

Overview

These training materials are intended to be used to train health care providers in Bladen, Nash, Onslow, Rockingham and Wayne counties in both large group training sessions and smaller in office in-services.

The goal of Young Moms Connect is to offer support to pregnant and/or parenting women ages 13-24 years with health maintenance, parenting skills and self-sufficiency.

This training manual provides trainers with the tools and materials necessary to train health care providers in two maternal-child health best practice areas: Early prenatal care and medical homes for women of reproductive age.

How to use this Training Guide:

These training materials can be adapted for large trainings and smaller in-office in-services. The key content for both types of training is found on the PowerPoint slides and in the notes section of the slides. The other training methods listed in the “module at a glance” are optional as training time allows.

This Trainer’s Guide contains the following:

Purpose: A brief description of the overall goal for the module

Objectives: A list of stated expectations for training participants with regards to increased knowledge, change in attitude or skill competency

Pre-requisites: A list of basic knowledge and/or skills that training participants should have prior to the training

Materials: A list of tools or handouts that can be used for training participants during the training session

Advance Preparation: A list of tasks to be completed by the trainer prior to the training

Evaluation & Action Plan: A training evaluation and personal action plan for participants

Module at a Glance: A visual table for the trainer to use to quickly see an outline of key content and training delivery methods

Trainer & Participant Activities: Instructions, scripts and handouts to be used throughout the training at the discretion of the trainer. PowerPoint slides also refer to good times to use these activities.

Getting Started

Note to Facilitator

This is a non-traditional training. Unlike traditional lectures, the most important content and results of this training will come from the participants themselves. In addition to being an instructor you will also serve as a facilitator for this training. Ideally two trainers would present this material together so that one can serve as facilitator and the other as a “recorder” of ideas. Ideas generated by participants during this training are cumulative; meaning that near the end of the training the facilitator should summarize and report back major themes and action items to the group.

The contents and results of this training will also differ from county to county based on local resources and participants’ ideas and action plans. For this reason there is not a formal skills assessment at the end of the module. Instead participants should fill out the general evaluation and a personal action plan.

For large groups, one facilitator should work with the group and a co-facilitator should visually record key content. Brainstorming, discussing complex topics and problem solving are all possible components for the workshop and recording key phrases, ideas, resources, etc. in a meaningful, organized way using flip chart paper can be very effective. At the end of each section of the workshop the facilitator can reflect on these visual recordings to summarize themes, narrow choices and create next steps. It is likely that most participants don’t know each other well so visually recording their participation throughout the workshop creates a sense of group process, trust and shows that the facilitator(s) values everyone’s contributions.

Be sure to build in some time for socializing and opportunities for participants to talk with one another informally. There are different adult learning styles and some participants will be more willing to share in smaller groups and/or informal conversations than in the large group portions of the training.

For smaller groups such as private practices, the facilitator will need to determine in advance what sections of the module would be most useful for a particular group. The facilitator is encouraged to speak with the practice liaison to determine the best content for their particular needs. This module contains content about two maternal & child health best practices : (1) early prenatal care and (2) medical homes for non-pregnant women. For these smaller group settings, it is suggested to choose one of these topics and show only the PowerPoint slides appropriate to the topic of choice (approximately 15 min) and spend the remaining 45 minutes on the group brainstorming, facilitated discussions and service delivery improvement activities specific to that topic. The Service Delivery Improvement Activity and Personal Action Planning sheet can be left as “homework” if necessary.

Welcome

Welcome training participants. Introduce yourself, the Young Moms Connect Site Coordinator and any guest speakers. Thank training participants for coming. Enthusiasm is contagious. Tell participants that you are excited to work with them and that you are excited to learn from them as well as share some information. Tell participants that this is meant to be an interactive training and that questions and comments are welcome. We have as much to learn from one another as we do from the training content.

Ask the Young Moms Connect Site Coordinator to describe the basic mission and components of Young Moms Connect (or do this yourself if not available).

