conducting BMD measurement Rubric of normal and abnormal BMD T- 	<ul style="list-style-type: none"> Demonstrate ability to correctly test BMD on 5 athletes including explaining

	and shape of the athlete's heel.		scores and intervention protocol.	process to athlete, testing, counseling conversation, record data; sort for "follow-up" or not.
When available, trainees will use Milk Moustache Photos as an interactive education tool at screenings.	Athletes recognize the "milk moustache photo" campaign and enjoy getting self portraits as a reminder to drink milk and of the Health Promotion venue.	Instruction Plan to guide the use of the following activities and materials: <ul style="list-style-type: none"> • MM Materials • Role play using the teachable moments in creating the MM photos. • Key bone health messages that can be shared. 	<ul style="list-style-type: none"> • Script to solicit help (supplies, volunteers, etc) with MMP. • List of necessary supplies to conduct MMP event. • List of potential MM partners (Dairy Council...?) • MM instruction plan 	<ul style="list-style-type: none"> • Observation rubric for athlete interaction.
Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Data Collection/ Follow up				
<p>Trainee will</p> <ul style="list-style-type: none"> • Demonstrate the use of open ended questions and visual prompts to complete the health habits survey. 	<p>Health Promotion collects information on key health habits of participating athletes. The subjective information collected assists in starting the conversation with an athlete on foods consumed, smoking habits, sun safety knowledge and practice.</p> <p>NOTE: This section relates to person first language and listening skills to interact with the athlete.</p>	<ul style="list-style-type: none"> • Discuss and review HAS form. • Role play using food photo prompts and food models. 	<ul style="list-style-type: none"> • HAS form • Checklist for prompt questions • Suggestions on how to use visual prompts • Communication partner tips and checklist • Instruction plan for CDs to teach volunteers at their local program. 	<ul style="list-style-type: none"> • Rubric for role play • Rubric for event observation <p>Evaluation of athlete interview.</p>
Trainee will	Clinical Directors are	Dummy data entry or actual	<ul style="list-style-type: none"> • HAS Logon 	Edit check and validation

<ul style="list-style-type: none"> Demonstrate the ability to complete HAS data entry. Discuss options for volunteer data entry. 	responsible for data entry of the HAS form or provide training to a volunteer who will complete data entry.	data entry into the system.	Procedures <ul style="list-style-type: none"> HAS Navigation Chart HAS Health Promotion Screen Shots with instructions. 	that data in system represent what was entered on the HAS record.
Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
SOI Information & Support				
Trainees will be able to locate information regarding application for Capacity grants and other grant opportunities available.	There is some assistance available	HP Manual	HP Manual (front section & p 38) Other handouts that update the process	Receipt of a grant application.
Share best practices for administering a successful HP event with other CDs			<ul style="list-style-type: none"> HP manual Health Lit Blog List serve Bi-annual newsletter 	Follow up email and phone calls.
Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Volunteers				
Trainees will identify sources for soliciting local volunteers for the venues	Volunteers are key!	<ul style="list-style-type: none"> HP Manual section on soliciting volunteers HP Manual section on the numbers of volunteers needed for a venue List potential agencies or organizations to solicit for volunteers in their local program 	HP Manual	List of potential organizations and agencies to partner with for volunteers.

Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Equipment: Bone Health				
<p>Trainees will practice an demonstrate effective use of the bone density ultrasound equipment used in the HP venue to include the following:</p> <ul style="list-style-type: none"> • Reserve machine • Order supplies • Receive & store • Calibrate QC and Trouble shoot • Operate • Replace printer tape • Repack and return Sahara to SOI. 	<p>The Sahara Peripheral Ultrasound is an FDA approved medical device. As a screening tool, If handled correctly, it will help predict risk of future fracture.</p> <p>Sahara test results are considered one aspect of a fracture risk assessment.</p>	<ul style="list-style-type: none"> • Demonstration of use of job aids in performance of Sahara Competency Checklist. • Process to identify local sources of Sahara equipment for use at SO events. • Practice using the Strong Bones job aids will guide trainees in the proper handling and operation of equipment in delivery of bone density screening services. 	<p>Clinical Director Trainees will use the following checklists to check procedures.</p> <ul style="list-style-type: none"> • Reserve SOI Loaner Sahara • Order Sahara Supplies • Calibrate, QC and trouble shoot Sahara • Repack Sahara for shipping • Return Sahara to FedEx Missoula 	<ul style="list-style-type: none"> • Successful receipt of a Sahara Machine • Successful operation of the Sahara for a Special Olympics Healthy Athletes event. • Critique one another in delivery of screening service using a skills based check list. • Successful return of loaned equipment. • Demonstration at TTT session with successful check off from repacking job aid.
Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Venue Set up & Design				
<p>Trainees will demonstrate knowledge of Universal Design in venue setup and design.</p>	<p>Use of Universal Design is important for physical and intellectual/emotional access to information in the venue.</p>	<ul style="list-style-type: none"> • Photos from previous HP venues. Discuss what worked, what did not work. • List ideas for what to do when environment cannot be changed. 	<ul style="list-style-type: none"> • Checklist for considerations for universal design. • HP Manual 	<ul style="list-style-type: none"> • Checklist for UD in current venue setup. • Review: what worked, what did not work as well. Discuss, list potential changes.
<p>Trainees will demonstrate knowledge of Universal Design in venue setup and design.</p>	<p>Use of Universal Design is important for physical and intellectual/emotional access to information in the venue.</p>	<ul style="list-style-type: none"> • Critique photos of Strong Bones venue's from previous events, identify strengths and weaknesses of each. 	<ul style="list-style-type: none"> • Checklist for considerations for universal design. 	<ul style="list-style-type: none"> • Checklist for UD in current venue setup. • Review: what worked, what did not work as well.

		<ul style="list-style-type: none"> List ideas for what to do when environment cannot be changed. Assemble <i>Strong Bones</i> station using principles of universal design Identify marketing strategies to bring athletes to venue 		Discuss, list potential changes.
<p>Trainee will</p> <ul style="list-style-type: none"> Describe key components of a nutrition and hydration station in the Health Promotion venue; include layout, critical messages, materials and incentive items. 	<p>The Health Promotion venue highlights each of the varied content areas in Health Promotion. It will be important to design an overall venue to highlight each.</p> <p>The nutrition and hydration area serve to motivate, encourage and actively engage athletes to adopt or continue positive nutrition and beverage consumption behavior.</p>	<p>These activities will be conducted on-site at the event and include the trainers and trainees working together.</p> <p>Discuss and review: Health Promotion Manual</p> <ul style="list-style-type: none"> Health Promotion Screening Overview Health Promotion Sample Setup Layout Charts Photos from previous Health Promotion venues Promising Practices <p>Hands on activity</p> <ul style="list-style-type: none"> Sketch out the Health Promotion venue. Set up the venue. Role play for problems that may occur due to sensory concerns Brainstorm solutions to common sensory concerns. 	<ul style="list-style-type: none"> Health Promotion Manual (pg 9-overview). Best practices photos. Checklist for venue. Discuss and sketch out a plan for future venue. UDL Checklist Role Play Instruction plans Brainstorm list – what works/what doesn't Brainstorm list for sensory concerns What common behaviors may communicate (such as the "stop,drop, flop." 	<p>Discuss future venue plan Does it conform to checklist, include all elements?</p> <p>Observation during set up of training venue, discuss comfort level with activity.</p>

Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Local Resources for follow up				
Create a list of local resources for follow up for athletes with outlier scores	A plan needs to be developed for follow-up regarding abnormal scores for BMD, high-risk scores for BMI, or observed potential sun safety issues	<ul style="list-style-type: none"> Brainstorm agencies and possible providers for follow-up. 	<ul style="list-style-type: none"> List of common, generic groups to consider contacting for follow up Rubric for BMD T-Scores and BMI scores that require follow up 	<ul style="list-style-type: none"> After event phone call.

Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Local Resources for follow up (continued)				
Trainees will draft a Follow-Up plan for Athletes with Abnormal BMD Scores	Abnormal BMD scores do not “self correct” and require medical intervention. Once an athlete is identified as high risk, we are obliged to refer for diagnostics and treatment	<ul style="list-style-type: none"> Brainstorm a process for successful follow-up for athletes with abnormal BMD scores. Create a list of local resources for follow up for athletes with outlier scores 	<ul style="list-style-type: none"> Rubric of normal and abnormal BMD T-scores and intervention protocol. 	<ul style="list-style-type: none"> Implement a HIPPA compliant follow-up plan for athletes with abnormal BMD scores. Observed competency using skill checklist.

Goal/Objective	Key Message	Instructional Methods & Materials	Job Aids	Evaluation Method and Materials
Local Program Logistics				
Trainee will establish a communication channel within the local program	Clinical Directors work at the pleasure of the local program, w/ SOI as technical advisors to implementing Healthy Athletes for the local programs.	Page to insert into the HP Manual with the name and phone number of the contact person for their local program.	<ul style="list-style-type: none"> • Form for names and numbers of local program contacts. • General list outlining the roles of the local programs and SOI HP Consultants and staff. • Local program web page address for dates of sporting events. 	<ul style="list-style-type: none"> • Successful connection with local program contact.

