

Workshop on caries prevention for communities in the Region of the Americas
Taller de prevención de caries para comunidades en la Región de las Américas

Train-the-Trainer Agenda

<u>Day One</u>	<u>Time</u>
Welcome, Overview, and Introductions presented by Gorgas Institute	45 minutes
Review of training materials presented by Dr. Halliday	15 minutes
Module 1: The Caries Balance presented by Dr. Halliday & Dr. Smith	60 minutes
LUNCH	
Module 2: Caries Risk Analysis for Individuals and Groups presented by Dr. Halliday & Dr. Smith	60 minutes
Module 3: Oral Health Screening and Fluoride Varnish for Infants and Toddlers presented by Gorgas Institute	120 minutes
Module 4: Effective Health Education and Community Oral Health Messages presented by Dr. Halliday & Dr. Smith	60 minutes
<u>Day Two</u>	
Module 5: Systemic Fluoride presented by Dr. Halliday	60 minutes
Module 6: Topical Fluorides presented by Dr. Halliday	30 minutes
Module 7: Effectiveness of ART (PRAT) in a Prevention Program presented by Gorgas Institute	60 minutes
LUNCH	
Module 8: Infection Control presented by Institute Gorgas & Dr. Halliday	30 minutes
Module 9: Working With Infants and Children presented by Dr. Halliday & Dr. Smith	30 minutes
POARE: A Model for Program Planning presented by Dr. Halliday & Dr. Smith	60 minutes
Program Planning Exercise presented by Dr. Halliday & Dr. Smith	60 minutes
<u>Day Three</u>	
Module 10: Review Program Plans presented by Dr. Halliday & Dr. Smith	120 minutes
Module 11: Creating Sustainable Systems presented by Dr. Halliday & Dr. Smith	60 minutes
LUNCH	
Getting Ready for the Community Workshop and Facilitation of Adult Learning Presented by Gorgas Institute	60 minutes
Training Exercise presented by Dr. Halliday & Dr. Smith	60 minutes
Closing Exercise Presented by Gorgas Institute	60 minutes

Train-the-Trainer Learning Objectives

Overall Goal

Create community-based sustainable systems to prevent dental caries. Dentists and auxiliary personnel will be empowered to develop plans for improving oral health in their communities along with an understanding of how to recruit volunteers and implement training to get other community members involved in caries prevention.

After completing this workshop, participants will be able to:

1. Identify pathological and protective factors for dental caries.
2. List best practices for caries prevention specific to different age groups.
3. Describe a caries risk analysis for individuals and groups.
4. Demonstrate an oral health screening for infants and toddlers using the principles of infection control.
5. Explain appropriate protocols for application of fluoride varnish and PRAT for each age group.
6. Describe ways to improve the effectiveness of oral health education.
7. Develop a community-based oral health plan that includes training parents, teachers, and other community members.
8. Choose strategies to evaluate the effectiveness of their community-based oral health plans.
9. Discuss ways to create sustainable systems to support the community-based oral health plans.
10. Demonstrate use of the training materials and ways to improve training effectiveness.

Teaching is more than imparting knowledge, it is inspiring change.

William Arthur Ward

Efficacy of Fluoride Varnish

Fluoride varnish is a professionally applied, highly concentrated (22,600 ppm) fluoride product. Various studies have proven fluoride varnish to be effective in preventing dental caries (1-13) and Weintraub et al (3) documented a dose-response effect. In addition to the general caries preventive benefits of fluoride varnish, fluoride varnish can also reverse early white spot carious lesions. (1) Advantages of fluoride varnish are that it is easy to apply, is generally acceptable to patients, and does not require special preparation of the teeth or expensive equipment.

Fluoride varnish works in several ways to prevent caries.(53) Fluoride reduces the solubility of enamel during the repeated cycles of demineralization and remineralization in the caries process. It both inhibits demineralization of sound enamel and enhances remineralization once enamel is already demineralized. The first visible sign of tooth decay or demineralization is a chalky “white spot” lesion.” The reversal of this process is remineralization, which happens when the tooth heals from the calcium and phosphate provided by saliva. This natural tooth repair is enhanced by fluoride if it is present in the mouth and the renewed fluoride enhanced mineral is more resistant than before to acid from the bacteria because it now contains more fluoride and less carbonate.