Young Moms Connect: Communities Supporting Young Families is a five county project funded through the N.C. Division of Public Health. Each funded county has a Community Advisory Council that will guide their county-specific project to implement an action plan that promotes integration, expansion and enhancement of services currently available to pregnant and/or parenting teens and women ages 13-24 years. Each county will integrate six identified Maternal and Child Health best (MCH) practices, implement or expand an evidence-based home visitation program, and create an integrated system of care. The Women's Health Branch of the N.C. Division of Public Health will provide trainings and coordinate a social marketing campaign related to the six MCH best practices.

Ice Breakers

Successful training days happen when participants feel comfortable, relaxed and have the desire to actively participate. Since this training is for various types of health care professionals it is important to “even the playing field” and do your best to make sure nurses and mid-level providers (nutritionists, health educators, social workers, etc.) feel comfortable actively participating with medical doctors.

Choose one of your own favorite ice breakers. Or, use the following suggestion:

- Ask participants to interview each other for 2 minutes each and then have them introduce their new acquaintance to the large group. Be sure to ask them to include participants' names, profession, why they are attending today and most importantly....one thing they think they can do to help improve birth outcomes among young mothers in their county.

Parking Lot

Post a flip chart and tell training participants that any questions that arise throughout the training day that can't be answered today or that might be better addressed at a different part of the day will be "parked" in the parking lot. Be sure to revisit the parking lot at appropriate times throughout the training.

Agenda

Post on a flip chart the schedule for the day. This should include which modules you will be training on, time estimations for welcome, training periods, breaks and lunch, group activities and closure activities including any competency assessments.

Miscellaneous

Kindly ask participants to silence all cell phones and beepers. Point out restrooms (if necessary).

The circle of care for women: early prenatal care and medical homes for non-pregnant women

Purpose

Increase health care provider awareness and improve service delivery for 1) early entry into prenatal care and 2) the establishment of/transition to a medical home for young women

Objectives

1. Increase awareness about the relationship between preconception health, early prenatal care and a medical home
2. Increase knowledge about current status of prenatal care among young mothers
3. Assess local prenatal care services and early entry barriers
4. Increase awareness about the importance of primary care/medical homes for women of reproductive age
5. Develop strategies to link young women, especially in the postpartum period, to primary medical homes

Pre-requisites

- Basic knowledge of the components of prenatal care

Materials

- Flipchart
- Markers
- Blank paper for participants to record notes during activities
- One “Training Materials & Toolkit” binder for each participant

Advance Preparation

- On flipchart paper, write out workshop objectives, parking lot, and agenda
- Make copies of trainer and participant handouts
- Choose which Activities you want to use for this particular audience/training
- Bring a binder for each training participant entitled “Training Materials & Toolkit”
- Make any logistical preparations necessary for the training day – facilities, meals, etc.

For facilitators:

1. Read Conducting Effective Meetings from the online Community Toolbox
http://ctb.ku.edu/en/tablecontents/sub_section_main_1153.aspx
2. Read Tips for Capturing What People Say: Tips for Recording A Meeting
http://ctb.ku.edu/en/tablecontents/sub_section_main_1155.aspx
3. Read Developing Strategic and Action Plans
http://ctb.ku.edu/en/dothework/tools_tk_content_page_193.aspx

Evaluation

Use the Training Evaluation and Personal Action Plan documents found in this guide and the “Training Materials & Tool Kit” binder for participants.

