

Distance Learning:

Using a Variety of Methods for MCH Professional Development

Tuesday, April 27, 2010

- Cathy Barber, MPA
- Rachel Brady, MS, PT
- Lee Wallace, MS, RD, LDN, FADA
- John Richards, MA
- Karen Edwards, MD, MPH
- Anita Farel, DrPH
- Barbara Levitz, MSEd

Distance Learning:

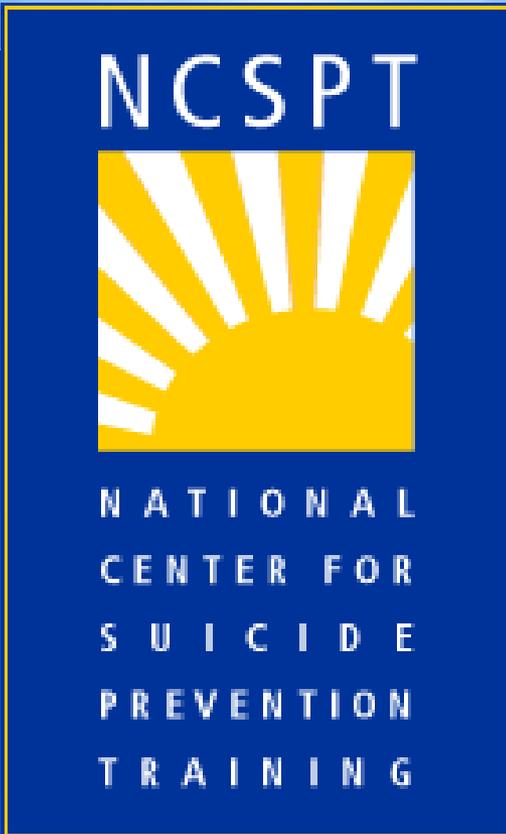
Using a Variety of Methods for MCH Professional Development

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Introduction by moderator

Sue Lin, MS

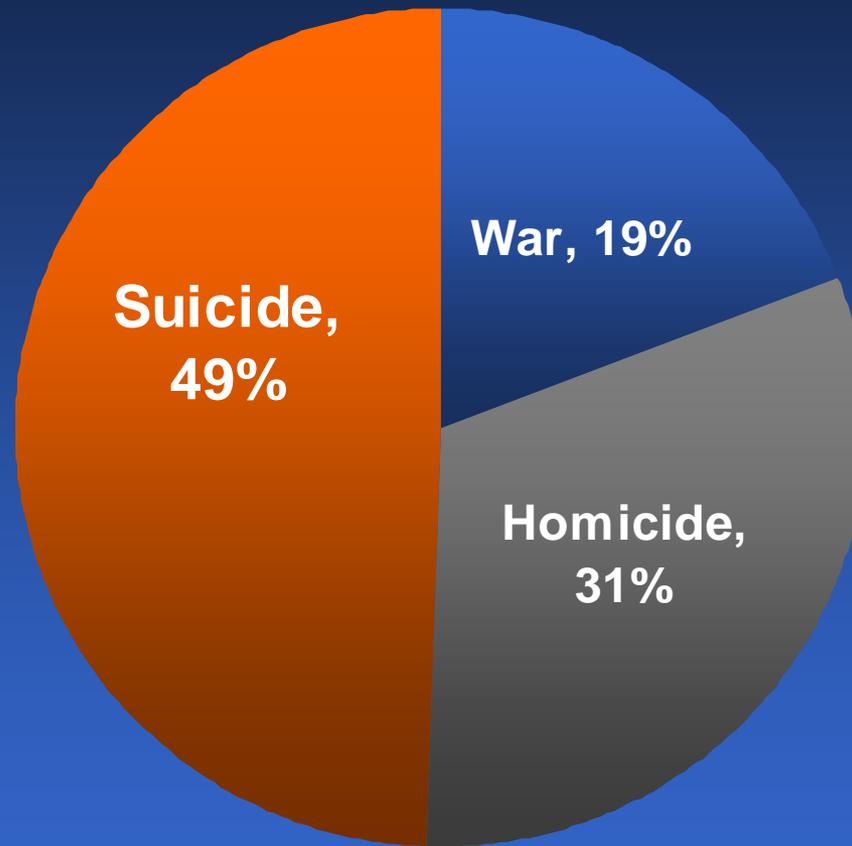
National Center
for **Suicide Prevention Training**



Catherine Barber

Harvard Injury Control Research Center
Harvard School of Public Health

Causes of Violent Death, Worldwide



An estimated one million suicides annually

Source: WHO, World Report on Violence and Health, 2002

Leading Causes of Death, Youth 15-24 yrs, US 2005

White NH

	Age Groups
Rank	15-24
1	Unintentional Injury 10,711
2	Suicide 2,992
3	Malignant Neoplasms 1,048
4	Homicide 895
5	Heart Disease 604

Black NH

	Age Groups
Rank	15-24
1	Homicide 3,030
2	Unintentional Injury 1,734
3	Suicide 428
4	Heart Disease 333
5	Malignant Neoplasms 259

Hispanic

	Age Groups
Rank	15-24
1	Unintentional Injury 2,670
2	Homicide 1,307
3	Suicide 553
4	Malignant Neoplasms 323
5	Heart Disease 137

Source:
CDC WISQARS

Schools of Public Health

- As a leading cause of death, and with 85% of victims below age 65, suicide is a public health issue.
- So...how many schools of public health teach a course on suicide prevention?

Schools of Public Health

- As a leading cause of death for youths, and with a majority of victims below age 65, suicide is a public health issue.
- So...how many schools of public health teach a course on suicide prevention?
 - None in 2003 (ASPH & CDC survey)
 - Harvard (Miller and Azrael) now offers one

MCH Title V Performance Measures

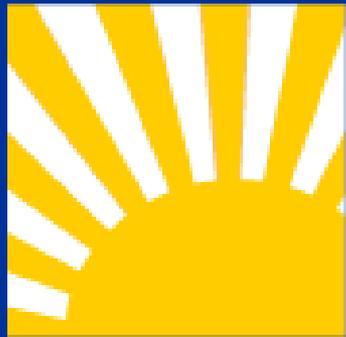
- **Performance Measure #12:** Percentage of newborns who have been screened for hearing before hospital discharge.
- **Performance Measure #13:** Percent of children without health insurance.
- **Performance Measure #14:** Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
- **Performance Measure #15:** Percentage of women who smoke in the last three months of pregnancy.
- **Performance Measure #16:** The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
- **Performance Measure #17:** Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
- **Performance Measure #18:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Suicide Training

- Founded National Center for Suicide Prevention Training (NCSPT.org)
- HRSA-funded
- Collaboration between Harvard and EDC/SPRC

NCSPT

NCSPT



NATIONAL
CENTER FOR
SUICIDE
PREVENTION
TRAINING



1 Using Data to Educate
About Youth Suicide



2 Suicide Prevention
Planning & Evaluation



3 Suicide Prevention
Gatekeeper Training



4 Research Evidence for Suicide
as a Preventable...



New Workshops

- CALM-Online
 - Clinical training on working with families of suicidal youth to reduce their access to firearms and other lethal means at home
- Emergency Department Response to Pediatric Self-Harm
 - Current and recommended practices to screen, treat, and refer pediatric suicide attempts, non-suicidal self-harm, and unintentional overdose.