A documented program for applying fluoride varnish as part of well-child care for AI/AN children was conducted by Dr. Steve Holve, MD, Chief Clinical Consultant in Pediatrics at Tuba City Regional Health Care Corporation in Arizona. (14) Pediatric clinic staff applied fluoride varnish (Duraflor) during well child visits at 9, 12, 18, and 24 months of age. Parents also received age appropriate information on caries prevention. Head Start children were surveyed over a three-year period to assess effectiveness, with the children in Year One (n=133) serving as historical controls. A pediatric dentist who was blinded to the fluoride status of each student performed visual exams using standard dmfs scoring system. Children without any fluoride varnish treatments had a mean dmfs score of 23.6. There was no decrease in dmfs score for children who received only one or two applications of varnish and only a slight increase for those who receive three applications. Children who received four or more applications (n=75) of fluoride varnish over a two-year period had a mean dmfs score of 15, which was 35% lower (p=0.005) than children who had no treatments. No increased benefit was found for having more than four treatments.

Lewis et al (54) performed an in-depth case study of fluoride varnish diffusion in 12 pediatric, family medicine, and nurse practitioner offices that underwent fluoride varnish training in the state of Washington to learn more about the factors that encourage or impede diffusion of fluoride varnish into primary care physician’s offices. Many valuable lessons were learned including the importance of involving all staff in the early decision making for implementation of fluoride varnish in well child care clinics. Other recommendations include the importance of appropriate reimbursement, hands-on training and practice, provision of all materials and supplies, chart reminders, timing of the treatment (before immunizations), and availability of dentists for referrals.

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Health Program Planning: POARE Model

Problem

Decide which oral health problems are of the greatest concern in your community. You can do this by using local or national oral health data. Also take into consideration the health problems that community members are most concerned with. You might identify a number of oral health problems. Based on your resources and the interest in your community, you will need to select the most appropriate problem(s) to address. After you decide on a problem to focus on, your problem statement should contain the following elements:

- Determine the extent of the problem (use data if available).
- Choose a target population that you would like to focus on.
- Make sure appropriate interventions to address the problem are available.
- Make sure that there is community support for the interventions. You don't want to choose a problem that the community is not interested in.

Sample Problem Statement

Children 12 years of age in X Community have more than 3 DMFT. (based on a goal set by the World Health Organization)

OR

___ percent of children under five years of age have dental decay in their primary teeth.

For high-risk children, dental caries begins with the acquisition of bacteria during the first years of life. By targeting infants and young children, we can implement topical fluoride interventions and use PRAT to prevent dental caries, both in the primary and permanent teeth.

Note: If your problem is dental caries in 3-5 year olds and you plan to survey this age group before and after the interventions, your interventions need to be focused on children under two years of age. Whatever age group you collect baseline and evaluation data on; your interventions to prevent the disease must be targeted to much younger children.

Objectives

Write one or more objectives that addresses your problem and what you can realistically achieve. Try to make each objective specific, relevant, and measurable. It must also have a time frame attached to it. Ask yourself, how will I know if we achieved this objective?

- Structure Objectives: writing policies, purchasing equipment, hiring people, and other objectives that will build structure to support your other objectives
- Process Objectives: implement a training or proven interventions
- Outcome Objectives: address disease outcomes or other measurable outcomes
- Objectives may be short term or long term

SMART Checklist to Evaluate Objectives

S=Specific

The statement is clear and concise. Vague terms or words should be avoided.

Vague Action Words

Help the community

Set up a school program

Do more fluoride varnish

Specific Action Words

Decrease dental caries...

Establish a school-based program at Grant elementary School

Increase fluoride varnish applications by 25%

M=Measurable

Objectives need to be worded so the desired result can be clearly measured or observed.