Instructor Guides and Script Samples

Appendix C



Ordering, Shipping, Packing, and Care for Bone Health Equipment

Introduction

The process for obtaining the equipment to perform bone density screenings is complicated. This section describes key instruction topics for the ordering, care, and shipping procedures for the equipment (not the screening process). The majority of the training is hands-on for the trainees. Practice the procedures before the event to gain proficiency. These are imperative for trainees to know as damage and repair to the equipment is expensive and will be the responsibility of the local program if not done correctly. It is the responsibility of the GCA conducting the training to ensure Clinical Director Trainees have the tools and practice to grasp the importance of these procedures.

There are three important parts to training Clinical Directors for the Bone Health section of Health Promotion:

1. The equipment.
2. Conducting the screening.
3. Athlete education.

This section focuses on the steps ordering, shipping, packing, and care of the equipment.

Instruction Goal:

Trainees will be able to locate, use, and plan for the ordering, care of, and shipping processes for the SOI owned Sahara machines.

Learning Objectives:

At the end of the train-the-trainer session, Clinical Directors will be able to demonstrate procedures to:

- Reserve a Sahara machine from SOI.
- Order supplies to use in the venue.
- Receive the equipment and store in an appropriate place.
- Calibrate for quality control.
- Repack the Sahara machine.
- Ship back to SOI.

Forms, Procedures, and HP Manual References

- Form B-1: *Request for loan of Sahara equipment.*
- Handout B-1: *Quick list of reminders before Operating the Sahara*
- Handout B-2: *Unpacking the Sahara*
- Handout B-3: *Using the Sahara*
- Handout B-4: *Repacking the Sahara*
- Handout B-5: *Shipping the Sahara*
- Handout B-6: *Sahara Supply List*

Instruction Guides (scripts)

Activity	Script
1. Ordering the Equipment	<p><input type="checkbox"/> <input type="checkbox"/> Form B-1: <i>Request for Loan of Sahara Equipment</i></p> <p><i>Point out to the trainees that this form is essential for the equipment to be reserved and sent in time for the event.</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Confirm the date of the HP or MedFest Event.</p> <p><input type="checkbox"/> <input type="checkbox"/> Use Form B-1 to reserve the Sahara machine at least two months in advance.</p> <p><i>It takes pre-planning to get the few Sahara machines we have to loan to all the events. Programs tend to have their events during similar times of year. Early requests help expedite the shipping to local programs.</i></p>
2. Negotiate appropriate storage for equipment	<p><input type="checkbox"/> <input type="checkbox"/> There are some important storage considerations to follow to make sure the Sahara remains in working order.</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> Store in a dry place. <input type="checkbox"/> <input type="checkbox"/> Store in a warm place – the Sahara should not be used or stored in temperatures below 60 degrees.
3. Ordering screening supplies	<p><input type="checkbox"/> <input type="checkbox"/> Screening supplies should be included in the local program’s capacity grants from SOI.</p> <p><input type="checkbox"/> <input type="checkbox"/> Use Handout B-6 <i>Sahara Supply List</i> to order supplies for the screening.</p> <p><i>The supplies suggested in the equipment list for the Health Promotion Capacity Grants are important. Baby wipes must be alcohol free, for instance.</i></p>

Activity	Script
4. Confirm appropriate environment for screening	<ul style="list-style-type: none"> The Sahara is best used in doors. Dust, wind, and cool weather can damage the machine, or cause the machine not to work or provide inaccurate results.
5. Unpacking the Sahara	<p><i>Although it is possible to do screenings out doors, wind or dust can cause trouble Sunshine and heat can melt the transducers. If screening is done outside, stay out of the wind or sunlight. Stop screening if the temperature drops below 65 degrees because the scores will be inaccurate.</i></p> <ul style="list-style-type: none"> Establish adequate electrical outlets. Grounded outlets (three-prong) are necessary. Do not use a transformer without express approval from SOI. <p><i>This is primarily for those working outside the United States. If you have concerns about the safety of your power supply, call the Bone Health Specialist with SOI.</i></p> <ul style="list-style-type: none"> Plan for a “footprint” of 9 ft x 3 ft for each screening area. This allows room for the screener, machine, and athlete. Handout B-2: <i>Unpacking the Sahara</i>. Allow trainees to unpack the equipment in small groups <p><i>Remind trainees to keep track of the pieces they remove from the box. Each one has a role and are essential to the care of the machine.</i></p> <ul style="list-style-type: none"> Assure the foam block, rings, and QC block are all stored in a safe place. <p><i>Point out the foam block, transducer rings, and foam for storing the QC Block. Remind trainees not to lose these. Remind trainees to keep the QC block in its foam block when not in use.</i></p> <ul style="list-style-type: none"> Emphasize the importance of keeping these pieces in a safe place for the event. Provide constructive suggestions if needed.

Activity	Script
6. Replace or load printer tape.	<ul style="list-style-type: none"> • Handout B-3: <i>Addendum B, Sahara User's Guides</i> • If the printer tape was loaded when the machine arrived, take it out and demonstrate how to replace the tape (page 3). • Ask for a volunteer to repeat the steps using Form B-3.
7. Repacking the Sahara	<ul style="list-style-type: none"> • Handout B-4: <i>Repacking the Sahara</i> • Form B-1 <i>Requesting Loan of Sahara Equipment</i> • Allow trainees to repack the equipment following the procedures in Handout-B-4. <ul style="list-style-type: none"> ○ Check each machine before it is placed inside the box. ○ If rings or foam block are not in place, show this to the group and stress the importance of these pieces in protecting the machine. ○ Ask someone to re-pack the machine. • If the machine is packed correctly, have the trainees tape the box closed and fill in the shipping form as instructed in Form B-1. • Check the packing of the QC Block. If not stored in the foam block, point out the importance of this to trainees.
8. Shipping the Sahara	<ul style="list-style-type: none"> • Have the trainees tape up and secure the box for shipping. • Locate the FedEx form for shipping the Sahara. • Have trainees locate the instructions and fill out the form.

Evaluation Tools

- Observation and supervision of proper care for the machines.
 - Use a check list to determine that each step of packing, QC, and re-packing are followed correctly.
- Record observations for training summary for SOI HP Team.
 - Use the “What works / What Doesn’t Work” handout found in the Health Literacy section to record your observations.



Special Olympics

Health Promotion Healthy Athletes

Strong Bones Screening Procedure

Introduction

The Strong Bones venue is multi-layer screening and education activity. There are three important parts to training Clinical Directors in this area:

4. The equipment.
5. Conducting the screening.
6. Athlete education.

This section focuses on the steps for conducting the heel scan screening using the Sahara machine.

Instruction Goal:

Trainees will be able to successfully demonstrate and execute bone heel scanning using the instruction sheets provided.

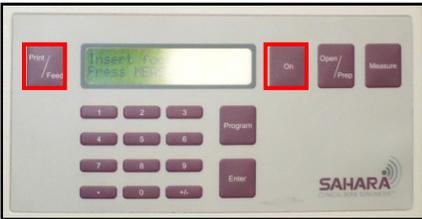
Learning Objectives:

At the end of the train-the-trainer screening event, Clinical Directors will be able to:

- Locate the instructions for conducting bone heel density screening using the Sahara machine.
- Execute accurate bone heel density screening.
- Trouble shoot screening errors as indicated by the Sahara machine.
- Demonstrate to others (a fellow trainee or the GCA instructor) how to conduct a bone heel density screening.

Forms, Procedures, and HP Manual References

- Handout B-7: *Performing a Bone Heel Scan Using the Sahara.*
- *Sahara User's Guide.*
- *Healthy Choices, Healthy Athletes: Health Promotion Guide for Clinical Directors* pages 18-19.

Images	Instructions and Notes
 <p data-bbox="201 453 604 512">Figure 5: Press “Print,”(on the left) then press “On.”</p>	<p data-bbox="678 197 837 231">Step Nine:</p> <ul data-bbox="776 235 1390 348" style="list-style-type: none"> • Press “Print” for every left heel scanned. • Record the score on the HAS form. • Push “On” while printing. <p data-bbox="678 386 1455 512"><i>You can push “On” while the machine is printing which reduces the time between foot screenings a great deal. Use this time to record scores, ask questions, and explain the score obtained to the athlete.</i></p> <p data-bbox="678 550 1468 680"><i>Screeners can reinforce the key messages for the Strong Bones component (see pages 18-19 in the HP Clinical Director’s Guide) while the machine prints and re-sets for the next scan.</i></p>
	<p data-bbox="678 758 824 791">Step Ten:</p> <ul data-bbox="776 795 1419 909" style="list-style-type: none"> • When ready, repeat for the right heel. • Print the score for the right heel only if the score is lower than the left heel.

Evaluation Tools

The following are suggestions for documenting performance and observations during the training weekend. Two of the three must be completed.

- Observation. Organize thoughts by using the “What Works / What Doesn’t Work” format.
- Provide written feedback to HP Senior Manager and team within 14 days of the event.
- Use the Bone Density Screening Checklist / Rubric to evaluate each trainee.



Bone Health Education

Introduction

There are three important parts to training Clinical Directors for the Bone Health section of Health Promotion:

1. The equipment.
2. Conducting the screening.
3. Athlete education.

This section focuses on athlete education for bone health in the Health Promotion Venue.

Bone health is often overlooked in health education for individuals with intellectual disabilities. However, many, if not most, are at risk of developing a bone health issue either due to direct effects of their disability, lifestyle, or medications.

Key concepts and research related to bone health are presented in detail in the e-learning section (in development) and the post training CEU online modules (also in development). The information in this training manual provides guidance for trainees (new Clinical Directors) for interactive and content rich health education related to bone health.