Roles

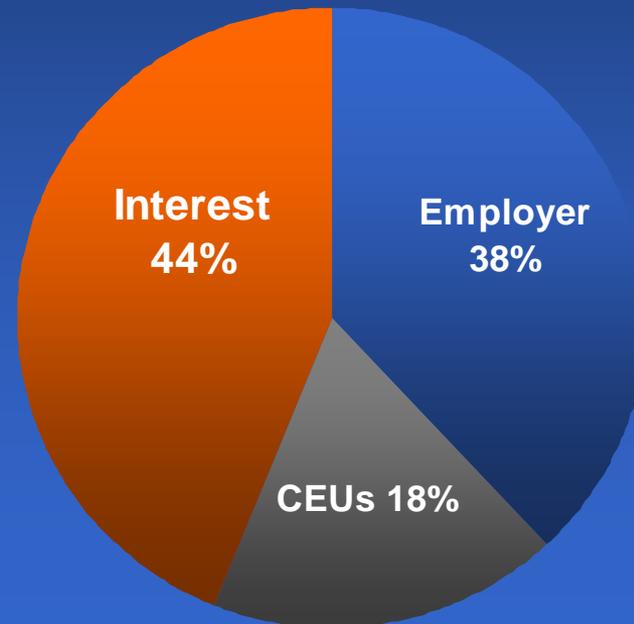
- Harvard (HRSA-funded)
 - Researches and writes the content
 - Formats into Moodle (free, open-source, course management software)
 - Evaluates the workshop; publishes results (2 peer-reviewed publications, 1 book chapter)
- SPRC/EDC (SAMHSA-funded)
 - Provides the server
 - Administers and maintains the workshops
- Harvard & SPRC
 - Promote workshops

Self-paced Workshops

- Pre- and post-tests, evaluation
- Didactic information (written text)
- Power point presentations
- Pop quizzes
- Links to resources, downloadable documents
- Internet activities, e.g. go to the WISQARS website and complete a spreadsheet on suicide in your state
- Homework (not checked)
- Video (new)
- Discussion forum
- CEUs (12-15 contact hrs)

Registrants

- Over 6,000 registrants since 2002
- All 50 states, >30 countries
- Currently averaging about 1,200/yr
- “Registrants” means completed pre-test



Reason for Taking
the Workshop

Strengths

- Free
- Accessible
- Used by large numbers of participants
- Moodle is free, *relatively* easy/flexible for the course designer
- Sustainability is built in via SPRC/HICRC partnership

Challenges & Limitations

- Information gets out of date quickly.
- Technology changes quickly so courses need to change accordingly.
- Moodle clumsy to use for evaluation analysis.
- Attrition rate between registration and post-test needs to be better understood.
- Limited interpersonal contact
- Marketing and promotion – courses sell themselves, but are they reaching the *intended* audience

Questions, Comments?

Contact Cathy Barber

cbarber@hsph.harvard.edu

Funding provided by HRSA-MCHB

Training website: <http://training.sprc.org/>

Contemporary Practices in Early Intervention

Rachel Brady, PT, DPT, MS

Georgetown University

Center for Child and Human Development



Purpose and Design

Purpose:

To meet critical need for training in comprehensive, evidence-based early intervention practices

Design:

- Self-directed study
- Instructor facilitated
- Component of an integrated program
- Synchronous or asynchronous
- Graduate credit through Disability Studies Program (MPS or Advanced Certificate) or Continuing Education Credits through GU

http://141.161.111.132/GUCCHD_CPEI

Contemporary Practices in Early Intervention

online training and resources to enhance the knowledge and skills of early intervention service providers



Features

Knowledge and skill enhancement

- Assessment and promotion of social, emotional, developmental, and behavioral health children through age five with families in the context of their communities
- Identification of developmental, behavioral, and emotional problems and disorders early
- Effective intervention using evidence-based knowledge and practices

Multiple Uses

- Self directed study
- Instructor facilitated
- Component of an integrated program

Competencies

- Characteristics of Disabilities
- Family Centered Care
- Identifying Infants and Toddlers with Disabilities
- Providing Intervention to Infants and Toddlers with Disabilities
- Professional Leadership Attributes
- Working within a System of Care

Learning Modules

- Infants and Toddlers with Disabilities
- Families, Culture, & Community
- Evidenced-based Early Intervention Practices
- Evaluation & Assessment of Infants, Toddlers, & Young Children
- Leadership in Early Intervention
- The Foundations of a System of Care

Special Topic Mini-Modules

- Deaf and hard of hearing
- Autism
- IFSP Development
- Legislation

Case Studies and Activities

- Case studies for various ages and issues
- Discussion questions that promote evidence-based practices
- Games of early intervention for facilitator use

Tool Kit

- Online guide for promoting healthy development
- Brief online primer on disabilities
- Interactive community of learners
- Electronic tool kit of tools, resources, fact sheets, video links
- Links

CEU's

- Pre-post tests
- Registration through Georgetown University

For more information

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richarjt@georgetown.edu



Health Information Group
at Georgetown University



Application

Needs

- ❑ Requirements for highly qualified providers
- ❑ Decreased funding for personnel education
- ❑ Decreased time
- ❑ Increasing amounts of information available that may or may not be relevant, appropriate, evidenced-based

Benefits

- ❑ User friendly
- ❑ Reduces provider isolation
- ❑ Reflection and shared knowledge
- ❑ Flexible
- ❑ Cost and time efficient
- ❑ Information consistent
- ❑ Easily updated

The Obesity Challenge In Public Health:

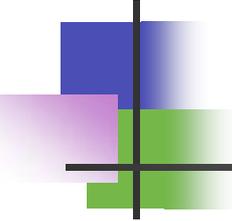
Integrating Best Practices into Culturally Competent,
Family Centered, Community Solutions
An Interdisciplinary Distance Learning Workshop

Lee Shelly Wallace, MS, RD, LDN, FADA



BCDD
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
BOLING CENTER FOR DEVELOPMENTAL DISABILITIES



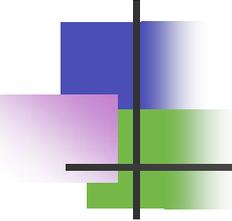


Problem: overweight & obesity in children and youth

- What really works?
- Limited resources

Response: *The Obesity Challenge* *in Public Health Workshop*

- Examine overweight in context of: family, community, school, environment, culture
- 11 contact hours of interdisciplinary CPE
- Various presentation strategies

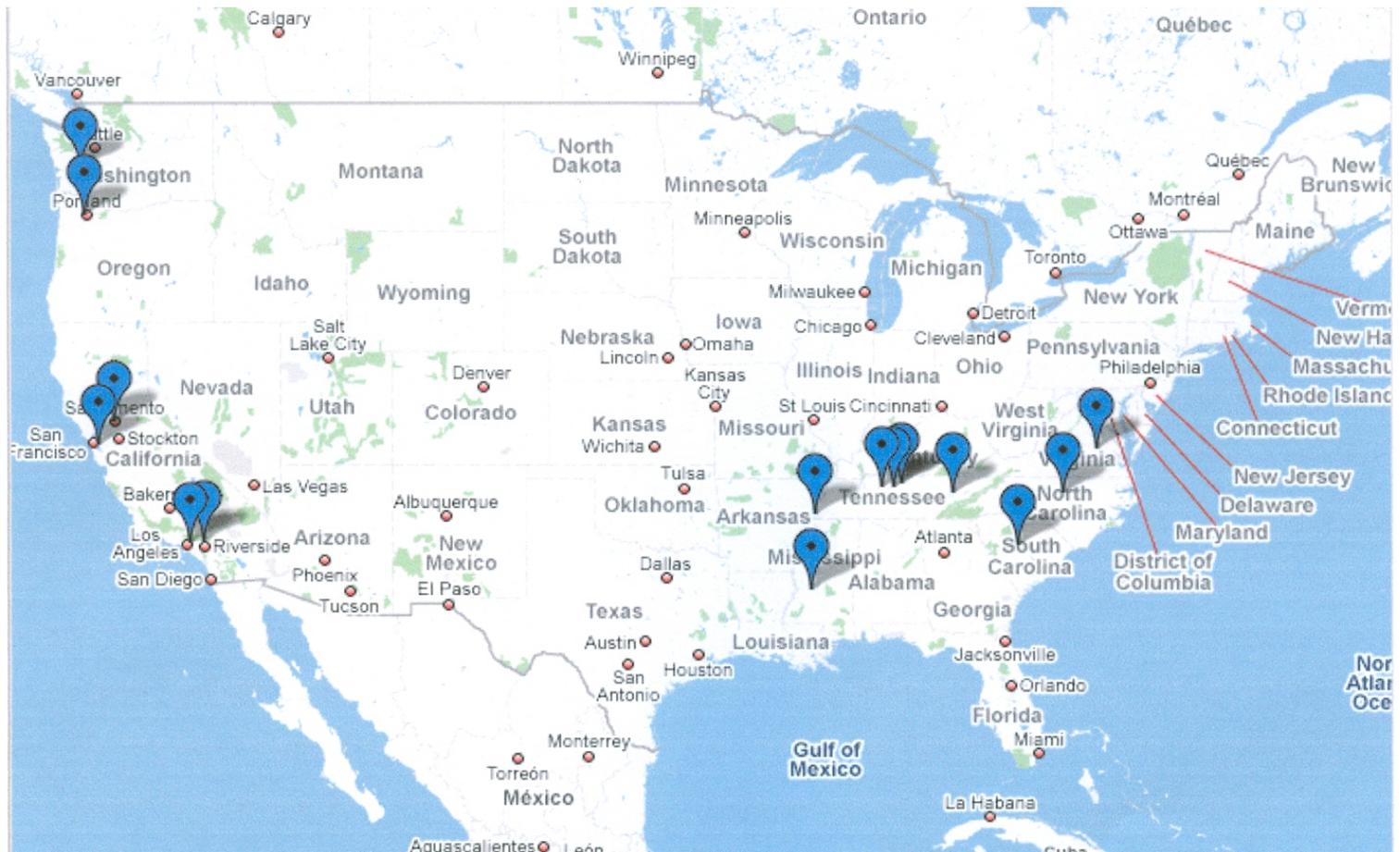


Intensive Two-day Workshop with "3 for 1" impact:

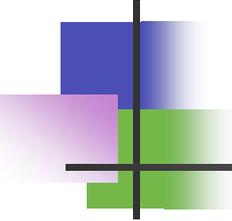
- Delivered live in Memphis
- Web-conference to distance learning sites
- Video-recorded for online course
- Benefit: Live audience feedback to speaker
- Question & Answer for all site participants
- Networking at each site & across sites
- Advertised through listservs, email, website

www.uthsc.edu/bcdd

DL Workshop sites 2009

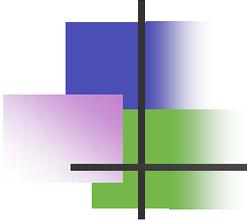


From 2005 to 2009: from 4 to 15 sites, 80 to 290 participants



Online Modules

- Access online any time, any place, self-paced
- Q & A from workshop included
- Feedback mechanisms in case studies to see brainstorming from workshops
- Pre & post tests and evaluations
- 2.5 to 3.5 contact hours for each module



www.uthsc.edu/bcdd



Health Information Group Distance Learning:

Georgetown
University



Two Related Curricula



hello!
welcome
&
introduction

WELL CHILD CARE

Promoting a Standard of Pediatric Preventive Care that All Children Deserve

Welcome to **Well-Child Care: A Bright Futures Curriculum for Pediatric Providers**

Bright Futures at Georgetown University offers a series of ten training modules for health professionals who provide well-child care in a variety of settings, including private practice, state and local health departments, community-based Maternal and Child Health (MCH) centers, and through Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

Based on the foundation of Bright Futures, including the 3rd edition of the guidelines, the curriculum incorporates standards of care recommended by AAP, CDC, Medicaid, and other government and professional organizations.

Core Pediatric Preventive Care Modules	<p>Module 1: Health History</p> <p>Module 2: Physical Examinations</p> <p>Module 3: Screening and Risk Assessment</p> <p>Module 4: Screening with Laboratory Tests</p> <p>Module 5: Immunizations</p> <p>Module 6: Health Education, Anticipatory Guidance</p>
Special Topic Modules	<p>Module 7: Developmental/Behavioral Health</p> <p>Module 8: Oral Health</p> <p>Module 9: Documentation</p> <p>Module 10: Cultural Competence</p>
Online Resources	<p>Well-Child Care Toolkit</p> <p>State EPSDT Programs</p> <p>User's Guide</p> <p>Links to Important Pediatric Resources</p> <p>Downloadable Family Materials</p>

Well-Child Care (EPSDT)



Healthy Mental Development
A Bright Futures Online Curriculum

1 INFANCY

CORE MODULES SPECIAL TOPICS TOOLKIT PROGRESS EXIT

MODULE 1: PROMOTING HEALTHY MENTAL DEVELOPMENT IN INFANCY

Objectives

Overview

- Goals and Concerns
- Parent/Infant Interactions
- Screening

Key Components

- Temperament
- "Goodness of Fit"
- Self-Regulation
 - Feeding
 - Sleep/Waking
 - Emotions
 - Distress
- Family Formation
 - Families at Risk
 - Attachment
 - Cognitive Development
 - Communication

Infancy

An infant's mental health is affected by his physical health, temperament, resiliency, and the love and support from parents and other caregivers. The relationship between the infant and his parents and his early experiences provides the foundation for future growth and development.

Promoting Healthy Mental Development in Infancy

Module Objectives

- » Review major developmental goals and areas of special concern in infancy
- » Describe observable parent-infant interactions
- » Identify developmental screening recommendations and psychosocial screening tools
- » Explore key components of healthy mental development in infancy
- » Suggest topic-specific health interview questions
- » Offer practical tips for primary care providers
- » Provide targeted guidance for parents
- » Recommend additional resources for both providers and families

next →

Promoting Healthy Mental Development

hello!

welcome
&
introduction



Promoting a Standard of Pediatric Preventive Care that All Children Deserve

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Core Pediatric Preventive Care Modules

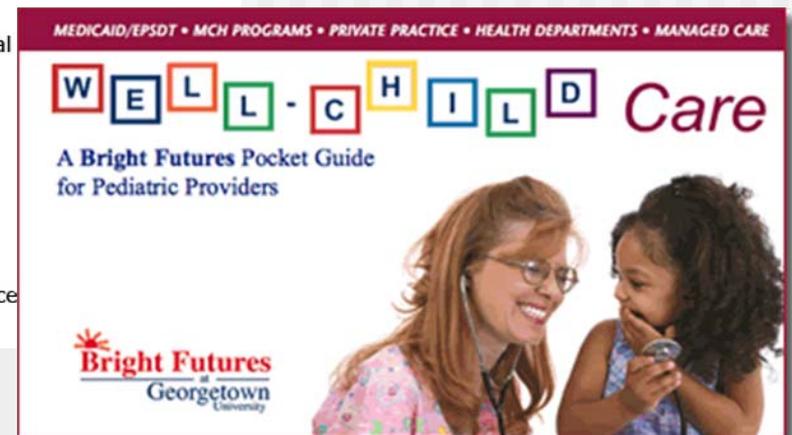
- Module 1: Health History
- Module 2: Physical Examinations
- Module 3: Screening and Risk Assessment
- Module 4: Screening with Laboratory Tests
- Module 5: Immunizations
- Module 6: Health Education, Anticipatory Guidance

Special Topic Modules

- Module 7: Developmental/Behavioral
- Module 8: Oral Health
- Module 9: Documentation
- Module 10: Cultural Competence

Online Resources

- Well-Child Care Toolkit
- State EPSDT Programs
- User's Guide
- Links to Important Pediatric Resources
- Downloadable Family Materials





CORE MODULES

SPECIAL TOPICS

TOOLKIT

PROGRESS

EXIT

MODULE 4: PROMOTING HEALTHY MENTAL DEVELOPMENT IN ADOLESCENCE

Objectives

Overview

- Goals and Concerns
- Parent/Teen Interactions
- Screening

Key Components

- Self Esteem
 - Confidence
- Moods
 - Depression
 - Suicide
- Body Image
- Sexual Development
- Sexuality
- Sexual Identity
- Independence
- Family Relationships
 - Resolving Conflicts
 - Rules & Responsibilities
- Friends
- Social Media
- School Functioning
- Future Plans
- Risk-Taking Behaviors
- Violence
- Substance Use and

Developmental Screening in Adolescence

Few developmental tests are known to be culturally bias-free. When administering tests to members of culturally diverse groups, it is essential to be sensitive and well informed.

Be sure to:

- » Become knowledgeable about the culture and language of the child being tested
- » Respect the family's cultural values
- » Consult the norming procedures that accompany the testing manual
- » Ensure all tests, evaluation materials, and procedures are given in the native language of the child's family or through other modes of communication (when feasible)

Recommendations

American Academy of Pediatrics and Bright Futures recommend at all adolescent visits:

- » Psychosocial/behavioral assessment
- » Alcohol and drug use assessment

Screening and Assessment Tools

The following tools can be used to assess risks in adolescence:

- » [Pediatric Symptom Checklist—Youth Report \(Y-PSC\)](#) (opens as a PDF, see second page) Also available in English, Spanish, and Japanese from the Massachusetts General Hospital
- » [HEADSS psychosocial risk assessment instrument](#)
- » [CRAFFT alcohol and drug screening test](#)

Resource for Providers

[Area of Interest: Use of Clinical Screening Tools for Case Identification](#)

[Guidelines for Adolescent Preventive Services \(GAPS\)](#)

Crying and Comforting

Some good things to know...