A-Attainable

The objective should be challenging but realistic. If you set your objectives too high and you don't meet them, it looks like you failed when maybe you did a lot of good in your community.



R=Relevant

The objective should be science-based and relevant to your community.

T=Time-based

The objective needs to have a time frame in which the desired result is expected to be achieved.

Assumptions: For each objective that you write, consider what assumptions you may be making. Are you assuming that parents care about baby teeth? Are you assuming that medical providers or other community members will want to work with you? You might want to check with people during your Community Workshop to make sure that your assumptions are accurate.

Sample Community Oral Health Objectives

When you write your own Oral Health Plans, you will probably want to include a mix of structure, process, and outcome objectives.

Structure Objectives

- Work with medical personnel to develop a policy to include fluoride varnish treatments during immunizations.
- Raise money to hire a community-based oral health worker.

Process Objectives

- Recruit 25 community members to attend a Community Workshop in March 2010.
- Train 80% of the medical staff at X Medical Clinic to apply fluoride varnish during immunization visits.
- Implement a community-wide media campaign by June 2010 to promote the daily use of fluoride toothpaste for children ages 0-5, beginning when the first tooth erupts.
- Implement a school-based program, beginning September 2010, to provide PRAT and fluoride varnish for 80% of children ages 6-12.

Outcome Objectives

- Decrease the prevalence of ECC among 3 year olds by 25% over the next three years.
- Apply fluoride varnish three times a year for 90% of the children attending the four daycare centers in X Community.

Activities

What actions or activities will you implement to reach your objectives? This should include the who, what, when, where, and how of the interventions. You might include buying supplies, fund raising, training community members, and so on. It will help if you list your activities under each objective that you have written. You are trying here to make lists of every step you need to take to achieve your objectives. It will also help if you write down who you might enlist to help with each activity and when it should be completed.

Sample Activities

- Order fluoride varnish and other supplies
- Meet with daycare administrators to schedule dental visits
- Meet with community medical providers who provide immunizations

Resources

How much money and other resources will you need to achieve your plan? Items might include personnel, volunteers, materials, equipment, funding and approvals. Start out by thinking big. You can make reductions later if you have to. The people who get their budget increased have positive attitudes about resources. You have to think big and play to win.

Resources will need to be identified for each objective and activity. You can also do this by completing a traditional budget. Be sure to include in-kind resources such as teachers or others being paid by other organizations. Also include any items that will be donated, as these are all part of your available resources.

If you plan to do some fundraising or grant writing to obtain resources, you will need to write a justification for each item on your resource list. Be careful not to cut your budget too tight because often prices rise before we receive the money and then we have to cut our programs.

Sample Resources

- Printing and Copying (Trainings, Education materials for families, etc.)
- Fluoride varnish for 750 applications, toothbrushes, gloves, and paper products
- Incentive gifts for fluoride varnish program (stickers, coloring books, etc.)

Evaluation

Put simply, how will you know if you have met your objectives? Review each objective and write a plan to evaluate it.

There are two ways to look at evaluation:

- **Quantitative Methods:** Uses numerical data to evaluate objectives. Using this alone may tell you if you met your objectives, but it will provide little information about why the intervention did or didn't work, whether participants were satisfied with the interventions, and so on.
- **Qualitative Methods:** This information can be collected through observations, satisfaction surveys, interview with providers or program participants, and other methods to get at the quality of the interventions.

Sample Evaluation Strategies

Let's look again at the Sample Objectives and list ways that we could evaluate each objective.

Structure Objectives

- Work with medical personnel to develop a policy to include fluoride varnish treatments during immunizations. Complete this policy by January 2010.

Evaluation: Keep lists and notes of all communications and meetings with medical personnel and document all attempts to finalize this policy and whether it was ever finalized or not. If not, document what you think went wrong to assist in any future efforts.

- Raise \$\$\$ to hire a community-based oral health worker by June 2010.

Evaluation: Keep a record of all efforts at fundraising and copies of requests and answers. Document how much money was raised and the source of each contribution. Finally, document whether the objective was achieved.