Instruction Goal:

Trainees will be able to implement and evaluate the effectiveness of bone health education activities in a Health Promotion venue.

Learning Objectives:

At the end of the Train-the-Trainer session, Clinical Directors will be able to:

- Deliver key messages related to bone health through pre-selected educational activities.
- Identify key messages for bone health to include in future education activities.
- Use the ***I Choose to Change*** bone health card effectively to promote change at home.
- Demonstrate how to include the use of Milk Mustache Photos as an educational tool.
- Evaluate the effectiveness of the health education activities for athletes and volunteers.

Forms, Procedures, and HP Manual References

- ***Healthy Choices, Healthy Athletes: Health Promotion Guide for Clinical Directors***. Pages 18-19 and 26-28.
- Handout B-8: *Milk Mustache Photo Booth Instruction Plan*
- Handout B-9: *Strong Bones, Strong Athletes Instruction Plan*

Instruction Guides (scripts)

Share the following notion with your trainees:

The instruction plans provided during this training are for you to use in your local program. Many Clinical Directors create new activities and create collaborative activities with vendors and others in their area. This is great! If you do, please take a moment to write down the key elements (learning objectives, materials needed, and how to do the activity) and share it with the Health Promotion Senior Manager. We'd like to collect them to create a tool box filled with activities for our Clinical Directors around the world.

Suggested Learning Activities

Choose from the many instruction plans available. If you create a new activity, please create, or ask the Health Literacy Consultant to create, an instruction plan for the activity. This gives the HP GCA Team the opportunity to share the activities with both new and old Clinical Directors.

Evaluation Tools

Clinical Director trainees will be evaluated by using a rubric (see Health Literacy and Communication) unless otherwise noted.

Resources

It may be helpful to remind trainees that funding for a portion these activities is possible through a Health Promotion Capacity Grant.



Health Literacy & Communication

Health Promotion Instructor Guide

Health Literacy & Communication are at the heart of the Health Athletes Initiative. Successful communication, that is understood by various target audiences is essential. For the Health Promotion Venue, training has the following goals:

- Emphasize the importance of using understandable language and methods,
- Providing tools to clarify the messages,
- Embedding person-centered strategies and person-first language in materials, screening, and communication.

Health Literacy and Communication

Resource and Notes	Trainer Script
<p><i>Review or highlight : Health Promotion Manual, page 26</i></p> <p><i>The definition of health literacy comes from the Health Literacy blog (healthlit.wordpress.com).</i></p> <p><i>This information is not included in the Clinical Director Guide.</i></p>	<p>Health Promotion has the unique opportunity to educate athletes, coaches, and parents to promote behavior change. Our venue is the most education rich of the Healthy Athletes Initiative. Therefore, it is essential we focus our communication style on <i>action, comprehension, and support.</i></p> <p>This is also the essence of what is termed, “health literacy.”</p> <p>What is Health Literacy?</p> <p>The Institutes of Health defines health literacy as:</p> <p><i>“the extent to which individuals have the capacity to obtain, process, and understand basic health information services needed to make appropriate health decisions.”</i></p> <p>This definition is also included in Healthy People</p>

<p><i>It is the basic definition of health literacy as applied to the people we serve, people with intellectual disabilities.</i></p>	<p>2010.</p> <p>Most people working in the area of health literacy develop a more practical version of this definition. One that I like for health literacy within Healthy Athletes is:</p> <p><i>“the ability to understand how and where to get health-related information, understand it, use it correctly to improve health, and act on it to make behavior change.”</i></p> <p>Regardless of the official definition, health literacy is a type of “functional literacy,” with a focus on what the person can do with their skills (seek information, establish a medical or dental home, act on information to change behavior to improve health and so on).</p> <p>This blog is dedicated to sharing education for parents, professionals, and people with intellectual disabilities - particularly athletes in Special Olympics - to improve health through improved health literacy for people with intellectual disabilities.</p> <p>© 2009 Special Olympics, Inc.</p>
<p>Pages 26-28 <i>Clinical Director’s Guide</i></p> <p>Put the Athlete First Strategies for Effective Communication Be a Good Communication Partner Communication is...</p> <p>Offer BHN Article, <i>We’re More Alike than Different.</i></p>	<p><i>Athlete – Clinical Director/Volunteer Interactions</i></p> <p>Key strategies to accomplishing these goals can be found in the Health Promotion Clinical Director’s Manual.</p> <p>Of all these things, the most universal and useful tips are:</p> <ul style="list-style-type: none"> • Be a good communication partner • Listen to understand • Give lots of time for a response. • Create visual tools to augment your message.\ • Ask if you do not understand.
<p><i>Print-ready pdfs in multiple</i></p>	<p><i>“I Choose to Change...” Series</i></p> <p><i>Each educational topic has an athlete report card that includes an “I choose to change” statement. Although still</i></p>

languages are available here:

<http://www.disabilitysolutions.org/SOI/Choose.html>

under review, this post card is one way to send home a message regarding first steps.

Trainee Evaluation Strategy

Assessment of trainee learning uses observation throughout the TTT event. There are multiple opportunities to do conduct observational feedback throughout the event. Assessment strategies include:

- Participation in Discussion
 - Discussion Rubric (see evaluation section)
- Communication Observation
 - Communication Observation Checklist (see evaluation section)
- Communication Observation Rubric (see evaluation section)
- Role Play and Discussion
 - Discussion Rubric (see evaluation section)

Trainee Job Aid (Handout) Samples

Appendix D



Special Olympics

Healthy Athletes
Health Promotion

Ordering, Shipping, Packing, and Care for Bone Health Equipment

Introduction

The process for obtaining the equipment to perform bone density screenings is complicated. This section describes key instruction topics for the ordering, care, and shipping procedures for the equipment (not the screening process). The majority of the training is hands-on for the trainees. Practice the procedures before the event to gain proficiency. These are imperative for trainees to know as damage and repair to the equipment is expensive and will be the responsibility of the local program if not done correctly. It is the responsibility of the GCA conducting the training to ensure Clinical Director Trainees have the tools and practice to grasp the importance of these procedures.

There are three important parts to training Clinical Directors for the Bone Health section of Health Promotion:

7. The equipment.
8. Conducting the screening.
9. Athlete education.

This section focuses on the steps ordering, shipping, packing, and care of the equipment.

Instruction Goal:

Trainees will be able to locate, use, and plan for the ordering, care of, and shipping processes for the SOI owned Sahara machines.

Learning Objectives:

At the end of the train-the-trainer session, Clinical Directors will be able to demonstrate procedures to:

- Reserve a Sahara machine from SOI.
- Order supplies to use in the venue.
- Receive the equipment and store in an appropriate place.
- Calibrate for quality control.
- Repack the Sahara machine.
- Ship back to SOI.

Forms, Procedures, and HP Manual References

- Form B-1: *Request for loan of Sahara equipment.*
- Handout B-1: *Quick list of reminders before Operating the Sahara*
- Handout B-2: *Unpacking the Sahara*
- Handout B-3: *Using the Sahara*
- Handout B-4: *Repacking the Sahara*

- Handout B-5: *Shipping the Sahara*
- Handout B-6: *Sahara Supply List*

Instruction Guides (scripts)

Activity	Script
9. Ordering the Equipment	<ul style="list-style-type: none"> • Form B-1: <i>Request for Loan of Sahara Equipment</i> <p><i>Point out to the trainees that this form is essential for the equipment to be reserved and sent in time for the event.</i></p> <ul style="list-style-type: none"> • Confirm the date of the HP or MedFest Event. • Use Form B-1 to reserve the Sahara machine at least two months in advance. <p><i>It takes pre-planning to get the few Sahara machines we have to loan to all the events. Programs tend to have their events during similar times of year. Early requests help expedite the shipping to local programs.</i></p>
10. Negotiate appropriate storage for equipment	<ul style="list-style-type: none"> • There are some important storage considerations to follow to make sure the Sahara remains in working order. • Store in a dry place. • Store in a warm place – the Sahara should not be used or stored in temperatures below 60 degrees.
11. Ordering screening supplies	<ul style="list-style-type: none"> • Screening supplies should be included in the local program’s capacity grants from SOI. • Use Handout B-6 <i>Sahara Supply List</i> to order supplies for the screening. <p><i>The supplies suggested in the equipment list for the Health Promotion Capacity Grants are important. Baby wipes must be alcohol free, for instance.</i></p>

Activity	Script
12. Confirm appropriate environment for screening	<ul style="list-style-type: none"> • The Sahara is best used in doors. Dust, wind, and cool weather can damage the machine, or cause the machine not to work or provide inaccurate results. <p><i>Although it is possible to do screenings out doors, wind or dust can cause trouble Sunshine and heat can melt the transducers. If screening is done outside, stay out of the wind or sunlight. Stop screening if the temperature drops below 65 degrees because the scores will be inaccurate.</i></p> <ul style="list-style-type: none"> • Establish adequate electrical outlets. Grounded outlets (three-prong) are necessary. • Do not use a transformer without express approval from SOI. <p><i>This is primarily for those working outside the United States. If you have concerns about the safety of your power supply, call the Bone Health Specialist with SOI.</i></p>
13. Unpacking the Sahara	<ul style="list-style-type: none"> • Plan for a “footprint” of 9 ft x 3 ft for each screening area. This allows room for the screener, machine, and athlete. • Handout B-2: <i>Unpacking the Sahara</i>. • Allow trainees to unpack the equipment in small groups <p><i>Remind trainees to keep track of the pieces they remove from the box. Each one has a role and are essential to the care of the machine.</i></p> <ul style="list-style-type: none"> • Assure the foam block, rings, and QC block are all stored in a safe place. <p><i>Point out the foam block, transducer rings, and foam for storing the QC Block. Remind trainees not to lose these. Remind trainees to keep the QC block in its foam block when not in use.</i></p> <ul style="list-style-type: none"> • Emphasize the importance of keeping these pieces in a safe place for the event. • Provide constructive suggestions if needed.