Crying is your baby's first language. Babies cry to let you know what they need – they may be hungry, in pain, or not feeling well. Sometimes babies cry because they're bored, sleepy, or need quiet time. Sometimes they just want to be held – or to change their position. It takes time to learn what baby is trying to tell you when he cries. But most parents quickly learn the difference between mild, fussy cries and real distress cries.

You cannot spoil a young baby. In fact, when parents are "in tune"

with their baby and learn to "read" and respond to their baby's cries, babies often tend to get less fussy.

In very young babies, crying seems to peak around 6 to 8 weeks, then drops off. Many babies have a fussy time in late afternoon or early evening. By 3 to 4 months, most babies settle down and spend less time crying. As babies get older, sometimes it's best to let them fuss a bit, and see if they can calm themselves, especially at bedtime. But always try to respond right away to your baby's distress cries.



5 ways that parents can help...

1. Respond to your baby's cries quickly and with love. Your baby will learn to trust and can meet his needs.
2. Don't worry that you might spoil your baby if you try to comfort her every time. Spoil a young baby.
3. Hold your baby close to your heart when you comfort him. Your breathing and Sing softly to your baby, gently rock him, or pat his back.
4. As you comfort your baby, you are teaching her how to calm and comfort herself. She might suck her finger, hold a comfort item like a favorite toy.
5. Try to stay calm and relaxed when your baby is upset. Babies are very aware of can sense when parents are tense or stressed.

Note: If your baby has colic and cries for hours at a time, ask your health care provider with colic usually begin to settle down around 3 to 4 months.

Developing Healthy Emotions: Your Baby's First Feelings

There are two key ways to help your baby have healthy emotions: Encourage joy and relieve distress. – Craig & Sharon Ramey

Some good things to know...

Emotions are catching. From the first day of life, your baby knows how you feel. The look on your face, the tone of your voice, the way you hold your baby – all tell her if you're happy or worried, calm or upset. Every time you playfully touch, tickle, or talk to your baby, you are teaching love and joy. Every time you comfort your baby, you are teaching trust. But stressful emotions are catching, too. So if you feel very tired or angry, take a break. Put your baby in the crib and call a friend. Ask for help from family and friends. Caring for yourself is a good way to help your baby learn about self-worth.

Tune into your baby's temperament. All babies are born with a unique personal style we call "temperament" or personality. Begin by looking for patterns in how your baby reacts. Does he seem easy-going or intense? Active or quiet? Outgoing or shy? Easy or hard to comfort? As a loving parent,

you support your baby's temperament and find ways to help him feel good about himself and at home in his world. For example, if your baby is shy or gets overwhelmed easily, keep noise levels low, limit the number of people who hold him, and allow quiet time between activities.

Emotions and learning. There are strong links in the brain between how babies feel and how well they learn. Babies who feel secure and get lots of joyful attention seem to learn better. They are also more alert, and better able to focus and remember.

Separation and stranger anxiety. Around 6 to 8 months, babies start to cling to their parents and become afraid of new people and places. You'll start to notice tears and fears whenever you leave the room or when your baby is in new situations. This is a healthy sign that your baby has become

very close to you. Try to ease good-byes. Tell her gently but firmly that you'll be back. This clingy behavior will pass in a few months.

Emotional Milestones

- Likes to be cuddled and held (1 mo.)
- Responds to your face and voice (1 mo.)
- Smiles in response to your smile (6-8 wks)
- Begins to learn how to soothe herself when upset (6 mo.)
- Responds to her own name (9 mo.)
- Cries when parent leaves the room (8-12 mo.)
- Responds to other's emotions



5 ways that parents can help...

- Help your baby "fall in love" with you. Hold and cuddle your baby, and tell her you love her. You can't spoil a young baby, so give her all the love and joyful attention you can.
- Enjoy your baby's personality. It's fun to discover your baby's own style, to "read" her body cues, and to prepare for how she might react to new people and things. This helps both you and your baby to feel more secure.
- Delight in each new thing your baby can do. Laugh and have fun together. When you read a book, talk about what the characters are feeling. Talk about your own feelings, too.
- Hold your baby close to your heart when she is upset. Your heartbeat, breathing, and even your special scent are soothing. And when you comfort your baby, you are really teaching her how to comfort herself.
- Try to keep stress levels down and trust levels up. Setting up fairly regular routines for eating, sleeping, and playtime help baby feel safe and secure.

Common Model of Approach

Getting the Most from this Module:

The tests described in this module help to assess health risks and identify problems. The following are samples of practical resources provided throughout the module:

- »  CDC lead risk assessment questionnaire
- »  AAP policy statement on clinical evaluation for lead exposure

Look for  family-focused materials in some sections of the module.

Family Focus

A lead poisoning prevention pamphlet, [***Protect Your Family from Lead in Your Home***](#) (booklet EPA747-K-99-001) is available for families. It can be downloaded in a variety of languages.

Source: U.S. Environmental Protection Agency, U.S. Consumer Product Safety Commission, U.S. Department of Housing and Urban Development.

Validated Screening Tools

Identifying and monitoring developmental status is more accurate when providers use validated screening tools.³

Parent-completed Tools

- » [Parent's Evaluation of Developmental Status \(PEDS\)](#)
- » [Ages & Stages Questionnaires \(ASQ\)](#)
Note: ASQ is designed for use in the home, but may also be used in clinical settings.
- » [Ages & Stages Questionnaires: Social-Emotional \(ASQ:SE\)](#)

Provider-administered Tools

- » [Battelle Developmental Inventory Screening Tool-2nd ed. \(BDI-ST\)](#)
- » [Bayley Infant Neurodevelopmental Screen \(BINS\)](#)
- » [Brigance Screens-II](#)

Recommendations for Autism Screening

 **American Academy of Pediatrics** and **Bright Futures** recommend:¹

- » Screening with an autism-specific tool as follows:
 - » Early Childhood: 18 and 24 months
 - » Any time a parent raises concern

 **Centers for Disease Control and Prevention** recommend:²

- » Screening all children for autism spectrum disorders during well-child visits as follows:
 - » Early Childhood: 18, 24, and 30 months

WELL-CHILD Care

A Bright Futures Curriculum for Pediatric Providers

Medicaid / EPSDT • MCH Programs • Private Practice • Health Departments • Managed Care

Promoting a standard of pediatric preventive care that all children deserve ...

Well-Child Care in Nevada

Bright Futures at Georgetown University is working with the **Nevada State Health Division** to provide a series of training modules for all health professionals who provide well-child care in a variety of settings, including private practice, state or local health departments, Maternal and Child Health (MCH) programs, and Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

Drawing on the rich tradition of Bright Futures and Nevada-specific resources, the curriculum features established content and philosophy for pediatric preventive care as well as the most recent recommendations for screening and periodicity as presented in the third edition of the Bright Futures guidelines. Designed for use as self-directed tutorials or on-site group training sessions, the curriculum consists of 10 half-hour modules and can be taken for CME credit, CE credit, or for a certificate of completion.

Read the [Welcome Letter](#) from Mary Guinan, State Health Officer, Nevada State Health Division.

NEW! Need a faster way to take the curriculum? Try the **Quick Course** version, which walks users through an abbreviated version of each module with links to key content areas and direct links to each module review. Complete the reviews quickly, then go back at your leisure to browse additional content and resources. After [registering](#), click on the Quick Course link.

[Read More](#)

-- or --

[Register / Log-In](#)

The Curriculum Includes:

Pediatric Preventive Care Modules

- » Health History
- » Physical Examinations
- » Screening and Risk Assessment
- » Screening with Laboratory Tests
- » Immunizations
- » Anticipatory Guidance/ Health Education

Special Topics Modules

- » Developmental/ Behavioral Health
- » Oral Health
- » Documenting Specific Components of the Well-Child Visit
- » Cultural Competence

Nevada-Specific Resources, including:



- » [Nevada Department of Health and Human Services: Division of Health Care Financing and Policy \(DHCFP\)](#): Nevada's EPSDT Program
- » [Healthy Kids: Nevada's EPSDT Program](#) brochure in English
- » [Healthy Kids: Nevada's EPSDT Program](#) brochure in Spanish
- » See [More Nevada Resources...](#)





Health Information & Promotion Learning Lab

... a gateway to distance learning curricula

HOME

ABOUT

CONTACT

DISTANCE LEARNING TOOLKIT

ONLINE COURSES

LINKS

The Health Information & Promotion Learning Lab collaborates with many groups to develop and manage a series of distance learning projects for health professionals that are culturally and linguistically competent, family-centered, and are consistent with the Bright Futures philosophy.