Module at a Glance

	Objective	Content	Time	Methods
Introduction			10 minutes	PP slides 1-10
Prenatal Care				
Topic 1	Increase awareness about the relationship between preconception health, early prenatal care and a medical home	Linear versus circular model of care for women	5 minutes	PP slides 11-13
Topic 2	Increase knowledge about current status of prenatal care among young mothers AND Assess local prenatal care services and early entry barriers	Importance of prenatal care	10 minutes 10 minutes	PP slides 14-20 Brainstorm activity (slide 14)
Topic 3	Increase knowledge about current status of prenatal care among young mothers	N.C. statistics County-specific statistics	15 minutes	PP Slides 21-27
Topic 4	Increase knowledge about current status of prenatal care among young mothers	Adequacy, location & importance of prenatal care and preconception health	20 minutes 30 minutes	PP Slides 28-52 Service Delivery Improvement Group Process Activity (in this guide – use with Slide 31)
Topic 5	Assess local prenatal care services and early entry barriers	Assess local prenatal care services and early entry barriers	20 minutes 10 minutes	Brainstorm Activity (large or small group – use with Slide 53) Case studies (slides 54-55)

Medical Home				
Topic 6	Increase awareness about the importance of primary care/ medical homes for women of reproductive age	Overview of medical home model	10 minutes	PP Slides 56-61 Q&A
Topic 7	Develop strategies to link young women, especially in the postpartum period, to primary care/ medical homes	Postpartum visit as point of entry to medical home	10 minutes 5 minutes	PP Slides 62-65 Facilitated group discussion (Slides 62,64)
Topic 8	Develop strategies to link young women, especially in the postpartum period, to primary care/medical homes	Action planning for helping women transition into medical homes	20 minutes	PP slides 66-72 Facilitated group discussion (Slides 66,68,69) Case studies (Slides 71,72) Service Delivery Improvement Group Process Activity (in this guide – use with Slide 67)
Wrap-up and Evaluation			15 minutes	Slide 73 Summarize action plans; Encourage discussion to continue in other venues

Presentation from PowerPoint including all facilitated activities is approximately 3 hours, 30 minutes. Please review all activities and choose the most appropriate activities for your group.

Activity: Service Delivery Improvement Group Process – Early Prenatal Care in Our Community

For large-group trainings, divide participants into groups of 5-6. Each group should do the following activities; then report back to the large group with their findings. The facilitator should then make a master list of “ideal/reality” and “barriers” and “strategies” to keep on the wall throughout the duration of the training.

Part I

Divide a flip chart paper into 2 sections: Ideal and Reality (what should be happening and what’s really happening). Have participants answer the following questions for their own community or practice (honestly!) on the “reality” side of the sheet. Then ask them to write in what the ideal situation would look like. For each question they should assess how big the gap is between ideal and reality.

- How is early entry prenatal care defined in your community/practice?
(Use the following prompts if needed)
 - How many weeks of pregnancy? At how many weeks of pregnancy are patients scheduled for a new OB appointment? What counts as accessing prenatal care? Giving a pregnancy test? Making a phone appointment for a first visit? Providing phone counseling? First appointment with a RN or health educator? First appointment with a midwife or doctor?
- What happens at the pregnancy test visit?
- How do women know when it is the right time to access prenatal care?
(Use the following prompts if needed)
 - Told at previous appointment when to make contact if pregnant, referrals from schools/centers, family advice, ideas from television, magazines, etc?
- How do women know where to go to access prenatal care? (see prompts above)

Part II

Verbally summarize key points and create a new flip chart paper that is titled *Barriers to Early Prenatal Care*. From the previous exercise, with group consensus, write down a few barriers that stand out. Ask the group to call out more. Choose the top 5 (or so) top barriers and ask participants to break into small groups. Ask groups to answer the following questions. Assign a barrier from the group list to each small group.

1. Who does this barrier affect the most?
2. Why does this barrier exist?

3. What would it take to change or remove this barrier?
 - Who would need to be involved (and how)?
 - What changes would need to be made?
4. Ideally, what would it look/feel/etc. like if this barrier was removed?
5. What assets or strengths already exist that could be utilized to achieve the ideal vision?