Activity	Script
14. Calibrate for quality control and use.	<ul style="list-style-type: none"> • Handout B-3: <i>Addendum B, Sahara User's Guides</i> • Walk trainees through the steps for: <ul style="list-style-type: none"> ○ Turning equipment on ○ Conducting QC for the machine ○ Performing test screen. • Offer suggestions regarding body mechanics for screener and athlete, organization of supplies, and so on.
15. Replace or load printer tape.	<ul style="list-style-type: none"> • Handout B-3: <i>Addendum B, Sahara User's Guides</i> • If the printer tape was loaded when the machine arrived, take it out and demonstrate how to replace the tape (page 3). • Ask for a volunteer to repeat the steps using Form B-3.
16. Repacking the Sahara	<ul style="list-style-type: none"> • Handout B-4: <i>Repacking the Sahara</i> • Form B-1 <i>Requesting Loan of Sahara Equipment</i> • Allow trainees to repack the equipment following the procedures in Handout-B-4. • Check each machine before it is placed inside the box. <ul style="list-style-type: none"> ○ If rings or foam block are not in place, show this to the group and stress the importance of these pieces in protecting the machine. ○ Ask someone to re-pack the machine. • If the machine is packed correctly, have the trainees tape the box closed and fill in the shipping form as instructed in Form B-1. • Check the packing of the QC Block. If not stored in the foam block, point out the importance of this to trainees.
17. Shipping the Sahara	<ul style="list-style-type: none"> • Have the trainees tape up and secure the box for shipping. • Locate the FedEx form for shipping the Sahara. • Have trainees locate the instructions and fill out the form.

Evaluation Tools

- Observation and supervision of proper care for the machines.
 - Use a check list to determine that each step of packing, QC, and re-packing are followed correctly.
- Record observations for training summary for SOI HP Team.
 - Use the “What works / What Doesn’t Work” handout found in the Health Literacy section to record your observations.



Strong Bones Screening Procedure

Introduction

The Strong Bones venue is multi-layer screening and education activity. There are three important parts to training Clinical Directors in this area:

10. The equipment.
11. Conducting the screening.
12. Athlete education.

This section focuses on the steps for conducting the heel scan screening using the Sahara machine.

Instruction Goal:

Trainees will be able to successfully demonstrate and execute bone heel scanning using the instruction sheets provided.

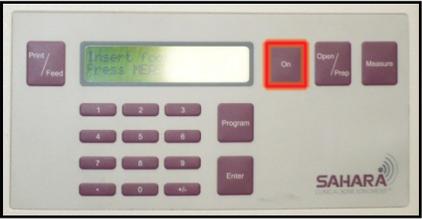
Learning Objectives:

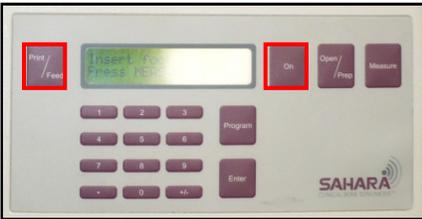
At the end of the train-the-trainer screening event, Clinical Directors will be able to:

- Locate the instructions for conducting bone heel density screening using the Sahara machine.
- Execute accurate bone heel density screening.
- Trouble shoot screening errors as indicated by the Sahara machine.
- Demonstrate to others (a fellow trainee or the GCA instructor) how to conduct a bone heel density screening.

Forms, Procedures, and HP Manual References

- Handout B-7: *Performing a Bone Heel Scan Using the Sahara.*
- *Sahara User's Guide.*
- *Healthy Choices, Healthy Athletes: Health Promotion Guide for Clinical Directors* pages 18-19.

Images	Instructions and Notes
 <p data-bbox="279 1138 526 1171">Figure 1: Press "On"</p>	<p>Step One:</p> <ul style="list-style-type: none"> • Calibrate the machine following the steps in the instruction manual. • Print the calibration tape to pack in the box. • Clean the machine with <i>Baby Fresh Wipes</i>. Do not use Bleach, Clorox wipes, or alcohol pads. <p>Step Two:</p> <ul style="list-style-type: none"> • The screen will say: "Power on Self Test" "In Progress....." • After a few moments the screen will say: "Ready" "Press ON" <p>Step Three:</p> <ul style="list-style-type: none"> • Press the "On" button (See Figure 1) • The screen will say: "Initializing" <p><i>This is a good time to describe the screening to the athlete. Let them know that it won't hurt and what you are measuring.</i></p> <p><i>Ask other questions pertinent to bone health such as, "What sports are you involved in?" "What is your favorite dairy product?"</i></p>
 <p data-bbox="266 1667 535 1701">Figure 2: Press "Open"</p>	<p>Step Four:</p> <ul style="list-style-type: none"> • When the screen says, "See gel pads" "Press Open" • Press the "Open" button. (See Figure 2) • The transducers will come together, touch each other, and then retract. • The screen will say, "Opening....." "Insert foot and press measure"

Images	Instructions and Notes
 <p data-bbox="201 453 604 508">Figure 5: Press “Print,”(on the left) then press “On.”</p>	<p data-bbox="678 197 837 231">Step Nine:</p> <ul data-bbox="776 235 1390 348" style="list-style-type: none"> • Press “Print” for every left heel scanned. • Record the score on the HAS form. • Push “On” while printing. <p data-bbox="678 382 1455 516"><i>You can push “On” while the machine is printing which reduces the time between foot screenings a great deal. Use this time to record scores, ask questions, and explain the score obtained to the athlete.</i></p> <p data-bbox="678 550 1468 684"><i>Screeners can reinforce the key messages for the Strong Bones component (see pages 18-19 in the HP Clinical Director’s Guide) while the machine prints and re-sets for the next scan.</i></p>
	<p data-bbox="678 758 824 791">Step Ten:</p> <ul data-bbox="776 795 1419 909" style="list-style-type: none"> • When ready, repeat for the right heel. • Print the score for the right heel only if the score is lower than the left heel.

Evaluation Tools

The following are suggestions for documenting performance and observations during the training weekend. Two of the three must be completed.

- Observation. Organize thoughts by using the “What Works / What Doesn’t Work” format.
- Provide written feedback to HP Senior Manager and team within 14 days of the event.
- Use the Bone Density Screening Checklist / Rubric to evaluate each trainee.



Introduction

There are three important parts to training Clinical Directors for the Bone Health section of Health Promotion:

4. The equipment.
5. Conducting the screening.
6. Athlete education.

This section focuses on athlete education for bone health in the Health Promotion Venue.

Bone health is often overlooked in health education for individuals with intellectual disabilities. However, many, if not most, are at risk of developing a bone health issue either due to direct effects of their disability, lifestyle, or medications.

Key concepts and research related to bone health are presented in detail in the e-learning section (in development) and the post training CEU online modules (also in development). The information in this training manual provides guidance for trainees (new Clinical Directors) for interactive and content rich health education related to bone health.

Instruction Goal:

Trainees will be able to implement and evaluate the effectiveness of bone health education activities in a Health Promotion venue.

Learning Objectives:

At the end of the Train-the-Trainer session, Clinical Directors will be able to:

- Deliver key messages related to bone health through pre-selected educational activities.
- Identify key messages for bone health to include in future education activities.
- Use the ***I Choose to Change*** bone health card effectively to promote change at home.
- Demonstrate how to include the use of Milk Mustache Photos as an educational tool.
- Evaluate the effectiveness of the health education activities for athletes and volunteers.

Forms, Procedures, and HP Manual References

- ***Healthy Choices, Healthy Athletes: Health Promotion Guide for Clinical Directors***. Pages 18-19 and 26-28.
- Handout B-8: *Milk Mustache Photo Booth Instruction Plan*
- Handout B-9: *Strong Bones, Strong Athletes Instruction Plan*

Instruction Guides (scripts)

Share the following notion with your trainees:

The instruction plans provided during this training are for you to use in your local program. Many Clinical Directors create new activities and create collaborative activities with vendors and others in their area. This is great! If you do, please take a moment to write down the key elements (learning objectives, materials needed, and how to do the activity) and share it with the Health Promotion Senior Manager. We'd like to collect them to create a tool box filled with activities for our Clinical Directors around the world.

Suggested Learning Activities

Choose from the many instruction plans available. If you create a new activity, please create, or ask the Health Literacy Consultant to create, an instruction plan for the activity. This gives the HP GCA Team the opportunity to share the activities with both new and old Clinical Directors.

Evaluation Tools

Clinical Director trainees will be evaluated by using a rubric (see Health Literacy and Communication) unless otherwise noted.

Resources

It may be helpful to remind trainees that funding for a portion these activities is possible through a Health Promotion Capacity Grant.

Athlete Education Lesson Plans

Appendix E



Special Olympics



Health Promotion Lesson Plans

The Health Promotion Venue is filled with opportunities to introduce or reinforce health education messages. There have been many creative educational activities designed by various Clinical Directors and volunteers over the years. The following lesson plans highlight only a few.