General Health Promotion Curricula



Well-Child Care: A Bright Futures Curriculum for Pediatric Providers
The curriculum is designed for all health professionals who provide well-child care for infants, children, and teens, especially those served by state MCH programs or by Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.



HealthCheck Provider Education System
This Web site presents the HealthCheck Provider Education System for use by DC health professionals as a self-directed online learning experience; a review of important HealthCheck and EPSDT requirements and services; and a source for current information and updates



Teaching Assistive Technology
This Web site is intended primarily as a resource for colleges, universities, and other educational institutions preparing practitioners to work with persons facing barriers (inborn, acquired, or environmental) to achieving their potential at school, the workplace, or at leisure.



Promoting Healthy Mental Development: A Bright Futures Online Curriculum -- Coming Soon!
This course will train in (1) assessing and promote social, emotional, developmental, and behavioral health; (2) identifying mental health concerns early; and (3) intervening early.



Cultural Competence Curricula Enhancement Module Series
The series was developed by the National Center for Cultural Competence with the goal to increase the capacity of DRTE-funded programs to incorporate principles and practices of cultural and linguistic competence into all aspects of their leadership training.



Distance Learning Toolkit
This toolkit has been developed to assist MCH Training grantees in developing distance learning materials. These resources are meant to highlight the key topics in distance learning as well as Web site design, usability, and accessibility.

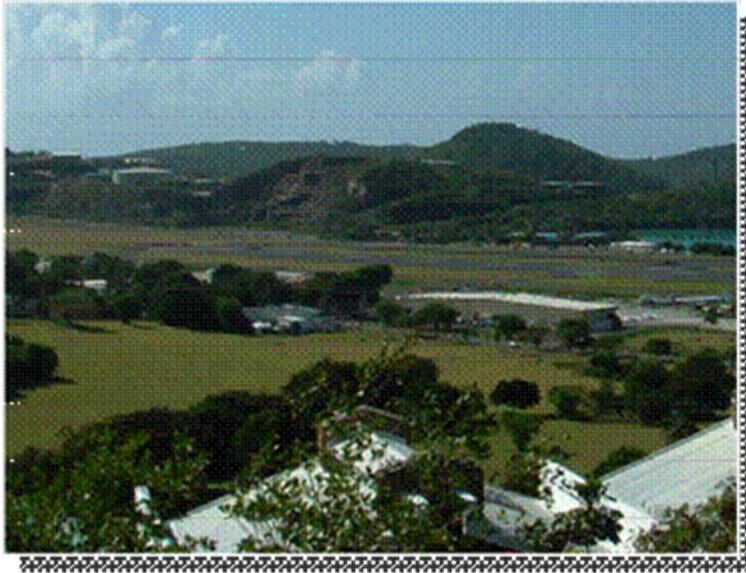
**Distance Learning as a Medium for
Professional Development
(Graduate Education and Continuing Education)
for MCH Professionals in the US Virgin Islands**

**Karen Edwards MD MPH
LEND Program Director**

**Westchester Institute for Human Development
University Center for Excellence in Developmental Disabilities**



Distance Learning as a Medium for Professional Development (Graduate Education and Continuing Education) for MCH Professionals in the US Virgin Islands



Medically underserved

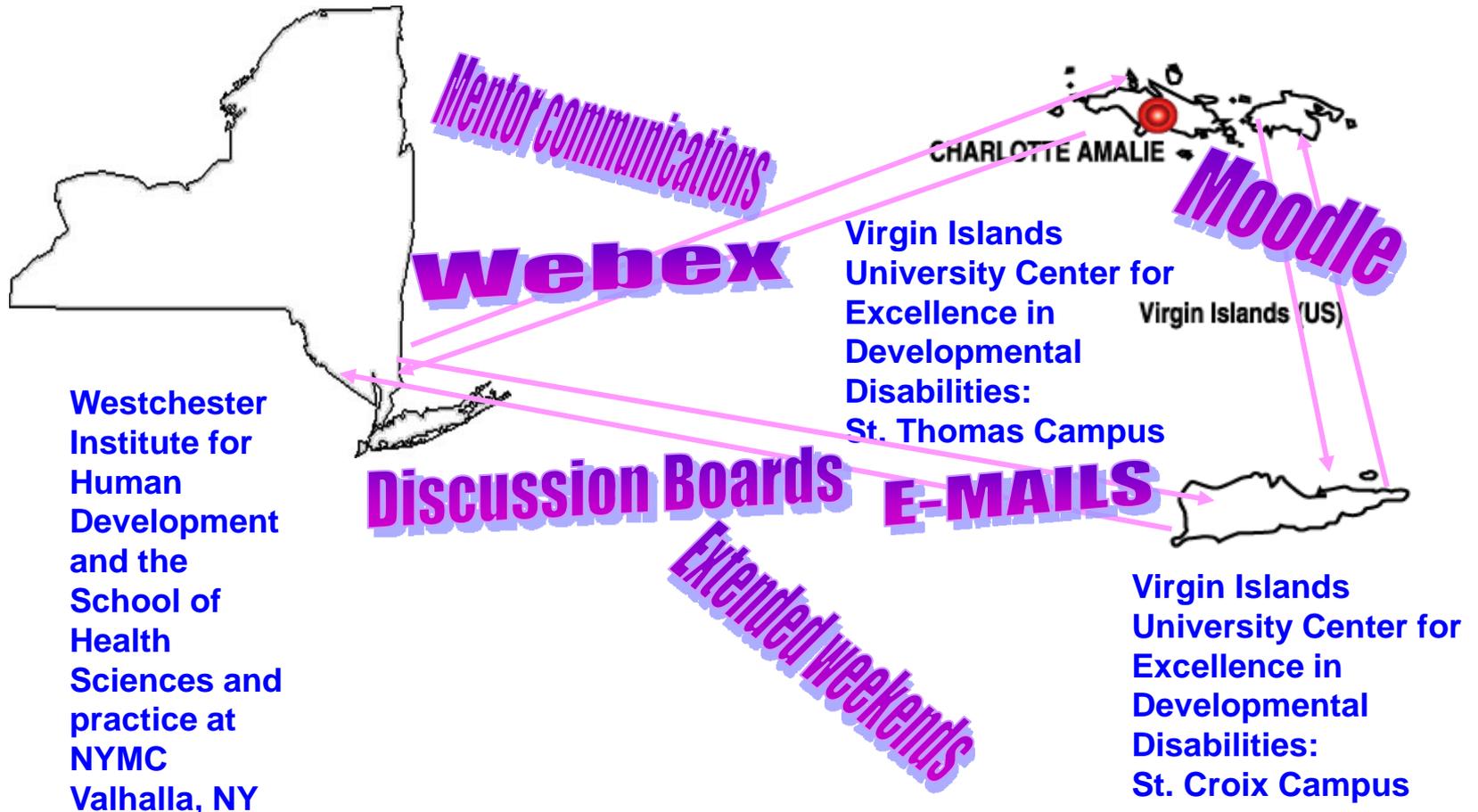
**Remote from major academic
centers**

**Goal 1: To help meet training
needs of MCH
Professionals in the USVI**

**Goal 2: To develop a model
for MCH training in other
remote locations**

Leadership Education and Developmental Disabilities (LEADD)

The LEADD MAP



LEADD in a Nutshell

- **12-credit 2-year graduate certificate from NYMC SHS**
- **Partnership with VIUCEDD and collaboration with USVI DOH**
- **“Blended” learning**
 - **Synchronous via webconference**
 - **Asynchronous components**
 - **Course management via Moodle**
 - **Individual projects and assignments (short-term and long-term)**
 - **Mentoring by distance**
 - **Face-to-face “Extended Weekends”**
 - **Required for core trainees**
 - **CEU’s for non-core trainees**

LEADD Curriculum

- Modeled after LEND Curriculum at WIHD, customized to USVI and trainee needs
- LEND and LEADD both based on MCH Leadership Competencies
- Course Titles:
 - *Effective Leadership for MCH Professionals*
 - *Public Health Perspectives on Children with Disabilities and their Families in the USVI*
 - *Building Family Partnerships and Developing Cultural Competence*
 - *Lifelong Leadership and Learning*

LEADD

Instructional Methodology

- Tailored to needs of adult learners with busy professional, home, and community lives...
- Who prefer to spend time on learning what's relevant at a time that is convenient
- Respond best to active learning, collaborative learning