Process Objectives

- Recruit 25 community members to attend a Community Workshop in March 2010.

Evaluation: Have a sign in sheet at the Community Workshop to document the number of community members trained. For qualitative evaluation, you would also want them to complete evaluation forms.

- Train 80% of the medical staff at X Medical Clinic by January 2010 to apply fluoride varnish during immunization visits.

Evaluation: Keep a list of all medical staff trained and compare the number to the total number of medical staff at X Medical Clinic.

- Implement a community-wide media campaign by June 2010 to promote the daily use of fluoride toothpaste for children ages 0-5, beginning when the first tooth erupts.

Evaluation: Document all media outcomes such as news articles, radio advertisements, etc. For qualitative evaluation, you might want to ask community members if they noticed the messages, and if they liked them or not.

- Implement a school-based program, beginning September 2010, to provide PRAT and fluoride varnish for 80% of children ages 6-12.

Evaluation: Keep records of the names of all of the children seen during the school program and compare the number to the total number of children enrolled at the school. For qualitative evaluation, you could keep track of how the process went and how you might improve it the following school year.

Outcome Objectives

- Decrease the prevalence of ECC among 3 year olds by 25% over the next three years.

Evaluation: Survey three year old children in a daycare or preschool center before and after the interventions and compare DMFT scores to calculate the percentage of decrease or increase in dental caries over the 3 year time period.

- Apply fluoride varnish three times a year for 90% of the children attending the four daycare centers in X Community.

Evaluation: Keep a spreadsheet of the names of all of the children seen at the daycare centers and the dates of each fluoride varnish treatment. Compare the number of children who received three treatments to the total number of children enrolled at the school to calculate the percentage of children meeting the objective. For qualitative evaluation, you could keep track of how the process went and how you might improve it the following year.

SAMPLE: POARE Health Planning Worksheet

Health Problem

50% of Community X children ages 3-5 years have dental caries.

Objective(s)

Reduce the prevalence of dental caries among 3-5 year olds by 25% during the next five years.

Train 90% of medical providers to apply 4 fluoride varnish treatments during immunization visits for 80% of children ages 9-24 months of age.

Activities	Who	When
DMFT survey of 3-5 year olds this year		
Train medical providers to apply fluoride varnish to children under three years of age during immunizations • Arrange training facility • Set training date • Meet with medical administrators • Invite medical providers to training • Purchase needed supplies for demonstrations and practices	Me	3 months
Create task force to improve oral health among children in our community • Contact key community members, parents, and teachers • Set a date and place for the meetings • Arrange for food during the meetings	Me	3 months
Promote daily brushing with fluoride toothpaste by developing radio and newspaper messages. • Develop community oral health messages • Designate task force members to contact media • Document all media messages by date and content	Task Force	6 months
DMFT survey of 3-5 year olds in five years		

Resources

Coordinator's Time (your time)

Medical Providers time to attend training and provide fluoride varnish during immunizations.

Training space and food for training

Meeting space and food for meetings

Supplies for fluoride varnish

Gloves, gauze, fluoride varnish, toothbrushes

Costs associated with development and distribution of media messages

Costs associated with DMFT surveys

Evaluation and Follow-up

Survey a sample of 3-5 year olds this year and again in five years at same location (preschool) to assess the effectiveness of the interventions. If possible, stratify data by number of fluoride varnishes received between 9 months and 3 years of age.

Document number of medical providers trained and compare this number to the total number of medical providers to see if objective of 90% trained is met.

Medical chart audits of a sample of three year olds to see what percentage received four fluoride varnish treatments.

POARE Health Planning Worksheet

Health Problem	Objective(s)
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Activities	Who	When

Resources

Evaluation and Follow-up

Getting Ready for the Workshop

The workshop is designed to be taught in a consecutive 3-day period, but you may need to break the training up differently to accommodate your community members. The intended audience is medical providers, teachers, daycare workers, and other community members who are interested in improving the oral health of children in your community. The training will be most effective for groups of 10-40 people; however, it can be used successfully with larger groups.