As you design educational activities for your local program, please share with the Health Promotion Manager. We will develop a lesson plan to share with Clinical Directors around the world. In that way, we build an educational toolbox for Clinical Directors and improve the educational opportunities for our athletes.



Special Olympics

Health Promotion Healthy Athletes

“I Choose to Change!”

Athlete Report Card and Behavior Change Tool

Instruction Plan

Activity Description

The “*I Choose to Change!*” Series is designed to be given to athletes as the leave Health Promotion screenings. The concept was originally used by Special Olympics-Iowa, designed by the Health Promotion Team led by Clinical Director, Anne Tabor, RD, as an “I Pledge” card. Using the card, athletes made a pledge – much like the Special Olympic Pledge – to make a positive change to improve their health. The “I Pledge” tool was great for drawing athletes into the process of goal setting and taking control of their health. We modified the tool for the U.S. National games in 2006, using concepts of self-determination, self-motivation, goal setting, choice making, and health literacy to create the “I Choose to Change!” series.

The following is a lesson plan is a suggested outline for one way the “I Choose to Change!” series can be most effectively used to encourage athletes to begin to make small changes toward goals that interest them.

Purpose:

To provide visual cues and first steps to positive behavior changes for health discussed in the Health Promotion Venue.

Trainee/Volunteer Objectives:

Volunteers will demonstrate effective communication skills with athletes when sharing the “I Choose to Change” information in the Health Promotion Venue

Athlete Objectives:

1. Athletes will choose one education topic within Health Promotion they would like to make a change.
2. Athletes will verbally state, mark, or point to, which actions on their selected “I Choose to Change!” card they will work on first.
3. Athletes will acknowledge the recommended follow-up for bone density testing or body mass index results by repeating verbally, marking, or pointing to the recommendation.

Materials Needed:

I Choose to Change Cards:

Acrobat pdf files are available in different languages at: www.DisabilitySolutions.org/SOI/Choose.html

Printing the “I Choose to Change” series

The pdf files provided are print quality and have printer marks to fit a 4x6 post card. Most print stores will be able to work with this. Please let us know if you are unable to create a way to print them using these files.

If you are not able to offer bone density testing, ask the printer to assist you in blanking out that area. Another option is to place a sticker over that side of the card and add a custom message to the athletes or your logo.

Method or Activity Instructions

1. Provide “*I Choose to Change!*” cards that match the venue topics only. For example, if your venue does not include a smoking cessation education area, do not include that card.
2. Have athletes select the topic they would like to work on after completing the entire venue.
3. When reviewing the screening information with the athletes, fill in the bone density (BMD) and body mass index (BMI).
 - a. Share the score with the athlete.
 - b. Show the athlete the recommended follow-up as you mark it.
 - c. Have the athlete re-state, point to, or mark the action you wish them to take after the venue.
4. Review the topic choice and potential goals based on that topic.
 - a. Ask, “You chose _____. What is it about _____ that you would like to change?”
 - b. Have the athlete choose one action step they are interested in taking by pointing, marking, or verbally stating their choice.
 - c. Encourage them and remind them that goal setting is a great way to make changes for better health.

Additional Information

Printing the “I Choose to Change” series

The pdf files provided are print quality and have printer marks to fit a 4x6 post card. Most print stores will be able to work with this. Please let us know if you are unable to create a way to print them using these files.

If you are not able to offer bone density testing, ask the printer to assist you in blanking out that area. Another option is to place a sticker over that side of the card and add a custom message to the athletes or your logo.

Adaptations

Educational materials must fit the situation. We are happy to add photos of foods and options that are culturally appropriate for your program. Please email Joan Guthrie Medlen, RD, LD, Clinical Advisor for Health Literacy and Communications (joan@ipns.com) or Heather Driscoll, Senior Manager, Health Promotion (hdriscoll@specialolympics.org) with your ideas. We want these materials to be press quality and welcome your assistance in adapting and selecting foods and phrases that best fit your region.

Copyright

"I Choose to Change!" series. Copyright ©2006 Special Olympics, Inc., Healthy Athletes, Health Promotion.

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Images on bone health, fruits and vegetables, and water are ©Silverlining Multimedia, Inc. Used with permission.



Special Olympics



Milk Mustache Photo Booth (MMPB)

Health Promotion Instruction Plan

Activity Description

Stage your own Milk Mustache Photo Booth (MMPB) to draw athletes to the Health Promotion Venue and promote drinking milk to build strong bones. The MMPB provides a dynamic, fun, and memorable activity for the bone health aspect of Health Promotion.

Athletes receive a copy of their photo taken in front of a special backdrop with a “milk mustache” to take home and share with friends and family.

Purpose:

The MMPB activity reinforces many of the strong bones messages with a visual reminder for athletes that “Milk builds strong bones.” The activity should be placed to reinforce the health education messages of the Health Promotion area. That is, position the MMPB near the bone density screening or food tasting rather than next to the Sun Safety area. This is a great activity to position in the middle of the bone density and bone health area to keep things moving.

The photo can be used as a “give-away” for the athlete as well. Take the photo near the beginning of the screening and pick it up at the end as a “thank you” for coming through the venue and a visual reminder regarding the role of milk products and bone health.

Trainee/Volunteer Objectives:

Before the event, volunteers will be able to:

- State key messages that relate to the “Got Milk?” message.
Dairy products are great foods to build strong bones.
Milk is a great food for building strong bones.
- Use effective communication and listening skills with athletes for the process of creating the milk mustache photo.

Athlete Objectives:

By participating in the MMPB, athletes will:

- Have fun.
- Take home a visual reminder that milk builds strong bones.

Materials Needed:

- Camera.
 - Polaroid Camera: plenty of film and batteries.
 - Digital Camera: photo paper, printer, docking station or multiple memory cards (or multiple cameras)
- Lighting if in a dark area.
- Backdrop for photo (see resources below).
- A table and chairs for volunteers and to store supplies.
- Milk Mustaches:
 - “Real” mustaches: use milk shakes, ice cooler, blender, dish soap, hand soap, place to rinse blender, small cups, tissue and garbage can.
 - Milk Mustache stickers (preferred) from Milk Pep (see below).
- Dairy products (kept at appropriate temperatures) to taste. (optional)

Method or Activity Instructions

Some considerations when conducting the MMPB:

- This is an optional activity.
- Athletes like to take the photo with them. Be sure to work out a way to have the photos ready before they leave the venue. Though expensive, polaroid photos are the easiest for this. Ask about donations for the film.
- Make sure to spend a few minutes training volunteers in communication strategies and answer any questions they may have.
- Be clear about policies related to people other than athletes wanting a photo.

Additional Information

Obtaining Backdrops

- Contact the Health Promotion Manager (Heather Driscoll) or Clinical Advisor for Bone Health (Mary Pittaway) to obtain a celebrity backdrop.
- Use the natural setting of the venue as the back drop (tennis court, photos in a field, etc).
- Create a theme-based backdrop for your venue. Some past ideas include Harry Potter (magician robes, crowns, wands, with a star-filled back drop) and farm scenes (hay bales, pumpkins, hay covered tables or chairs, and so on).
- Plan how you will hang the backdrops before the event. Have the necessary tools with you.

Adaptations

There are few adaptations needed for this activity. However, take a careful look at the location of the MMPB to see if it is easy to access for those who are unsure on their feet, use crutches, or wheel chairs.

Resources

- Milk Pep Order Information:
<http://www.milkpep.org/online-ordering/shop-the-marketing-materials-catalog/>
To order **Got Milk?** Incentive items including milk mustache stickers, celebrity posters, lanyards, backdrops and more.
- National Dairy Council Affiliate for your state.
- At times, local photography studios may be interested in volunteering to take photos for your event.
- Local retailers who sell camera's, printer ports, film and other photo supplies may donate these supplies for your event.



Introduction

To introduce athletes to visual cues that correspond to actions to promote Sun Safety behaviors.



Wear a hat



Wear shades



Cover up!



Seek shade



Wear sunscreen

Instruction Goal:

Trainees will be able to successfully demonstrate the key messages for Sun Safety.

Trainee/Volunteer Objectives

At the end of the train-the-trainer screening event, trainees will:

- understand why sun safety and all UV exposure in all seasons is an important issue for Special Olympic athletes.
- explain that skin cancer is the most common cancer in the U.S. and is increasing throughout the world .
- recall that many SO athletes use medications that allow them to be more sun-sensitive.
- Demonstrate or describe best practice of communicating sun safety concepts to the athletes.

Athlete Objectives:

After participating in the Sun Safety education activities, athletes will be able to demonstrate knowledge of key messages by repeating, gesturing, or describing

- Seeking shade when possible.
- How much sun screen to put on.
- When to wear sun glasses.
- Ways to cover up to protect from the sun.
- The messages of the Sun Safety icons.
- What to do when the UV bracelet turns color.