Ask each group to report back to the large group. Ask for a volunteer from each small group to describe their process and what they agreed on and what there was debate over. Members of the large group may have additional comments and ideas. On a new flip chart write *Strategies* across the top and write down key phrases or concepts from the small groups. At the end, obtain group consensus on the top 5 strategies that could address access and utilization of early prenatal care.

Part III

If time allows, take the process one step further and create a new flip chart page for each strategy and ask the group to think through next steps: action steps, who should take ownership, what else needs to be in place for success, and timeline.

Activity: Service Delivery Improvement Group Process – Medical Homes for Women in Our Community

For large-group trainings, divide participants into groups of 5-6. Each group should do the following activities; then report back to the large group with their findings. The facilitator should then make a master list of “ideal/reality” and “barriers” and “strategies” to keep on the wall throughout the duration of the training.

Part I

Divide a flip chart paper into 2 sections: Ideal and Reality (what should be happening and what’s really happening). Have participants answer the following questions for their own community or practice (honestly!) on the “reality” side of the sheet. Then ask them to write in what the ideal situation would look like. For each question they should assess how big the gap is between ideal and reality.

- Do we have sufficient medical homes/primary care providers for women of childbearing age in our community?
- Are these medical homes:
 - Available to all women, regardless of payment source?
 - Welcoming to all women – convenient hours, culturally competent, etc?
 - Known to women in the community?
 - Capable of meeting the demand for medical homes in the community?
- How do women know where to go to access these medical homes?

Part II

Verbally summarize key points and create a new flip chart paper that is titled *Barriers to Utilization of Medical Homes*. From the previous exercise, with group consensus, write down a few barriers that stand out. Ask the group to call out more. Choose the top 5 (or so) top barriers and ask participants to break into small groups. Ask groups to answer the following questions. Assign a barrier from the group list to each small group.

6. Who does this barrier affect the most?
7. Why does this barrier exist?
8. What would it take to change or remove this barrier?
 - Who would need to be involved (and how)?
 - What changes would need to be made?
9. Ideally, what would it look/feel/etc. like if this barrier was removed?
10. What assets or strengths already exist that could be utilized to achieve the ideal vision?

Ask each group to report back to the large group. Ask for a volunteer from each small group to describe their process and what they agreed on and what there was debate over. Members of the large group may have additional comments and ideas. On a new flip chart write *Strategies* across the top and write down key phrases or concepts from the small groups. At the end, obtain group consensus on the top 5 strategies that could improve utilization of medical homes in the community.

Part III

If time allows, take the process one step further and create a new flip chart page for each strategy and ask the group to think through next steps: action steps, who should take ownership, what else needs to be in place for success, and timeline.

Training Evaluation

1. What are the three **most important things** you learned during this training?

2. Was an appropriate **amount of material** covered during this training? If not, was too *much* material covered or too *little*?

3. To what extent do you expect this training will make a **difference** in the way you do your job?

1

2

3

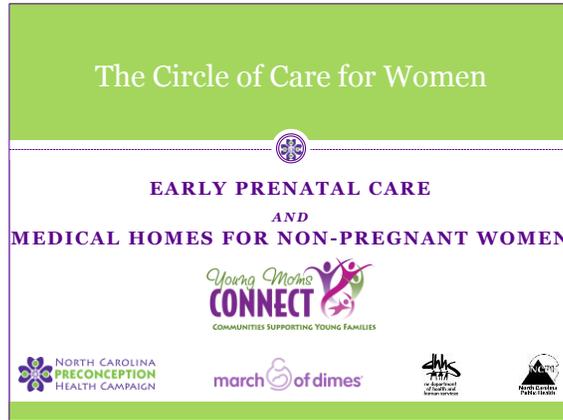
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5

No
Difference

Tremendous
Difference

Comments:



Personal Action Plan

As a result of what I learned from this training , I am going to . . .

Next Week

- 1.
- 2.
- 3.

Within one month

- 1.
- 2.
- 3.

Within three months

- 1.
- 2.
- 3.