Summary of Modules

Day One

Welcome, Overview, and Introductions 60 minutes

The welcome sets the mood and expectations for the course. It consists of introductions, reviewing the agenda, and learning objectives for the session, housekeeping information (where the bathrooms are located, turning off cell phones, when to expect breaks), and a “call to action” to get participants interested in improving children’s oral health.

Module 1: The Caries Balance 60 minutes

This module is loaded with science-based information on the pathological and protective factors involved in the development of dental caries. Various preventive strategies are outlined and the overall importance of prevention is further supported.

Module 2: Caries Risk Assessment 60 minutes

This module provides information about how to perform both an individual and community-based caries risk assessment.

LUNCH

Module 3: Oral Health Screening and Fluoride Varnish for Infants and Young Children 120 minutes

This module includes a CD and PowerPoint presentations to describe how to provide an oral health screening and fluoride varnish treatment for infants and young children. Tips for behavior management of young children are included in this module.

Module 4: Effective Health Education and Community Oral Health Messages 60 minutes

This module includes a presentation on effective health education and community oral health messages.

Day Two

Module 5: Systemic Fluoride Interventions

60 minutes

This module will be provided by experts on salt fluoridation and water fluoridation and their use in Central American countries.

Module 6: Topical Fluoride Interventions

30 minutes

This module will be review topical fluoride interventions with a focus on fluoride varnish and fluoride toothpaste beginning with eruption of the first primary tooth.

Module 7: Effectives of ART in a Prevention Program

60 minutes

This module will discuss the use of sealants and ART used in conjunction with a prevention program for young children. This session should be taught by someone familiar with the PRAT program in Central America.

LUNCH

Module 8: Infection Control

60 minutes

This module will be a combination of lecture and case studies to outline appropriate infection control in community settings as relates specifically to oral health screening and fluoride varnish treatments for infants and young children.

Module 9: Working with Infants and Children

120 minutes

This is a clinical module where you will demonstrate and then the participants will practice providing oral health screening and fluoride varnish applications on infants and young children.

Day Three

Module 10: Presentation and Discussion of Community-Based Oral Health Plan

60 minutes

This is the opportunity for the trainer to present his/her Community-Based Oral Health Plan from the Train the Trainer Training and use community feedback to modify the plan and develop the interventions.

Group Exercise: Roles and Responsibilities

60 minutes

This group exercise will give the community members an opportunity to more carefully outline their individual roles and responsibilities as relates to the Community-Based Oral Health Plan

Group Exercise: Community Oral Health Messages

30 minutes

This group exercise will give the community members a chance to have input in 2-3 community oral health messages to promote in their communities.

LUNCH

Module 11: Discussion: Creating Sustainable Systems to Support Oral Health Program Plans 60 minutes

This discussion and group exercise will give community members a chance to think about how you will make the interventions sustainable over time.

Review of Community Workshop Learning Objectives 60 minutes

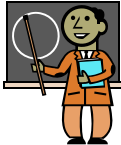
Closing Exercise and Evaluation 60 minutes

The final section of the training provides you an opportunity to engage the participants in an exercise that will provide them feedback about their strengths. After the exercise, you will provide some closing statements and make sure they complete evaluation forms.

Note: Lunch breaks are already figured into the agenda. Be sure to also include a mid-morning and mid-afternoon break each day. The times for each module are approximate and will vary by trainer and group that you are working with.

How to Use the Trainers' Guide

The Trainer's Guide, combined with the PowerPoint presentations, CD, and training packet, provide the trainer with everything he/she needs to provide the three-day workshop. The entire training is scripted, but we encourage you to add local facts, and your own stories and tips to personalize the materials.



This icon alerts you to “training tips.”

This information is not intended to be said aloud, but rather used to help you with the flow of material and the management of the different learning methods like discussions, exercises, and so on.