Materials Needed:

- Samples of
 - broad spectrum sunscreen,
 - UV lipbalm and UV bracelets,
 - Choose to Change Cards.
- Colorful tablecloths and seasonal items like beach balls, sand pails in summer to display give-away's such as sunscreen, UV lip balm, sun safety pamphlets, water, UV bracelets.
- Examples of hats, a variety of sunscreen bottles, an umbrella to emphasize shade.
- The Sun Safety Game (bean bag toss game that reinforces the sun safety messages)
- Grapes and raisins
- Doll that is washable
- UV light source

Method or Activity

1. Have the athletes play the Sun Safety Game to begin to see the visual images that should be emphasized at the venue.
2. If the game is unavailable, then use the Sun Safety banner doing the same activity by tossing a nerf ball or bean bag at each of the five sun safe symbols. The volunteer should ask the athlete what the symbol means to them and then to ask the athlete how can they apply these concepts when outside during training and competition.
3. Show the grapes and raisins and explain how the sun over time causes the change in the fruit. Use this as a teachable moment to help the athlete understand that the sun over time causes not only sunburn but changes in the body that can be more dangerous.

4. Using a UV light source if inside or the sun outside, hold the UV bracelet to the source and notice the color change

Additional Information

Sun Safety Game is available from Baggo. Contact Kathy Smith (kathy@baggo.com)

The UV bracelet is a good teaching tool that helps the athlete observe the color change immediately. The athlete needs to understand that the bracelet is like an alarm clock to remind them to apply sunscreen (every two hours) when outside. Other sun-activated, color-changing products available at Solar Active: www.solaractiveintl.com

Using a washable doll, the athlete can apply sunscreen with the volunteers help so they become aware how much to apply to the skin.

Adaptations

Be watchful for those who may have trouble getting the bracelet on. **Ask** if they would like help (do not assume).

Some athletes have very sensitive skin so the volunteer might ask the coach or the parent if using the sunscreen provided by the venue is ok for the athlete. Do not pass out sunscreen without asking some questions about this.

Most athletes will visit the Opening Eyes venue. If athletes receive sun glasses at the Opening Eyes venue, reinforce the importance of wearing sunglasses. If the athlete has not visited OE, encourage them to attend and receive their free sunglasses.

Resources

Sun Safety Alliance is a partner with SOI and can provide information on sun safety to SO programs. www.sunsafetyalliance.org

American Academy of Dermatology provides basic information on skin cancer prevention and how to contact dermatologists all over the U.S www.aad.org

The International Dermatology Association provides the same information but by country.

U.S. Centers for Disease Control & Prevention: [www.cdc.gov/Choose Your Cover](http://www.cdc.gov/ChooseYourCover)

More sources for information available in the Health Promotion, *Healthy Athletes, Healthy Choices Clinical Director's Guide*, page21. (<http://tinyurl.com/4bjg6o>)



Special Olympics



Sun Safety UV Bracelet

Health Promotion Instruction Plan

Activity Description

The Sun Safety Activities of the HP venue focus on key messages used by CDC, the Sun Safety Alliance, and other skin health professionals. The goal of the venue is to provide repeated exposure to these key messages with a variety of activities that meet athletes' different learning styles.

This instruction plan focuses on the UV Bracelet. See the *Health Promotion Manual* for information regarding ordering the bracelet.

Purpose:

The UV Bracelet, printed with Special Olympics' Logo, provides a visual and tangible tool for taking action for sun health. The bracelet appears white until exposed to sun light or a UV light (if inside). When exposed to sun light, the bracelet turns purple, signaling the need to protect your skin from sun damage.

Trainee/Volunteer Objectives:

Using this instruction plan, trainees or volunteers will be able to:

- Describe what makes the bracelet turn purple.
- Demonstrate or describe the action to take when the bracelet turns purple.

Athlete Objectives:

After receiving a Sun Safety UV Bracelet Athletes will be able to:

- Recognize when the bracelet turns purple.
- Describe or show what to do when the bracelet turns purple.
- Remind others what to do when the bracelet turns purple.
- Take the appropriate action when the bracelet turns purple in the Healthy Athlete Venue.
- Take the appropriate action when the bracelet turns purple when participating in their sport that day.

Materials Needed:

- UV Bracelets.
- Sun screen or samples.
- SPF lip balm samples.
- Hats to use as demonstration or to give away.
- Sunglasses for demonstration or to give away.
- Shirts to use as demonstration (appropriate for providing cover : long sleeves or UV shirts).
- A beach umbrella to demonstrate shade.
- UV light (if inside).

Method or Activity Instructions

- Have the athlete choose a bracelet from a basket or container and put it on their wrist.
- If outside, ask the athlete to hold it in the sunlight to see the color change.
- If inside, ask the athlete to hold it under the special UV light to see the color change.
- Explain that the bracelet tells you when you need to protect your skin from sun damage.
- Ask what to do to protect your skin from sun damage.
- Ask the athlete what they will do when they are at their competition if their bracelet is purple.
- Offer sun screen, lip balm, and so on as appropriate.

Adaptations

- Pay attention to the athlete's motor skills. If they are struggling with getting the bracelet on, **ask** if they would like help. Respect all answers (yes or no).
- Have athletes demonstrate what to do with props available: sun screen, lip balm, hats, glasses, shirt, and umbrella. This is a great way to communicate when speech is not easy.

Resources

1. CDC's *Choose Your Cover* campaign: <http://www.cdc.gov/Cancer/skin/chooseyourcover/>
2. Health Promotion Manual: <http://tinyurl.com/4bjg6o>



Special Olympics



Health Promotion Instruction Plan

Mystery Fruits and Vegetables Box

Description

The *Mystery Fruits and Vegetables Box* introduces athletes to a variety of fruits and vegetables. This interactive activity is a fun ice breaker for conversations about increasing the number of fruits and vegetables eaten or trying new ones. The activity involves reading into a box to pull out different fruits and vegetables. Use foods of different shapes, sizes, and textures to provide depth to the activity. This is a sensory-oriented activity, which may be challenging for some athletes.

This activity can be modified for other education topics.

Purpose

To provide an opportunity for interaction between the athlete and volunteer that focuses on fruits and vegetables. Use the activity to lead into goal setting with the *Choose to Change Card* for fruits and vegetables.

Trainee/Volunteer Objectives

- To describe or discuss attributes (sensory or health-related) of fruits and vegetables in the Mystery Box with athletes.
- To apply concepts for effective communication with athletes when executing the activity.
- To be able to describe the taste, smell, texture, and health benefits of the foods in the Mystery Box.
- To be able to describe how to incorporate foods in the Mystery Box to meet healthy eating goals.

Athlete Objectives

After participating in this activity, athletes will:

- be able to match food to photo, or name foods in the mystery box.
- select a new fruit or vegetable they will explore or taste from the Mystery Box..
- choose a goal related to fruits and vegetables to reach on the *Choose to Change Card*.

Materials Needed:

- Paper bag or box/black cloth cover
- Fruits and vegetables (about 5-7) representing different shapes, size, and texture such as:
 - apple- smooth and round,
 - banana- long and smooth,
 - kiwi fruit- small, round and fuzzy,
 - star fruit
- Samples of fruits and vegetables in the mystery box for tasting. Keep these out of sight to further the discussion.
- Napkins, small cups, sanitizing wipes or hand sanitizer, garbage can.
- Utensils to cut samples.

Method or Activity

Directions for making the Bag or Box:

Bag

- Choose a paper bag big enough that the fruits and vegetables have room to move around.
- Place the fruits and vegetables in the paper bag.
- Roll up the top so athletes cannot peek in.

Box-

- place the fruits and vegetables in the box,
- cover the box with the black cloth or turn the box upside down and cut a hole in the top or side large enough for a hand to reach in the box.

Direction for the Activity:

- Describe the activity to the athlete with words and by showing them how to do it.
For example, *“You will reach in the box through this hole. When you find a fruit or vegetable in the box, feel it. Try to describe it. Tell me what you think it is. Or you can point to the picture of what you think it might be on this card.”*
- Ask the athlete to:
 - reach in the bag/box,
 - feel an item
 - guess the item by naming it, describing it, or pointing to the picture of the item.
- Talk with the athlete about the fruit or vegetable.
 - Is it one they have tried before?
 - What do they know about it?

- If they do not like it, explore why not.
 - Would they like to try it?
 - Is this something they'd like to learn how to cook?
- Repeat until 3-5 times.
 - Offer the athlete a sample of the fruit/vegetables they found.
 - How does it taste?
 - How does it smell?
 - What does it feel like?
 - Would they like to eat that more often?
 - If yes, offer *Choose to Change* card and walk through some goal setting.

Additional Information

Suggestions for food samples:

- Cut the fruit/vegetable samples ahead, choose items that do not have to be refrigerated and can be a grab and go snack.
- Ask your local McDonalds to donate apple slices and carrot sticks.
- Ask local grocery store or farmers' market to donate the foods.

Adaptations

Sensory Defensiveness or Aversion

Sensory defensiveness or aversion may be a problem for some athletes with this activity. They may not want to reach into a box or bag they cannot see. If so, start by offering to share what is inside the box. Show them other samples of the fruits and vegetables. Ask them to find _____ in the box or bag.

When tasting foods, athletes may not want to eat it. Or, once they have, they may not want to keep it in their mouth. If hesitant about trying a new fruit or vegetable, let them know they do not have to eat it. Also assure them that if they try it and it's awful, they can just spit it into their napkin to throw away. There is **no** obligation to try anything.

If sensory aversion or defensiveness is present, focus instead on the size, shape, texture, and smell of the food. Describe it. Talk about what it does for the body. The more exposure to a new and different food without pressure, the better the chance the athlete will attempt to try it at some point.

Communication

For athletes with communication concerns, or who speak a different language than the volunteer, use photos of the fruits and vegetables in the box to name them. A communication board with background-free photos of the foods in the box or bag will assist in most conversations regardless of communication skills.