Trainee Poster Presentation



- Amie Bannis, MS. Increasing scoliosis awareness among parents and adolescents
- Arlene Smith-Lockridge, MD. Childhood obesity: Virgin Island parental perceptions and parental understanding of potential risk factors
- Michelle Parrott, BA. Disparities in mental health insurance coverage of major depression
- Beranice Wade, BSN. Childhood obesity: introducing "WE CAN" to the MCH & CSHCN Clinics in St. Thomas, USVI
- Yvonne Woods, MSW. Stigmatizing attitudes toward children with mental disorders in St. Thomas, Virgin Islands

Resources to Share

Webpage <http://dl.mchtraining.net/resources> of resources from:

Transforming an Integrated Curriculum on Cultural and Linguistic Competence and Family-Centered Practices: a Distance Learning Opportunity for MCH Professionals

**Barbara Levitz MEd, Ingrid Allard MD, MEd, Karen Edwards MD MPH
LEND Program, Westchester Institute for Human Development
Concurrent Session, AUCD 2009 Annual Meeting and Conference**

Resources to Share

Under Development, Available June 2010, on Moodle:

Web-Based Guide to Developing Distance Training on Family, Disability, and Culture for MCH Professionals

“The Guide provides support and technical assistance to training directors, module directors, and course directors who want to provide curriculum on family partnerships and cultural competence at a distance, incorporating active learning experiences and guided by adult learning principles.”

MCH olé!

Online Leadership Education in Maternal and Child Health

Anita Farel, DrPH

Clinical Professor and Associate Chair for
Graduate Studies

Maternal and Child Health

University of North Carolina

Gillings School of Global Public Health



MCH olé!

Online Leadership Education in Maternal and Child Health

- 3 course, 10-credit Certificate in Maternal and Child Health Leadership
- 9 DL graduate students in MCH Leadership
- Asynchronous
- Residential training program at capacity
- Responds to workforce demand
- Funded by the Maternal and Child Health Bureau, HRSA, DHHS and General Administration, University of North Carolina

Courses

MHCH 701 & 702:

Foundations of Maternal & Child Health (8 credits)

Life cycle orientation. Selected areas of MCH practice illustrate how programs, public policies and interventions are formulated. Critical thinking skills are emphasized.

Faculty instructors: Jonathan Kotch and Lew Margolis

MHCH 290:

Public Health & MCH Leadership Seminar (2 credits)

Students use several leadership assessments to understand various aspects of their leadership styles, including the Myers-Briggs Type Indicator (MBTI), FIRO B, and the Change Style Indicator. Included are online modules on leadership development.

Faculty instructor: Claudia Fernandez

MCH olé! Inaugural Cohort

Student	Residency Status	Race/ Ethnicity (*)	Previous Degrees	Years PH Experience	Total Years Professional Experience
1	NC	W	BA, MA	5	13
2	NC	W	BA(2), BSN	16	16
3	NC	AA	BSN	8	8
4	CA	W	BA, MD	29	35
5	NC	W	BA	6	11
6	NC	AA	BSPH, MEd	17	17
7	ME	W	BA	19	19
8	NC	W	BS, MA	13	15
9	NC	AA	BA, MA	6	16
10	NC	AA	BA, MSW, PhD	20	31

* Reflects broader UNC SPH Diversity definition.

Blackboard Screen Shot

The screenshot displays the Blackboard interface for the course 'MHCH 701: FOUNDATIONS IN MATERNAL AND CHILD HEALTH (SPRING 2010)'. The top navigation bar includes 'blackboard.unc.edu' and links for 'Home', 'Help', and 'Logout'. A left-hand navigation menu lists various course tools such as 'Announcements', 'Faculty Info', 'Student Bios', 'Syllabus', 'Webconference Info', 'Course Materials', 'Assignments', 'Class Discussions', 'Recitation Groups', 'Email', 'Grades', 'Writing Resources', 'Web Resources', 'Student Wiki', 'Library Research', and 'Blackboard Help'. Below this menu are 'Control Panel', 'Refresh', and 'Detail View' buttons.

The main content area features a breadcrumb trail: 'MHCH 701: FOUNDATIONS IN MATERNAL AND CHILD HEALTH (SPRING 2010) > ANNOUNCEMENTS'. A prominent banner for 'MCH ole! online leadership education!' is displayed, with 'MHCH 701 Foundations of Maternal and Child Health' text to its right. Below the banner are filters for 'VIEW TODAY', 'VIEW LAST 7 DAYS', 'VIEW LAST 30 DAYS', and 'VIEW ALL'. The date range 'April 06, 2010 - April 13, 2010' is centered.

An announcement is posted on 'Thu, Apr 08, 2010 -- Paper #3' by Lewis Margolis. The text of the announcement reads: 'I have emailed your papers. I enjoyed reading them, especially because there were no duplicates! For each paper questions 1 and 2 were answered with thought and content that suggested that you really explored these states to learn about them and the Title V Data System. For question 3, each of you provided a well-argued response.'

At the bottom of the page, there is a copyright notice: '© 1997-2010 Blackboard Inc. All Rights Reserved. U.S. Patent No. 6,988,138. Additional Patents Pending. Accessibility information can be found at <http://access.blackboard.com>.'

This sidebar contains four buttons: 'DAILY VIEW', 'WEEKLY', 'COMPARISON', and 'DETAIL VIEW', each with a corresponding icon.



SPH Online Instruction Group

- Program-level Design Consultation
- Course Design and Development
- Lecture Recording and Production
- Course Support and Revisions



Principles of Online Pedagogy

- Create a sense of place
- Create a predictable environment
- Simple and effective use of technology
- Create short online lectures
- Use mixed teaching methods



Marcia Roth in the sound studio

Polling Question

Sue Lin, MS

Moderator

Using e-Learning Platforms for MCH Professional Development

Karen Edwards MD MPH
LEND Program Director

Westchester Institute for Human Development
University Center for Excellence in Developmental Disabilities



Goals of this Segment

Explore use of e-learning platforms in MCH professional development to promote:

- **Collaborative learning**
- **Active learning**
- **Problem solving**
- **Sharing relevant resources**
- **Acquisition of MCH Competencies**

Definition: E-Learning Platform

- **Software-controlled learning infrastructures**
- **Located on Internet (or an Intranet)**
- **Accessed via Web browser**
- **Examples: WebCT, Blackboard, Moodle.....**
- **AKA: learning management system**

Guidance for Designing Professional Development Training and Continuing Education for MCH Professionals

- **MCH Leadership Competencies**
 1. MCH Knowledge Base
 2. Self-Reflection
 3. Ethics & Professionalism
 4. Critical Thinking
 5. Communication
 6. Negotiation & Conflict Resolution
 7. Cultural Competency
 8. Family-centered Care
 9. Developing Others through Teaching & Mentoring
 10. Interdisciplinary Team Building
 11. Working with Communities & Systems
 12. Policy & Advocacy

Guidance for Designing Professional Development Training and Continuing Education for MCH Professionals

Responsive to needs and preferences of adult learners

- Relevant to current work
- Prefer active problem-solving
- Participants needs assessed and incorporated to drive content and process

Learning Management Systems/ eLearning Platforms

- **Not just a “filing cabinet”**
- **Not just a “mail box”**
- **Not just for distance learning**



This is the elearning site of the MCH Training Network. For more information, visit www.mchtraining.net.

Login

Username

Password

[Create new account](#)
[Lost password?](#)

Course categories

-  [Bioterrorism](#)
-  [LEND & LEADD at WIHD](#)
-  [Pediatric Pulmonary Centers](#)
-  [Health Care Transition](#)
-  [Moodle Demos](#)
-  [JaxHats](#)
-  [Distance Learning](#)
-  [LEND at Kennedy Krieger](#)

Site news

<http://elearning.mchtraining.net/>



Not Receiving Emails from Moodle

by [Robert Peck](#) - Thursday, 5 November 2009, 11:05 AM

Some users are not receiving email notifications from Moodle. We are aware of the issue and are working quickly to resolve the problem. Thank you for your patience.



Problem Viewing PDFs in Moodle

by [Robert Peck](#) - Monday, 27 July 2009, 01:44 PM

Please upgrade to the latest version of Adobe Reader if you are having trouble with viewing PDFs in Moodle. Click on the button below to download Adobe Reader for free.



Welcome!

by [Randy Miller](#) - Friday, 15 May 2009, 02:35 PM

Welcome to the elearning site for the mchtraining.net group of web sites. As a grantee of the HRSA/MCHB Training Program, you are entitled to use this elearning website to conduct courses as part of your grant activities.

This system provides a mechanism for user login and tracking of activities and grades. At the end of course, you can export a spread sheet with all of the participants names and grades in order to issue continuing education credits.

If you'd like to get started and create a new course, begin by creating a user name a password for yourself, then contact us. We will change your role to author/facilitator and teach you the basis of creating a course. This

Main Menu

-  [Site news](#)
-  [IT Helpdesk](#)

Calendar

◀ April 2010 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

LEADD II: Leadership Education and Developmental Disabilities

You are logged in as Karen Edwards (Logout)

elearning ▶ LEADD II

Switch role to... Turn editing on

People

Participants

My courses

- 2009-2010
LEND Program at
Westchester
Institute for
Human
Development
UCEDD and
New York
Medical
College
- LEADD 4
- LEADD II:
Leadership
Education and
Developmental
Disabilities
- LEADD III:
Building
Family
Partnerships
and

Weekly outline

Try the LEND-LEADD wiki at <http://lend-leadd.pbwiki.com/>, a collection of resources related to the LEND and LEADD courses.

- Archive - LEADD I
- Schedule for LEADD 2
- Resource - Best Practices in Designing Questionnaires and Surveys
- News forum

15 September - 21 September

Module 1, Webex 1

- Test quiz
- Assignment A: Grading policy review
- Assignment B: Reading the Case for September 19 Webex
- Case for discussion
- Grade Components for LEADD 2
- How to check to make sure your assignments were successfully uploaded
- LEADD II Module Dates and Times
- How to listen to the Session Recording and view separate Power Point simultaneously
- Webex Session - September 19, 2008
- Power Point for 9/19

Latest News

Add a new topic...
(No news has been posted yet)

Upcoming Events

There are no upcoming events

Go to calendar...
New Event...

Calendar

◀ April 2010 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Events Key

- Global
- Course
- Group
- User

and is updated frequently with the most recent information.

4) The
trained
MCH
national

Using "Google Sites" to create team websites

- 7 **Google Wiki Sites for SEBM Teams** : Each team has its own homepage (in "Google Sites") to share team timeline (by October 10), documents, powerpoint files, spreadsheets, agendas, and minutes, and results of individual work assignments with team members. To access your team page, click on the link, sign in, or create new account. Documents are editable at the site. Attach documents by clicking on "Attachments" on homepage.

-  [Buhler Team Homepage](#)
-  [Franklin and Leader Team Homepage](#)
-  [Katz Team Homepage](#)
-  [Lieber Team Homepage](#)
-  [Rao Team Homepage](#)
-  [Towle Team Homepage](#)
-  [Alonso Team Homepage](#)

- 8 **Administrative Items** This is where course managers will post administrative items such as forms to complete

- 9 **Items of interest**

Lists of Books and Film concerning disabilities and genetics.

-  [The Disability Experience in Books and Film](#)
-  [Would you like to add any other books or films to these lists?](#)

Early Recognition of Autism (clickable links)



One Page table of LEND Leadersip Projects with due dates → ⌵ ⌶ ⌷ ⌸ ⌹

How to upload an assignment in Moodle → ⌵ ⌶ ⌷ ⌸ ⌹

Disciplinary Presentation Project → ⌵ ⌶ ⌷ ⌸ ⌹

Interview Project → ⌵ ⌶ ⌷ ⌸ ⌹

By October 15 Choose a Family-Focused Disability Organization You Wish to Interview → ⌵ ⌶ ⌷ ⌸ ⌹ ⌺

Extended due date February 4, 2010 Family-Focused Disability Interview Final Submission for Posting on Wiki → ⌵ ⌶ ⌷ ⌸ ⌹ ⌺

Family Mentorship Project → ⌵ ⌶ ⌷ ⌸ ⌹

By March 4 Complete Family Mentorship Visiting and Submit on Moodle Post-Interview Impressions Form → ⌵ ⌶ ⌷ ⌸ ⌹ ⌺

Portfolio Project → ⌵ ⌶ ⌷ ⌸ ⌹

ⓧ Add a resource...

- ⓧ Add an activity...
- Add an activity...
- Assignments**
- Advanced uploading of files
- Online text
- Upload a single file
- Offline activity
- Chat
- Choice
- Database
- Forum
- Glossary
- Lesson**
- Quiz
- SCORM/AICC
- Survey
- Wiki

6 **Important Links:** Link out here to key resources for

1) LEND-LEADD Wiki: The LEND-LEADD Wiki is a collection of LEND curriculum-related resources, including on-line resources. All WIHD faculty and trainees should use this resource. You should have received an e-mail from us giving you access to create an account. If you have not received your account at the time you received the email, please go to <http://lend-leadd.pbwiki.com/>, use your e-mail address as your username, and create a password at the prompt.

2) On-line resources at the New York Medical College Health Sciences Library. Go to <http://library.nymc.edu/>, click "LOGIN" at the top of the page and sign in using the process explained during orientation (and summarized in the orientation section of the LEND Manual), then go to "Databases" which is the entryway to many resources including PUBMED Medline and Google Scholar with links to full text articles in over 1500 journals.

3) LEND is funded by the Maternal and Child Health Bureau



MAIN MENU

- Home
- Services
- Tech Tools
- Group Web Sites
- Project Staff
- Contact Us
- MCHB Training Program

GRANTEE NETWORK

- Dev. Behavioral Peds
- Leadership Compt.
- LEAH
- LEND
- Nutrition
- PPC
- Workgroups

WELCOME TO THE MCH TRAINING NETWORK

Welcome

The Training Program at the Maternal and Child Health Bureau has contracted with the Institute for Child Health Policy (IHP) at the University of Florida to provide technical support and services to its grantees.



[Contact Us »](#)

These services include direct assistance with:

- Web Development
- eLearning
- Video Project Consultation
- Digital Storytelling
- Consultation
- Technical Trainings and Tutorials

ICHHP has also created and maintains the Grantee Group websites for these disciplines:

- Developmental Behavioral Pediatrics (DBP)
- Leadership Competencies
- Leadership & Education in Adolescent Health (LEAH)
- Nutrition
- Pediatric Pulmonary Centers (PPC)
- Workgroups

FEATURED SERVICE

Digital Storytelling

Inspire Others By Telling Your Story

This unique service is designed to capture the stories of MCH grad students and their experiences in the field. These multi-media stories will include audio narration, photographs, music and video effects. Post the final video clip on your website as a recruiting tool.

[More »](#)



View our latest Digital Storytelling Project.

LATEST TECH TOOL

Moodle

Open Source E-Learning System

Moodle is a free and open source e-learning system designed to help educators create interactive online courses. Our video provides a brief overview of the increasingly popular Learning Management System.

[More »](#)



Watch our brief video overview.



MAIN MENU

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- [MCHB Training Program](#)

GRANTEE NETWORK

- [Dev. Behavioral Peds](#)
- [Leadership Compt.](#)
- [LEAH](#)
- [LEND](#)
- [Nutrition](#)
- [PPC](#)
- [Workgroups](#)

PROJECT STAFF

Project Details

This site is administered by the Institute for Child Health Policy (ICHP) under a contract with the HRSA/Maternal and Child Health Bureau's Training Program. ICHP staff responsible for this project include:



Randal Miller
Project Coordinator
Institute for Child Health Policy
University of Florida



Robert Peck
Web/IT Expert
Institute for Child Health Policy
University of Florida



John Reiss
Associate Professor
Institute for Child Health Policy
University of Florida

Web conference & Course Management Software

Lee Shelly Wallace, MS, RD, LDN, FADA

Boling Center for Developmental Disabilities
University of Tennessee Health Science Center
Memphis, TN

Choosing web conference software

- ◉ When in doubt, try wikipedia
http://en.wikipedia.org/wiki/Comparison_of_web_conferencing_software
- ◉ Independent sites examine “biggies”
- ◉ http://www.webconferencing-test.com/en/webconference_home.html
- ◉ Descriptive reviews
<http://www.business-software.com/web-conferencing-solutions/index.php>
- ◉ Define important characteristics for your needs

Choices: Where to Start

- Create a chart for your needs.
- Ask colleagues what they use, what they like, what they don't like.
- Determine how much support YOU need.
- Check sites that best meet your needs. Look for free trials.
- Try lynda.com for training
- Costs: Free?! <http://www.dimdim.com/>

CAUTION

**THIS MACHINE
HAS NO BRAIN
USE YOUR OWN**



Nothing Is Simple. Ever.

- ⊙ Innovative technology in web-conferencing is limited by the technology capabilities of audience (individual or site)
- ⊙ Use (simple) technology creatively

Any sufficiently advanced technology is indistinguishable from magic.

Web 2.0 Technologies:

MCH New Media



John Richards

Georgetown University



Why Online?

Recent studies conducted by the American Academy of Pediatrics (AAP), the Pew Internet and American Life Project, and the Journal of Public Health Management and Practice show that:

- 61% of families ¹
- 97% of pediatricians ²
- 96% of state health department staff ³

use the Internet to routinely locate health information.

New technology tools “reinforce and personalize health messages, reach new audiences, and build a communication infrastructure based on open information exchange.” ⁴

¹ *Periodic Survey of Fellows #51: Use of Computers and Other Technologies*. (April 2003). American Academy of Pediatrics, Division of Health Policy Research. <http://www.aap.org/research/periodicsurvey/ps51exs.htm>.

² Fox, S and Jones, S. *The Social Life of Health Information: American's Pursuit of Health Takes Place Within a Widening Network of Both Online and Offline Resources*. (June 2009). Pew Internet and American Life Project Washington, DC.

³ Turner, AM, et al. “Access and Use of the Internet for Health Information Seeking: A Survey of Local Public Health Professionals in the Northwest.” *Journal of Public Health Management and Practice* 15(1): 67-69. February 2009.

⁴ Agency for Healthcare Research and Quality, Social Media Tools. Available online at <http://www.ahrq.gov/news/socialmedia.htm>



Why 2.0?

Fun (but sobering) Fact:

In the past year, social media channels (Twitter, Facebook, LinkedIn, GovLoop) have had a 1,382% growth rate.

Burkhardt, A. January 2010. "Social Media: A Guide for College and University Libraries." *College and Research Libraries News* 71(1): 10-24.



What is Web 2.0?

Web 2.0 (2004): “applications that facilitate interactive information sharing, interoperability, user-centered design, and collaboration” (Wikipedia).

Web 3.0...really?

Web 3.0 (2004): platform that “allows data to be shared and reused across application, enterprise, and community boundaries...common formats for integration and combination of data drawn from diverse sources” (w3.org).





Home

About

Group Projects

Distance Learning

Health Communication

IT Development

Resource Centers

Group Resources

Online Learning Toolkit

Learning Lab: Distance Learning Curricula

New Media Primer

Contact Us

New Media Primer

[A to Z Index](#) | [Interactive Web](#) | [Community Building Tools](#) | [Streaming Media](#) | [Interactive Work/Collaboration Tools](#) | [Mobile Web](#)
[Enhanced Search](#)

A to Z Index of Web 2.0 Resources and Tools for MCH Professionals



Blogs (also known as Weblogs)

Summary:

Blogs are websites with regular updates and typically combine text, images (graphics or video), and links to other webpages. Blogs are usually informal—taking on the tone of a diary or journal entry. Some blogs are very personal, while others provide mainstream news updates. Most blogs encourage dialogue by allowing their readers to leave comments.

Resources:

- Using Blogs to Communicate with a Professional Audience
- Social Networks 6.0

Tools:

- WordPress
- Blogger
- Blogspot
- ovable Type

Public Health Examples:

- Blog AIDS.gov
- AIDS Get Ready for Flu Blog
- Blog 4 Global Health



Browsers

Summary:

Available web browsers range in features from minimal, text-based user interfaces with bare-bones support for HTML to rich user interfaces supporting a wide variety of file formats and protocols. Browsers which include additional components to support e-mail, Usenet news, and Internet Relay Chat (IRC), are sometimes referred to as "Internet suites" rather than merely "web browsers." All major web browsers allow the user to open multiple information resources at the same time, either in different browser windows or in different tabs of the same window. Major browsers also include pop-up blockers to prevent unwanted windows from "popping up" without the user's consent.

Resources:

- Alternative Search Engines Offer Rich Options
- Browser Choice Means We All Win

Tools:

- Safari
- Firefox
- Google Chrome
- Internet Explorer
- Opera
- Tools
- Netscape Navigator

Public Health Examples:

N/A

<http://www.healthinfogroup.org/newmedia.html>



Incorporating Field Experiences Into Distance Learning Curriculum

MCHB Webcast on Distance Learning
April 27, 2010

Barbara Levitz, M.S. Ed
LEADD Course III Co-Director
Westchester Institute for Human Development
New York Medical College

LEADD III: Building Family Partnerships and Developing Cultural Competency

COURSE DESIGN FEATURES:

Incorporated Two “Field Experience” Projects as the Centerpiece of Curriculum Content in this Distance Learning Course for MCH Professionals Based on Adult Learning Principles

- **Family Mentorship Home Visit**
(From LEND on-site into LEADD distance)
- **Family-Focused Disability Organization Interview**
(From LEADD distance into LEND on-site)

Integrated Community-Based Active Learning and a Web-Based Instructional Format Using Moodle:

Reading Materials

Useful Assessment Tools and Resources

Informational Materials to Guide Field Experience Projects

Online Posting and Submission of Assignments with Feedback from Instructors and Mentors

Trainee-Lead, Instructor-Moderated Webinar

PowerPoint Presentations and Discussions

Sample Questions from Family Mentorship Project Guidelines:

What does the family describe as their needs and desires for their child and themselves?

In what ways have cultural experiences impacted on the acceptance, care and inclusion of their child with disabilities within their family and community?

How have professionals helped the family address and advocate for their concerns, needs and desires?

What **informal/natural** supports and **formal supports** have proven most helpful in having the child participate in family, school or community activities?

Sharing Lessons Learned

Webinar: Trainees PowerPoint Presentations and Discussion on Impressions and Reflections from their Family Mentorship Home Visit

Slide #1: Family's key issues and concerns as related to what they describe as their needs and desires for their child and themselves?

Slide #2: How this experience has influenced your views on disability, families and culture?

Slide #3: How this Family Mentorship experience will impact on your own practice?

Building Family Support and Advocacy

Webinar: Trainee-lead, Instructor-moderated
Session on Family Advocacy Viewed through
Real-Life Family Stories

Slide #1: An example of how your Mentor Family
advocated on their own to meet a particular need
of their child and family

Slide #2: An example of how they partnered with a
health care or other professional in advocating

Preparation for Family-Focused Organization Interview

Interview Discussion Questions:

How the organization assists families?

What kinds of community services and supports are available?

What is the comparison between how families use informal/natural supports and formal service systems?

How cultural considerations impact on how families access and use community services and supports?

What are the gaps between what families identify as their needs for support and what is actually available?

Family Support and Community Resources

Concluding Webinar : Trainee-lead, Instructor moderated Session on Identifying and Addressing Family Support and Community Service Gaps in the Virgin Islands

Slide #1: Present what you believe to be family support and community service gaps in the Virgin Islands between what is actually available and what families say they need and desire.

Slide #2: Present **potential strategies** that you and other professionals can use in your practice settings to help address these service and support gaps.

Summary: The goal of incorporating field experiences into the distance learning curriculum was to enable trainees to directly apply the knowledge gained within their clinical and program settings thus improving family-centered, culturally competent practices.

Trainee Quote: *"...through my peers, my professors, my mentors, and the interactive sessions with the families and organizations, I learned valuable lessons that will help me to improve services to the community..."*

Evaluation

Rachel Brady, PT, DPT, MS

Georgetown University

Center for Child and Human Development



Quality Online Education

Five Pillars *

- ❑ Learning Effectiveness
- ❑ Student Satisfaction
- ❑ Faculty Satisfaction
- ❑ Cost Effectiveness
- ❑ Access

***adapted from the Alfred P. Sloan Foundation**



Evaluation

Process

- Field Review
- Usability Testing
- Accessibility Testing
- Module Evaluation Forms
- Curriculum Evaluation Forms
- GU CEU Evaluation Forms

Outcome

- Pre-Post Tests
- Self-Assessment Questionnaires
- Follow-up Survey
- Web Statistics
- Demographic-Discipline Specific Profiles

Thank you for attending!

Visit the Distance Learning Grantee website to review and download resources related to the webcast:

<http://dl.mchtraining.net/AMCHP-Distance-Learning>

Q&A Session

Thank you for attending this event.
Please complete the evaluation directly
following the webcast.