Training Teams

We recommend that you secure at least two trainers. One person may be able to cover the material adequately, but the trainees will likely benefit from the style of two different trainers. It is very tiring if only one trainer is used and you may lose some of your enthusiasm and energy as the hours tick by. With two trainers, you have one person always available to coordinate the audiovisuals and lighting in the room, adjust the temperature, and handle any unanticipated problems like missing materials or emergency messages to participants.

Facility

We don't always get to select our training space, but if you do, look for a room that has a convenient location for participants. You want a room that is a little larger than you think you will need with ample ventilation, good lighting, and easily controlled climate. A large open room is preferable to a “tunnel” room.

We want to promote group discussion and this will be best facilitated if you can arrange semi-circular seating with tables and chairs to provide participants a writing surface. Avoid straight rows and seating that feels cramped. A podium or table will be needed for your laptop, but avoid standing behind it all day.

Recruiting Community Members for the Community Workshop

- Review your Community Oral Health Plan to guide you in deciding who to invite to the Community Workshop.
- Include everyone who will be implementing the interventions.
- Include opinion leaders and administrators who you want to support your program.
- Include people from potential funding sources.
- Consider parents or even elders who could be volunteers in your program and add to the community spirit of the workshop.

Training Supply List

For the Trainer

- Trainer's Binder
- PowerPoint and CD with video loaded on laptop
- PowerPoint projector (a spare projector bulb if available)
- Power strip, extension cord, and duct tape to secure the cord to the floor if it is in a walking pathway
- Screen
- Table for projector
- Podium or table for laptop (remote control for laptop if you use one)
- Laser pointer if you like to use one
- Flipchart and markers unless a whiteboard or chalkboard are available
- Easel for newsprint display or tape to attach the paper to the walls of the room
- Sign-up sheets
- Name tags for yourself and the participants
- Trainers' business cards or post names and contact information prominently in the training room

For the Participants

- Training Binders with Module Handouts and PowerPoint Handouts
- Paper units for Closing Exercise
- Pencils or pens for taking notes

Training is most fun when you are organized!

Practice Session Checklist

Note: Make the practice session match your intervention strategies from your Community-Based Oral Health Plan. If you are training medical providers to apply fluoride varnish on infants, plan to have infants at the practice session. If you plan to train volunteers to apply fluoride varnish for school-age children, than have school-age children available for your practice session.

Supplies and Logistics

- ☐ Order supplies
- ☐ Have supplies delivered to the training site
- ☐ Arrange for dental assistants to help with the practice session

Location

- ☐ When checking out locations for Community Workshop make sure the meeting room accommodates the number of people you expect to attend and is large enough to be used for the practice session on the afternoon of Day 2.
- ☐ Make sure that tables and chairs can be easily moved from U-shaped arrangement for training to create spaces where participants can work with patients and their families
- ☐ Check to see restrooms are close by
- ☐ Assure the location has easy access to young children and their families
- ☐ Reserve the meeting room during the lunch hour of Day 2 for organizing the room for the practice session, and for an hour after the practice session to answer questions as well as get the meeting room ready for the last day of the training

Scheduling Patients for Practice Session

- ☐ Determine how many patients you will need estimating that each participant will work with 3 patients
- ☐ Contact potential organizations like daycare centers or schools who serve children in the age group that you want to practice with
- ☐ Create an invitation that explains the purpose of involving children and what families can expect during the practice session
- ☐ Make logistical arrangements with the organization that will provide patients and their families (transportation, keep children occupied before and after being a patient)
- ☐ Write thank you notes to the organization who helped to provide young children (may want to include photos of the families and children)

Tips for Trainers

Be prepared.

- Be thoroughly familiar with the materials.
- Conduct a dry run.
- Anticipate questions that participants might ask and possible responses to them.
- Arrive early for training.
Set up your AV equipment, arrange the seating, and practice with the lights.
- Start on time. People who are late do not expect you to wait for them.

Remain positive.

- Use your own experience with babies and young children to encourage participants to get involved.
- When you encounter objections, gently counter them with facts, your own experience, or the experience of others in the room.
- Be sensitive to the group, understanding that not everyone will agree with our ideas. On the other hand, try to motivate reluctant participants to give our ideas a try before they make a final decision.
- Use humor as appropriate to maintain balance and to keep the atmosphere friendly.