Mobility

- Be sure the activity is at an appropriate height for the athlete to reach in. Athletes using wheel chairs or scooters may find it easier to use the bag method.
- Make the hole in the box large enough for all sizes and shapes of hands.
- Keep the box or bag somewhere that is easy for the athlete to reach into, such as the edge or corner of a table.
- Avoid having athletes make an extended reach, lean on the table, or bend over to reach into the box or bag.

Resources

1. [*Coaching Clips Volume 1, Issue 3: Expand Your Palate*](#). Issue focuses on providing opportunities for adults with disabilities to learn to eat new foods through taste testing. Use it as a guide for the taste testing piece (http://downsyndromenutrition.com/services/files/Coaching_Clips_Vol1_No3.pdf).
2. Kranowitz, CS. *The Out of Sync Child and The Out of Sync Child has Fun*. These are essential to read for more information on sensory issues.
3. *Visual Foods Photo Collection* by Silverlining Multimedia, Inc. Collection of 3500 background-free food photos (contact www.downsyndromenutrition.com).

Appendix F



Special Olympics

Healthy Athletes
Health Promotion

Health Literacy and Communication

Purpose:

This evaluation observation is done to determine what skills have been learned during the training. This allows instructors (GCAs) to provide constructive coaching based on desired competencies.

Communication Observation Instructions

This evaluation tool does not add time to the instruction. It does, however require GCAs to schedule time in their day to complete assessment during screenings and provide feedback.

The following objective, activity, and assessment is a part of the overall learning experience within the venue.

Trainee Objective

Clinical Directors will be able to apply techniques for communication partnering and clear language with Special Olympics Athletes during screenings and health education activities for health promotion.

Assessment

Using a rubric or checklist, SOI Clinical Advisors conducting the training will collectively observe each trainee (one observation total of each trainee, divided between trainers is best) for use of clear language and communication partnering techniques. This information will be used to provide constructive feedback both individually and to the group.

Follow-Through Activities

1. Students will complete a self-assessment to identify what works and does not work from their experiences in the training. (See Attachment B)
2. GCAs will conduct and discuss the self-assessment evaluation with Clinical Director Trainees after their first local program event.

Scoring:

Instructions:

Using the following list, observe trainees for at least 15 minutes as they interact with one or more athletes in the Healthy Athletes Health Promotion screening venue. Make a hash mark for each interaction observed. These observations are designed to provide insight to tangible suggestions for trainees.

Date of Observation: _____ Location/Event: _____

Name of Trainee _____ Observed by _____

Number of unique athlete – volunteer interactions observed: _____

Communication Partner Strategy	Frequency code for each interaction observed (1-4)				Observation Comments
	Athlete #1	Athlete #2	Athlete #3	Athlete #4	
Greets athletes with a smile					
Uses person-first language					
Gives & maintains eye contact					
Is on same level with athlete					
Develops rapport					
Respects personal space					
Attends to nonverbal cues					
Asks for clarification if needed					
Waits for response					
Balances attention between task and athlete without losing interest					
Uses positive language					
Uses age-appropriate language and tone.					
Open to and responds to initiations by athletes					
Speaks to athletes when parent, coach, or support person is present.					
Attempts to have athlete repeat, gesture, or point to message or behavior change goal.					

See evaluation rubric for appropriate rating scale number for each observation.

Evaluation Rubric Scale

(insert rating number in observation checklist)

Communication Partner Strategy	Needs Work (1)	Emerging (2)	Accomplished (3)	Exemplary (4)
	Volunteer does not engage in target behaviors to support communication.	Volunteer engages in targeted techniques to support communication. Seems uncomfortable or needs reminders.	Learner engages in target behaviors in all interactions. Conversation may still be a little awkward.	Target behaviors appear natural and easy. Shows no hesitation. Conversation is genuine and respectful.
Greets athletes with a smile				
Uses person-first language				
Gives & maintains eye contact				
Is on same level with athlete				
Develops rapport				
Respects personal space				
Attends to nonverbal cues				
Asks for clarification if needed				
Waits for response				
Balances attention between ask and athlete without losing interest				
Uses positive language				
Uses age-appropriate language and tone.				
Open to and responds to initiations by athletes				
Speaks to athletes when parent, coach, or support person is present.				
Attempts to have athlete repeat, gesture, or point to message or behavior change goal.				

Coach Clinical Director Trainees on all areas and suggest tips and tools for correction, if needed.

Trainee Scoring:

- **Needs Work:** Meets less than 5/15 techniques per athlete interaction
- **Emerging:** Meets less than 8/15 techniques per athlete interaction
- **Accomplished:** Meets less than 12/15 techniques per athlete interaction.
- **Exemplary:** Criteria: Meets less than 15/15 techniques per athlete interaction.

What Works / What Doesn't Work Trainee Self-Assessment Tool

Purpose:

A summative evaluation is done to determine what has been learned during the training. This allows instructors (GCAs) to provide constructive coaching based on desired competencies.

The following self-assessment can be used by trainees after the TTT and after any HP Event. This documentation is an excellent way of gathering qualitative feedback for the Health Promotion program overall.

Instructions

There are many aspects of an HP Venue that impact your personal effectiveness as a communicator. You are your own best judge of what is working or not working well for you in any situation. Reflect back over the TTT experience and fill in the "What Works / What Doesn't Work" sheet to document the lessons you have learned for yourself this weekend. As you do, focus on the things that impact your ability to communicate effectively and provide information that is understandable to athletes.

The table below illustrates some examples.

What Works	What Doesn't Work
<ul style="list-style-type: none">• Clear understanding of what is expected from me.• Keeping visual tools and other communication tools in order throughout the screening.	<ul style="list-style-type: none">• Changing expectations for the same task throughout the day.• Shuffling through visual tools and communication tools to find what I am looking for.

In some cases you will want to create a "Next Steps" list to take action on what you have learned.

Name: _____

Date: _____

What Works	What Doesn't Work

Name: _____ Event: _____
Date: _____

What Went Well (What Works)	Challenges to Address	Next Steps

Health Literacy & Communication

Role Play Evaluation

Activity Description

This role play can be used to evaluate existing communication skills before the screening begins. It also could be used as a formative evaluation for competencies within the venue (bone health, nutrition, weight, and so on).

Purpose:

An interactive, spirited activity to stimulate discussion and evaluation of communication with athletes.

Trainee/Volunteer Objectives:

At the end of this activity trainees will be able to:

1. Discuss the impact of different communication styles on the educational message and interaction with athletes.

Materials Needed:

- Role Play descriptions.
- Props as needed.

Method or Activity Instructions

(20 minutes)

This activity can be done at any point in the training, regardless of topic. Health literacy should be a motif throughout the training. Weaving these activities into other aspects of training serves to illustrate this.

Trainee Participation

Role-play/dramatic demonstration for group discussion. Volunteers act out conducting the HAS Interview given specified personalities. Conduct a role-play for the TTT class with trainees playing distinct personality roles. It is important to keep the personality roles secret from the audience. This can also be done for bone density screening, gathering anthropometric data, or the health education stations.

Role-Play Directions:

Ask for four volunteers. This can be done as two separate intake sessions or a group of people in the HP Venue. Have the screeners simulate conducting the HAS intake with the athletes. Only one person

should know the personality given – the person who is doing the role-play. Provide them with the tools for use during intake.

Give those watching the role play *Communication Partner Skill Frequency Checklist* to help them organize their observations.

Role Descriptions for “Actors.”

Print these on separate pieces of paper or cut apart. Role play “actor,” should receive only the description of the person they portray.

- **Screener 1:** You behave condescendingly to the athletes by using baby talk and sounding as though you only half-believe they know what they are talking about.
- **Athlete 1:** You live in an apartment with minimal supports with your partner who also has an intellectual disability. You and your partner competitively employed (which means you work at least 30 hours a week and receive some sort of benefits) and use public transportation. You and your partner are working very hard at making healthy choices because you hope to start a family one day soon. Athlete works swing shift as a janitor for the school district. You know you need support, and you are very proud of your independence.
- **Athlete 2:** You have to think about words before you can reply to questions. If pressured you begin to feel overwhelmed. You are 30 years old. You live with your parents and volunteer at the local meals on wheels as a meal delivery person (you take the meals to the door). You also volunteer at a nursing home near you and play games with the people who live there. You are overweight. Your favorite drink is Coke.
- **Coach:** You are overly friendly and helpful. If someone seems to be struggling, you jump in to help at the first opportunity. If someone drops something, you pick it up for them. You offer to help before you are asked.

Assessment

Discussion of the role-play.

- How did you feel watching this?
- What did you see in the athlete’s nonverbal cues?
- How did the athletes feel?
- How did the people playing the role-play feel?
- If you were observing this, what could you, as a fellow screener do to help, if anything? Be constructive, not destructive!

Discussion Evaluation Rubric

Activity	Needs Work	Meets Standard	Above Standard
Attention	Distracted or leaves room.	Active listening. Examples: asks questions for clarification.	Active listening and participation in discussion. Examples: asks questions, offers examples based on others' comments.
Use of training content	Does not participate.	Comments reflect content and materials provided.	Comments reflect use of training information and further application to situation.
Responsiveness	Does not participate.	Responds when asked.	Multiple spontaneous responses to questions and topics in discussion.
Application	Does not participate.	Comments reflect application of training content to discussion.	Comments reflect synthesis of information to method of providing service to athletes with intellectual disabilities.