Encourage Discussion

- Encourage as much discussion as time allows.
- Use open-ended questions.
For example, instead of asking, “Do you think this program will work in your community?” you might ask “Which parts of this program do think will be easiest to implement in your own community?”
- Repeat questions before you answer them to make sure everyone hears the question.
- Try to answer all questions.
If you don’t know the answer, you can either ask the group if anyone else knows the answer, or you can get a phone number or email address and get back to the person later with an answer. Make sure you follow through!
- Encourage participants with experience to share their stories and ideas.

Greet each participant as they arrive!

Principles of Adult Education



Adults are people with years of experience and a wealth of information.

Focus on the strengths participants bring to the course. Ask people what they already know. Tap their experience to provide a major source of enrichment for the class.

Adults have established values, beliefs and opinions.

Demonstrate respect for differing beliefs, religions, value systems and life-styles. Allow equal time for differing viewpoints.

Adults relate new information to previously learned information and experience.

Assess your group's level of knowledge prior to the training or at the beginning of class. Information needs to be relevant.

Adults are people with bodies influenced by gravity. Plan adequate breaks.

Adults have pride.

Self-esteem and ego are at risk in a learning environment that is not safe and supportive. Acknowledge or thank participants for their responses and questions. Treat all questions with respect.

Adults have a deep need to be self-directing.

The role of the facilitator is to engage participants in a process of mutual inquiry.

Individual differences among people increase with age.

Take into account differences in style, types and pace of learning. Use a variety of teaching strategies such as problem solving, discussion and role playing.

Setting the Stage for Effective Training

1. Set the Stage for Learning:

At the beginning of a class, participants are reluctant to talk or get involved. They wait for another participant or an instructor to provide leadership. The facilitator's role in climate setting is to:

- encourage active involvement of the participants;
- establish connections and relevance between the learners' personal objectives and the course objectives;
- make learners feel safe and comfortable enough to disclose personal information;
- set a non-judgmental tone for the class;
- mold a diverse group of individuals into a cohesive working group.

Strategies for reducing early group discomfort include: careful planning the first 20 minutes of your class, designing an optimal seating arrangement, and creating a psychologically safe and supportive environment. Group trust does not just happen. The facilitator/teacher must make it happen. To make the most of the initial part of your training:

- Neutralize the teacher/student hierarchy by involving the participants as early as possible
- Ask participants to describe their expectations of the course or questions they hope to get answered. This serves as an assessment of the group's educational needs, and as an icebreaker for further interaction.
- Tell a relevant anecdote, pose a dilemma, or ask a question which the educational program will answer.
- Act energetic. Stand up, move around and smile!
- Carefully plan, in advance, how you will introduce yourself modeling how you want them to follow you in their introductions.

2. Physical Environment: Visit your training room prior to the workshop to plan how to adapt the physical conditions, e.g. lighting, tables/chairs, electrical outlets. Mastery of the physical surroundings prevents logistics from detracting from the educational group process.

Seating influences learning. Uncomfortable seats may distract a participant from learning. Theater or classroom seating works best for lectures; however arranging tables and chairs in a U-shape allows more eye contact, and encourages more interaction. A podium or table between you and the learners serves as a physical barrier perpetuating the teacher-student hierarchy.

3. Social and Emotional Environment: Creating a climate that supports learning requires assurance that participants can feel safe, supported and respected. Articulating ground rules e.g. there are no stupid questions, it's okay to disagree with the facilitator and participants as long as it is done constructively, can establish a climate of trust. Model the behaviors you would like the participants to display. Encourage questions and comments. Show respect for differing opinions.

Facilitation of Adult Learning

The root of “facilitation” is the Latin word “facil” meaning “to make easy.” Facilitators of adult education are responsible for making learning easy. There is a difference between teaching performance and learning. A teacher can perform magnificently, yet not facilitate learning. The major principle of facilitation of learning is to engage the thinking of the listeners.