- For further reading:
 - Literacy Bill of Rights: dsasonline.org/admin/files/AT-Literacy.pdf
 - Communication Bill of Rights: http://www.asha.org/NJC/bill_of_rights.htm
 - Guidelines for Meeting the Communication Needs of Persons with Severe Disabilities by The National Joint Committee for the Communication Needs of Persons With Severe Disabilities <http://www.asha.org/NJC/njcguidelines.htm>

Communication Partner Skill Frequency Checklist

Instructions:

Using the following list, observe role play actors in the scenario. Make a hash mark for each interaction observed by the person acting as the screener. These observations are designed to provide insight to tangible suggestions for trainees.

Communication Partner Strategy	Frequency
Greets with a smile	
Uses person-first language	
Gives & maintains eye contact	
Is on same level with athlete	
Develops rapport	
Respects personal space	
Attends to nonverbal cues	
Asks for clarification if needed	
Waits for response	
Balances attention between ask and athlete without losing interest	
Uses positive language	
Open to and responds to initiations by athletes	
Uses age-appropriate language and tone	
Speaks to athletes when parent, coach, or support person is present.	

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EDUCATION

<u>Degree</u>	<u>Date Earned</u>	<u>Institution</u>	<u>Location</u>	<u>Major</u>
B.S.	1987	Kansas State University	Manhattan, KS	Dietetics
M.Ed.	Expected 2010	University of Massachusetts – Boston	Boston, MA	Instruction Design

ADDITIONAL TRAINING & EXPERIENCE

<u>Institution</u>	<u>Training</u>	<u>Location</u>	<u>Date</u>
American Dietetic Association	Advanced Certificate in Adult Weight Mangement	Portland, OR	03/2006
University of New England	Health Literacy Institute	Portland, ME	05/2005

LICENSURE

<u>Licensure</u>	<u>Title</u>	<u>Date Received</u>	<u>Number</u>
American Dietetic Association	Registered Dietitian	10/1987	709397
State of Oregon	Licensed Dietitian	1996	520

AWARDS & HONORS

- 2009 Exceptional Meritorious Service Award, National Down Syndrome Congress
- 2006 Kansas State University College of Human Ecology
Legacy of Excellence Public Advocacy Award
- 2006 Star Award, Down Syndrome Association of Northern Indiana
- 2002 Theodore D. Tjossem Research Award, National Down Syndrome Congress
- 2001 Lynda Pollack, M.D. Advocacy Award, The Gold Coast Down Syndrome Association
- 2001 Media Award, the Arc of Oregon

PROFESSIONAL AFFILIATIONS

The American Dietetic Association

Behavioral Health Nutrition Practice Group of ADA

Oregon Dietetic Association

The Down Syndrome Medical Interest Group

TASH (formerly The Association for People with Severe Handicaps), Lifetime Member

CURRENT POSITIONS

- | | | |
|---------------------|--|--------------------|
| Executive US Editor | Down Syndrome Research and Practice, Down Syndrome Educational Trust – USA. Orange County, CA. | 10/2008 to present |
| Project Director | Disability Compass.
Portland, OR
www.disabilitycompass.org

Responsible for the management of activities for, Disability Compass. | 7/2008 - present |

Principal	<p>JEM Communications</p> <p>Portland, OR</p> <p>www.downsyndromenutrition.com and www.nutritioncoaching.net</p> <p>An inclusive nutrition counseling practice for people with and without developmental disabilities and their families. Provide nutrition and lifestyle coaching, adapted materials and systems to promote success, recipe redesign—both visual and for healthful living—program consultation and group education and presentations.</p>	2005 - present
Clinical Advisor	<p>Health Literacy and Communications</p> <p>Special Olympics, Int. Health Promotion Program Washington, DC</p> <p>Consultant to the Health Promotion Program of Special Olympics International. Develop educational materials, conduct training and educational workshops, assist with program development, and write articles for the organization, participants and the lay public.</p>	10/2005 - present
Owner/Publisher	<p>Phronesis Publishing, Lake Oswego, OR</p> <p>www.downsyndromenutrition.com/phronesis</p>	4/2006 to present

WORK EXPERIENCE

Instructor	<p>Mt. Hood Community College, Basic Nutrition (FN 225).</p>	9/2007 to 1/2008
Editor	<p>Disability Solutions, Portland, OR</p>	1995-2006
Director	<p>The Enoch-Gelbard Foundation, Portland, OR</p>	1995 - 2005

CONSULTATION

Expert Witness	Barrett Law Office, P.A. Lexington, MS	2006
Nutrition and Wellness Consultant	STRIVE U, Peregrine Supported Living Services Portland, ME <i>STRIVE U is a Post-Secondary Program for people with Developmental Disabilities that opened its doors in August 2004. Provided consultation regarding initial set up of kitchens for student apartments, designed nutrition education lessons, menu planning, shopping, cooking, and recipe systems and long-distance nutrition counseling for students with developmental disabilities.</i>	2003-2005

EDITORIAL

Editorial Board, <i>ICAN: Infant Child, & Adolescent Nutrition</i> , SAGE Publications.	1/2008 - present
<u>Editorial Advisory Board</u> , <i>Down Syndrome News and Update</i> . Published by The Down Syndrome Educational Trust, United Kingdom.	11/2006 - present
<u>Newsletter Editor</u> , <i>Developmental Issues</i> , Dietitians in Developmental and Psychiatric Disorders Practice Group of the American Dietetic Association.	5/2005 – 5/2006
<u>Editorial Advisory Board</u> , <i>The Journal of Religion and Disability and Health</i> , Haworth Press.	1998 - present

NONPROFIT BOARD MEMBERSHIP

Member-at-Large, Community Vision, Inc.	12/2008 – present
Vice President, Publications, Down Syndrome Education – USA	5/2008 – present
Research and Practice Advisory Board, Downs Educational Trust, UK	10.2007 - present
Professional Advisory Committee, National Down Syndrome Congress	5/2006 - present
Clinical Advisory Board for the National Down Syndrome Society	1998 - present
Professional Advisory Board for the Canadian Down Syndrome Society	1999 - present

Board Member, The Enoch-Gelbard Foundation 1995 - 2005

Board Member, The Arc of Multnomah County 1996 - 1998

PEER-REVIEWED PUBLICATIONS

Medlen, J.E.G. Creating support for families of children with Down syndrome with a co-diagnosis: A survey. *Down Syndrome Research and Practice*, In Press (2008).

Medlen, J.E.G. Healthy Living and How to Achieve It, *Exceptional Parent Magazine*, 2004:34(2).

Rudd, J., Calhoun, A., Medlen, J. Dealing with Down Syndrome, *Today's Dietitian*, 2002: 4(1), 38-41.

Medlen, J.E.G., Peterson, M. Food, Activity, and Lifestyles: A Survey of Adults with Down Syndrome, *Down Syndrome Quarterly*, 2000: 5(4).

Medlen, J.E., Peterson, M. Estilos Sanos de Vida en Adultos con Síndrome de Down, *Rivista Síndrome de Down*, 2001:18(68).

BOOKS & PERIODICALS

Medlen, J.E.G. *Health Literacy for People with Special Needs*. Exceptional Parent Magazine, Feb 2009.

Medlen, J.E.G. *My Tasting Journal: Keeping Track of Foods I Try*. Portland: Phronesis Publishing, 2008.

Medlen, J.E.G. *Coaching Clips*. Quarterly publication. Portland: Phronesis Publishing, 2008.

Medlen, J.E.G. *The Down Syndrome Nutrition Handbook: A Guide to Promoting Healthy Lifestyles, 2nd Edition*. Lake Oswego: Phronesis Publishing, 2006.

Medlen, J.E.G. *The Down Syndrome Nutrition Handbook: A Guide to Promoting Healthy Lifestyles*. Lake Oswego: Phronesis Publishing, 2002.

BOOK CHAPTERS

Medlen, J.E.G. Food, Feeding and Family: On the Road to Healthy Lifestyles. In: w. Cohen, L. Nadel, M. Madnick, eds, *Down Syndrome: Visions for the 21st Century*. New York: Wiley-Liss, Inc.; 2002:317-325.

OTHER PUBLICATIONS

Medlen, J.E.G. Down Syndrome Fact Sheet. *DDPD Update: A Newsletter of the Dietitians in Developmental Disabilities and Psychiatric Disorders Practice Group*, 2003.

KEYNOTE PRESENTATIONS

Medlen, J.E.G., *Food, Feeding, & Family: Creating Successful Mealtimes for People with Down Syndrome*. *MASD, San Juan, PR. September 2009.*

Medlen, J.E.G. *What's on Your Plate? Healthful Living for Persons with Down Syndrome*. World Down Syndrome Congress, Dublin, Ireland. July 2009.

Medlen, J.E.G. *What's on Your Plate? Supporting People with Intellectual Disabilities to Live Healthful Lives*. Developmental Disabilities Nursing Association Annual Conference, Orlando, FL, USA. May 2009.

Medlen, J.E.G. *Living with a Co-diagnosis*. Down Syndrome Research Directions Symposium, Portsmouth, UK, 2007.

Medlen, J.E.G. *The Pathfinder's Journey: Clearing the Way, Changing Directions, Reading the Signs*. Regional Conference of the Down Syndrome Association of Minnesota, 2006.

Medlen, J.E.G. *Seasons of Change: Best Practice Tools for Teens and Adults with Down Syndrome*. Indiana Consulting Dietitians, South Bend, IN. 2003.