Outstanding Teachers

cooperative, democratic
kind, considerate
sense of humor
interest in students
flexible
knowledge of subject

Poor Teachers

unfriendly, never smiles
flies off the handle
partial, has favorites
superior, aloof
overbearing
sarcastic

The most successful facilitators or teachers demonstrate
three basic behaviors and attitudes:

1. **Interpersonal Interaction:** This is the ability, and belief in the value of, using interaction as a teaching modality; the facilitator must give up some control over the teaching process and its outcome by recognizing that the participants share the leadership of the teaching process as well as the responsibility for its success or failure.
2. **Professional Intimacy:** This is the capacity to reveal personal thoughts, values and emotions to the learners; demonstrating tolerance of divergent opinions and values; comfort relating to people of different levels of education or professional status; and non-judgmental acceptance of learner statements and opinions.
3. **Moderating Tension Level:** Good trainers monitor the tension level in the group. This is accomplished by using a relaxed conversational tone and being approachable and sincere through your facial expressions, tone of voice and choice of words. Humor is also a useful tool as long as it is genuine for you.

If telling were the same as teaching, we'd all be so smart we could hardly stand it.
Mager, 1968

There is no gene for good teaching; good teachers are made, not born.
Whitman, 1982

Difficult People and Difficult Questions

There is a free-floating dissatisfaction in most workplaces; anxiety, frustration, and anger can accrue from daily events. Unfortunately, some people do not leave their emotional “baggage” at the training door. As a facilitator, you can become a target for this dissatisfaction. Remember, this anger is not really about you personally.

The Rambler: wanders around a question but never actually asks one.

Possible responses: “Are you asking...?”

Quiet but body language or gestures are not supportive: eye-rolling, balancing a checkbook, reading a newspaper

Possible responses: You can confront directly with something like “You seem like you don’t agree with this information, is there something you’d like to share?” Or in the case of reading a newspaper, the best strategy is to physically move closer to the person.

The Talker: there are several versions of this problem learner, the Know-It-All, the Manipulator, and the Chronic Whiner.

Possible responses: acknowledge the comments, limit time to express their viewpoints, and if need be, say something like “I’d like to hear from some different people.” OR “I understand your view, does anyone else have a different one?” and then move on.

The Sharpshooter-trying to shoot you down or trip you up.

Possible responses: Admit that you do not know the answer and redirect the question to the group or to the individual who asked it.

The Arguer-disagrees with everything you say.

Possible responses: “I appreciate your comments and I’d like to hear from others.” OR “It looks like we disagree. That’s not a problem for me.”

The Grandstander-loves to hear own commentary and opinions.

Possible responses: “It’s time we moved on to the next subject” OR “I’d like to hear from others.” Be sure to acknowledge their expertise on the topic.

The Overtly Hostile Person-can be angry and belligerent or can couch angry words or intent in a question.

Possible responses: “You seem really angry. Does anyone else feel this way?” Remain calm and polite, move physically closer to the person, maintain eye contact, and always allow him or her a way to gracefully retreat.

If hostility surfaces, remain calm and in control, and try not to take it personally.

Move on as quickly as possible for the sake of the group.

Treat each person and comment with respect.

Workshop on caries prevention for communities in the Region of the Americas
Taller de prevención de caries para comunidades en la Región de las Américas

Train-the-Trainer Evaluation

Please take a moment to let us know if this Train-the-Trainer Workshop met your expectations and fulfilled your learning needs. Please circle your response to the following questions.

5= Strongly Agree 1= Do Not Agree

5 4 3 2 1 The content matched what I needed to learn.

5 4 3 2 1 The instructors were well prepared and adequately presented the subject matter.

5 4 3 2 1 The room where the training was held was well equipped and provided a pleasant atmosphere.

5 4 3 2 1 Handouts, audio-visuals, exercises and other instructional materials were appropriate.

5 4 3 2 1 The time frame for this training was appropriate.

5 4 3 2 1 The training adequately prepared me to organize and present a community workshop.

What specific suggestions do you have to improve this training?

Additional comments: